

Copyright is owned by the Author of the thesis. Permission is given for a copy to be downloaded by an individual for the purpose of research and private study only. The thesis may not be reproduced elsewhere without the permission of the Author.

Feelings of abandonment among elderly people in rural Northeast Thailand

A thesis presented in fulfilment of the requirements for the degree of

Doctor of Philosophy

In

Health Sciences

**At Massey University, Palmerston North,
New Zealand**

Supaporn Sudnongbua

2011

ABSTRACT

The study was focused on feelings of abandonment among elderly people whose children had left their home villages in rural Northeast Thailand. Sequential mixed methods were employed. A cross-sectional survey (Study A) was used to determine (1) the extent and degree to which older persons living in a rural area of Northeast Thailand felt abandoned by the migration of their children from their home province; (2) the factors which affect feelings of abandonment; (3) the impact that feelings of abandonment had on their quality of life. Ethnographic methods (Study B) were then used to gain an in-depth understanding of the experiences and meaning of abandonment from the perspectives of those who identified as feeling abandoned or not feeling abandoned. Furthermore, data were obtained and analysed that highlighted the way in which the two groups solved problems when facing difficult circumstances.

A cross sectional survey, consisting of 113 questions including the 26-item WHOQOL-BREF and the 24-item WHOQOL-OLD was administered to 212 participants who ranged in age from 60 to 107 with a mean age of 71. While only 9% were found to live alone, 20% stated that they felt abandoned to some degree. To identify the factors which may impact on feelings of abandonment, participants were assigned to groups based on their stated feelings of abandonment (i.e., abandoned / not abandoned) and compared on 21 variables. They were found to differ on 7 of those (i.e., age, level of education, whether they lived alone or with others, satisfaction with living arrangements, frequency of contact with any of their children, degree of economic hardship, and family support). A standard multiple regression was performed to predict variance of feelings of abandonment using those 7 variables. These variables predicted 23% of variance in feelings of abandonment in this sample. Only 4 variables (i.e., frequency of contact with any of their children, living alone or with others, degree of economic hardship and family support) were found to make a unique and significant contribution to this prediction. A one-way between groups MANOVA was conducted to determine if those who felt abandoned differed from those who did not on a single-item question of overall quality of life and the total scores for the WHOQOL-BREF and WHOQOL-OLD. Significant differences were found

between groups on the total scores for the WHOQOL-BREF and the WHOQOL-OLD only.

Participants in Study B were initially selected from those in Study A and supplemented by purposive sampling in the study setting. Twenty-five participants, 14 who felt abandoned and 11 who did not feel abandoned were recruited. Data collection involved participant observation and in-depth interviews. Thematic analysis was employed for data analysis. The findings from Study B were that the reasons for feeling abandoned (as perceived by elderly parents) are constructed from children's actions perceived as negative by parents, economic hardship, illness/spouse's sickness, and hopelessness. Of these reasons, only two were also identified in the cross-sectional survey the frequency of negative contacts with children and degree of economic hardship showed as quantitative measures of abandonment. Problem solving by participants is formulated from several bases: using Buddha's teachings, acting positively towards their children, focusing on life's satisfaction, finding financial solutions, seeking support and dealing with sorrow.

Recommendations made as a result of this study draw attention mainly to the minimization of the negative effects of labour migration on elders. In addition, the government, health care workers, and community should play an active role in taking care of those old persons left behind, especially aging people who live alone, by providing community bases and home health care services rather than increasing institutional services. This could substantially change the implications of migration on the well-being of the parents, especially when illness or frailty occurs and daily personal assistance is needed.



(Golden 'first Buddha' of Thasung temple in Uthaitхани province, Thailand)

I dedicate this thesis to my father
(Pol.Lt.Col. Surb Sudnongbua) who was a senior
policeman and helped the people in remote areas all
his life. In addition, I devote the knowledge from this
research to all elderly in Thailand.

ACKNOWLEDGEMENTS

There is no tension for those
Who have completed the journey
And have become free from
The distress of bondage.

Dhammapada v.90

Firstly, I have to acknowledge Buddha's teachings that I have learned since I was young. This knowledge has enabled me to understand elderly people, and has allowed me to cope with issues that arose in the research. In addition, my experiences from Buddha's teachings helped me understand the aging people's feelings clearly while I interviewed them.

A sincere thank you must go to the aging parents who willingly participated and shared their useful views and experiences in this research. Without their participation, my research could not have been accomplished and even I, a child who has an aging mother and who has left home to work in a big city, have had the opportunity to learn deeply about myself and about the feelings of abandonment of elderly parents whose children have left the home village. The outcomes of this study will benefit not only me but also the Thai government that may provide the various programs for the elderly in rural remote areas in Thailand.

In the field in the remote rural area in Northeast Thailand, my special thanks go to the director of Nong Khai Provincial Health Office, Bung Khla hospital, District Health Office, Bung Khla District Office, and Bung Khla Subdistrict Administration Organization. Also, for joining the activities with the people in the field, my thanks go to the teachers, and students at Bung Khla high school and Bung Khla primary school who welcomed me to teach them English at available times. Furthermore, I would like to express my sincere thanks to the villagers who welcomed me sincerely to join their activities such as digging cassava, and the Song-Kran festival. My special thanks go to Wijitra Meerat, who was a senior

nurse at BungKhla hospital and my old friend, and Tim Kotrat, who was a village health volunteer and accompanied me in the remote area. I will not forget Assist.Prof.Dr. Piyapan Siripan who gave me suggestions about ethnographic methods when I had questions about the methods in the field.

During the cross-sectional survey, I would like to thank Assoc.Prof.Dr. Wongsakongdee who gave me some suggestions and recommended me to the people whom I consulted statistics (Wallop, Day, and Nan). Without these three statisticians, I might have been in trouble with quantitative data. For the translation of a questionnaire, special thanks go to three translators who have experience over five years in using English; Assist.Prof. Sripanya Chaiyai, Mr. Sittiporn Songsataya, and Dr. Pattama Surit. Also, special thanks go to Dr. Somjai Puttapitukpol and Assist.Prof. Jiamjit Sangsuwan who are experts for validity of a questionnaire. My thank go to Assist.Prof.Dr. Suwanna Boonyaleepan who provided me emotional support during data collection.

To my beloved family – Mrs. Chalad Sudnongbua, my mother who gave birth to me, and encouraged me during studying PhD. Also, my older sister (Mrs. Tanida Tanyakasempong), my younger brother (Mr. Kajohnsak Sudnongbua), my younger sister (Mrs. Supak Panyasiri), my nephew (Moo-orn), my nieces (Namo and Putto), and all my relatives whose I do not show names. Without them I would never have been gone this far in achieving success.

For people in New Zealand, I express my gratitude to Professor Julie Boddy and Professor Steve LaGrow, my supervisors, for their wisdom and support all along this journey of my dissertation. From the time and guidance which they devoted to me, I have gained a lot of experiences from them. Also, I thank all staff of the School of Health and Social Services who provided me with encouragement, especially Dr. Martin Woods whom I consulted about philosophy and who willingly shared many ideas with me. A thank you goes to Mrs. Lois Wilkinson and Mr. Stephen Wrathall for their guidance in improving my English grammar in this thesis. I would like to thank Mr. Dean Richard and Mr. Colin Leong who helped me when I had computer problems.

For emotional support and encouragement, my special thanks go to Mr. Peter and Mrs. Jocelyn Carver whom I stayed with and provided me emotional support when I lost heart. Also, all Thai housewives and their families provided me Thai food when I studied hard and took me around North Island, especially Mrs. Tanya and Mr. Jack Hope, Mrs. Peng and Mr. Carl Huges, Mrs. Booranee Roskruge, Mrs. Boonsita Harrowfield, and Mrs. Tewaporn Anwar.

I would like to thank the Thai Students Association which gave me opportunity to participate activities with all Thai students in Palmerston North. I felt relaxed and enjoyed my leisure time with it. For all Thai students, I would like to thank them for sharing ideas and consulting with each other about study. Also, I will not forget all other friends who made friendship with me and encouraged me for study. Special thanks go to my Fijian friend – Mrs. Alisi Vudiniabola who accompanied and dropped me home when I studied late at night.

Finally, I need to acknowledge the Royal Thai Government for the Royal Thai Scholarship, and Massey University for providing me with the opportunity to learn, which assisted in the completion of this thesis. Thank you.

LIST OF ACRONYMS AND GLOSSARY

Acronyms

ADL	Activities of daily living
AUT	Autonomy
DAD	Death and Dying
INT	Intimacy
NGOs	Non-Government Organizations
PPF	Past, Present and Future Activities
QOL	Quality of Life
SAB	Sensory Abilities
SOP	Social Participation
SSQ	Social Support Questionnaire
WHO	World Health Organization
WHOQOL	World Health Organization Quality of Life
WHOQOL- BREF	World Health Organization Quality of Life- BREF
WHOQOL- OLD	World Health Organization Quality of Life- OLD
USA	The United States of America

Glossary

B

Bab-Boon-Kun-Tote

A colloquial way of expressing the belief that if people do a good thing, the good thing comes back. In contrast, doing a bad thing, the bad thing comes back

Berng-Lae

To look after

<i>Bon-Pra</i>	To make a pledge
<i>Boon</i>	Merit
<i>Boon-Ma-Ha-Chart</i>	Buddhist festival
<i>Boon-Pai-Boon-Mun</i>	The outcome depends on that person's merit
<i>Brahmavihara</i>	Holy abiding, sublime states of mind, the Four Abodes of the Buddha: <i>Metta</i> , <i>Karuna</i> , <i>Mudita</i> , and <i>Upekkha</i>
<i>Bug</i>	E-Sarn (Northeast Thailand) people call 'Bug' in front of male name and call 'E' in front of female name. It represents gender.
C	
<i>Chang</i>	Wishing somebody to get suffering and to have a lot of obstacles in their life
D	
<i>Dharma</i>	Buddha's teachings
<i>Dok-Mali</i>	Jasmine
F	
<i>Fung-Din</i>	To save money from agricultural produce
K	
<i>Karma</i>	Good and bad volition
<i>Karuna</i>	Compassion
<i>Kem-Hug-Duang-Nerng-Ka-Bor-Dai-Num-Kaow</i>	I did not even get a broken needle from inheritance
<i>Kert-Ma-Tong-Sai-Hai-Mun-Koom-Sart</i>	As I was born in this life, I have to live my life as fully as I can before I die
<i>Kong-Tun-Cha-Pa-Na-Kit</i>	A community-based Social Welfare Fund in each community that aging people pay into and which is used for their funeral and family after they die
<i>Krob</i>	To bless

Kor-Ka-Ma

To ask for forgiveness

M

Mae

Mother

Metta

Loving-kindness towards all living beings

Mudita

Altruistic joy in the accomplishments of a person

N

Nirvana or *Nippan*

The state of perfect peace, absence of defilements and freedom from suffering

O

Ow-Yung-Pai-Bor-Dai-Bud-Tai

Nothing will go with me when I die

P

Pa or *Tod-Ting*

To abandon

Pang

To love

Pook-Kan

To tighten a cotton thread on the wrist

Pi-Ti-Pook-Kor-Tor-Kaen

A ceremony where the younger people including elderly parents' children will tie older people's hands by using cotton thread

Por

Father

R

Rom-Po-Rom-Sai

The person to whom the younger gives respect and the person to whom the younger are grateful

Ruk-Wer-Hai-Pook-Ruk-Look-Hai-Tee"

To love cows is to tie cows. To love children is to hit them

S

Sin-Bor-Pai-Pla-Bor-Ma

Nothing changes. Literally, the meat does not go and fish do not come

So-Tai

To let myself die

T

Te-Wa-Da

Angel

U

Upekkha

Equanimity, or learning to accept both loss and gain, praise and blame, success and failure with detachment

W

Wai

To pay respect

Won-Mae

National Mother's day (12 August)

Y

Yuh-Pai-Sum-Hod-Mer-Tai or
Sum-Sa-Hod-Mer-Tai

Living without meaning until death

Yai

Grandmother

TABLE OF CONTENTS

Abstract.....	i
Dedication.....	iii
Acknowledgements.....	v
List of Acronyms and Glossary.....	ix
Table of Contents.....	xiii
List of Figures.....	xxi
List of Tables.....	xxiii
Preface.....	xxv

Chapter one: Introduction and background of the study

1.1 Introduction.....	1
1.1.1 Purpose of the study.....	4
1.2 Study Background.....	4
1.2.1 Northeast Thailand.....	5
1.2.2 Migration of the young adult generation.....	10
1.2.3 Health issues of the Thai elderly.....	12
1.2.4 Thai government policy.....	14
1.3 Study Design and Objectives.....	16
1.3.1 Study objectives.....	16
1.4 Chapter Outline.....	16

Chapter two: Review of literature

2.1 Introduction.....	19
2.2 The patterns of elderly care.....	20
2.2.1 Structure of family	20
2.2.2 Living arrangements	22
2.2.3 Expectations and need for care of the elderly	24
2.3 Societal changes.....	25
2.3.1 Industrialisation.....	25
2.3.2 Urbanisation.....	26
2.3.3 Migration.....	28
2.4 Social support.....	30

2.4.1 Source of social support.....	30
2.4.2 Type of support.....	32
2.4.2.1 Financial support.....	32
2.4.2.2 Instrumental support.....	33
2.4.2.3 Material support.....	34
2.4.2.4 Emotional support.....	35
2.5 Loneliness.....	36
2.5.1 Health.....	36
2.5.1.1 Disability in physical function and chronic illnesses.....	36
2.5.1.2 Dependence on help with activities in daily life.....	37
2.5.2 Socio-demography.....	38
2.5.2.1 Low education.....	38
2.5.2.2 Low socioeconomic status.....	39
2.5.2.3 Dissatisfaction with family and social relationships.....	40
2.5.2.4 Low life satisfaction.....	41
2.5.3. Losses of spouse, children, relatives or friends.....	42
2.6 Quality of life in old age.....	42
2.6.1 Sensory abilities.....	43
2.6.2 Autonomy.....	44
2.6.3 Past, present and future activities.....	45
2.6.4 Social participation.....	46
2.6.5 Death and dying.....	47
2.6.6 Intimacy.....	48
2.7 Summary.....	48

Chapter three: Constructing an appropriate methodology

3.1 Introduction.....	51
3.2 Paradigmatic assumptions.....	51
3.3 Pragmatism.....	53
3.4 Sequential mixed methods research design.....	54
3.4.1 Differences between quantitative and qualitative methods.....	55
3.4.2 Purposes of mixed methods research.....	56
3.4.3 Key elements of mixed methods design.....	57
3.4.3.1 Implementation sequence.....	57

3.4.3.2 Priority.....	58
3.4.3.3 Integration.....	58
3.4.4 Typology of mixed methods designs.....	59
3.4.5 Major considerations for planning mixed method research.....	62
3.4.6 Strengths and weaknesses of mixed designs.....	63
3.5 Making inferences from mixed methods research.....	64
3.6 The research protocol.....	65
3.7 Ethical considerations.....	66
3.8 Summary.....	67

Chapter four: Study A: Cross-sectional survey

4.1 Introduction.....	69
4.2 Methods.....	69
4.2.1 The questionnaire.....	69
4.2.2 The sample.....	71
4.2.3 Data collection.....	72
4.2.4 Data analysis.....	72
4.3 Results.....	73
4.3.1 Demographic variables.....	73
4.3.2 Living arrangements.....	75
4.3.3 Migration of children, level of support and feelings of Abandonment.....	76
4.3.4 Social Support.....	78
4.3.5 A comparison of scores for those who say they feel abandoned to those who do not.....	78
4.3.6 Predicting feelings of abandonment.....	83
4.3.7 The impact of feelings of abandonment on quality of life.....	87
4.4 Discussion.....	91
4.5 Limitations.....	94
4.6 Summary.....	95

Chapter five: Study B: Ethnographic methods

5.1 Introduction.....	97
5.2 Focused versus conventional ethnography.....	97

5.3 Study methods.....	99
5.3.1 Participant selection.....	99
5.3.2 Data collection: In the field.....	101
5.3.2.1 Entering the field: settling in and establishing rapport.....	101
5.3.2.2 Participant observation.....	104
5.3.2.3 Interviews.....	107
5.3.2.4 Fieldnotes and fieldwork personal journal and photographs.....	109
5.3.2.5 Ethical issues and other problems in the field.....	110
5.3.3 Data analysis.....	112
5.3.3.1 Thematic Analysis.....	113
5.3.3.1.1 Becoming familiar with data.....	114
5.3.3.1.2 Generating initial codes.....	115
5.3.3.1.3 Searching for themes.....	118
5.3.3.1.4 Reviewing themes.....	120
5.3.3.1.5 Defining and naming themes.....	122
5.3.3.1.6 Producing the report.....	124
5.4 Establishing research trustworthiness.....	124
5.5 Summary.....	125

Chapter six: Reasons for feeling abandoned

6.1 Introduction.....	127
6.2 Children's actions perceived as negative by parents.....	128
6.2.1 Conflict with parents.....	128
6.2.2 Bad behaviour.....	130
6.2.3 No contact with children.....	134
6.2.3.1 Reasons why parents did not contact children.....	136
6.2.4 Not coming back home.....	137
6.2.4.1 Coming back home but parents still felt abandoned.....	138
6.2.5 The meaning of abandonment.....	139
6.3 Economic hardship.....	142
6.3.1 Causes of economic hardship.....	142
6.3.2 Effects of economic hardship.....	143
6.4 Illness and spouse sickness.....	146
6.4.1 Illness.....	146

6.4.2 Spouse sickness.....	147
6.4.3 Effects of illness/ Spouse sickness.....	150
6.5 Hopelessness.....	154
6.5.1 Hopelessness because of children.....	154
6.5.2 Hopelessness because of poverty.....	157
6.5.3 Hopeless from sickness.....	158
6.6 Summary.....	159

Chapter seven: Problem solving

7.1 Introduction.....	161
7.2 Buddha's teachings.....	162
7.2.1 Brahmavihara.....	163
7.2.2 Karma.....	164
7.2.3 Five precepts.....	165
7.2.4 Patience.....	166
7.2.5 Merits.....	166
7.2.6 Peaceful death.....	167
7.3 Life satisfaction.....	168
7.3.1 Accepting what is happening.....	169
7.3.2 Understanding their children.....	170
7.4 Children's actions perceived as positive by parents.....	173
7.4.1 No conflict with parents.....	173
7.4.2 Being concerned about parents.....	174
7.4.3 Contact with parents.....	176
7.5 Parents' positive actions toward children.....	179
7.5.1 Parents' teaching.....	179
7.5.2 Good relationships.....	180
7.5.2.1 Parents' contact.....	181
7.5.2.2 Parents' love.....	182
7.6 Economic problem solutions.....	183
7.7 Dealing with sorrow.....	185
7.8 Social support.....	186
7.8.1 Spouse/family member support.....	186
7.8.2 Neighbour support.....	188

7.8.3 Community support.....	190
7.9 Summary.....	196

Chapter eight: Summary of findings and discussion

8.1 Introduction.....	197
8.2 Summary of findings.....	198
8.3 Discussion.....	204
8.4 Limitations of the study.....	209
8.5 Implications and future directions.....	210
8.5.1 Long-term implications and future directions.....	210
8.5.1.1 The Thai government.....	210
8.5.1.2 Community hospitals/health care centres.....	212
8.5.2 Short-term implications and future directions.....	213
8.5.2.1 Health care workers.....	213
8.5.2.2 Community.....	214
8.5.2.3 Family members.....	214
8.6 Future research.....	214
8.7 Summary.....	215

References.....	217
------------------------	------------

Appendices.....	243
------------------------	------------

Appendix A: Ethics.....	245
--------------------------------	------------

Appendix A-1: Ethics approval.....	247
------------------------------------	-----

Appendix A-2: The letter requesting permission to conduct the research at the study sites signed off by a director of provincial health office (English translation).....	249
---	-----

Appendix A-3: The letter requesting permission to conduct the research at the study sites signed off by a director of provincial health office (Thai).....	251
--	-----

Appendix A-4: Information sheet (English translation).....	253
--	-----

Appendix A-5: Information sheet (Thai).....	257
---	-----

Appendix A-6: Participant consent form (English translation).....	261
---	-----

Appendix A-7: Participant consent form (Thai).....	263
Appendix A-8: Confidentiality agreement (English translation).....	265
Appendix A-9: Confidentiality agreement (Thai).....	267
 Appendix B: Measures	 269
Appendix B-1: The Multidimensional Scale of Perceived Social Support.....	271
Appendix B-2: WHOQOL-BREF Scoring.....	283
Appendix B-3: WHOQOL-OLD Final Manual.....	293
 Appendix C: Questionnaire	 313
 Appendix D: Published article	 337

LIST OF FIGURES

Figure 1.1 Map of Thailand (Regions).....	6
Figure 1.2 Northeast Thailand map.....	7
Figure 1.3 Thailand map indicating Nong Khai province location.....	8
Figure 1.4 Nong Khai province map indicating Amphoe Bung Khla	9
Figure 5.1 Bung Khla hospital.....	103
Figure 5.2 The surroundings of the accommodation in the field.....	104
Figure 5.3 Mekong River in the research area between Thailand and Laos.....	105
Figure 5.4 Song-Kran festival (National Elderly Day and Thai New Year).....	107
Figure 5.5 The muddy road en route to villages distant from my accommodation.....	111
Figure 5.6 The truck accessing a remote area.....	112
Figure 5.7 Initial thematic map, showing six main themes.....	119
Figure 5.8 Developed thematic map, showing three main themes.....	121
Figure 5.9 Final thematic map, showing final two main themes.....	123
Figure 6.1 Summary of factors affecting feelings of abandonment.....	128
Figure 6.2 Participant 98A's bedroom.....	144
Figure 6.3 Bamboo wall at participant A5's house.....	144
Figure 6.4 Participant 187N's paralysed husband.....	148
Figure 6.5 Participant 143A's paralysed wife.....	149
Figure 7.1 Problem Solving.....	162
Figure 7.2 Participant 219N and his young grandson.....	172
Figure 7.3 The notice shows that participant A6's house was repaired by the community organization supported by the government.....	191
Figure 7.4 Participant 291A and her young grandson at her old house.....	192

Figure 7.5 Participant 291A's new house which is supported by the community (The government project for the poorest in the village).....	193
Figure 7.6 The solar cell is set up by the local community organization at participant A2's house.....	194

LIST OF TABLES

Table 4.1 Demographic Data.....	74
Table 4.2 Living Arrangements.....	75
Table 4.3 Migration of Children, Levels of support and Feelings of Abandonment.....	77
Table 4.4 Social Support.....	78
Table 4.5 A comparison of scores between those who say they feel abandoned and those who do not.....	79
Table 4.6 Correlation Matrix of Independent and Dependent Variables under Study.....	84
Table 4.7 Predicting feelings of abandonment from those variables which have been found to be significantly different across groups and have met the criterion for inclusion in the equation for multiple regression.....	86
Table 4.8 A Comparison of Scores on three measures of Quality of life between those who feel abandoned and those who do not.....	88
Table 4.9 A Comparison of Scores on the Four Domains of the WHOQOL- BREF between those who feel abandoned and those who do not.....	89
Table 4.10 A Comparison of Scores on the Six Facets of the WHOQOL-OLD between those who feel abandoned and those who do not.....	90
Table 5.1 Data Extract, with Codes Applied.....	115
Table 5.2 Generation of Initial Codes.....	117

PREFACE

This study was prompted by my background growing up in Northeastern Thailand. After studying nursing and then practicing for six years, I began researching and teaching community medicine and public health for a subsequent ten years. As a public health instructor my field experiences at the Faculty of Public Health, Naresuan University led to my interest in the area of aging people's health.

While I was training students in rural areas, I observed that those living in the villages were almost entirely aging people and young children. That observation made me wonder "Why are there only elderly and little kids in the villages? What will be the effect on the elderly?" This prompted me to conduct research about the consequences of younger adults leaving their aging parents in their home villages for better economic opportunities elsewhere and the older people's possible consequent feelings of abandonment. This study also looked at the relationship between such feelings of abandonment, and the traditional Thai expectation that older relatives would be looked after.

It was decided to conduct this research in the Northeast because this area has the lowest per capita income in Thailand, and consequently has very high levels of labour migrating elsewhere. My origins in this area also allowed me to approach study subjects from their own cultural background.

CHAPTER ONE

INTRODUCTION AND BACKGROUND TO THE STUDY

1.1 Introduction

Life in Thailand has changed drastically in the last 50 to 60 years. The country has undergone industrialisation and modernisation, as well as, experiencing booms and busts in its economy (Choowattanapakorn, 1999). Women have joined the paid workforce in greater numbers and more people work away from their home during the day (Jongudomkarn & Camfield, 2006). A declining birth rate has resulted in smaller families and a rise in the ratio of dependent elderly to working-aged care givers (Caffrey, 1992). The practice of inter-generational living is becoming less common (Knodel & Chayovan, 1997a) and a significant proportion of younger people are emigrating from the rural areas to the cities for economic reasons (Choowattanapakorn, 1999). All of this has impacted on the family and the traditional pattern of care for its oldest members (Jones, 1995).

Traditionally in Thailand older family members prefer to stay in the home they created and be supported by at least one of their children who co-resides (Knodel & Saengtienchai, 2007). These authors found that co-residence was favoured as it was still seen as the best way for families to carry out their responsibilities to care for the elderly. While it appears that a widespread and functioning familial system of intergenerational support and care still operates in Thailand (Knodel & Chayovan, 1997b)(Knodel & Chayovan, 1997a), there is some evidence that it is no longer as reliable a means for meeting the needs of the oldest members of the family as it once was (Thanakwang & Soonthorndhada, 2006).

One trend that impacts on family care of the elderly is the increase in women working outside the home. This means they are less available to do such care, and though they may have a better financial position, fatigue and other responsibilities reduce the amount of care they contribute (United Nations, 2002). A number of older adults have been left at home on their own, often with grandchildren to care for (Choowattanapakorn, 1999; Thang, Kaplan, & Henkin, 2003), and some may

fear being abandoned by their children in times of need (Jongudomkarn & Camfield, 2006).

My field observations of households in rural villages with a predominance of elderly and young children, led me initially to view this situation as one of abandonment, given that as a Thai, I hold the values of filial piety (Soonthornchaiya & Dancy, 2006) and expect that adult children will care for their elderly parents. Also, I saw it as a topic that warranted further research. However, on exploring the topic with supervisors, a broader approach to the topic was formulated that explored the quality of life of the elderly in the rural border area of Thailand related to economic migration by their children. The primary reason for broadening the topic was that there is little literature that addresses the concept of ‘abandonment’ of the elderly in the Thai context, however research has been undertaken on the quality of life (Jongudomkarn & Camfield, 2006), economic well-being (Lloyd-Sherlock, 2006), and support mechanisms (eg. Ding, 2004) for rural elderly in the face of the socio-economic and demographic changes taking place in Thailand over the past two decades. Given the lack of literature on abandonment as a concept, and the lack of tools to measure abandonment, a range of factors that may contribute to feelings of abandonment, such as the patterns of elderly care, economic migration, social support, health and quality of life were explored in the first part of this study and form the basis of the literature review in Chapter 2.

The Thai government enacted a ‘Declaration of Thai Senior Citizens’ in 1999—the International Year of the Elderly—that outlined the Government’s “commitment to elevating the standard of living of the elderly and protecting them from abandonment and violation of their rights” (Jitapunkul & Wivatvanit, 2009, p. 64). However, the 2nd National Plan for Older Persons (2002-2021) and the subsequent Elderly Act, 2003 make no mention of ‘abandonment’. Rather they focus on creating an ‘enabling environment’ in which policies related to wellness support a healthy old age. This focus reflects government recognition of the challenges of servicing an ageing population.

In Thailand, the elderly population (defined as aged 60 years and older) has been rapidly increasing, from 10.3% of total population in 2005 to an estimated 14% in 2015 (United Nations Population Fund, 2006). An ‘active ageing’ approach to policy and programme development, as promulgated by the World Health Organization (WHO), encourages individuals to prepare themselves to maintain health, independence, security and to produce some benefits to society (Thanakwang & Soonthornthada, 2006). However, the notion of individual responsibility that underpins active ageing sits in awkward juxtaposition to Thai cultural expectations of filial piety—a feature of Thai society that reflects Buddhist beliefs (Soonthornchaiya & Dancy, 2006).

Buddhism is the national religion of Thailand (Soonthornchaiya & Dancy, 2006). The Thai culture is largely homogeneous and most of the population are ethnic Thais. Ninety-five percent of the population is Buddhist (especially the Theravada branch) and speak some form of the Thai language (Sobieszczyk, Knodel, & Chayovan, 2003). Thus, religious and ethical beliefs and practices are an important part of the lives of Thai people (Jongudomkarn & Camfield, 2006). With Thai families, there is a hierarchy with the parents at the top (Sobieszczyk et al., 2003). Children are still brought up to honour their parents. The strength of this respect relates to Buddhist beliefs that elders’ status earns care, respect and obedience (Soonthornchaiya & Dancy, 2006). Children are expected to ‘repay’ their parents in these ways for their nurturing they have received (Rachiwong, 2002). In many families, this sense of obligation is very strong and the care given to parents by their adult children is both an expression of their respect and ‘repayment’ (Choowattanapakorn, 1999).

Feelings of abandonment may arise in the elderly when this expectation is not met, due to out-migration of their adult children for work, and such feelings may have a negative impact on the self-esteem and/or quality of life of older adults (Jongudomkarn & Camfield, 2006; Nanthamongkolchai, Makapat, Charupoonphol, & Munsawaengsub, 2007). While abandonment has been defined as the total abdication of the responsibility for care (World Health Organization: Regional Office for South-East Asia, 2003), feelings of abandonment amongst the older generation may be more a perception of the extent to which one feels that

their children have failed to fulfil their familial duties in accordance with cultural norms. Parents living on their own, for example, may not feel abandoned if they are in receipt of supportive expressions such as visits and provision of material goods from their adult children (Zimmer & Amornsirisomboon, 2001). The degree to which this is forthcoming, however, may result in relative feelings of abandonment. The societal and demographic changes outlined above have had a particular impact in Northeast Thailand, which is a poor rural area of the country and accounts for over one-third of Thailand's elderly population (Knodel & Chayovan, 1997b).

1.1.1 Purpose of the study

I initially set out to capture a snapshot of the quality of life of elderly in a remote rural border area of Thailand who had experienced economic migration by their children, as it was not advisable to focus solely on abandonment, about which little had been written. Once survey data had been gathered in the first phase of the study, and it was clear that a proportion of the sample did report feelings of abandonment, the purpose was revised to determine the extent and degree to which older persons living in a remote rural area of Northeast Thailand feel abandoned by their adult children; the factors that may contribute to feelings of abandonment; the impact that feelings of abandonment may have on one's quality of life. The second phase of the study was refocused to provide an in-depth understanding of meaning and experiences of abandonment from the perspectives of those who identified as feeling abandoned or not feeling abandoned. Furthermore, data were obtained and analysed that highlighted the problem solving ways that were used by both groups when they faced difficult circumstances. A sequential mixed methods research design was used to carry out the study.

1.2 Study Background

In the sections that follow, background information about the Thai context of the study is provided. Firstly the geographic and socio-economic features of Northeast Thailand that lead to poverty and the economic migration of young adults is described. The study setting—a rural remote province of Northeast

Thailand—is identified, and information about economic migration, health issues of Thai elderly and government responses to address the health and welfare of the elderly, is outlined in order to provide a context for the present study.

1.2.1 Northeast Thailand

Northeast Thailand, known as the E-Sarn region, is comprised of 17 provinces with an area of approximately 170,000 km² or 33 % of the total area of Thailand. The region has about 17 million people or around one-third of the total population of Thailand. It is bound by Laos in the north and in the east; by Cambodia in the east and south; and by the lower part of North Thailand in the west (see Figure 1.1 and 1.2) (Suetrong & Pairintra, 2007).

Although the land is used for cropping, the soil is poor, and there are salinity problems (Ekasingh, Sungkapitux, Kitchaicharoen, & Suebpongsang, 2007). Its higher position means irrigation is limited and its variable and unreliable rainfall means the area can have both droughts and floods (Pant, Demaine, & Edwards, 2005). These problems lead to a lack of mixed cropping, low quality livestock, and unstable market conditions (Suetrong & Pairintra, 2007). According to Ekasingh et al. (2007), many farmers in the area are small landholders (2.4 hectare / household) and most grow rice the traditional crop; however, he also noted that recently farmers have begun to grow other crops such as maize, cassava, and sugar cane.



Figure 1.1. Map of Thailand (Regions). (2011). Retrieved from <http://www.worldofmaps.net/en/asia/map-thailand/map-regions-thailand.htm>

Northeast farm productivity is vulnerable to the unpredictable weather. There is a high possibility that this region would encounter an early-season drought in June and July when rice seedlings are transplanted and a late-season drought in October when rice is in its reproductive phase (Naivinit & Trébuil, 2004). These problems occur because soils are generally low in fertility, of light and sandy texture and with low moisture holding capacity (Pant et al., 2005). Therefore, agricultural productivity is low (Naivinit & Trébuil, 2004).

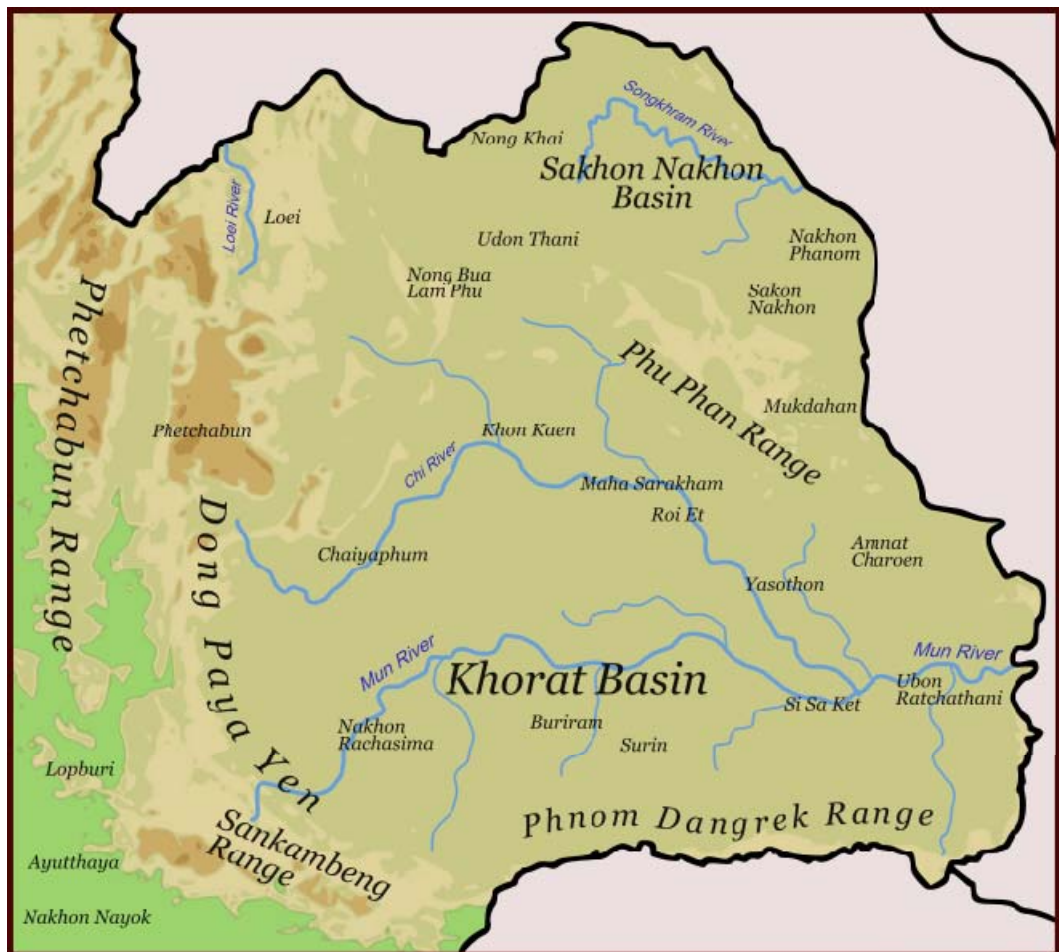


Figure 1.2. Northeast Thailand map. (2011). Retrieved from <http://en.wikipedia.org/wiki/File:Isaanmountains.svg>

The study was carried out in Nong Khai province—a long thin province, running along the Mekong River, and bounded by Laos (see Figures 1.2, 1.3). The area is influenced by tropical cyclones which originate over the South China Sea, resulting in high levels of rainfall (Suetrong & Pairintra, 2007).



Figure 1.3. Thailand map indicating Nong Khai province location. (2011).

Retrieved from http://en.wikipedia.org/wiki/File:Thailand_Nong_Khai.png

Nong Khai province is comprised of 17 Amphoes (districts or subdivisions of a province): Mueang Nong Khai, Tha Bo, Bueng Kan, Phon Charoen, Phon Phisai, So Phisai, Si Chiang Mai, Sangkhom, Seka, Pak Khat, Bueng Khong Long, Si Wilai, **Bung Khla**, Sakhrail, Fao Rai, Rattanawapi, and Pho Tak (see Figure 1.4). The districts are further subdivided into 115 subdistricts (*tambon*) and 1,099 villages (*muban*) (ThaiTambon, 2000). Amphoe Bung Khla was selected as the study setting because of its remoteness both from Nong Khai city and the larger cities to which out-migration takes place.

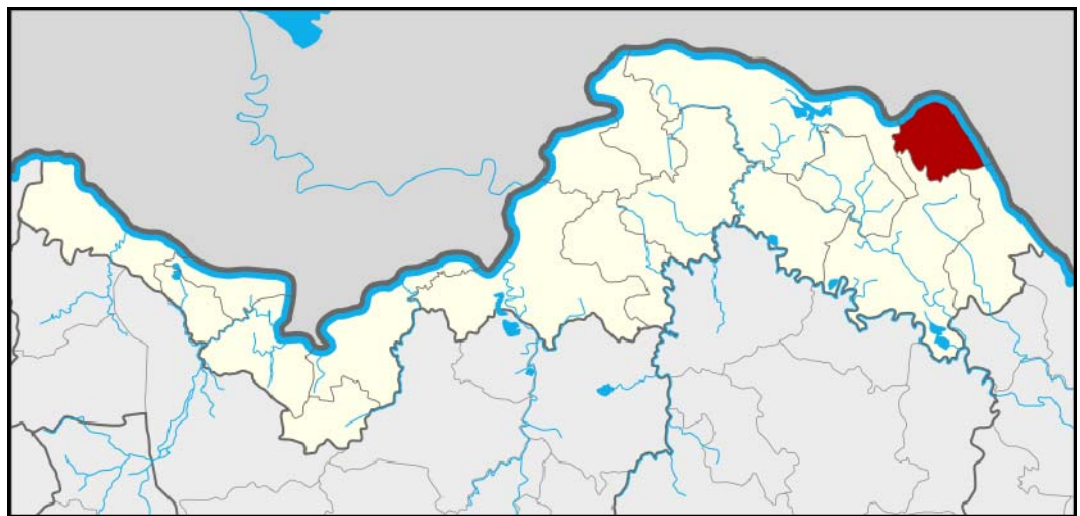


Figure 1.4. Nong Khai province map indicating Amphoe Bung Khla location.

(2011). Retrieved from

http://de.wikipedia.org/w/index.php?title=Datei:Amphoe_4313.svg&filetimestamp=20100312134025

Amphoe Bung Khla is in the east of Nong Khai province. It is far from the centre of Nong Khai province—around 190 kilometres by road along the Mekong River and far from Bangkok—around 801 kilometres by the main road (Bung Khla District Office, 2007). As such it can be described as a remote rural area. The district is subdivided into three subdistricts (*tambon*): Bung Khla, Nong Doen, and Khok Kwang, which are further subdivided into 25 villages (*muban*) (Bung Khla Subdistrict Administration Organization, 2000). There are no municipal (*thesaban*) areas, and three subdistrict administrative organizations (Bung Khla District Office, 2007). Eighty per cent of the population consists of farmers and most of them produce local products such as woven baskets, fishing nets, woven

cloth, and pounded rice (in the traditional way) (Bung Khla Subdistrict Administration Organization, 2000). Although Amphoe Bung Khla is near the Mekong River that is suitable for crops, most soils are sandy loams and loamy sands (Bung Khla District Office, 2007). They are very low in fertility, and low in water-holding capacity (Suetrong & Pairintra, 2007). This means that if the normal high rainfall does not eventuate, drought will affect crop production (Jongdee, Pantuwan, Fukai, & Fischer, 2006). Facilities and infrastructure for irrigation are lacking (Bung Khla District Office, 2007). In addition, the farmers earn low incomes because their fluctuating yields mean they cannot negotiate better market prices (Suetrong & Pairintra, 2007). This means that the people in this area have low incomes and face poverty. Because of the poverty, widespread problems of nutritional deficiency, poor health and lack of quality of family life have been reported (Intarachai, 2003), with the latter linked to labour migration.

1.2.2 Migration of the young adult generation

The situation of poverty outlined above encourages young people, especially those who have financial problems in their families, to migrate to urban areas in order to improve their financial position (Ding, 2004; Knodel & Saengtienchai, 2007; Ritchie, 2000). This out-migration continues to increase, to big cities such as Bangkok, Phuket, Phataya and Chiangmai (Knodel & Saengtienchai, 2005) such that Intarachai (2003) described the Northeast region as the leading labour export region of the country; however the majority of the over-15 population from this region is lowly educated and unskilled, thus most will earn low wages in the cities.

Until the mid 20th century, migration to the city by young people for work only occurred in times when they did not have to plant or harvest (Knodel & Saengtienchai, 2005). Therefore, children could continue to care for elderly parents (Choowattanapakorn, 1999). However, in more recent times many of the younger adult generation are employed away from home on an on-going basis and thus have offered only financial support in place of the personal support and care traditionally expected by parents (Ritchie, 2000). Rachiwong (2002) reported that home health care of Thai elderly is lacking, as he found that the Thai elderly had more health problems than in the past but there were fewer care givers in the

family home during the day. Now many young adults who traditionally cared for their parents work fulltime (including women), and this work is often in cities far from their parents. This has drastically reduced the opportunities to live with and care for their parents and so possibly the standard of living of the parents has also decreased.

Elderly people may thus be left caring for their grandchildren in rural areas while the young adults work in the cities. Although grandparents have to take responsibility for their grandchildren, many absent parents send money to support their grandchildren (Knodel & Saengtienchai, 2005). If aging parents have adult grandchildren who can look after them and can work for money around the village, the financial status and wellbeing of the elderly is better (Ding, 2004); however such help depends on the age of the grandchildren. For instance, if the grandchildren are toddlers, they will be cared for by elders, rather than elders being care for by providers. Older adults in rural areas then may need to continue to work or take on more work, in order to support themselves and their grandchildren and avoid living in poverty stricken circumstances (Kamhom, 2004). In addition, loneliness and abandonment in elders are other concerns that result from their children's migration (Aboderin, 2004). Therefore, although the movement of labour may generate more off-farm income for their families, it also brings social problems to the region.

In summary, as economic growth in Thailand has been impacted by external recession factors, there have been many changes which have subsequently brought alterations to traditional social and family relationships (Jongudomkarn & Camfield, 2006; Ritchie, 2000). Accompanying, increased migration is a noted decrease in the family size in Thailand (Soonthornchaiya & Dancy, 2006), a factor which also reduces the number of children who can care for elders. However, the elderly parents continue to expect that their adult children will take care of their parents consistent with Buddhist-based beliefs as outlined earlier (Thanakwang & Soonthorndhada, 2006). While economic migration may help solve problems of low income and poverty in rural areas of Northeast Thailand, it does not help provide healthcare and support for the aging people who remain behind (Lloyd-Sherlock, 2006).

1.2.3 Health issues of the Thai elderly

One of the important health problems among the Thai older adults is chronic illness (Thanakwang & Soonthorndhada, 2006). The major chronic diseases confronting older Thais are hypertension, diabetes mellitus, hyperlipidemia, osteoarthritis, cardio-cerebrovascular diseases, and tumours (Pongpaew et al., 2000). Since diabetes mellitus and hypertension are important risk factors for cardiovascular diseases, management of these conditions is therefore essential for the reduction of cardiovascular events and mortality (Staessen, Thijisq, Fagard, & Celis, 2004). Aging people in rural areas are reported to have a lower prevalence of hypertension and lower cholesterol than those who live in urban areas (Ishine et al., 2006). However, the health of rural elderly is likely to be poorer than that of urban elderly (Knodel & Chayovan, 1997a) as a result of lower economic status (Zimmer & Amornsirisomboon, 2001). Even though Jitapunkul and Chayovan (2000) found that health and well-being of Thai elderly population significantly improved during an earlier period of development (1989-1996) of Thailand, Thai elderly with low economic status in that economic period still showed more health problems (Zimmer & Amornsirisomboon, 2001). Therefore, aging people who are poor may have more disability problems due to chronic diseases such as heart disease, and hypertension (Jitapunkul, Kunanusont, Phoolcharoen, Suriyawongpaisal, & Ebrahim, 2003a). In Thailand, long-term disability is reported to affect a quarter of people over 60 years (Jitapunkul, Kunanusont, Phoolcharoen, Suriyawongpaisal, & Ebrahim, 2003b). With respect to prolonged disability, these illness problems may affect mental health in old age.

Depression is also a significant mental illness in Thai elderly (Sukying, Bhokakul, & Udomsubpayakul, 2003). Thongtang et al. (2002) found that factors that contributed most to depression in the Thai elderly were lack of money, difficult family relationships, and physical illness. However, coping with these issues is impacted by both intrapersonal and interpersonal factors (Ingersoll-Dayton, Saengtienchai, Kespichayawattana, & Aungsuroch, 2004). Health issues, low economic status and low educational level affect the quality of life in old age, especially for those residing in rural remote areas. Old-aged people in cities live longer than the rural elderly (Thanakwang & Soonthorndhada, 2006), which

probably relates to their higher economic status and better access to health services.

Social and physical activities, and diet, as well as income were also found to be important for QOL (quality of life) in Thai elderly. A nationwide survey of the Thai elderly who attended clubs (Assantachai & Maranetra, 2003, p. 1) found that 61.4% were reported as having good QOL; poor QOL was associated with “not living with spouse, poor financial status, no regular exercise, sleeping or hearing difficulties, not taking milk regularly, suffering from joint pain or diabetes mellitus, having a history of falls within the last six months, and/or a poor mobility score (a score of instrumental activities of daily living)”. Elderly in urban areas have been identified as at risk of morbidity because they do not have many activities and exercise (Assantachai, Chatthanawaree, Thamlikitkul, Praditsuwan, & Pisalsarakij, 2003; Jitapunkul, Krungkraipetch, Kamolratanakul, & Dhanamun, 2001). In fact, Binhosen et al.(2003) and Henry, Webster-Gandy, and Varakamin (2001) found daily living activities were also ways that physical activity and mobility were maintained and so improved QOL in urban Thai aging people. However, this is less likely to be an issue for rural elderly.

Psychological well-being is an important aspect of life quality for older adults (Binhosen et al., 2003). In the Thai context, “psychological well-being of older adults is reported to be impacted by (1) harmonious relationships within one's family and with neighbours; (2) reliability in the provision of assistance among themselves, children and relatives, neighbours, and communities; (3) having a peaceful mind (coaxing the mind to be happy) and being accepted by others; (4) being respected; and (5) having activities with friends and going to temples” (Gray, Rukumnuaykit, Kittisuksathit, & Thongthai, 2008, p. 213). As a result of financial problems in old age, older people are at risk because family support networks are less able to adequately provide money and care (Ingersoll-Dayton et al., 2004). Hence, the Thai government has a heavy burden in providing pension and health services for older people (Ritchie, 2000). In order to meet these needs, decentralization of services and universal health insurance policies were launched by the Thai government for the Thai elderly population (Thanakwang & Soonthorndhada, 2006).

1.2.4 Thai government policy

In 2002, The Second World Assembly on Ageing in Madrid, Spain was convened by The United Nations and the Madrid International Plan of Action on Aging was adopted to address three areas: “1) older persons and development, 2) advancing health and well-being into old age, and 3) ensuring an enabling and supportive environment” (Jitapunkul & Wivatvanit, 2009, p. 66). The Second National Plan for Older Person (2002-2021) was launched in 2002, partly in response to the Madrid International Plan of Action (United Nations, 2002). A major step in the Second National Plan was the provision of financial assistance to the elderly who had no income and were already poor (Thanakwang & Soonthorndhada, 2006). This is a monthly allowance of 200 baht (9 NZ\$).

Nevertheless, even though the Thai government has tried to provide these benefits to aging people, weak points occur within the provision. Although senior people, including civil servant retirees, usually have a social insurance fund, most older people rely on private financing (Lloyd-Sherlock, 2002). What frequently happens is that households often pool pension incomes, so some of it is passed on to the younger generations, especially grandchildren (Lloyd-Sherlock, 2002). In addition, although the Thai government policy makes commitments to provide for the very poorest rural elderly with no other support, in reality it is difficult for people to prove they have no assistance (Liu, Liang, & Gu, 1999; Sagner & Mtati, 1999). Another policy designed to increase support for elderly and encourage traditional family connections is that children who are earning and care of taking their parents and/or in laws are entitled to a tax deduction (United Nations, 2007), however the benefit from tax deduction potentially changes the nature of the transaction between child and parent from support based on gratitude and respect for one's parent (the notion of parent repayment described earlier) to a financial incentive to provide support.

Under the National plan, the Ministry of Public Health also provides health services to the elderly by home visits and giving home health care (Lloyd-Sherlock, 2000). However, this support is limited as it is usually only provided for short periods and so it cannot be seen as a continuous home health service for all elderly (Kamnuansilpa, Wongthanavas, Bryant, & Prohm, 2000). Similarly,

these authors found respite care and community rehabilitation service were also limited or did not exist for elderly.

Most large villages have health care centres but these do not have enough staff to see people regularly or to do home visits. This is unfortunate as home visits are a key procedure for working with the elderly, as their home environment can then be assessed for consideration in the delivery of services (Kamnuansilpa et al., 2000). In Northeast Thailand, community leaders, concerned about the older people in the area, often look for a solution by focusing on various forms of social support from agencies such as NGOs, government and community organizations. Whilst those services meet some needs, it is by no means certain that all the socio-emotional needs of the elderly, especially those who perceive themselves as abandoned, are met in these ways.

For those who provide services to older adults who are affected by economic migration of their children, it is especially important to understand how feelings of abandonment influence their quality of life and to identify the proper social support for those who face economic problems related to their abandonment. In particular, it is crucial to understand the impact of abandonment on living arrangements, economic situation, social support and quality of life.

To sum up, the Thai government has tried to support elderly health care by enacting the National Plan for Older Persons. Moreover, the government has emphasized that family members have an important role in caring for the elderly. However, as previously noted, out-migration reduces the availability of aging care and support and also affects the feelings of elders who are left by their children in the rural areas. The migration of young people may cause feelings of abandonment on the part of aging parents who choose to stay or are left in the villages. In contrast to other studies in this area, my study focuses on the perceptions and feelings of the parents remaining in rural villages rather than those of the family members who have moved to the cities.

1.3 Study Design and Objectives

A sequential mixed method approach, based on pragmatic paradigmatic assumptions, was employed in this study for investigating the feelings of abandonment among aging people in rural Northeast Thailand. The first strand of this study was a quantitative design (exploratory study), while the second strand was a qualitative design (confirmatory study). The quantitative design included data collection, data analysis, and inference. The sample used in the quantitative strand was then used as the sampling frame for the subsequent qualitative strand. The second strand of this study (qualitative design) involved new data, its analysis, and inference. The final meta-inferences were made on the basis of the confirmatory or disconfirmatory nature of the inferences in the two strands of this study.

1.3.1 Study objectives

Study A seeks to determine: (a) the extent and degree to which older persons living in a rural area of Northeast Thailand feel abandoned by the migration of their children from their home province, (b) the factors which affect feelings of abandonment, (c) the impact that feeling abandoned has on their quality of life. To achieve the objectives of this study, a cross sectional survey of persons aged 60 years and older living in Amphoe Bung Khla, Nong Khai Province was carried out with a questionnaire designed for this purpose.

Study B seeks to gain an in-depth understanding of the experiences and meaning of abandonment from the perspectives of those who identified as feeling abandoned or not feeling abandoned. Furthermore, data were obtained and analysed that highlighted the problem solving ways that were used by both groups when they faced difficult circumstances.

1.4 Chapter Outline

The study is presented in eight chapters, including this first chapter in which an introduction to and rationale for the study has been outlined. Background information about the Thai context of the study was provided. Firstly the geographic and socio-economic features of Northeast Thailand that lead to

poverty and the economic migration of young adults were described. The study setting – a rural remote province of Northeast Thailand – was identified, and information about economic migration, health issues of Thai elderly and the government responses to address the health and welfare of the elderly, were outlined in order to provide a context for the present study. The study design, objectives and research methods employed in the study were also outlined.

In the second chapter – a review of the literature, factors that may lead to feelings of abandonment are addressed. An overview of the patterns of elderly care, societal changes (industrialisation, urbanisation, and migration), social support, as well as the loneliness that is the effect of low levels of social support are reviewed. As the study used the WHOQOL (World Health Organization Quality of Life) tools in the first phase, quality of life (QOL) in old age is also reviewed. The information reviewed provided the basis for the development of the survey in the first phase of the study and the analysis of the study findings.

The third chapter illustrates the construction of an appropriate methodology adopted in this study. This includes paradigmatic assumptions, pragmatism, sequential mixed methods research design, and making inferences from mixed methods research, along with the research protocol and ethical considerations.

The fourth chapter reports on a cross-sectional survey employed in the first phase of this study (Study A). This includes the procedure of the survey, detailing the questionnaire, the sample, data collection, data analysis as well as the results. The results are divided into seven categories: demographic variables, living arrangements, migration of children, level of support, and feelings of abandonment, social support, a comparison of scores for those who say they feel abandoned to those who do not, and the impact of feelings of abandonment on quality of life including the discussion. The results from the cross-sectional survey were used as baseline information to carry out the second phase of the study.

The fifth chapter presents the ethnographic methods employed in the second phase of this study (Study B). The procedures of the fieldwork detailing the process from preparing to enter the field, entering the field, being in the field, and

leaving the field are illustrated. This includes explaining how the information obtained was handled and analysed. For the analysis process, thematic analysis is illustrated and research trustworthiness is established.

In the sixth chapter, the study findings are presented with emphasis on the reasons for feeling abandoned for the aged parents who had children who had left their home villages. They are constructed from the children's actions perceived as negative by parents, economic hardship, illness/spouse's sickness, and hopelessness.

The seventh chapter shows the problem solving from the aging parents who had children who had left their home villages. Their problem solving is formulated from several bases: Buddha's teachings, life satisfaction, children's actions perceived as positive by parents, parents' positive actions toward children, economic problem solutions, dealing with sorrow, and social support.

In the eighth chapter, the study findings presented in Chapter 4, 6, and 7 along with the information demonstrated in the review of literature chapter are brought together to examine the experiences of abandonment from the perspectives of those who identified as feeling abandoned or not feeling abandoned. Here, the factors affecting feelings of abandonment and the experiences of abandonment are identified and discussed. Furthermore, in this chapter, the general conclusion of the study including limitations of the study, and the implications and future directions derived from the study's findings is illustrated.

CHAPTER TWO

REVIEW OF LITERATURE

2.1 Introduction

There is a growing concern regarding the global phenomenon of aging, both in developed and developing nations. A decline in birth as well as death rates has resulted in a proportional increase in the elderly population. Consequently, demographers now are less concerned with lowering birth and death rates and more concerned with issues of aging (Sijuwade, 2008). Concern is expressed by the United Nations about the well-being of aging populations who live in the rural areas of many developing countries (United Nations, 2002). Deprivation of the elderly is identified as one major problem resulting from potentially harmful changes to cultural norms in many countries (World Health Organization: Regional Office for South-East Asia, 2003). Changes or challenges to familial traditions may affect aging people particularly in relation to migration of the young generation (Knodel & Saengtienchai, 2005).

The predominant view is that the migration of adult children is problematic for older rural people (Abas et al., 2009; Guo, Aranda, & Silverstein, 2009). However, the academic literature relating to the developing world, on the effects of migration of the younger generation, has both theoretical standpoints and empirical studies that show such migration can have an overall positive effect (Knodel, Kespichayawattana, Saengtienchai, & Wiwatwanich, 2010; Knodel & Saengtienchai, 2007; Zimmer, Korinek, Knodel, & Chayovan, 2008). In this body of literature, the patterns of elderly care are noted to have changed in relation to societal changes such as industrialisation, urbanisation, and migration (Boonchalaksi, 2000).

The social changes brought about by youth migration to the cities have created a range of interacting factors that impact on the elderly who remain in rural areas. When adult children migrate to the cities, this out-migration decreases intergenerational relationships (Musikapan, 2004) and affects the abilities of family members to negotiate support for aging parents (Whitbeck, Hoyt, & Tyler,

2001). Changes in patterns of elderly care brought about by youth migration have been necessary to provide adequate social support for the psychological health of aging people (Guo et al., 2009). However, one benefit to elderly parents that arises from youth migration is the possibility of additional income from their children during periods of the year when agricultural work is not available (Richter, Guest, Boonchalaksi, Piriathamwong, & Ogena, 1997).

In the context of China, Giles and Mu (2007)) found that elderly parents' health is less impacted from being taken care of by siblings instead of their adult children (who are migrants), however in the Thai context parents still expect to live with at least one of their children and receive support from them (Higuchi, 1999). When this expectation is not met and the elderly parents' family functioning is poor, one outcome is loneliness (Wu et al., 2010). However, it has been argued that – in the Asian context – loneliness, loss of status, being apart from the productive system, and reduction in quality of life are factors which can be sociologically tackled so as to harmonize the aging phenomenon with families' responsibilities (Sheykhi, 2006). Family and social relationship problems, low economic status, low life satisfaction, and health problems have been correlated with the feelings of abandonment of aging parents (Graneheim & Lundman, 2010; Rachiwong, 2002). However, whether the parents feel abandoned or not is reported to depend on families' proximity, the life circumstances of adult children, and the needs and dependency of the parents (Zimmer et al., 2008). As a consequence, the following literature review addresses the patterns of elderly care, societal changes, social support, loneliness, and quality of life of older people.

2.2 The patterns of elderly care

Elderly care patterns consist of structure of family, living arrangements, and expectations and need for care of the elderly (Boonchalaksi, 2000). These three elements are different in Western countries and Asian countries (Chappell, 2003).

2.2.1 Structure of family

Family structure is significantly different between the developed and developing worlds. In developed countries, western society is predominantly industrialised,

with highly developed technology and is highly urbanised (Boonchalaksi, 2000). The typical family is now a nuclear family which consists of parents and one or two children or no children (Boonchalaksi, 2000). Even though the nuclear family embodies and reinforces cultures of individualism, self-reliance, cooperation with non-family, accountable authority, and majority rule with respect for minority rights, (Greif, 2006), these cultures can lead the family to have a high frequency of broken marriages and high proportions of lone parents (Galen & Poppel, 2005). In Western cultures, in relation to the nuclear family, seniors do not live typically with their children and live alone when their spouse dies (Chappell, 2003).

In Eastern countries, the young generations are seen to be adopting the dominant Western cultural view of individualism and a preference for the nuclear family over the traditional multi-generational family arrangement (Tam & Neysmith, 2006). Especially in Asian countries, the concepts of filial piety and family responsibility which have been part of their culture are changing (Chappell, 2003). There are many other factors that challenge filial piety such as sub-standard accommodation, health and social service provision (Tam & Neysmith, 2006). These factors may contribute to the difficulty for young generations to fulfil their responsibilities and care adequately for their elders according to traditional values and beliefs. Additionally, industrialization and globalisation have impacted on the traditional way of life (Fox, 2005). Chappell (2003) also found that the lack of extreme filial piety in China and among the Chinese communities in North America has become serious because nuclear families are now abandoning their elders to long term institutional care and these seniors are isolated from their families. Furthermore, in Thailand, rural household structures have been transformed by labour forces migrating to urban areas. Specially large numbers of elderly parents have been left behind (Darawuttimaprakorn, 2006).

Hence, the family structures in these two different worlds are leading to isolation of aging parents, especially in developing world. However, nuclear families in Western countries may have fewer problems with elderly care because of differences in levels of expectation of care by and residence with their children. In terms of cultural values and norms, family tradition and on-going interpersonal

exchanges reinforce household relationships (Liang, Brown, Krause, Ofstedal, & Bennett, 2005). Therefore, inter-personal exchanges in terms of resources and demands relate to living arrangements.

2.2.2 Living arrangements

This system of support exchange is a feature of the living arrangements of elderly with adult children (Knodel & Saengtienchai, 2005), especially in the context of Thailand and other Asian societies. In terms of the support system, older people co-residing with their children remains a significant source of social support in regions covering a range of socio-economic development levels (Palloni, 2000). Distinct social networking and support patterns, based on different social (mainly family) roles, such as child, spouse, or parents give rise to varying living arrangements (Liang et al., 2005). All these family members are defined as households in different ways. In Thailand, the concept of a household is typically defined as two or more persons who ‘live and eat together’ and living arrangements based solely on household composition (Knodel & Saengtienchai, 1999). In contrast, the United Nations classified the living arrangements based on familial relationships such as living alone, living with spouse only, living with a child (including adopted children, child-in-law or grandchild) living with another relative (other than a spouse or child/grandchild), and living with unrelated people only, apart from the spouse (United Nations, 2005). However, in Thailand some aging parents may live with their children and another relative at the same time. So, it may be difficult to classify exactly whom the aging parents reside with and the United Nations definition of household may not be universally applicable.

In addition, living with children is divided into 2 groups; 1) living with only older adult children 2) living with only younger children (United Nations, 2005). However, these two living arrangements with children may cause different support for the elderly. For example, elderly parents who live with only adult children may receive more support than living with only younger children. Also, younger children are more likely still to depend on parents or grandparents for support (United Nations, 2005).

Knodel and Saengtienchai (2005) found that children, whether co-resident or non-co-resident, provide more care and support for parents than do other family members. Nevertheless, with respect to support from co-resident and non-co-resident children, Glaser et al. (2006) stated that co-resident children provide greater assistance to their parents than non-co-resident children. In some Asian countries, such as Japan and Korea, there has traditionally been a strong expectation that the eldest son would remain with the parents and support them (Boonchalaksi, 2000; United Nations, 2005). In the nations of Europe, by contrast, the aged prefer residing in their own dwellings with some familial protection and support rather than residing together with younger family members (Tomassini, Glaser, Wolf, Groenou, & Grundy, 2004; Tomassini, Kalogirou et al., 2004). This finding is consistent with that of Postigo (2010) who found aversions among many young Spaniards to coresiding with grandparents. In addition, the United Nations reported that the proportion of older persons living with a child or grandchild ranges from four percent in Denmark to almost 90% in Bangladesh (United Nations, 2005). It is likely that in African and Asian countries some older persons who are not living with children have no children with whom they might reside (United Nations, 2005).

The norm in Western culture is that seniors do not live with their children (Chappell, 2003), and living as a single-person household is increasing among the elderly population in Western and Northern Europe, as well as in the USA (Palloni, 2000). The countries with the highest proportions of older persons living with adult children are mainly in Asia (United Nations, 2005). In addition, the older adults in the developing world generally live with an adult child and/or their spouse but rarely live alone (Bongaarts & Zimmer, 2002). Nevertheless, although some Asian countries such as Thailand and Singapore retain traditional values and strong family support structures, the number of co-resident children has declined moderately (Knodel & Saengtienchai, 2005) and the aging people who are divorced and separated tend to live alone (Chan, 1997). With regard to economic development, the young generation's migration as a labour force has led to the transformation of living arrangements (Darawuttimaprakorn, 2006; Musikapan, 2004). Moreover, this transformation has not only been in Thailand, but also in Cambodia as well as in Vietnam (Zimmer & Kim, 2001).

In summary, living arrangements in developed countries and developing countries are different. Whereas most aging parents in developed countries tend to live alone, the older parents in developing countries still live with at least one child or live nearby children's house. Although these traditional living arrangements are transforming in developing countries, the coresident or non-coresident children are expected to provide care for their aging parents.

2.2.3 Expectations and need for care of the elderly

Generally, aging parents expect care from their offspring when they are old, but in the western world where industrialisation and urbanisation is advanced, their way of life is different from that of agricultural societies (Boonchalaksi, 2000). In the West, primary care for dependants is still a family responsibility; parents have to take responsibility for their adult children when they have economic problems (Garey, Hansen, Hertz, & Macdonald, 2002). In addition, most aging people in western society are used to being employed and earning their own living, thus, they tend to be capable of taking care of themselves independently without the need to depend on their adult children (Boonchalaksi, 2000). However, the care needs of the aging parents in western countries, whether frail or healthy, have become increasingly varied and unpredictable (Garey et al., 2002).

In contrast, aging parents in developing countries, especially Asian countries, have come to expect that, as a result of filial piety, care from their children will be forthcoming (Tang, 2007). In Chinese families, although the filial piety is very strong and the oldest sons are expected to give in-residence care for their aging parents, this duty is more commonly performed by daughters-in-law (Pei-Chia-Lan, 2002). In modern commercial society in China, many parents today realise that a high standard of positive parenting is required in order to expect filial care in future (Tang, 2007). However, this norm of aging parent care is beginning to change. Similarly, socioeconomic and demographic changes in Japan have affected expectations about care of the elderly (Ogawa & Retherford, 1993) and economic advancement has lowered the willingness of offspring to care for their elder parents (Tang, 2007).

As developing countries become more industrialised and urbanised, the elderly in many families have to take care of themselves because they have no children dwelling with them, and instead, some parents have to take care of their grandchildren whose parents have moved to work in the cities (Boonchalaksi, 2000). Therefore, these changes have led to lower expectations for their children to care for them (Ogawa & Retherford, 1993). Thus, adult children relinquish caring duties and the elderly are more likely to self-care (Tang, 2007). Even though the expectation for care of the elderly in Asian countries has been changed because of economic development, Asian families are still trying to keep the traditional family. For example, the Chinese government launched a law that requires the child to fulfil their duty under filial piety (Tang, 2007). Therefore, this change of elderly care is associated with societal changes which may affect aging parents' feelings.

2.3 Societal changes

Asian economic development has caused rapid urbanisation of previously rural populations. The resulting transformation of elderly care is caused by three main factors; industrialisation, urbanisation, and migration (Mason, 1992).

2.3.1 Industrialisation

Industrialisation and urbanisation usually occur together (Boonchalaksi, 2000). According to economic development, industrialisation may happen first followed by urbanisation. Most cities become the centre of development, including business, commerce and industry. However, although industrialisation drives economic growth and lifts hundreds of millions of people out of poverty (Mequanent, 2009), it is breaking down traditional patterns of intergenerational dependence. This can cause material and emotional hardship for the aged (MacLennan, 2003; Ogawa & Retherford, 1993). Also, rapid industrialisation has allowed the young to attain financial independence from their parents at a significantly younger age than before (Tang, 2007). This capability of adult children may lead to lack of quality of elderly care because the children have to work hard for income. In addition the lower quality of elderly care can lead to abuse, neglect, and abandonment of aging parents (Vaswani, 2001). Therefore, the

consequent discarding of responsibility for the elderly is potentially harmful to the cultural norms in many countries (World Health Organization: Regional Office for South-East Asia, 2003)

Not only are the cultural norms in many countries changing in relation to industrialisation but also older people are losing social power and leadership (Tang, 2007). Even though in the economically more successful countries of Asia, such as Japan and South Korea, older people have benefited from improvements in health care, income, and long-term care services, their respect and prestige are decreasing (Silverman, Hecht, & McMillin, 2000). Besides, this economic growth may accelerate the problem of isolated elders in rural areas as their children seek opportunities in urban centres. As many adult children migrate to the industrial cities, and this migration occurs in other Asian cities in China, the Philippines, Indonesia, and Thailand, the result is sharp declines in three-generational co-residence (Knodel & Saengtienchai, 2005; Zhang, 2004). Also this rapid industrialisation has impacted on the traditional family in Japan (Ogawa & Retherford, 1993), Singapore (Chan, 1997) and Korea (Kim, 2004). The loss of this long-held tradition of multigenerational living, an important pillar of filial piety, may affect the aging parents who are left behind.

Hence, industrialisation can cause familial traditional transformation. A low quality of elderly care may affect the feelings of aging parents who are left behind in the rural areas. However, the effects of these problems are not only from the industrialisation but also urbanisation which results from economic growth and changes ways of life in both rural and urban families.

2.3.2 Urbanisation

The trend of parents living with their children has declined due to urbanisation and industrialisation (Boonchalaksi, 2000). Accompanying this declining co-residence and increase in urbanisation of young adults, is the risk of older people being left behind in rural areas if all their children migrate (Abas et al., 2009). In cases where the elderly migrate with the family, such urbanisation can see family systems being nucleated and care and support for the aged decreased (Taqui, Itrat, Qidwai, & Qadri, 2007). Even when part of nuclear families are living in urban

areas, intergenerational contact can be minimal (Tang, 2007) because adult children are at work as they acquire most of their income in the market economy. However, even though the aging parents have many economic resources, they prefer to live with their children rather than living alone (Kritz, Gurak, & Chen, 2000). Research shows, however that a high percentage of the aging people who live in urban areas live alone, and have higher mortality rates than those who do not (van Hooijdonk, Droomers, van Loon, van der Lucht, & Kunst, 2007). As a result of living in the urban areas, the aging people also have to face pollution from traffic and many factories. These risk factors can cause illnesses such as asthma (Ramos, Talbott, Youk, & Karol, 2006). Urbanisation correlates negatively with health status, health lifestyle, and natural environment (Hsu, Tsai, Chang, & Luh, 2010). Therefore, there are problems with the negative effects for the elderly who live in the urban areas.

Those elderly parents who stay in rural areas may have also negative effects from urbanisation. In rural traditional societies, the family pattern has changed and extended kinship ties have weakened (Bongaarts & Zimmer, 2002). The extended family has been dissolved by urbanisation and it is difficult for the young generation to live with their aging parents who are then left behind in the rural areas (Tang, 2007). Depression is one consequence for the aging parents who lose close contact with their children who work in the urban areas (Abas et al., 2009). Despite the added financial rewards of having their children working in modern, industrialised employment (Knodel & Saengtienchai, 1999), aging parents prefer having good family relationships and social support (Nanthamongkolchai et al., 2009). Therefore, family relationships are more important than remittances from their distant children.

Thus, urbanisation has both advantages and disadvantages for aging parents who live in either urban areas or rural areas. Due to economic growth, elderly care from their children has decreased. However, the most visible effect of urbanisation is migration, in every direction, including rural to urban, urban to rural, and international migration (Boonchalaksi, 2000).

2.3.3 Migration

Urbanisation and industrialisation are the most important “pull” factors for migration. Not only does migration increase income, it also provides new skills and specialisation in work (Boonchalaksi, 2000). The young generation migrates not only from rural areas to the big cities, but also from the developing countries to developed countries. The majority of migrants are from South Africa and Asia (Haan, 1999). The main reason for migration from these developing countries is the effect of agricultural crises such as bad harvests or droughts in some areas in Northeast Thailand (Richter et al., 1997) as well as Mozambique, Botswana, Lesotho and Malawi (Schrieder & Knerr, 2000). This results in the temporary migration of one or more family members during the slack agricultural (dry) season, which is a common strategy for agricultural families use to supplement household income (Richter et al., 1997). Whereas most migrants have the reason for acquiring income in the cities because of the agricultural crises, some young generation have negative attitudes to agricultural work and do not want to work outdoors in the sun (Knodel & Saengtienchai, 2005). However, the main reason for long-term migration is the monetary remittances that migrants can make to their family members whom they left behind in the village (Richter et al., 1997). Even though young generation or migrants have many reasons for migrating to other places in order to help their families to survive, migration has both advantages and disadvantages (Haan, 1999). Advantages to the family collective include, extension of economic production, diversification of risk, wage remittances, and benefits for older adults that could not be achieved in rural economies (Zimmer et al., 2008). With respect to disadvantages, young migrants may reduce traditional support obligations to their aged parents (Schrieder & Knerr, 2000) and the family-based systems of old-age support is eroded (Zimmer et al., 2008). Also, migration can cause absence of productive members on the farm lands (Haan, 1999), so that those remaining behind cannot earn as well as they could with more support.

These disadvantages can cause feelings of abandonment in the older people who are left behind in the rural areas because of the decline in familial material support (Aboderin, 2004). This low support can also cause depression and lower life satisfaction in the aging parents (Guo et al., 2009). Therefore, these problems are

the negative effects of migration with which the adult children who are migrants should be concerned. Richter et al. (1997) found that aging parents agree with their children that migrating is necessary to acquire additional income during periods of the year. Nevertheless, the parents still need care and support from their migrant children (Awear, 2001; Zechner, 2008). Thus, caring for elderly parents who are apart from migrant children has to be maintained by various forms of contact to replace the traditional co-residence support.

In terms of contact between aging parents and migrant children, Knodel and Saengtienchai (2005) found that person-to-person interaction with aging parents' adult children is a vital for old aged parents' social and emotional wellbeing. This face-to-face contact can only happen with temporary migration or when rice-farming activities start. Once seasonal (non-agricultural) moves to the urban areas begin, the aging parents may lose contact with their children again especially if the city is a long way from the home village. In addition, even though visits occur in both directions, parents visiting their migrant children in urban areas are much less common than these children returning to home villages. Health problems can lead to parents spending time with the migrant children and the strong traditional reasons for families to get together can continue. For example, Song-Kran (Thai New Year and Elderly Day) in April is a traditional time for adult children to return to visit parents (Knodel & Saengtienchai, 2005).

Contact by phone calls is used by many of the young generation for contacting their aging parents who are left behind in the remote areas. Although Knodel and Saengtienchai (2005) indicated that the availability and convenience of cell phones have increased contact, this depends on the signal of mobile phones in some areas and is also affected by the literacy level of the aging parents. Some who are illiterate in remote areas may not know how to use a cell phone. Besides, contacting children by cell phone can be expensive for elderly parents who are poor.

Therefore, the contacting of parents by visits or phone calls may depend on the circumstances of each family and individual concerns of migrant children. Often the migration of the young generation is motivated by their desire to repay and to

show their gratitude to their parents. However, although the children are motivated by filial piety (Zimmer et al., 2008), aging rural parents still have to face being alone and isolated and even loss of practical and financial support (Abas, Punpuing, Jirapramupitak, Tangchonlatip, & Leese, 2009) when the family separates in this way. Thus, the way elders are supported very much influences the quality of life, especially aging parents who are left by migrant children in the rural areas.

2.4 Social support

Social support is generally defined as “having people available on whom one can rely on for caring, love and who value oneself” (Dong & Simon, 2010, p. 722). Such networks of emotional support, companionship, instrumental help, and advice shape social relationships (Portero, 2007).

2.4.1 Source of social support

Source of support refers to persons in the support system who can be classified into two main categories; 1) people who have bonds by nature 2) other people who can give care for the elderly (Boonchalaksi, 2000). Specially, the potential sources of support for the elderly (informal social support) are their own children and children-in-law and other sources of support (formal social support) are the government, volunteer organizations, village committees, and other network members, including other family members, friends, and neighbours (Dong & Simon, 2010; Zimmer & Kwong, 2003).

In terms of social support system, these sources of support can provide different assistance and encouragement to the aging people who are faced with physical and emotional disabilities (Temkin-Greener et al., 2004). However, the need for sources of social support in aging people is different between the Western and Eastern worlds. In the Western world, although high levels of support within families continue, the need for such is diminishing as health and economic independence continues into higher age brackets than previously (Glaser et al., 2006). In contrast, the Asian elderly such as Chinese and Koreans need support from their adult children (Wong, Yoo, & Stewart, 2007) and the support from the

children is mainly needs based (Guo, Chi, & Silverstein, 2009). Interestingly, two studies found that aging people who receive their social support from family members living with them have a higher rate of depression compared to the older people who receive support from friends (Chou & Chi, 2003; Muramatsu, Yin, & Hedeker, 2010). These findings are found in both the United States and Hong Kong. Also, Wong et al. (2007) found that higher psychological wellbeing is observed among elderly parents who live alone compared with those who live with spouse and adult children. Thus, aging parents may have conflicts in their family or their family functioning may decrease leading to their depression. Similarly, Kim and Baik (2002) found that older parents who have lower levels of family interaction are lonelier than those who have a higher level of family functioning. These findings demonstrate that support from family members is not necessarily therapeutic if they have problems in their family. In this instance, the wellbeing of the elderly may be more enhanced by the ongoing and positive support of friends than family members (Siebert et al., 1999), though the loss of friends and relatives can decrease levels of health (Portero, 2007). In Japan, it has been shown that the older people can cope with death anxiety because they have a range of human relationships and religious beliefs (Tagaya et al., 2000) to support them. Thus, support from friends influences elderly people's well-being as well as family members' support.

Social ties or human relationships are important for the elderly who want their needs met through social support. Temkin-Greener et al. (2004) found that aging people whose care-giver is not a spouse have a significantly greater risk of death than those who are cared for by spouses. Thus, aging people who have support from at least one of their family members may find this meets their needs and have better well-being compared to the elderly who live alone (Thanakwang, 2008). Inadequate social support for elderly people may lead to loneliness, and subsequent physical and mental health issues (Yeh & Lo, 2004).

Therefore, sources of social support are important as they directly affect the physical and mental health of older people. If they have their needs met from the support, they will have well-being. These are various sources of social support

that can benefit the elderly but often the type of the support they receive depends on the ability of aging people's care givers who provide the support.

2.4.2 Type of support

As life progresses functional ability can erode, causing older people to require various types of support such as financial, instrumental, material and emotional support (Boonchalaksi, 2000; Zimmer & Kwong, 2003).

2.4.2.1 Financial support

Financial support is the main support for the aging parents because it refers to the money the elderly need to cover their essential expenses and medical fees when they get sick (Boonchalaksi, 2000). This support is any monetary assistance that adds to the income of old aged (Zimmer & Kwong, 2003). In some Asian countries such as the Philippines, Taiwan, Singapore, South Korea, Thailand, and Cambodia financial transfers from family members, especially adult children, are the main source of income to aging parents (Agree, Biddlecom, Chang, & Perez, 2002). In addition, the low income of aging people can diminish their physical health (Gadalla, 2009). In order to maintain elderly parents' physical health, adult children are expected to take responsibility for their parents' income due to filial support. Although Zimmer and Kwong (2003) indicated that collecting a pension after retirement reduces the need for financial support, many elderly parents still need financial support from their children (Li, Feldman, & Jin, 2004).

However, the way adult children are expected to and prefer to care for their parents (e.g. co-residence and support) have changed. Also, older Chinese and Koreans have adopted values more common in Western countries such as being as independent as possible (Wong, Yoo, & Stewart, 2005). Further, the expression of filial piety by US-born Chinese and Korean adult children has also undergone transformation with less attention being placed on family obligations and respect (Lan, 2002). These changes may have only occurred in Asian migrant people in Western countries. Nevertheless, for children migrants in Thailand, the family financial interdependence continues. Although aging parents may receive financial support from their adult children who migrate to work in the big cities, the parents may have to supply money to their children for many reasons, such as

expensive living costs in the big cities, children's debt, and transport fares for visiting them (Knodel & Saengtienchai, 2005). These exchanges of money occur in both directions between parents and all children, including co-resident children (Knodel & Chayovan, 1997b). The children may have economic problems and not be able to provide financial support to their parents. If adult children have a higher level of education, they are more likely to have a good income, a higher socio-economic status, and be able to provide financial help to parents (Li et al., 2004). In addition, Zimmer and Kwong (2003) suggested that if there are more siblings, the aging parents will be provided with more financial support.

In order to meet the needs of elderly parents, financial support alone may not be enough. Also, some adult children who have economic problems cannot provide as much money for their parents as their parents expect. Thus, instrumental support may be the proper choice for the children who want to show their gratitude to their parents without any money.

2.4.2.2 Instrumental support

This support comes from instrumental tasks such as food preparation, laundering and other housework, and purchasing groceries (Zimmer & Kwong, 2003). In addition, some migrant children who work in the big cities can still give instrumental support by returning to help their parents on farms at crucial periods of the cropping cycle when manual work is required (Knodel & Saengtienchai, 2005).

However, children who provide instrumental support are not only migrant children but also, co-resident children or children who live nearby the parents' house. Furthermore, Boonchalaksi (2000) found that adult children with a large number of siblings were most likely to provide instrumental support to their elderly parents one to three times a year compared to those with a smaller number of siblings. Similarly, Zimmer and Kwong (2003) found that the amount of assistance provided is heavily dependent on family size. Nevertheless, children who are non-coresident provide less support than resident children (Glaser et al., 2006). Moreover, co-resident children are likely to be receiving more support than those living at a distance (Agree, Biddlecom, Valente, & Chang, 2001). These

exchanges also occur even with the migration of young generation who may leave their children with their parents in the villages. These are required to give in-residence care services to their grandchildren (Knodel & Saengtienchai, 2005). However, this family support may cost the parents a lot of money and may affect their health, although their migrant children will make remittances if they can afford to do so.

Therefore, instrumental support for aging parents can be provided by co-resident children and non-coresident children. The greater amount of this support is more likely to come from co-resident children than from those who are migrants. However, migrant children can afford to support parents materially which is another way that the relationship can be kept strong between elderly parents and children who live afar.

2.4.2.3 Material support

Material support as defined by Knodel and Saengtienchai (2005) is non-monetary support such as food, gifts, and clothes. In Asian countries, transfers of material goods play an important role in family exchange. For example, the majority of older persons in the Philippines receive material support from at least one non-coresident child (Agree et al., 2002).

In terms of non-coresident children, parents may typically receive support such as foodstuffs or visits (Knodel & Saengtienchai, 2005). Even though the food given to parents may be quite ordinary, migrant children will try to afford expensive foods that have special symbolic or personal value to their parents (Knodel & Chayovan, 1997b; Knodel & Saengtienchai, 2005). This food provision to parents may not happen as regularly from co-resident children. Also, this material support from the migrant children probably reflects the traditions of returning with special gifts during festivals such as Song-Kran, the Thai New Year celebration (13 April) (Knodel & Chayovan, 1997b).

However, this support can also flow in both directions between children and parents. Rice is a village product that aging parents provide for their migrant children when the children depart from a visit or when the parents visit their

migrant children (Knodel & Saengtienchai, 2005). However, exchanges are more likely to vary according to economic needs of the children (Agree et al., 2001). Even though material support plays a significant role in family exchange, social changes which have weakened traditional family support structure may lead to psychological distress in older parents (Dong & Simon, 2010). Hence, emotional support for the aging parents is raised as a concern.

2.4.2.4 Emotional support

Emotional support influences the mental health of older people. Also, it contributes to their better overall psychological well-being and correlates with less depression and higher positive affect (Wong et al., 2007). Support from family members and friends is able to reduce depression in the elderly (Muramatsu et al., 2010). Likewise, Makapat (2003) suggested that family members are the key people who can provide support for the elderly. In terms of family member support, whereas some aging people have their spouse for emotional support (Siebert et al., 1999), the elderly who are widowed or divorced may need support from their children.

With respect to emotional support from children, children who are non-coresident may contribute this support by visiting elderly parents or making a phone call. In addition, adult children with a large number of siblings are more likely than those with a small number of siblings to visit their elderly parents one to three times a year (Boonchalaksi, 2000). Emotional support may require no more than regular phone calls (Knodel & Saengtienchai, 2005). However, emotional support by phone call is not possible in every area regarding a lack of signal in some remote areas and phone contact may be difficult for some old age in rural areas to use.

To sum up, emotional support from family members affects not only mental health but also life satisfaction of older people (Othaganont, Sinthuvorakan, & Jensupakarn, 2002). However, this support depends on the reactions of the children toward their parents or family background. If family functioning is poor, the aging parents will be at risk of loneliness (Wu et al., 2010).

2.5 Loneliness

Feeling lonely, being alone, and living alone are concepts that have very similar meanings. Their meanings are distinct (Routasalo & Pitkala, 2003), but related and make up different dimensions of loneliness (Graneheim & Lundman, 2010). Those who experience loneliness may be alone, reside on their own, or with others (Andersson, 1998). Feelings of loneliness are associated with depression which can cause mortality in old age (Stek et al., 2005). Rural elderly people are reported to have more loneliness than those living in cities (Savikko, Routasalo, Tilvis, Strandberg, & Pitkala, 2005). Elderly depression-sufferers often withdraw from social interaction into boredom and loneliness (Roll & Litwin, 2010). On the other hand, confidence and independence can also cause loneliness (Graneheim & Lundman, 2010). Factors leading to depression can be societal life changes, natural life events and aging-related hardships (Savikko et al., 2005). Thus, the factors affecting loneliness are divided into 3 main categories: health, socio-demography, and losses of spouse, children, relatives or friends (Graneheim & Lundman, 2010).

2.5.1 Health

Aging people's health problems related to loneliness come from disabilities in their physical functioning and chronic illnesses (Wu et al., 2010). The main cause of loneliness from these health problems is dependence on help with activities in daily life of elderly (Graneheim & Lundman, 2010), as family may begin visiting less rather than more as dependency increases.

2.5.1.1 Disability in physical function and chronic illnesses

Successful aging includes the maintenance of good physical function. Nonetheless, decline of physical ability is part of normal aging (Hsu, 2009). Furthermore, dysfunctions, especially hearing impairments (Weinstein, 2003), contribute to feelings of sadness, anxiety, and worthlessness, which are key contributors to major depression (Bozo, Toksabay, & Kurum, 2009). In addition, symptoms of depression and a reduction in satisfaction with life are often associated with reduction in physical function (Hsu, 2009).

As well as physical disability, chronic illnesses affect the elders. The seven main chronic illnesses are arthritis, back-pain, depression/anxiety, diabetes, hypertension, osteoporosis, and stroke. All impact on the quality of life in old age (Lima et al., 2009). Elderly people who have these chronic diseases may need care from their adult children or family members. If aging people's needs are not met by their children, the elderly will be faced with psychological problems such as loneliness and depression (Wu et al., 2010) and these problems can lead to suicide (Bozo et al., 2009).

However, the health care, personal care, and social services that older people with chronic disabilities need may be beyond the capacity of rural communities to provide, particularly in the case of low-income seniors (Nolan & Maher, 2000). Thus, respect, support, understanding from and a satisfactory relationship with adult children are keys to decreasing loneliness and depression. Adult children are the key people who can help older people meet their needs with activities in daily life. Yet, adult children may be the persons who contribute to conflicts, if the aged depend on their help too much.

2.5.1.2 Dependence on help with activities in daily life

Familial assistance may not be necessary as long as older people are able to self-care or work (Boggatz & Dassen, 2005), although economic difficulties may prevent adult children from assisting, despite their wish to maintain the family structure that is traditional (Wu et al., 2010). Also, the nuclear family lives in small sized separate residences where it is difficult to accommodate older family members who may need care. Thus, caring for an aging population presents problems for two different social groups: the lower class, for whom the provision of adequate care may be beyond their means, and the middle class, for whom the provision of care to elders may constrain their emerging lifestyle (Boggatz & Dassen, 2005).

However, when elderly people are unable to take care of their basic needs, such as bathing, feeding, dressing, and toileting, feelings of incapability, dependency, distress and pessimism are common (Bozo et al., 2009). These problems can lead to loneliness (Jakobsson & Hallberg, 2005). In addition, while reliance on, and

trust in, family members can have positive impacts on the elderly population's well-being; too much dependence can cause psychological issues (Oztop, Sener, Guven, & Dogan, 2009). Particularly, too much help may lead to a sense of weakness and helplessness of their family members (Chen & Silverstein, 2000). Therefore, the ways families function is important for dependent elders and this is especially so in Asia. In Korea, aging people who have a low level of family interaction suffer from loneliness (Kim & Baik, 2002). Nevertheless, there are demographic factors which show stronger links to greater loneliness in old age.

2.5.2 Socio-demography

Socio-demographic factors related to loneliness are low education, low socioeconomic status, dissatisfaction with family and social relationships, and low life satisfaction (Graneheim & Lundman, 2010).

2.5.2.1 Low education

Most aging people in rural areas in developing countries have lower education than the elderly in developed countries. For example, aging people in Sweden have higher education and incomes than the elderly in Bangladesh (Herlitz & Kabir, 2006). Educational level is also associated with occupation level, consequently different educational levels can cause different degrees of stressfulness and loneliness in the elderly (Graneheim & Lundman, 2010; Wang, Snyder, & Kaas, 2001) because the higher educated people may be expected to take more responsibility in their jobs by their employer than those who have lower education. In contrast, lower levels of education correlates more highly with suicide in both old men and women in Sweden because aging people, who have low education levels, have low levels of work and may face worse economic hardship than those who have high education (Rubenowitz, Waern, Wilhelmson, & Allebeck, 2001).

For aging people in Asia, most elders are retired and have no jobs. Therefore, the problems of educational level related to loneliness are quite rare. Graneheim and Lundman (2010) and Savikko et al. (2005) found that low levels of education are associated with loneliness in Sweden and Finland, whereas Wu et al. (2010)

revealed that the level of loneliness does not significantly relate to a subject's education level in rural China.

Even though educational level does not correlate highly with loneliness in the developing world, illiteracy has a definite negative impact on rural aging people's lives (Freer, 1994). For example, Freer suggested that elderly persons cope with aging by relying on others for help and following regular routines. The loss of these coping mechanisms is a particularly heavy blow to the personal and economic independence of the illiterate.

2.5.2.2 Low socioeconomic status

Socioeconomic status is associated with the health of aging populations. Some studies found that higher education, high household income or occupational prestige was related to lower mortality (Bassuk, Berkman, & Amick, 2002). However, according to Avendano et al. (2006), chronic diseases such as stroke and coronary disease occur in people with education and high income. In contrast, elderly people classified as low socioeconomic status show health effects related to poor diet (Tooze et al., 2007). These economic related health problems also impact on psychological health.

In European countries, there is a rise in the suicide rates of elderly people when they face economic problems, although since 2004 the rate of suicide in old age has declined (Innamorati et al., 2010). This situation shows that even though most European elderly live independently (from their children). In some instances, they still need financial support from other sources. Furthermore, financial strain is not only associated with actual income and poverty in aging people, but also cognitive capacity and depression (Angel, Frisco, Angel, & Chiriboga, 2003). Financial problems amongst elders in Hong Kong were found to cause depression (Chou, Chi, & Chow, 2004); this link between financial problems and suicide in the aged was also found by (Rubenowitz et al., 2001).

These problems faced by aging people with limited economic resources come from the economic crisis, and also from financial transfers within their families. Transfers may be in any direction, e.g. from grandchildren to grandparents, or,

from parents to their children (Lowenstein & Daatland, 2006). Parent-adult children transfers have been found to flow mainly to the children from the parents (Fritzell & Lennartsson, 2005). For instance, in terms of these transfers, aged parents in Taiwan have a higher probability of helping those children in their household than outside (Glaser et al., 2006). However, money transfers can be accompanied by stress, disputes and anger. These consequences can lead to depression and withdrawal from social activities leading to loneliness by aging parents (Roll & Litwin, 2010). Thus, while such help and support within families should be positive, the problems that result both for the supporter and the supported can bring further strife.

2.5.2.3 Dissatisfaction with family and social relationships

Dependency-caused stress and frustration can increase family stress. An example is when a caregiver resents their dependency on the elder for accommodation and financial support (World Health Organization, 2002). However, even when they are living with others, physical and mental disability can cause isolation (MacLennan, 2003).

Even though older people who had physical or mental infirmities are cared by their children, conflicts may happen. Life satisfaction of the older person generally decreases the more help they require from their children, because too much help from children toward their aging parents can cause weakness and helplessness (Oztop et al., 2009). Thus, the main reasons for family discord are financial problems and the dependency of aging people. These family conflicts can cause stress (Wang et al., 2001) and suicide in the aged (Rubenowitz et al., 2001). In addition, family dissatisfaction can cause loneliness in elders (Graneheim & Lundman, 2010) if old people are not cared by their family members.

In contrast, fewer feelings of loneliness are experienced by those elderly who have extensive social networks (Moorer & Suurmeijer, 2001). Therefore, greater social participation relates to less loneliness (Newall et al., 2009). If aging people have good relationships with others, including family members, they will have a higher level of life satisfaction (Othaganont et al., 2002). In contrast, loneliness is more

severe if they are dissatisfied with their family and social relationships (Graneheim & Lundman, 2010). Therefore, the old people will feel satisfied if they can engage in positive exchanges with others because this capacity can enhance elders' life satisfaction (Lowenstein, Katz, & Gur-Yaish, 2007).

2.5.2.4 Low life satisfaction

Life satisfaction generally is viewed as “a holistic evaluation of successful aging; physical ability, perceived health, education, good finances, interpersonal relations, social contacts and social support, and housing quality contribute to life satisfaction” (Sato, Demura, Kobayashi, & Nagasawa, 2002, p. 1). According to Othaganont et al. (2002), life-satisfied elderly are more likely to view their life as meaningful, especially if they have good health, financial resources, hobbies, hope, and support from family members.

In terms of health which is one of the factors affecting aging people's life satisfaction, Hsu (2009) found that difficulty in physical function increases depressive symptoms and lowers life satisfaction. Besides, Karata and Veli (2008) found that health problems amongst the elderly exacerbate difficulties in activities such as financial management, shopping, reading, and organizing transport. Such elderly people have low life satisfaction compared to the older people who work and retain their own residence. This finding may represent that health influences aging people's life satisfaction more than financial resources.

Nevertheless, even though health seems to be more important than money, elderly people still need money for their survival. The life satisfaction of aging people whose income levels are low is found to be significantly lower than those who have high income levels (Karata & Veli, 2008). Therefore, low life satisfaction due to physical dysfunction and low income are reported to be the main causes of loneliness (Graneheim & Lundman, 2010). However, elders who feel dissatisfied with their physical function and economic status may lose the relationships which may lead to psychological problems.

2.5.3 Losses of spouse, children, relatives or friends

Major sources of stress that may cause feelings of uselessness and inadequacy in the elderly include retirement, loss of spouse, children leaving home, health problems, lack of energy, and disability (Bozo et al., 2009). Losing a spouse is a situation that every aging person has to face and it may happen suddenly in some cases. Although the death of a spouse creates a sudden change in the social, emotional and physical environment, the living aging person has to face the reality and pain of being alone and adapt to having a single life to be able to move on (Paterson, 2010).

In general, when older people lose a spouse depression and weight loss increases, whereas the distress of the elderly people who are already under strain immediately before the passing of their spouse, these changes do not occur (Schulz et al., 2001). Another effect of losing a spouse, family members and friends is reduction in opportunities for social interaction and this problem also leads to inattention to treatment of new or existing problems (MacLennan, 2003). However, it depends on how long aging people maintain their sadness from losing a spouse or friends. During the grief period from losing a spouse, old people who live alone tend to have low quality of life (Hellstrom & Hallberg, 2001). Similarly, Jakobsson and Hallberg (2005) found that older people who are lonely or fearful after the loss of their spouse have a lowered health-related quality of life compared with those not suffering these feelings. In summary, loss and feelings of abandonment are characterised by loneliness (Graneheim & Lundman, 2010). Regardless of whether aging people live alone or live with others, loneliness can lead to low quality of life in aging (Hellstrom & Hallberg, 2001; Jakobsson & Hallberg, 2005 ; Sheykhi, 2006).

2.6 Quality of life in old age

Quality of life (QOL) is interpreted in a dynamic way that takes account of numerous factors such as age and illness (Wilhelmson, Andersson, Waern, & Allebeck, 2005). The World Health Organization's Quality of Life assessment group defines quality of life as "individuals' perception of their position in life in the context of the culture and the value system in which they live and in relation

to their goals, expectations, standards and concerns” (World Health Organization, 1998, p. 1). Thus, socio-demographic and physical variables are associated with a perception of quality of life (Fonseca, Paul, & Martin, 2008).

In order to predict the quality of life in old age, there are various findings about the factors affecting quality of life in elders. Chan (1997) found age, health status, and social support affecting the quality of life whereas Wilhelmson et al. (2005) concluded that social networks, functional ability and activities influence the life quality as much as good health. However, the World Health Organization have a broader set of factors that specifically related to the quality of life in older adults, these are sensory abilities, autonomy, past, present and future activities, social participation, death and dying, and intimacy (Power, Quinn, Schmidt, & WHOQOL-OLD Group, 2005).

2.6.1 Sensory abilities

The concept of sensory abilities are defined as sensory functioning and the impact of loss of sensory abilities on quality of life (World Health Organization, 2006b). “Sensory ability assessment includes impairments to senses affecting daily life, loss of sensory abilities affecting participation in activities, problems with sensory functioning affecting ability to interact, and ratings of sensory functioning” (World Health Organization, 2006a, p. 26) .

In terms of impairments to senses affecting daily life, functional impairment and disability are defined as requiring help to perform basic ADL (activities of daily living) such as eating, bathing, dressing, moving, and toileting. Such degeneration can come from health transformation or chronic degenerative diseases (Ng, Niti, Chiam, & Kua, 2006). This functional disability in aging people may change quality of life in a negative way. For instance, frequent falls among the elderly reduce the quality of life in old age (Ribeiro, de Souza, Atie, de Souza, & Schilithz, 2008). Also, the ongoing fear of falling can psychologically exacerbate depression, and affect the health-related quality of life (Suzuki, Ohyama, Yamada, & Kanamori, 2002). Thus, an awareness that standing postural balance is related to sensory perception is necessary for the aging themselves and care givers (Morioka, Hi Yamizu, Fukumoto, Kataoka, & Yagi, 2009).

This standing postural balance is not only the sensory impairment that disturbs aging people's activity but also, hearing and visual impairments which are the two common causes of morbidity in the aged population (Srinivasan, Vaz, & Thomas, 2010). These impairments both reduce positive social contact especially when combined with other conditions (Selby, 2006). Furthermore, elders' family members have to distinguish whether the elderly cannot hear or cannot remember when they are asked because impairments of memory can occur in aging people too (Ravaglia et al., 2008).

Older people who live with their children or relatives may have higher quality of life than those who live alone regarding sensory ability. Although these aging people are cared by their children, they need respect and they want to make their own decisions. These needs are related to the autonomy which is very important to the quality of life in old age (World Health Organization, 2006b).

2.6.2 Autonomy

Autonomy is defined by the World Health Organization as "the freedom to make one's own decisions, feeling in control of future, having people around elderly being respectful of their freedom, and being able to do one's favourite things" (World Health Organization, 2006b, p. 26). In this sense, aging people prefer being independent. Similarly, physical health, independence, lack of chronic disease, close family bonds, and receiving emotional support are rated the most highly 'successful ageing' concepts (Hsu, 2007b). Despite the fact that independence is one of the concepts that contributes to Hsu's successful elderly construct, she found that older people still need family support and also autonomy. This means that elders need autonomy in some circumstances such as self-care activities and to decide what help they require (Tollen, Fredriksson, & Kamwendo, 2008).

With respect to autonomy of elderly who do receive help, most seem to value very highly to be treated with respect and dignity (Mangset, Dahl, Forde, & Wyller, 2008). There are cultural differences too. For example, aging people in Israel resent being mainly on the receiving end of assistance from adult children (Lowenstein et al., 2007) and elderly people in Sweden feared becoming

dependent when they receive help (Tollen et al., 2008). Studies about autonomy in terms of independence from children's help of Asian aging people are quite rare because of the traditions that have connected family generations for a long time.

Therefore, aging people who are willing to accept their age-related changes such as health, physical functioning, socialising, and death of loved ones have higher QOL than those who are not (Butler & Ciarrochi, 2007). This acceptance may relate to autonomy. If adult children around elderly are respectful of their freedom and let their elders do their favourite activities, they may have higher quality of life. This respectfulness may link to their life achievements, both past and present.

2.6.3 Past, present and future activities

The definition of past, present and future activities which is a category of WHOQOL-OLD (World Health Organization Quality of Life in Old Age) is "feeling satisfied with the opportunities available to continue achieving, feeling they receive the recognition aging people deserve in life, feeling satisfied with what they have achieved in life, and feeling happy they have things to look forward to" (World Health Organization, 2006b, p. 26).

With regard to older people's activities, generally elderly are satisfied with their regular physical and leisure-time activities (Inal, Subasi, Ay, & Hayran, 2007) but if they have difficulty with physical function, their satisfaction will decrease (Hsu, 2009). Thus, physical health relates to aging people's satisfaction. In addition, Othaganont et al. (2002) found that not only physical health associates with life satisfaction, but also financial resources, hobbies, hope, and support from family members, their results revealed that life satisfaction was an important component for quality of life.

Aging people who have their own house and have good economic status are satisfied with their life achievement (Karata & Veli, 2008). One of Asian elderly people's hopes is familial care from their children (Tang, 2007). Thus, Asian aging people's hope for their present and future may be different from those in other regions. Lowenstein et al. (2007) found that Israeli elders suffered lower life satisfaction when receiving high levels of help from adult children. In Turkey, the

more assistance given by the children, the more the older persons' life satisfaction levels were lowered (Oztop et al., 2009), even though the filial norm was for children to provide care.

Most elders' achievements relate to well-being, good economic status and having their own house, and being cared by their adult children. However, the satisfaction from being cared by children does not happen for every aging person. It may depend on individual attitude of elders and the culture. If the older people are satisfied with their achievement, they may have a good quality of life. However, social participation is very much part of all aspects of these achievements.

2.6.4 Social participation

Adapting to live without children at home, which is sometimes called 'Empty nest syndrome', and retirement are among the life changes that alter social participation. Such participation further changes as physical abilities decline (Bukov, Maas, & Lampert, 2002) and affect sharing one's time, finances, or any participation with family, friends, social sectors or the public (Hsu, 2007a). Thus, old age life quality is often highly correlated with social participation (Bukov et al., 2002). Whereas aging people get benefits from social participation related to quality of life, disadvantages from social participation may cause low quality of life in old age. For example, women living in poverty, but who have perceived obligations to others may suffer role strain and mental illness symptoms (Kawachi & Berkman, 2001).

However, the elderly who participate in society receive many benefits, especially good mental health. For instance, social participation is associated with suicide reduction and widowed persons have greater amounts of participation than those who are non-widowed (Utz, Carr, Nesse, & Wortman, 2002). These widowed persons may be encouraged to be involved socially after the death of their spouse and also, they might have missed out on social activities during a spouse's sickness. Nevertheless, according to Chan (1997), elderly widows who live alone are at risk of low well-being and for widowed women reduce their quality of life. In addition, another benefit is cognitive impairment reduction. Gleib et al. (2005) found that preservation of cognitive ability is enhanced by social networking and

Hsu (2007a) also found that social participation reduces cognitive impairment. In order to protect the elderly from negative effects, they should be encouraged to participate in social events as much as they can, otherwise the negative effects of loneliness may lead them to death earlier.

2.6.5 Death and dying

Every aging person has to face death (Tongprateep, 2000) and elderly people have to face death anxiety before they die (Fortner & Neimeyer, 1999). Death anxiety comes from fear of unknown, conscious death, and the body after death (Depaola, Griffin, & Young, 2003). Furthermore, low ego integrity, high levels of physical problems, and psychological problems can increase levels of death anxiety (Fortner & Neimeyer, 1999). Although high levels of psychological problems are associated with a higher level of death, the number of physical disorders does not relate to the high level of death (Wu, Tang, & Kwok, 2002).

With regard to, religious belief around death, death acceptance depends on the effects of belief of afterlife (Falkenhain & Handal, 2003). Ill elderly undergoing religious struggle with their illnesses appear to have lower survival rates (Pargament, Koenig, Tarakeshwar, & Hahn, 2001). Some studies found that belief in God's existence and of an afterlife reduce death anxiety, and allow death to be accepted more readily (Falkenhain & Handal, 2003; Harding, Flannelly, Weaver, & Costa, 2005). For Buddhism, praying in the temple allows Buddhist elderly people who have to face death to accept their dying and to have a peaceful mind before death (Bruce, 2007; Goto, 2009; Soonthornchaiya & Dancy, 2006). Thus, religious belief affects the feelings before death. Many religious traditions, including Judeo-Christian, Islamic, and Hindu, assert that life continues into some form of afterlife (Bruce, 2007). These perspectives may influence aging people within these religions to accept dying because they believe that a better life may happen after death.

Therefore, death and dying in elderly relate to quality of life in old age because fear and death acceptance affect elders' health before death. Nevertheless, coping with the fear of death depends on individual belief and also whether aging people have high quality of life or not.

2.6.6 Intimacy

According to WHOQOL-OLD, intimacy is defined as “experiencing love in life, opportunities to love, opportunities to be loved, and feeling a sense of companionship in life” (World Health Organization, 2006b, p. 26). For many people, the most intimate and enduring relationships would be those with their spouse. Therefore, losing a spouse through death can lead to deep loss of companionship. Indeed, a low level of companionship is associated with having heart disease (Sorkin, Rook, & Lu, 2002) showing that stress develops when an intimate relationship is lost. However, whether companionship after a spouse’s death will be lost depends on the individual’s preference. Davidson (2001) found that widows are more likely to live without a partner compared to widowers. This is because women do not want to look after another and cannot replace a spouse, while men need somebody to look after them when they get sick. Intimacy and companionship after widowhood in aging people may happen if they seek it. For aging people who have a partner, good companionship can include a good sexual life (Guan, 2004).

Sexual intimacy is still sought by the elderly when they and their partner's health allows (Gott & Hinchliff, 2003; Jung & Schill, 2004; Mulligan, Reddy, Gulur, & Godschalk, 2003). Common disorders such as cardiovascular disease, diabetes, and low urinary tract symptoms may cause sexual dysfunction (Camacho & Reyes-Ortiz, 2005). In addition, depression, anxiety, and stress reduce sexual intimacy (Budhwani, 2010). However, if the caregiver has a spouse that is chronically ill or disabled then they may be especially vulnerable to lowered satisfaction with physical intimacy not only due to their partners’ declining physical and cognitive health but because their own health can be declining. Thus, perceived relationship loss decreases opportunities for affectionate physical and sexual contact (Svetlik, Dooley, Weiner, Williamson, & Walters, 2005).

2.7 Summary

The review of literature discloses that patterns of care for the elderly have changed over time because of societal changes. These changes including industrialisation, urbanisation and economic migration of young adults from rural

to urban areas come from economic growth and they contribute both positive and negative effects. Although increased income is a positive effect, a negative effect may be reduced opportunity and willingness to provide familial care of elders in Asian countries where such filial support is expected. The intention in this study is to determine the factors affecting feelings of abandonment in older adults who are left behind in the rural areas in Thailand as a result of young generation migration. Ethnographic methods are employed to capture the perceptions of elders' feelings because the older adults may have different feelings in the same situation. Therefore, the next chapter is focused on constructing an appropriate methodology to be employed for this study and ethical considerations are also discussed.

CHAPTER THREE

CONSTRUCTING AN APPROPRIATE METHODOLOGY

3.1 Introduction

The purpose of this research was to understand the factors that could affect feelings of abandonment among the elderly in Northeast Thailand. A sequential mixed method design was selected to determine firstly, the extent to which older persons living in a rural area of Northeast Thailand feel abandoned by the migration of their children from their home province, the factors which affect feelings of abandonment, and the impact that feeling abandoned has on their quality of life (Study A); secondly, to explore, through an inductive analysis, the experiences and meaning of abandonment from the perspectives of those who identified as feeling abandoned or not feeling abandoned. Furthermore, data were obtained and analysed that highlighted the problem solving ways that were used by both groups when they faced difficult circumstances (Study B).

In this sequential mixed methods study, both cross-sectional research methods and ethnographic methods were used. This chapter presents the paradigmatic basis for mixed methods research and provides a rationale for the use of pragmatism as the methodological underpinning of the research project. Sequential mixed methods research design is reviewed and the theoretical basis for the sequential mixed methods design is clarified. An overview of the two-part research design is provided. Details of methods utilized in Study A and Study B are described in Chapter 4 and 5 respectively. Ethical considerations pertaining to both parts of the research are described in this chapter.

3.2 Paradigmatic assumptions

A paradigm has been identified as “a basic belief system that guides the researcher both in choices of method, and in ontologically and epistemologically fundamental ways” (Lincoln & Guba, 2003, p. 1). For example, Bryman (2008) stated that the paradigm that is selected influences what research should be, how research should be conducted, and how findings should be explained. In social

and behavioural sciences, the influences are divided into two categories. For example, Lincoln and Guba (2003) use the terms ‘scientific’ and ‘naturalistic’ whereas Tashakkori and Teddlie (2003) adopted the terms ‘positivist’¹ and ‘constructivist’². Moreover, these two paradigm beliefs can influence the research design. For example, a quantitative piece of research insinuates the holding of a positivist paradigm position, whereas qualitative research implies the holding of beliefs associated with constructivist or naturalistic paradigm beliefs (Armitage, 2007). These two approaches can also be combined as mixed method design that integrates quantitative and qualitative approaches. This integration can happen during data collection stages or at the multiple stages of a study.

With regard to multiple phases, Creswell (2007) stated that multiple objectives of the research will allow the investigator to address research questions that do not just focus on only quantitative or qualitative approaches to design and methodology. Recently, the research world has become complex, dynamic, and interdisciplinary, therefore, many researchers try to integrate one research design with another (Johnson & Onwuegbuzie, 2004). According to this integration, investigators should clearly understand about mixed methods in order to answer the research questions completely. Therefore, the decisions of employing a quantitative or qualitative research approach depend on not only philosophical commitment but also on the belief that guides the researchers to select the appropriate design and methods (Armitage, 2007). In this study, the belief that guides the researcher to employ the research design is the pragmatism that underpins a mixed method approach.

¹“A form of phenomenalism held by A. J. Ayer who stated that the neutral sense data are the ultimate units of experience which are given. Mind and matter are both logical constructs of actual or possible sense data, not metaphysical entities. Statements about mind (mental statements) or matter (physical object statements) are both fully translatable into sense data or observation statements” (Philosophy-Dictionary Organization, 2008).

² Schwandt (as cited in Crotty, 1998, p. 57) stated that “constructivists are deeply committed to the contrary view that what we take to be objective knowledge and truth is the result of perspective and also constructivists emphasise the instrumental and practical function of theory construction and knowing”.

3.3 Pragmatism

From the early 20th century, pragmatism has been an American philosophy (Maxcy, 2003). The idea of pragmatism is based on 'the truth' in a more practically orientated fashion compared to metaphysical means (Slater, 2008). Hence, pragmatism can be summarized as whatever seems to be reliably the case is 'true'.

Furthermore, pragmatism concentrates on action, drivers of these actions, and the results that are associated with these different actions (Melles, 2008; Morgan, 2007). These fundamental ideas of pragmatism lead to two major issues. First, what types of possible action come from mutual understandings, and then how much distributed understanding can be achieved between all parties (Putnam, 1995). These issues may encourage researchers to understand each other and this understanding can lead to successful work on research.

These pragmatic issues also lead pragmatists to find a solution to human difficulties in applied research philosophy (Pansiri, 2005). Pragmatists may believe that the aim of science is not only to find facts or truth but also to seek solutions to human problems. However, many pragmatists argue that a system or a wholly formed philosophy is not the entirety of their methodology (Maxcy, 2003). This means that pragmatists support the use of both quantitative and qualitative approaches, rather than using only one technique (Onwuegbuzie & Leech, 2004). Therefore, pragmatism can help researchers from different paradigms.

From this approach, Morgan (2007) summarized pragmatic research considering the three major differences of pragmatism compared to both the quantitative and qualitative approach. First, pragmatism can connect theory and data. Second, pragmatism focuses on inter-subjective techniques. Third, conclusions are drawn between inductive and deductive data during the study process. The benefit of these differences provides a practical position for investigators who search for mixed methods designs.

Subsequently, pragmatism has been adopted as a well-known and interesting philosophical and methodological underpinning for mixing approaches in research. It provides the ideas that assist the researchers to answer questions of combined methods (Johnson, Onwuegbuzie, & Turner, 2007). Because of these reasons, pragmatism may support the mixed method approach because it offers a philosophy that is applied and practical for research purposes (Teddlie & Tashakkori, 2003). Nevertheless, although pragmatists are practical researchers who employ pragmatic mixed method approaches, they also seek the most appropriate technique for their particular problems (Rocco, Bliss, Gallagher, & Perez-Prado, 2003). In order to apply the best procedure, Andrew and Halcomb (2007) suggested not only that researchers should consider alternatives (including multiple data collection and analysis) in the conduct of their research but also that the research inquiry should be the most important driver of the research. For instance, Mertens (2005) emphasized that the particular research inquiry is more essential than philosophy and method. Therefore, selecting mixed methods depends on the practical requirements of a specific research question (Rocco, Bliss, Gallagher, Perez-Prado et al., 2003); that is, the research will be more useful and accurate if researchers apply the most appropriate technique for their research design. In this study, pragmatism provides the support for the use of sequential mixed methods which combined quantitative and qualitative methods in order to answer complex health science research questions.

3.4 Sequential mixed methods research design

Until recently, quantitative and qualitative methods have been integrated in one piece of research (Andrew & Halcomb, 2007) because one method is not sufficient (Ivankova, Creswell, & Stick, 2006). Such an approach is known as ‘mixed methods’ and employs the data collection and analysis techniques of both research approaches either at the same time or following one another to make best use of the advantages of both (Teddlie & Tashakkori, 2003). As generalization from ethnographic methods is not usually possible, this study uses a cross-sectional survey in the first part to counter that limitation. The inclusion of ethnographic methods in second phase can explain relationships emerging from cross-sectional survey data. Hence, comparing quantitative and qualitative

methods is necessary to be considered before going through mixed methods research.

3.4.1 Differences between quantitative and qualitative methods

Mixed method research underpinning pragmatism comprises induction and deduction (Johnson & Onwuegbuzie, 2004). These authors recommended that researchers should be concerned about all features of quantitative and qualitative approach. For instance, focusing on confirmation, deduction, hypothesis testing, standardized data collection, and statistical analysis are the major characteristics of quantitative research. In contrast, the main features of qualitative approach are induction, discovery, exploration, and qualitative analysis (Borkan, 2004; Johnson & Onwuegbuzie, 2004). Thus, the main characteristics of both quantitative and qualitative research methods are different.

Although these two methods are different, both of them provide advantages for mixed method research. For example, whereas the quantitative method works best in separating and identifying the variations at a specific period, the qualitative method is good at providing unexpected information and explaining situations that come from the observed variations (Borkan, 2004). In addition, quantitative investigators accept truth that is an objective reality, whereas qualitative researchers focus on the reality perceived from people's experiences (Sale, Lohfeld, & Brazil, 2002). In this study, the distinctions between the cross-sectional survey in Study A and ethnographic methods in Study B meant that a more complete view of the proportion of rural elderly who felt abandoned, their quality of life, and their experiences of feelings of abandonment was obtained than from the use of just one method.

Nonetheless, the differences between quantitative and qualitative methods should be considered when they are mixed. In order to mix these two methods in an effective manner, research criteria should be a focus (Creswell, Fetters, & Ivankova, 2004). The criteria for mixing quantitative (cross-sectional survey in Study A) and qualitative (ethnographic methods in Study B) methods in this study are: 1) correlated design, such as identifying the rationales for integrating quantitative and qualitative data, 2) the kinds of data collection (questionnaire

survey in Study A and ethnographic interview in Study B) and data analysis (statistical analysis for cross-sectional survey and thematic analysis for ethnographic methods), 3) the priority, 4) the implementation, and 5) the research period that data collection and analysis of Study A and Study B happened within.

However, even though a mixed methods research is essential, problems may happen when two methods are integrated. For example, evaluating the validity of results is complicated because the strengths and weaknesses of both quantitative and qualitative methods overlap (Onwuegbuzie & Johnson, 2006). Nevertheless, the validity of these two methods may be reliable. In terms of validity, there are four major types of quantitative validity: internal validity, external validity, construct validity, and statistical conclusion validity (Dellinger & Leech, 2007). The qualitative method consists of five types of validity: theoretical validity, evaluative validity, descriptive validity, interpretive validity, and generalisability (Onwuegbuzie & Johnson, 2006). If mixed methods are used in a single study for the benefit of that study, it is possible despite their core differences.

3.4.2 Purposes of mixed methods research

Although in health sciences research mixed method research is well-known (Ivankova et al., 2006), the purposes of this research have been discussed by researchers in order to seek the practical direction for their work (Shepard, Orsi, Mahon, & Carroll, 2002). Many authors described six aims of mixed methods research: initiation, development, triangulation, complementarity, expansion, and improvement of important results (Andrew & Halcomb, 2007; Johnson et al., 2007; Onwuegbuzie & Leech, 2005). However, Sale et al. (2002) suggested that quantitative and qualitative methods cannot be integrated for complementary aims. Even if a mixed methods design is used for this purpose in conducting a study, the outcomes show its benefits in developing and enhancing emerging understandings. For example, McAuley, McCurry, Knapp, Beecham, and Sled (2006) employed mixed methods in their research and found that the use of multiple data collection methods led to fresh insight into emerging understandings of their data.

Therefore, the aims of integrating a quantitative method and a qualitative method are not only to seek confirmation of the results, but also to enlarge one's understanding. These are important considerations for this study on the effects of migration on the Thai rural elderly. The mixed methods approach allows for both the exploration of the feelings of abandonment among elders who were left behind in the villages by their migrant children and a quantitative measurement of life quality. Furthermore, the purposes of mixed methods may lead to the different kinds of mixed methods design but some key elements have been identified from the most common mixed method designs. These are the important elements that should be of concern when the design is created.

3.4.3 Key elements of mixed methods design

Key elements are essential for developing research designs (Johnson & Onwuegbuzie, 2004), and there are several key elements of mixed methods design: “the implementation sequence, the relative priority of each method, and the level of integration” (Creswell et al., 2004, p. 10).

3.4.3.1 Implementation sequence

At various phases of the research process, mixed method designs may employ the methods of single or multiple quantitative or qualitative data collection (Johnson & Onwuegbuzie, 2004). Also, the data collection can occur either concurrently or sequentially (Creswell et al., 2004). This means that the implementation sequence relates to whether data was collected first through quantitative means or qualitative ones. In a sequential mixed method research, quantitative or qualitative data collection provides a foundation for the next data collection and analysis phase (Creswell et al., 2004).

The sequential approach is preferable if the phases of data collection add to each other for the benefit of the study. However, if that is not the case, it is possible to collect both quantitative and qualitative data concurrently not looking at the relationship between them until the analysis of the findings or the interpretation of the results (Creswell et al., 2004). It is important to note that the sequential data collection approach may provide more time to gain more findings when compared with the concurrent approach.

In this study, sequential mixed methods were applied. The quantitative data (cross-sectional survey data) were collected in the first phase and the results from the first phase led to the qualitative data collection (collection from ethnographic methods) in the second phase. However, the order of the two methodological approaches depends on the priority of the researcher.

3.4.3.2 Priority

A greater prominence may be given to quantitative data or qualitative data, or an equal priority could be given to these two data forms (Creswell, Clark, Gutmann, & Hanson, 2003). In some research, researchers may provide equal emphasis on quantitative and qualitative data collection including concurrent data analysis (Creswell et al., 2004). In exploratory studies, the qualitative method is placed at a higher priority level and conducted first (Kroll, Neri, & Miller, 2005). In contrast, in studies that search for complementary data, priority is given to quantitative data collection (Kroll et al., 2005). For example, the study by Barg et al. (2006) illustrates a design where priority was given to quantitative research, as scorable survey data were collected before in-depth interviews were conducted.

In this study, quantitative methods were used first as a means of establishing an initial measure of the rural old aged people's demographics, their quality of life, and perceptions relating to feeling abandoned. For gaining participants' experiences of abandonment, ethnographic methods could then be used over a longer time to gather more detailed data on a smaller group. However, Teddlie and Tashakkori (2006) suggested that once the study has started, the sequence and priority may change and the research question could perhaps be more clearly articulated.

3.4.3.3 Integration

Integration refers to the point where the researcher combines the quantitative and qualitative data collection and analysis in the research process (Creswell et al., 2004). An integration of quantitative and qualitative questions can be employed when research questions are formulated (Kroll et al., 2005). The possibilities range from integrating in the first phase of the research, while drawing its aims

and presenting both quantitative and qualitative research questions (Teddle & Tashakkori, 2003) to the combination of the quantitative and qualitative results at the interpretation phase of the study (Onwuegbuzie & Teddle, 2003). In addition, Creswell et al. (2004, p.10) identified “two stages in the process where integration is possible: when data analysis leads to further data collection decisions, and when results are reported”. For instance, open ended questions can be integrated with rating scales during data collection (Creswell et al., 2004; Kroll et al., 2005). In the data analysis process, it may be suitable to cross-tabulate qualitative themes with demographic data of participants. Integration can be successfully demonstrated in the mixed method approach when interpreting the results by focusing on the amount and the reasons for similarities, differences and complementary aspects of the methods (Mertens, 2005). In the all research processes, Andrew and Halcomb (2007) suggested that researchers should make sure that there is accurate integration of the two methods, datasets or results. In mixed-methods sequential designs, the quantitative and qualitative stages should be joined (Hanson, Creswell, Clark, Petska, & Creswell, 2005) in the middle phase, when the findings of the data analysis in the primary phase of the research lead to the data collection in the second phase (Ivankova et al., 2006). In sequential designs, two stages are linked when the participants from the first phase are selected for the qualitative follow-up analysis based on the quantitative findings (Creswell et al., 2003). In this study, there are two forms of mixing in two method designs: 1) joining quantitative and qualitative stage of the study through selecting the participants for the second phase, and 2) integrating the quantitative and qualitative results in discussing the findings of the entire study and describing implications. Hence, integration of two methods is important for creating mixed method designs because appropriate mixed method designs may lead to answering research questions more accurately.

3.4.4 Typology of mixed methods designs

“Mixed research designs are conceptualized so that they can be represented as a function of the following three dimensions: a) level of mixing (partially mixed versus fully mixed), b) time orientation (concurrent versus sequential), and c) emphasis of approaches (equal status versus dominant status)” (Leech & Onwuegbuzie, 2009, p. 267). Combining of quantitative and qualitative

approaches may happen all phases of the study. There are four mixed methods designs which are the most valuable: “1) Concurrent Mixed Designs, 2) Sequential Mixed Designs, 3) Conversion Mixed Designs, and 4) Fully Integrated Mixed Designs” (Teddlie & Tashakkori, 2006, p. 15). These four types of design are closely related but can appear in various forms depending on the particular criteria of the designs, for example the methodological approach.

Concurrent mixed designs can be classified as parallel designs. This is because a pair of somewhat independent procedures are preplanned and employed for the answering of the research questions. They can be performed concurrently, or with a time lag (Tashakkori & Teddlie, 2003). This parallel approach has the advantage that meta-inference analysis can also be deployed (Miller & Fredericks, 2006). Furthermore, the inferences that may be derived from one phase do not determine the questions and/or procedures of the other phase (Tashakkori & Teddlie, 2003). Following quantitative and qualitative data collection and interpretation, a meta-inference is drawn integrating the inferences from the data from both approaches as well as the findings (Onwuegbuzie & Johnson, 2006). However, running multiple strands of research simultaneously may be challenging and complex, and there may be little clarity how the separate analyses should be integrated into a meaningful overall evaluation. Nevertheless, its advantage over the sequential design is that it employs a type of comparison which gives the researcher the ability to perform separate analyses of the individual strands (Miller & Fredericks, 2006).

The sequential mixed design has a distinguishing attribute that the second phase (strand) of the study (e.g., the qualitative phase) develops in response to the initial phase findings (Tashakkori & Teddlie, 2003). In a basic sequential mixed approach, quantitative/qualitative data collected and analysed from an earlier, exploratory phase of the study are used to develop a subsequent confirmatory phase (Onwuegbuzie & Johnson, 2006). The first strand includes data collection, data analysis, and inference usually using a quantitative approach and the second, more qualitative strand of the study involves new data and its analysis, and the drawing of inferences (Tashakkori & Teddlie, 2003). The sampling frame for the subsequent qualitative strand is generally based on the sample used in the

quantitative strand (Teddlie & Yu, 2007). Leech and Onwuegbuzie (2009) observe that quantitative and qualitative design elements are given approximately equal weight. Although designing with a pre-specified order increases difficulty, they may be more practical for a sole investigator to undertake than opting to use the concurrent mixed designs as it is less complex to keep the aspects separate meaning the entire research process is more manageable in both its speed and level of predictability (Teddlie & Tashakkori, 2006). These factors are all relevant to this study.

Therefore, the sequential mixed method approach was employed for investigating the feelings of abandonment among aging people in rural Northeast Thailand. The first strand of this study was a quantitative design (exploratory study), while the second strand was a qualitative design (confirmatory study). The quantitative design included the sample frame, data collection, data analysis, and inference. The second strand of this study (the qualitative design) involved new data, its analysis, and inference. The levels of confirmatory or disconfirmatory information within the inferences between both strands of the study, each weighted equally, led to the final meta-inferences.

As this study aims to provide a detailed explanation of the results of the quantitative phase of the research, this measure comes first in the sequence. The sequential explanatory design can take the two forms of mixing as discussed by Ivankova et al. (2006): 1) a combinatory approach whereby selecting the second phase participants and developing qualitative data collection protocols is based on the results of the statistical tests and 2) an integrative approach which discusses the outcomes of the whole study and draws implications. Both of these forms were applied in this study.

Conversion mixed designs are multistrand concurrent designs in which qualitative and quantitative designs are combined in all components and stages. Quantitative and qualitative data can be transformed and analysed quantitatively or qualitatively (Onwuegbuzie & Johnson, 2006; Teddlie & Tashakkori, 2006). Both sets of analyses form the basis of inferences that are drawn (Tashakkori & Teddlie, 2003).

Lastly, the most advanced and dynamic of all mixed designs are the fully integrated mixed designs, which incorporate two or more of the previous types (Tashakkori & Teddlie, 2003). These designs involve interactively combining quantitative and qualitative approaches throughout all investigative stages meaning that either one of the two approaches affects the formulation of the other (Onwuegbuzie & Johnson, 2006; Teddlie & Tashakkori, 2006). A final meta-inference is constructed by combining together prior inferences made on the basis of the qualitative and quantitative results of data analyses (Tashakkori & Teddlie, 2003). Nevertheless, integration problems may happen in mixed methods research as a result of complications involved in integrating quantitative and qualitative research either in a concurrent, sequential, conversion, or fully mixed manner. Therefore, consideration should be given to making plans in order to make sure that the problems of integration will not happen in mixed method research.

3.4.5 Major considerations for planning mixed method research

A mixed method study requires greater consideration of not only its feasibility and how visual models are employed, but also the limitations related to reporting findings (Andrew & Halcomb, 2007). Moreover, a significant amount of attention is also necessary to the vast amount of data collected in research study using this approach (Creswell et al., 2003). Large data volumes require additional management, time and resources, compared with a purely quantitative or qualitative project (Andrew & Halcomb, 2007). The practicality of the problem, the degree of interest in it, and the ability to gather the required information are also major considerations. These factors could well explain why mixed method research is particularly successful in a health science context particularly one which is focused on humans. The planned complexity can make it more difficult for readers to follow and this is one criticism these studies face, but one that can be overcome with the presentation of a visual model.

If visual modelling is employed, the following must be identified: the sequencing of the quantitative and qualitative phases and their relative weightings, and each method's relationship with the other (Creswell et al., 2003). Using a visual model not only usefully aids researchers, but can also provide a context for readers to

situate their own findings (Andrew & Halcomb, 2007). Obstacles to publishing the results of mixed methods research may arise if the volume and complexity of findings is excessive relative to the review criteria of the publishers (Shepard et al., 2002). To overcome such obstacles, more than just discrete datasets are needed, and clarity in the reporting of mixed methods is crucial. Hence, Andrew and Halcomb (2007) recommended that research presentation be creative, innovative, user-friendly and consistent with the foundations of mixed methods research. However, if advantages and disadvantages of mixed research designs are studied carefully, the barriers or realistic problems may not happen in mixed research.

3.4.6 Strengths and weaknesses of mixed designs

Mixed methods designs have a major strength in allowing research to develop in a way that is comprehensive and complete (Morse, 2003). In addition, there are many other advantages of mixed research. As well as providing new research tools, it also allows opportunities for synthesis of research traditions and gives more perspectives and insights than could be achieved through any single technique (Borkan, 2004). Mixed designs are more than the mere collection of quantitative and qualitative data; they involve the integration, relating, or mixing of these strands at some stage of the research process (Creswell et al., 2004). In this way, the deep description and insights into subjects' lives explored by qualitative methods, are reinforced by the generalisability and statistical reliability that are the hallmarks of quantitative research (Borkan, 2004). In summary, the benefits of mixed methods come from two sources: the individual strengths of both the qualitative and quantitative methods; and the complimentary nature of using both – one compensating for the weakness of the other. Overall, these advantages lead to possibly more convincing evidence through shared findings, therefore, supporting solid conclusions.

The comprehensiveness that is inherent in mixed methods may also be a weakness. Multimethod designs are challenged on the grounds of being less rigorous (Morse, 2003). For instance, the supplemental data may be considered thin and, therefore, suspect. It may be problematic for a single researcher to carry out two or more qualitative and/or quantitative approaches simultaneously. A

research team may be needed (Johnson & Onwuegbuzie, 2004). In addition, research questions may be much more difficult to formulate in mixed methods studies than in either quantitative or qualitative monomethod investigations because both quantitative and qualitative research questions must be constructed (Onwuegbuzie & Leech, 2006). In this study, the research aims covered both quantitative and qualitative methods. Therefore, the researcher had to learn about multiple methods and approaches in order to understand how to apply them appropriately. Also, the researcher was careful to be very precise in describing both methods and the methods by which the sparsely populated data sets and the complementary relationships between data sets were verified (Morse, 2003). This carefulness meant that this study was very time-consuming, especially for the qualitative method (ethnographic methods) which took seven months for data collection. Additional care was also necessary when analyzing the data sets and drawing inferences from them in this mixed method approach (Erzberger & Kelle, 2003).

3.5 Making inferences from mixed methods research

Creswell et al. (2003) recommend that during the interpretation stage, quantitative and qualitative results should be combined. This final stage of research is where it is most appropriate for inferences to be made (Teddlie & Tashakkori, 2003). Inferences not only answer research question but also set out a road map for developing new insights into events, processes, and relationships (Tashakkori & Teddlie, 2003). Erzberger and Kelle (2003), nonetheless, warned that research questions should be formulated before research methodology is finalized because the questions drive the selection of the methods. Therefore, Tashakkori and Teddlie (2003) recommend that researchers should learn a number of methods if exploration of a significant range of research topics is planned. It is important to be concerned about quality of inferences from mixed methods research from both these aspects: 1) the first is design quality, which relates to how methodologically rigorous the research is, and 2) the second is the interpretive rigour, which requires the conclusions to be accurate and authentic.

The two methods utilize different strategies for reaching conclusions (Tashakkori & Teddlie, 2003). In quantitative research, the object is to minimize the risk of

extraneous variables threatening the internal validity of the conclusion (Miller & Fredericks, 2006). To achieve this, the researcher employs numerous strategies, such as statistical control of nuisance variables through partial correlation and analysis of covariance to random assignment of participants (Tashakkori & Teddlie, 2003). The qualitative method also has a wide range of strategies for improving the quality of inferences, applicable to both qualitative and some quantitative designs (Teddlie & Tashakkori, 2003). These can include audit trails, peer debriefing to ensure interpretation consensus, triangulation of method and investigator, prolonged engagement, negative case analysis, and thick description (Tashakkori & Teddlie, 2003). Therefore, the mixed method approach may be enhanced by both the validity of the quantitative inference and the quality of qualitative inferences. This may be the reason why mixed methods research provides better inferences than other methodologies. In this mixed method study, the research protocol describes the aims of each method and the methods for validating the quantitative and qualitative data for making strong inferences.

3.6 The research protocol

To achieve the five aims of the research, simple random sampling in Study A was applied to obtain the sample for this research (Oman, Krugman, & Fink, 2003; Peat, Mellis, Williams, & Xuan, 2001). The sampling method utilized in this research was non-probability sampling or purposive sampling in Study B. The elderly in Amphoe Bungkla in Northeastern Thailand were the population of the research. There were two studies (phases) in this research.

Study A: A quantitative study design was applied to determine (a) the extent and degree to which older persons living in a rural area of Northeast Thailand feel abandoned by the migration of their children from their home province, (b) the factors which affect feelings of abandonment, (c) the impact that feeling abandoned has on their quality of life. Three instruments were used with 212 participants gained by simple random sampling in Amphoe Bungkla, Nong Khai province. The three instruments were SSQ (Social Support Questionnaire), World Health Organization Quality of Life-BREF (WHOQOL-BREF), and World Health Organization Quality of Life-OLD (WHOQOL-OLD). Statistical analysis

was used to test predictors for feeling abandoned in these participants. The lowest scores and highest scores on the three instruments and feelings of abandonment were used to identify a pool of participants for Study B. The details of this approach are described in Chapter 4.

Study B: Ethnographic methods were applied in which participant observations, fieldwork, and interviews with 25 participants were conducted. Participants included those who reporting feeling abandoned and those who did not. For the abandoned group, eight participants were purposively sampled from Study A because they had the lowest scores on the three instruments and reported feeling abandoned. Another six people who had been identified by village health volunteers as abandoned but were not in Study A were also interviewed. For the not abandoned group, ten participants were purposively sampled from Study A as the not abandoned participants as they had the highest scores on the three instruments and one more villager who was noted as not feeling abandoned by village health volunteers was also interviewed. Therefore, the study ultimately involved 25 participants, 14 in the abandoned group and 11 who were not abandoned. Thematic analysis was used to inductively analyse themes. The details of this method are presented in Chapter 5. Nevertheless, before conducting these two methods, ethical consideration was important. The research was approved by a Massey University Human Ethics Committee.

3.7 Ethical considerations

The Massey University Human Ethics Committee approved the mixed methods research (MUHEC: PN Protocol 06/76). Permission was obtained from the provincial health office in Nong Khai province to approach the elderly people in Amphoe Bung Khla, Nong Khai province to explain the research project and to invite them to participate by answering the questionnaires and talking with the researcher in an in-depth interview.

Information sheets were distributed by health volunteers to all those initially selected for participation about one week before the survey was to begin (for details, see Appendix A). Fifteen senior students from Khon Kaen University who

had survey research experience were hired as research assistants. They were trained to explain the aims of the study, clarify the meaning of each question in the instruments where necessary, and administer the questionnaire on a face to face basis.

Face to face administration of the questionnaire was regarded as the most suitable way to gather information from these participants (de Vaus, 2004). The research assistants had read the information sheet and understood the ethical issues involved. All participants were assured that they had the right to withdraw from the study any stage, to refuse to answer any questions and to not have their names used in any report or publication from the study. Photographs have been used with permission. Signed consent forms were obtained from each participant before the questionnaires were administered and again before in-depth interviews began. Also, another nine consent forms were obtained from the participants who had been identified by village health volunteers as abandoned but were not in Study A and were interviewed in Study B. Collected data were kept anonymous. The audiotapes and interview transcripts were kept securely and separately from informants' identifying information in locked cabinet at Faculty of Public Health, Naresuan University, Phitsanulok, Thailand. Audiotapes will be returned to participants if they requested them, or destroyed together with other fieldnotes and interview transcripts five years after the study has been completed.

3.8 Summary

This chapter provided an overview and justification of the decision making around the selection and design of the research methodology in this study. This sequential mixed methods study utilised both cross-sectional research methods and ethnographic methods within a pragmatism lens of inquiry. The chapter included an exploration of the paradigmatic bases for mixed methods research and provided a rationale for the use of pragmatism as an epistemological lens for the research. Sequential mixed methods research design was reviewed and the priority or theoretical drive for the sequential mixed methods design clarified. An overview of the two-part research design was provided including sampling,

ethical issues and the basis for making inferences from the study. In the chapter that follows, the design, method and results of Study A are detailed.

CHAPTER FOUR

STUDY A: CROSS-SECTIONAL SURVEY

4.1 Introduction

Thai life and culture has undergone many changes in the last 50 to 60 years. Changes in work, family life and living arrangements have occurred as more persons work away from their home village during the day and many migrate to the cities to find better opportunities. Jongudomkarn and Camfield (2006) have described those left behind, either in the house or the province as being abandoned.

Study A seeks to determine: (a) the extent and degree to which older persons living in a rural area of Northeast Thailand feel abandoned by the migration of their children from their home province, (b) the factors which affect feelings of abandonment, and (c) the impact that feeling abandoned has on their quality of life. A cross-sectional survey of persons aged 60 years and older living in Amphoe Bung Khla, Nong Khai Province was carried out with a questionnaire designed for this purpose. This chapter presents the methodology, results, and conclusion for study A.

4.2 Methods

4.2.1 The questionnaire

A questionnaire was designed for use in this study. It consisted of 113 items. One item specifically asked the participants to indicate the degree to which they felt abandoned by their children on a scale of 1 to 5, with 1 being not at all and 5 being an extreme amount. Thirty-nine items focused on the make up and dispersion of the participant's immediate family and the amount of emotional and economic support received from them. Four items were focused on demographics including age, gender, level of education, and marital status. Two items were focused on health conditions and 5 items on economic issues. In addition, three standardized measures were used including the 12-item Social Support Questionnaire (SSQ), the 26-item World Health Organization Quality of Life-BREF (WHOQOL-BREF) and the 24-item World Health Organization Quality of Life-OLD (WHOQOL-OLD).

The SSQ, is used for measuring subjectively assessed social support across three subscales: Family (4 items), Friends (4 items), and Significant Other (4 items). Each item is rated on a 5-point Likert-type scale ranging from strongly disagree (1) to strongly agree (5) (Zimet, Dahlem, Zimet, & Farley, 1988) (For details, see Appendix B-1).

The WHOQOL-BREF (Mental Health Department, 2007; World Health Organization, 1996, 1998) is an identity instrument designed to provide a short form quality of life assessment. It is available in 19 different languages including Thai (World Health Organization, 1996). The WHOQOL-BREF produces a quality of life profile derived from four domain scores: Physical, Psychological, Social, and Environmental. There are also two items that are examined separately: question 1 asks about an individual's overall perception of quality of life and question 26 asks about an individual's overall perception of their health (For details, see Appendix B-2).

The WHOQOL-OLD (Power et al., 2005; World Health Organization, 2006b) is specifically designed for use with older adults. The WHOQOL-OLD consists of 24 items scored on a 5-point scale (Power et al., 2005) assigned to six facets: Sensory Abilities (SAB), Autonomy (AUT), Past, Present and Future Activities (PPF), Social Participation (SOP), Death and Dying (DAD) and Intimacy (INT). Each of the facets has 4 items, thus for all facets the score of possible values can range from 4 to 20, provided all items of a facet have been completed (see Appendix B-3). The scores of these six facets can be combined to produce a general (overall) score for quality of life in older adults, denoted as the WHOQOL-OLD module total score.

The Thai version of WHOQOL-BREF was used in this study. The English version of SSQ and WHOQOL-OLD were translated into Thai by the researcher. To ensure language consistency, the instruments were back translated by three native Thai speakers fluent in English who had not seen the original version. The back translated copy was compared with the original English version to identify language incongruities (Ma'aitah, Haddad, & Umlauf, 1999). The Thai translation was adjusted with a corrected translation prior to utilization. A pilot study was

conducted to assess internal consistency or reliability of the three instruments and to make any further changes to the wording that may have been needed.

Forty-three older people living in Pone Sa Nga village, Amphoe Muang, Nong Khai province were invited to participate in the pilot study. Information sheets were handed out to all participants before the questionnaire was administered. Open discussion of the items was allowed during the administration of these instruments to ensure shared understanding. Wording was adjusted in the instruments following this pilot. Language modifications were suggested and subsequently made for the WHOQOL-OLD only.

The cronbach alpha was used to determine the internal consistency of each of the three standardized measures included in the questionnaire. The cronbach alpha for the total score of the SSQ was 0.81 and ranged from 0.3 to 0.8 for its three subscales. The cronbach alpha for the total score of WHOQOL-BREF was 0.84 and ranged from 0.2 to 0.8 for its four domains. The cronbach alpha for the total score of WHOQOL-OLD was 0.84 and ranged from 0.2 to 0.8 for its six facets. These scores indicate good internal consistency for all three measures (Pallant, 2007).

4.2.2 The sample

The sample for this study was drawn from 1,101 older (60 years and older) persons registered with the health care centre in Amphoe Bung Khla, Nong Khai province, Thailand. A sample size of at least 196 was needed for a confidence level of 95% (see formula below). However, only those who had had children and were able to communicate were eligible for selection. In addition, only one person per household was to be selected. In the case where two or more persons from a household were included in the pool, one was randomly selected by draw. Finally, only those who agreed to participate could be included in the sample. As a result, a larger pool of 288 was randomly selected from the population. In the end, 212 persons who met the criteria for selection agreed to participate in this study. The following formula to determine sample size (Lwanga & Lemeshow, 1991) was applied as follows:

$$n = \frac{z_{1-\alpha/2}^2 P(1-P)N}{d^2(N-1) + z_{1-\alpha/2}^2 P(1-P)}$$

Confidence level (%) (1- α)	=	95
Z	=	1.96
Anticipated population proportion (P)	=	0.70
Absolute precision required (d)	=	0.0583
Population size (N)	=	1,101
Sample size (n)	=	196

4.2.3 Data collection

Information sheets were distributed by community leaders to all those initially selected for participation about one week before interviews were to begin (see Appendix A). Fifteen senior students from Khon Kaen University who had survey research experience were hired as research assistants. They were trained to (a) explain the aims of the study, (b) clarify the meaning of each question in the instruments where necessary, and (c) administer the questionnaire on a face to face basis. Face to face administration of the questionnaire was regarded as the most suitable way to gather information from these participants (de Vaus, 2004). The research assistants had read the information sheet and understood the ethical issues involved.

The participants were informed that they had the right to decline to participate, refuse to answer any particular questions or withdraw from the study at any time. Signed consent forms were obtained from each participant before the questionnaire was administered.

4.2.4 Data analysis

Data were analyzed using SPSS Version 15.0 for Windows. Before analyses, data were screened for missing values and data entry errors. Data was also assessed to ensure that the assumptions of each test used were not violated. Simple descriptive data (mean, median, frequency, percentage, and standard deviation) were used to describe the sample and identify the extent and degree of

abandonment found in the sample. A dummy variable of abandoned / not abandoned was established to identify factors which may affect or be affected by feelings of abandonment. Participants were assigned to the groups on their response to the single-item measure of feelings of abandonment. Responses were compared across groups using either an independent samples t-test or chi-square (χ^2) depending on the level of data available for comparison. Standard multiple regression was used to determine the degree to which variance in feelings of abandonment may be predicted from those variables found to be significantly different across groups. Quality of Life (QOL) scores were also compared across groups using multivariate analysis of variance (MANOVA) to determine the impact feelings of abandonment may have on QOL.

4.3 Results

4.3.1 Demographic variables

As can be seen in Table 4.1, 212 people met the criterion for inclusion in this study. They ranged in age from 60 to 107 with the mean age of 71. One hundred and twenty nine (61%) were female and 83 (39%) were male. One hundred and twenty five (59%) were currently married and 87 (41%) were not. Of those who were not married, 80 (37.7%) were widowed, 6 (2.8%) were separated and 1 (0.5%) was divorced. Forty eight (22.6%) had no formal education, 164 (77.4%) had some. Of those, 159 (75%) had attended the primary years only. Ninety two (43.4%) were employed and 120 (56.6%) were not. Of those who were employed, 54 (25.5%) were rural agriculturalists, 23 (10.8%) commercial traders, 10 (4.7%) casual labourers and 5 (2.4%) other. Their median income was 500 baht (22NZ\$) per month or 6,000 baht (261NZ\$) per annum. One hundred and ninety (89.6%) had one or more disabling conditions and 22 (10.4%) did not. Of those who had one or more disabling conditions, 91 (47.9%) had difficulty seeing, 44 (23.2%) had hearing loss, 3 (1.6%) had cancer, 14 (7.4%) had diabetes, 2 (1.1%) had stroke, 94 (49.7%) had arthritis or rheumatism, 3 (1.6%) had psychiatric or psychological disability, 5 (2.6%) had physical disability, 23 (12.1%) had asthma or other respiratory condition, 21 (11.1%) had angina or other heart trouble, 69 (36.3%) had high blood pressure or hypertension, 56 (29.6%) had bowel disorders, 4 (2.1%) had hernia or rupture, 17 (8.9%) had chronic kidney or urinary

tract conditions, 1 (0.5%) had hepatitis, 18 (9.5%) had osteoporosis, 94 (49.5%) reported being frequently confused, disoriented or forgetful, and 20 (10.5%) had other chronic illness.

Table 4.1
Demographic Data (N=212)

		Total			
		N	Range	Mean	(SD)
Age		212	60-107	71	(7.82)
		N	(%)		
Gender	Male	83	(39%)		
	Female	129	(61%)		
	Total	212	(100%)		
Marital Status	Married	125	(59%)		
	Widowed	80	(37.7%)		
	Separated	6	(2.8%)		
	Divorced	1	(0.5%)		
	Total	212	(100%)		
Level of education	None at all	48	(22.6%)		
	Primary	159	(75%)		
	Secondary	4	(1.9%)		
	Diploma	1	(0.5%)		
	Total	212	(100%)		
Employment status	No occupation	120	(56.6%)		
	Rural agriculturalist	54	(25.5%)		
	Commercial trader	23	(10.8%)		
	Casual labourers	10	(4.7%)		
	Other	5	(2.4%)		
	Total	212	(100%)		
		N	Range	Median	(SD)
The size of participants' income per month(baht) (1NZ\$ = 23baht)		212	0 to 16,000	500	(1,898)
		N	(%)		
Have one or more disabling conditions	Yes	190	(89.6%)		
	No	22	(10.4%)		
	Total	212	(100%)		

4.3.2 Living arrangements

As can be seen in Table 4.2, one hundred and thirty seven (64.6%) reported that they were the head of household, and 58 (27.4%) responded that their spouse was. Only 17 (8%) reported that they lived under the headship of others. The number of people living in a household ranged from 1 to 9 with a mean of 3.8. One hundred and twenty (57%) reported that they had at least one of their children still living at home, 92 (43%) did not. Of those who did not, 73 (34%) reported that they lived with at least one other person in their home (e.g., spouse). Only 19 (9%) stated that they lived alone. Forty one (19.3%) reported some degree of dissatisfaction with their living arrangements. Five (2.4%) stated that they were neither satisfied nor dissatisfied and 166 (78.3%) reported that they were either satisfied or very satisfied. Thirteen (8%) reported some degree of dissatisfaction with looking after people in the house. Three (2%) stated that they were neither satisfied nor dissatisfied and 144 (90%) reported that they were either satisfied or very satisfied with that aspect of their life.

Table 4.2

Living Arrangements (N=212)

		N	(%)		
Head of household	I am	137	(64.6%)		
	Spouse	58	(27.4%)		
	Child, Child in law, Grand child, or Other relative	17	(8%)		
	Total	212	(100%)		
		N	Range	Mean	(SD)
The number of people in household		212	1 to 9	3.8	(1.79)
		N	(%)		
The number of participants who live with:	Live alone at home	19	(9%)		
	Live with children and other people at home	193	(91%)		
	Total	212	(100%)		
Degree of satisfaction with living arrangements	Very dissatisfied	9	(4.2%)		
	Dissatisfied	32	(15.1%)		
	Neither satisfied nor dissatisfied	5	(2.4%)		
	Satisfied	124	(58.5%)		
	Very satisfied	42	(19.8%)		
	Total	212	(100%)		
Degree of satisfaction with looking after family members	Very dissatisfied	5	(3%)		
	Dissatisfied	8	(5%)		
	Neither satisfied nor dissatisfied	3	(2%)		
	Satisfied	100	(63%)		
	Very satisfied	44	(27%)		
	Total	160	(100%)		

4.3.3 Migration of children, level of support and feelings of abandonment

As can be seen in Table 4.3, the number of children the participants had ranged from 1 to 12 with a mean of 5. One hundred and sixty three (77%) stated that they had at least 1 child leave their home village. Of those, 156 (74%) reported that they had at least 1 child living in other provinces and 25 (12%) reported that they had at least 1 child living in other countries. Yet, 173 (81.6%) stated that they still have at least 1 child living nearby, and 109 (54%) stated that they had daily contact with at least 1 of their children, 37 (19%) at least once a week, 21 (11%) at least once a month, and 32 (16%) less often than once a month to never. The main sources of income were fairly evenly split among one's own occupation or other sources of personal income (31.4%), pension (33.8%), and children, grandchildren or other relatives (34.8%). One hundred and eighty one (86%) reported some degree of economic hardship and 30 (14%) did not. Of those reporting that they had at least some degree of economic hardship, 28 (13.3%) had an extreme amount, 90 (42.7%) very much, 9 (4.3%) a moderate amount and 54 (25.6%) a little. Of those who reported that their children supported them economically, 30 (14%) said they did so to an extreme amount, 70 (33%) very much, 7 (3%) a moderate amount and 67 (32%) a little. Forty one (19%) stated that they felt abandoned to some degree and 171 (81%) did not. Of those who felt abandoned, 12 (5.7%) reported that they felt an extreme amount, 27 (12.7%) very much and 2 (0.9%) a moderate amount.

Table 4.3

Migration of Children, Levels of support and Feelings of Abandonment (N=212)

				N		Mean		(SD)	
The number of children				212		5		(2.35)	
				Yes (%)		No (%)		Total (%)	
Have had at least one child leave;	Home village	163	(77%)	49	(23%)	212	(100%)		
	Province	156	(74%)	56	(26%)	212	(100%)		
	Country	25	(12%)	187	(88%)	212	(100%)		
							N (%)		
The number of who have at least one child still living nearby						173	(81.6%)		
The most frequent level of contact with any of their children									
Daily						109	(54%)		
At least once a week						37	(19%)		
At least once a month						21	(11%)		
Less often than once a month to never						32	(16%)		
Total						199	(100%)		
Main source of income	Occupation and other sources of personal income						66	(31.4%)	
	Old-age pension from the government						71	(33.8%)	
	Children, grandchildren or other relatives						73	(34.8%)	
	Total						210	(100%)	
Degree of economic hardship	An extreme amount						28	(13.3%)	
	Very much						90	(42.7%)	
	A moderate amount						9	(4.3%)	
	A little						54	(25.6%)	
	None						30	(14.2%)	
	Total						211	(100%)	
Degree to which children contribute to their economic support	An extreme amount						30	(14%)	
	Very much						70	(33%)	
	A moderate amount						7	(3%)	
	A little						67	(32%)	
	Not at all						38	(18%)	
	Total						212	(100%)	
Degree to which participant feels abandoned	An extreme amount						12	(5.7%)	
	Very much						27	(12.7%)	
	A moderate amount						2	(0.9%)	
	A little						34	(16%)	
	Not at all						137	(64.6%)	
	Total						212	(100%)	

4.3.4 Social Support

As can be seen in Table 4.4, the mean level of social support as defined in the three subscales of the SSQ were 3.37 (SD = 0.88) for family, 2.52 (SD = 1.12) for friends, and 2.89 (SD = 0.95) for other. Possible scores ranged from 1 to 5 with 5 being the most positive response.

Table 4.4
Social Support (N=212)

	N	Mean	(SD)
Social Support (SSQ);			
Family (ssq 3,4,8,11)	212	3.37	(0.88)
Friends (ssq 6,7,9,12)	212	2.52	(1.12)
Other (ssq 1,2,5,10)	212	2.89	(0.95)

4.3.5 A comparison of scores for those who say they feel abandoned to those who do not

To identify the factors which may impact on feelings of abandonment, a dummy variable of abandoned / not abandoned was established. The participants were placed in two groups depending on their responses to the question of feeling abandoned. Those who responded with an extreme amount, very much or a moderate amount were placed in the abandoned group (N = 41), and those who responded with a little or not at all were assigned to the not abandoned group (N = 171). The groups were compared on all variables described thus far using either independent samples t-test or χ^2 depending on the level of data available. Assumptions were tested for each measure used. Only those assumptions concerning the minimum number of participants per cell for χ^2 were found to be violated. Where this occurred, cells were collapsed to overcome this violation.

As can be seen in Table 4.5, those who felt abandoned were significantly older (M = 73.24, SD = 10.21) than those who did not (M = 70.57, SD = 7.07) ($t = 1.982$, $p = 0.049$), more likely to have no formal education (36.6%) than those who did not (19.3%) ($\chi^2 = 5.643$, $p = 0.018$), more likely to express some degree of economic hardship (80.5%) than those who did not (55.3%) ($\chi^2 = 8.750$, $p = 0.003$), more likely to live alone (19.5%) than those who did not (6%) (Fisher's exact test, $p =$

0.015), more likely to express dissatisfaction with their living arrangements (34.1%) than those who did not (15.8%) ($\chi^2 = 7.144$, $p = 0.008$), less likely to have the most frequent level of contact with any of their children (67%) than those who did not (88%) ($\chi^2 = 10.70$, $p = 0.001$), and to have a significantly lower mean score ($M = 3.04$, $SD = 0.96$) on the family subscale of the SSQ than those who did not ($M = 3.45$, $SD = 0.84$) ($t = 2.724$, $p = 0.007$).

Table 4.5

A comparison of scores between those who say they feel abandoned and those who do not (N=212)

Demographic Category;		Abandoned			Not abandoned			T	p
		N	Mean	(SD)	N	Mean	(SD)		
1. Age		41	73.24	(10.21)	171	70.57	(7.07)	1.982	0.049*
			N	(%)	N	(%)		χ^2	p
2. Gender	Male	14	(34.1%)		69	(40.4%)		0.534	0.465
	Female	27	(65.9%)		102	(59.6%)			
	Total	41	(100%)		171	(100%)			
3. Marital Status									
	Married	20	(48.8%)		105	(61.4%)		2.178	0.140
	No longer married	21	(51.2%)		66	(38.6%)			
	Total	41	(100%)		171	(100%)			
4. Level of education									
	Primary, secondary, diploma	26	(63.4%)		138	(80.7%)		5.643	0.018*
	None at all	15	(36.6%)		33	(19.3%)			
	Total	41	(100%)		171	(100%)			
5. Employment status									
	Currently Employed	13	(31.7%)		79	(46.2%)		2.827	0.093
	Not currently employed	28	(68.3%)		92	(53.8%)			
	Total	41	(100%)		171	(100%)			
		N	Median	Range	N	Median	Range	Mann-Whitney U Test	P
6. The size of participants' income per month(baht) (1NZ\$=23baht)		41	1,150	300-3,000	171	800	0-5,000	2973.500	0.128

Note: * $P \leq 0.05$

Table 4.5 (continued)

A comparison of scores between those who say they feel abandoned and those who do not (N=212)

Demographic Category		Abandoned		Not Abandoned		χ^2	p
		N	(%)	N	(%)		
7. Have one or more disabling conditions	Yes	38	(93%)	152	(90%)	-	0.581 ^a
	No	3	(7%)	19	(10%)		
	Total	41	(100%)	171	(100%)		
8. Head of household	Myself and spouse	36	(87.8%)	159	(93%)	-	0.333 ^a
	Child, child in law, grandchild, relative, neighbour	5	(12.2%)	12	(7%)		
	Total	41	(100%)	171	(100%)		
		N	Mean (SD)	N	Mean (SD)	t	P
9. The number of people in household		41	3.46 (2.01)	171	3.87 (1.73)	-1.294	0.197
		N	(%)	N	(%)	χ^2	P
10. The number of participants who live with:	Live alone at home	8	(19.5%)	11	(6%)	-	0.015* ^a
	Live with children and other people at home	33	(80.5%)	160	(94%)		
	Total	41	(100%)	171	(100%)		
11. Degree of satisfaction with living arrangements	Very dissatisfied and dissatisfied	14	(34.1%)	27	(15.8%)	7.144	0.008*
	Neither satisfied nor dissatisfied, satisfied and very satisfied	27	(65.9%)	144	(84.2%)		
	Total	41	(100%)	171	(100%)		

Note: * $P \leq 0.05$

^a Fisher's Exact test

Table 4.5 (continued)

A comparison of scores between those who say they feel abandoned and those who do not (N=212)

Demographic Category		Abandoned		Not Abandoned		X ²	P
		N	(%)	N	(%)		
12. Degree of satisfaction with looking after family members	Very dissatisfied and dissatisfied	20	(83%)	127	(93%)	-	0.109 ^a
	Neither satisfied nor dissatisfied, satisfied and very satisfied	4	(17%)	9	(7%)		
	Total	24	(100%)	136	(100%)		
		N	Mean (SD)	N	Mean (SD)	t	P
13. The number of children		41	5.56 (2.09)	171	5.06 (2.41)	1.230	0.220
		N	(%)	N	(%)	X²	P
14. Children have left home village	Yes	36	(87.8%)	127	(74.3%)	3.410	0.065
	No	5	(12.2%)	44	(25.7%)		
	Total	41	(100%)	171	(100%)		
15. The most frequent level of contact with any of their children	Daily to monthly	26	(67%)	141	(88%)	10.70	0.001*
	Less than monthly to never	13	(33%)	19	(12%)		
	Total	39	(100%)	160	(100%)		
16. Main source of income	Children, grandchildren or other relatives	13	(32.5%)	60	(35.3%)	0.111	0.738
	Occupation, pension, other	27	(67.5%)	110	(64.7%)		
	Total	40	(100%)	170	(100%)		

Note: * $P \leq 0.05$

^a Fisher's Exact test

Table 4.5 (continued)

A comparison of scores between those who say they feel abandoned and those who do not (N=212)

Demographic Category		Abandoned		Not Abandoned		χ^2	P
		N	(%)	N	(%)		
17. Degree of economic hardship	A moderate amount to an extreme amount	33	(80.5%)	94	(55.3%)	8.750	0.003*
	Not at all and a little	8	(19.5%)	76	(44.7%)		
	Total	41	(100%)	170	(100%)		
18. Degree to which children contribute to their economic support	A moderate amount to an extreme amount	16	(39%)	91	(53%)	2.665	0.103
	Not at all and a little	25	(61%)	80	(47)		
	Total	41	(100%)	171	(100%)		
		N	Mean (SD)	N	Mean (SD)	t	P
19. Social Support (SSQ)							
Other							
(ssq 1,2,5,10)		41	3.07 (0.88)	171	2.85 (0.97)	1.305	0.193
Family							
(ssq 3,4,8,11)		41	3.04 (0.96)	171	3.45 (0.84)	-2.724	0.007*
Friends							
(ssq 6,7,9,12)		41	2.60 (1.16)	171	2.50 (1.12)	0.537	0.592

Note: * $P \leq 0.05$

4.3.6 Predicting feelings of abandonment

A standard multiple regression was performed between feelings of abandonment as the dependent variable and the seven variables in which significant differences were found across the groups (age, level of education, living alone or with others, degree of satisfaction with living arrangements, the most frequent level of contact with any of their children, degree of economic hardship, and the family subscale of the SSQ) as independent variables. Analysis was performed using SPSS REGRESSION and SPSS EXPLORE. The latter was used to determine if any of the assumptions underlying this method of analysis were violated.

The assumptions underlying the use of standard multiple regression were assessed. The first assumptions checked were those of collinearity and multicollinearity to ensure that all independent variables entered into the equation were at least significantly correlated with the dependent variable but not too highly correlated with one another. As can be seen in table 4.6, 6 of 7 variables assessed were found to be significantly correlated with the dependent variable (level of education, living alone or with others, degree of satisfaction with living arrangements, the most frequent level of contact with any of their children, degree of economic hardship, and the family subscale of the SSQ) and one was not (age). Thus, only those 6 variables were entered into the equation for further analyses. Multicollinearity among those 6 was also assessed. The highest level of correlation found between any 2 variables was between the family subscale of SSQ and degree of satisfaction with living arrangement ($r = .450$). This was not considered to be high enough to violate the assumption of multicollinearity (Pallant, 2007). The assumptions of normality, linearity and homoscedasticity of residuals were also assessed. No violations of these assumptions were found. With the use of a $p < .001$ criterion for Mahalanobis distance no outliers among the cases were found. No cases had missing data and no suppressor variables were found.

Table 4.6

Correlation Matrix of Independent and Dependent Variables under Study

Variable (measure)	1	2	3	4	5	6	7
1 Degree of feeling abandoned							
2 Age	106						
3 Level of education	-0.138*	-0.298**					
4 Living alone or with others	-0.194**	-0.041	0.077				
5 Degree of satisfaction with living arrangements	-0.223**	-0.055	-0.048	0.095			
6 The most frequent level of contact with any of their children	0.317**	-0.067	0.036	-0.029	-0.093		
7 Degree of economic hardship	0.228**	-0.085	-0.027	0.111	-0.189**	0.147*	
8 Social Support (SSQ); Family support	-0.267**	-0.180**	0.071	0.054	0.450**	-0.163*	-0.091

** Correlation is significant at the .01 level (2-tailed).

* Correlation is significant at the .05 level (2-tailed).

- 1. Degree of feeling abandoned** 1 = Not at all 2 = A little 3 = A moderate amount 4 = Very much 5 = An extreme amount
- 3. Level of education** 1 = None at all 2 = Primary 3 = Secondary 4 = Diploma
- 4. Living alone or with others** 1 = Live alone 2 = Live with others
- 5. Degree of satisfaction with living arrangements** 1 = Very dissatisfied 2 = Dissatisfied 3 = Neither satisfied nor dissatisfied
4 = Satisfied 5 = Very satisfied
- 6. The most frequent level of contact with any of their children** 1 = Daily 2 = Every 2-3 days 3 = Every week 4 = Every month
5 = Every 2 months 6 = No more than every 2 months 7 = Never
- 7. Degree of economic hardship** 1 = Not at all 2 = A little 3 = A moderate amount 4 = Very much 5 = An extreme amount
- 8. Social Support (SSQ); Family support** 1 = Not at all 2 = A little 3 = A moderate amount 4 = Very much 5 = An extreme amount

Table 4.7 displays the correlation between the variables, R , R^2 , Adjusted R^2 , F , $Beta$, and P values for standard multiple regression. R for regression was significantly different from zero [$F(6, 191) = 9.70, p < .001$] with R^2 at .23. The adjusted R^2 value of .21 indicates that 21% of the variability in feelings of abandonment is predicted by level of education, living alone or with others, degree of satisfaction with living arrangements, the most frequent level of contact with any of their children, degree of economic hardship, and the family support subscale of SSQ.

The 6 independent variables in combination contributed another .09 in shared variability. Altogether, 23% (21% adjusted) of the variability in feelings of abandonment was predicted by knowing scores on these 6 independent variables. However, only 4 of these 6 variables were found to make a unique contribution to this prediction. These were the most frequent level of contact with any of their children ($\beta = .26, p < .01$) followed by living alone or with others ($\beta = -.18, p = .006$), degree of economic hardship ($\beta = .18, p = .008$), and family support ($\beta = -.15, p = .036$) respectively.

Although the bivariate correlation among feelings of abandonment, level of education, and degree of satisfaction with living arrangements was statistically different from zero, they were not found to contribute significantly to regression. Apparently, the relationship among feelings of abandonment, level of education, and the degree of satisfaction with living arrangements is mediated by the relationship between the variables of the most frequent level of contact with any one of their children, living alone or with others, degree of economic hardship, and the family support subscale of SSQ. So that the less frequent the contact, living alone, the greater the degree of economic hardship, and the lower the degree of family support the more likely the participants are to express higher levels of feeling abandoned.

Table 4.7

Predicting feelings of abandonment from those variables which have been found to be significantly different across groups and have met the criterion for inclusion in the equation for multiple regression

Variables	Feelings of abandonment	Level of Education	Living alone or with others	Degree of satisfaction with living arrangements	The most frequent level of contact with any of their children	Degree of economic hardship	Family support	B	β	p	sr^2 (unique)
1. Level of education	-.138							-.311	-.122	.059	
2. Living alone or with others	-.194**	.077						-.809	-.181	.006**	.06
3. Degree of satisfaction with living arrangements	-.223**	-.048	.095					-.102	-.085	.241	
4. The most frequent level of contact with any of their children	.317**	.036	-.029	-.093				.167	.257	.000**	.02
5. Degree of economic hardship	.228**	-.027	.111	-.189**	.147*			.171	.177	.008**	.03
6. Family support	-.267**	.071	.054	.450**	-.163*	-.091		-.221	-.152	.036*	.03
Mean	1.79	1.81	1.91	3.75	2.56	3.15	Intercept = 4.058				
SD	1.28	.50	.29	1.07	1.97	1.33	3.37				
							.88				
								Adjusted R^2 = .21			
									R^2 = .23 ^a		
									R = .48**		

** $p < .01$ and * $p < .05$

^aUnique variability = .14 ; Shared variability = .09

4.3.7 The impact of feelings of abandonment on quality of life

To determine the impact that feelings of abandonment has on QOL, the dummy variable of abandoned/ not abandoned was used once again. A one-way between groups multivariate analysis of variance was used to determine if the groups differed on a composite score consisting of responses to the single-item question of overall QOL and the total scores for WHOQOL-BREF and WHOQOL-OLD. Preliminary assumption testing was conducted for normality, linearity, univariate and multivariate outliers, homogeneity of variance-covariance matrices, and multicollinearity to see if the assumption underlying this method of analyses was violated. No serious violations were noted for any of the assessments conducted.

As can be seen in the table 4.8, there was a statistically significant difference between the groups on the combined dependent variable [$F(3, 208) = 4.75, p = .003$; Wilks' Lambda = .94; partial eta squared = .06]. When the results for each of the dependent variables were considered separately, statistically significant differences were found between the groups on the WHOQOL-BREF total [$F(1, 210) = 13.61, p = .000$, partial eta squared = .06] and the WHOQOL-OLD total [$F(1, 210) = 9.85, p = .002$, partial eta squared = .05] only. An inspection of the mean scores indicates that those who felt abandoned reported lower scores on both the WHOQOL-BREF total ($M = 73.68, SD = 16.45$) and WHOQOL-OLD total ($M = 54.47, SD = 13.53$) than those who did not ($M = 82.56, SD = 13.14$ and $M = 61.66, SD = 13.09$). No statistically significant difference was found between the groups on the single-item question of overall QOL.

Table 4.8

A Comparison of Scores on three measures of Quality of Life between those who feel abandoned and those who do not (N=212)

	Abandoned			Not abandoned			Wilks' Lambda			Test of between-subjects effects	
	N	Mean	(SD)	N	Mean	(SD)	Value	p	F	F	P
							0.94	0.003*	4.75		
Quality of life;											
Overall QOL	41	56.10	(22.90)	171	62.22	(20.52)				2.82	0.095
WHOQOL-BREF total	41	73.68	(16.45)	171	82.56	(13.14)				13.61	0.000**
WHOQOL-OLD total	41	54.47	(13.53)	171	61.66	(13.09)				9.85	0.002**

* Significant difference by group ($p \leq .05$)

** Bonferroni adjustment ($p \leq .017$)

The same process was used to assess the subscales of both of the measures where significant differences were found. Again, preliminary assumption testing was conducted and no serious violations were found. As can be seen in the table 4.9, a one-way between-groups multivariate analysis of variance was performed to investigate the impact of abandonment on the WHOQOL-BREF subscales (4 domains). Four dependent variables were used: Physical Domain, Psychological Domain, Social Domain, and Environmental Domain. A statistically significant difference was found between the groups on the combined dependent variable [$F(4, 207) = 4.13, p = .003$; Wilks' Lambda = .93; partial eta squared = .07]. When the results for the dependent variables were considered separately, significant differences were found between the groups on the Psychological [$F(1, 210) = 16.13, p = .000$, partial eta squared = .07] and Environmental [$F(1, 210) = 7.17, p = .008$, partial eta squared = .03] Domains only. An inspection of the mean scores indicated that people who felt abandoned had lower scores on both the Psychological ($M = 52.54, SD = 21.02$) and the Environmental Domains ($M = 53.73, SD = 20.15$) than those who did not ($M = 65.33, SD = 17.61$ and $M = 61.39, SD = 15.42$). No significant differences were found on the Physical and Social Domains.

Table 4.9

A Comparison of Scores on the Four Domains of the WHOQOL-BREF between those who feel abandoned and those who do not (N=212)

	Abandoned			Not abandoned				
	N	Mean	(SD)	N	Mean	(SD)	Wilks' Lambda	Test of between-subjects effects
							Value	p
WHOQOL-BREF subscales (4 domains);							0.93	0.003*
Physical domain (qol 2, 3, 4, 10, 11, 12, 24)	41	45.99	(24.17)	171	54.93	(19.98)		6.08
Psychological domain (qol 5, 6, 7, 8, 9, 23)	41	52.54	(21.02)	171	65.33	(17.61)		16.13
Social domain (qol 13, 14, 25)	41	58.33	(23.20)	171	65.45	(22.06)		3.37
Environmental domain (qol 15, 16, 17, 18, 19, 20, 21, 22)	41	53.73	(20.15)	171	61.39	(15.42)		7.17

* Significant difference by group ($p \leq .05$)

** Bonferroni adjustment ($p \leq .013$)

As can be seen in the table 4.10, a one-way between-groups multivariate analysis of variance was performed to investigate the impact of abandonment on the WHOQOL-OLD subscales (6 facets). Six dependent variables were used: Sensory abilities, Autonomy, Past, Present and Future Activities, Social Participation, Death and Dying, and Intimacy. There was a statistically significant difference found between the groups on the combined dependent variables [$F(6, 205) = 4.57, p = .000$; Wilks' Lambda = .88; partial eta squared = .12]. When the results for the dependent variables were considered separately, statistically significant differences were found on the Past, Present and Future Activities [$F(1, 210) = 15.91, p = .000$, partial eta squared = .07] and Social Participation [$F(1, 210) = 13.94, p = .000$, partial eta squared = .06] Facets only. An inspection of the mean scores indicated that people who felt abandoned scored lower on both the subscales of Past, Present and Future Activities ($M = 56.86, SD = 21.69$) and Social Participation ($M = 58.23, SD = 21.08$) than those who did not ($M = 69.85, SD = 17.95$ and $M = 70.29, SD = 17.92$). No significant differences were found on the other four facets of this measure.

Table 4.10

A Comparison of Scores on the Six Facets of the WHOQOL-OLD between those who feel abandoned and those who do not (N=212)

	Abandoned			Not abandoned			Wilks' Lambda		Test of between-subjects effects	
	N	Mean	(SD)	N	Mean	(SD)	Value	p	F	P
WHOQOL-OLD subscales (6 facets);							0.88	0.000*	4.57	
Sensory abilities (old 1, 2, 10, 20)	41	40.40	(27.53)	171	51.64	(27.83)			5.42	0.021
Autonomy (old 3, 4, 5, 11)	41	62.35	(26.24)	171	64.91	(24.25)			0.36	0.550
Past, present and future activities (old 12, 13, 15, 19)	41	56.86	(21.69)	171	69.85	(17.95)			15.91	0.000**
Social participation (old 14, 16, 17, 18)	41	58.23	(21.08)	171	70.29	(17.92)			13.94	0.000**
Death and dying (old 6, 7, 8, 9)	41	42.53	(39.09)	171	48.03	(35.73)			0.75	0.386
Intimacy (old 21, 22, 23, 24)	41	66.46	(16.04)	171	65.24	(21.09)			0.12	0.729

* Significant difference by group ($p \leq .05$)

** Bonferroni adjustment ($p \leq .008$)

4.4 Discussion

The findings of this study suggest that less than a quarter of the participants felt abandoned by their children to some degree despite the fact that more than three quarters stated that they had children who had left the home province. These results are somewhat surprising as it had been anticipated that more would feel abandoned as migration of young people from the rural provinces to the cities has been increasing (Jongudomkarn & Camfield, 2006). This may be explained by the finding that just over 80% reported having at least one child remaining in the home village and half stated they had daily contact with at least one of their children. It was found that those who lived alone and those who have less contact with their children were more likely to feel abandoned. Any form of contact from children with a degree of regularity appears to avert feelings of abandonment.

Nevertheless, those who felt abandoned were found to differ from those who did not on age, level of education, whether they lived alone or with others, degree of satisfaction with living arrangements, the amount of contact with any one of their children, degree of economic hardship, and family support (the subscale of social support). Those who felt abandoned were slightly older, and less well educated than those who did not. However, neither of those differences seemed to be of great importance. Zimmer and Amornsirisomboon (2001) stated, the variation in educational attainment is small among older adults in Thailand and most elderly have between 0 and 4 years of formal schooling and only a very small proportion have anything approaching college education. The higher mean age of the group who felt abandoned recognises their greater age and possibly a longer time spent without optimal social and economic support. However, it was also found that those who felt abandoned were more likely to live alone and to express dissatisfaction with their living arrangements than those who did not. It is possible that some participants who felt abandoned might be in conflict with one or more of those they lived with. Knodel and Saengtienchal (2007) found that while friction between elderly parents and the spouse of the co-resident child is not universal, it is common. They also found that relations with daughters-in-law were perceived to be more problematic than those with sons-in-law. Many exceptions were noted, however, both personal examples of harmonious relations

and occasional mention that sons-in-law sometimes are more problematic than daughters-in law. Still they found that in-law conflict is an inherent source of strain within the preferred stem family household structure (Knodel & Saengtienchai, 2005). In addition, those who felt abandoned had less frequent contact with their children than those who did not. While some children are undoubtedly gone from home, others may be in conflict with their parents. Others may have imposed debt on the parents or fail to help financially as those who felt abandoned reported a higher degree of economic hardship than those who did not. Furthermore, those who felt abandoned had a lower mean score on the family subscale of the SSQ than those who did not. The family subscale of the SSQ asks the participants to identify the extent to which their family really tries to help them, and what emotional help and support they need from their family. Other questions ask if they are able to easily talk about their problems with their family, and if their family is willing to help them to make decisions. It is possible that traditional extended family systems are changing in Thailand. Soonthornchaiya and Dancy (2006) found that the expectation is that most of the care of the elderly will be provided by families due to cultural preferences. Changes in age structure also impact on the ability of families to care for the elderly (Ding, 2004; Tongprateep, 2000). Significantly, the less frequent the contact, living alone, the greater the degree of economic hardship, and the lower degree of the family support the more likely the participants are to express higher levels of feelings of abandonment.

No statistically significant difference was found between the groups on the single-item question of overall QOL, however there were significant differences found on four of the 10 subscales assessed. They were in the Psychological and Environmental Domains of the WHOQOL-BREF and the Past, Present and Future Activities and Social Participation Facets of the WHOQOL-OLD. In all cases, those had feeling abandoned scored lower than those who did not.

The findings that the groups differ on the Psychological Domain of the WHOQOL-BREF supports the contention that these groups did, in fact, differ on feelings of abandonment as reported. The Psychological Domain of the WHOQOL-BREF assesses the extent to which respondents say they enjoy life,

feel their life is meaningful, are able to concentrate, accept their bodily appearance, and are satisfied with themselves, as well as, the frequency with which they have negative feelings or blue moods, feelings of despair, anxiety or depression. Those who felt abandoned scored significantly lower than those who did not. The Environmental domains of the WHOQOL-BREF asks the participants to rate their level of feeling safe in daily life, satisfaction with their living conditions, having enough money to meet their needs, satisfaction with access to health services, getting the information needed for day-to-day life, having opportunities for leisure activities, satisfaction with their physical environment, and satisfaction with their transport. Those who felt abandoned scored significantly lower on all 14 items than those who did not.

The Past, Present and Future Activities Facet of the WHOQOL-OLD assesses the extent to which one is satisfied with opportunities to continue achieving in life, the extent to which they are satisfied with what they have achieved in life, the level of feelings about receiving the recognition deserved in life, and the rate of happiness with the things they are able to look forward to. Furthermore, the Social Participation Facet of the WHOQOL-OLD asks the participants to identify the extent to which they feel that they have enough to do each day, the extent to which they are satisfied with the way they use their time, the extent to which they are satisfied with their level of activity, and the extent to which they are satisfied with their opportunity to participate in community activities. Those who felt abandoned scored significantly lower on all eight items than those who did not.

The findings of this study suggest that feelings of abandonment can result in lowered quality of life in terms of psychological factors, including one's overall enjoyment of life, having a meaningful life, and feelings of despair, anxiety or depression. Environmental factors also affect quality of life. The factors which are important in maintaining a good quality of life are being safe, their overall living conditions, having sufficient money, access to health services, access to information for everyday living, leisure activities physical environment, and transport satisfaction. In addition, there are the past, present and future factors that are perceived to affect quality of life. These are opportunities to continue achieving in life, what they have achieved in life, receiving the recognition

deserved in life, and happiness with the things they are able to look forward to. Moreover, the factors which are important in preserving a good quality of life are having enough to do each day, having different ways to use their time, level of activity, and opportunity to participate in community activities.

The identification of feelings of abandonment among elderly people in Northeast Thailand as a factor affecting quality of life may serve to highlight the importance of watching over the elderly in rural areas especially those who feel abandoned by their children. Recognition of the impact of feelings of abandonment on the Psychological and Environmental Domains on WHOQOL-BREF, and Past, Present, and Future, and Social Participation Facets on WHOQOL-OLD may be important for informing future research on and services to the older population of Northeast Thailand

4.5 Limitations

Regarding the selected variables for exploration for this study, it is possible that other unexpected variables may also have an impact on feelings of abandonment. In addition, the three standardized instruments (SSQ, WHOQOL-BREF, and WHOQOL-OLD) included in the questionnaire in this study contained some long and complicated sentences. Responding took time and required concentration. All three were constructed in a Western context. Some of the questions could have been embarrassing, for example, the question regarding sex satisfaction in question 88 (qol. 25) (see Appendix C). As well, interviewees' understanding could have been incomplete due to loss of some meaning in translation.

The results in this chapter are cross-sectional in nature, therefore, they do not allow for precise causality to be ascertained. As the study was undertaken within a specific period of time, it is only applicable to that period. Hence, the participants might have changed their feelings over time. Despite these limitations, the findings identify some useful factors for understanding feelings of abandonment among older Thai people.

4.6 Summary

Overall, Study A provided a general picture and initial examination of the degree to which people felt abandoned, factors affecting feelings of abandonment (Abandoned/ Not abandoned), the impact of feelings of abandonment on quality of life, and predicting feelings of abandonment. The results from Study A, the quantitative part of the research, have provided a basic understanding of the relationship among feelings of abandonment, demographic data, living arrangement, migration of children, level of support and feelings of abandonment. There were significant differences between those who felt abandoned and those who did not on education, degree of economic hardship, degree to which their children contribute to their economic support, living arrangements, degree of satisfaction with looking after family members, the most frequent level of contact with any of their children, and family support. Furthermore, it was found that the most frequent level of contact with any of their children made the greatest contribution to the prediction of feelings of abandonment from these variables. Overall, however, less than a quarter of the variance in feelings of abandonment was predicted by knowledge of these variables. To try to understand the other variables which may affect feelings of abandonment, ethnographic methods were employed in the next part of this study (Study B) with participants who felt abandoned and participants who did not.

Chapter 5 focuses on the design of Study B and the analysis of the qualitative data which is from ethnographic methods. This is followed by two chapters that explain the main themes. These main themes are the key components of experiences of abandonment from the perspectives of those who identified as feeling abandoned or not feeling abandoned.

CHAPTER FIVE

STUDY B: ETHNOGRAPHIC METHODS

5.1 Introduction

Ethnographic approaches to research have been broadly employed by a variety of social researchers, and other disciplines (Hammersley & Atkinson, 2007; Hughes, 1992). Because of its comprehensive focus, ethnographic research has also been widely used among nursing and other health researchers (Allen, 2004; Boyle, 1994; Leininger, 1985). As ethnographic methods provide in-depth understanding about people's behaviour, they offer greater opportunities to find solutions that could improve their health and well-being (Liamputtong, 2009).

In Study B, ethnographic methods drawn from focused ethnography (Knoblauch, 2005) were used in the same study location as Study A in order to gain a more in-depth understanding of the experiences and meaning of abandonment from the perspectives of participants who identified as feeling abandoned and those in similar circumstances who reported not feeling abandoned. Moreover, data were obtained and analysed that highlighted the problem solving ways that were used by both groups when they faced difficult situations.

The following sections outline the characteristics of focused ethnography and the ethnographic methods used in this study. Details as to the rationale for participant selection, methods of data collection and data analysis, and the trustworthiness of the research are presented. Themes, sub-themes, and components from the inductive data analysis are summarised to frame the research findings that are presented in Chapters 6 and 7.

5.2 Focused versus conventional ethnography

In the health sciences, a more delineated form of ethnography has evolved, known as focused ethnography (Morse & Field, 2002). Focused ethnography can be delineated within the context of other common conceptions of what may be called conventional ethnography (Knoblauch, 2005). Conventional ethnography and focused ethnography differ in terms of duration, data collection, and situations (or

problems) (Cove & Peltó, 1994; Knoblauch, 2005). The former may be holistic in which a society is described as a whole (Genzuk, 2003) – for example, anthropological studies undertaken at a distance from the researcher's home country – whereas focused ethnography examines specific problems (or situations) within a larger social scene (Munhall, 2007). The study of the culture or the cultural scene must be guided by an intense desire to understand the lives of other individuals, so much so that the researcher becomes part of that specific cultural scene (Streubert & Carpenter, 1995).

Whereas conventional ethnography researches social groups, social institutions and social events, focused ethnographies are more concerned with actions, interactions and social situations (Munhall, 2007). Both forms of ethnography address the emic perspective of the natives' point of view (Knoblauch, 2005), however while conventional ethnography attempts to reconstruct the cultural stock of knowledge necessary to act in the whole field, focused ethnography only aims for certain elements of knowledge relevant to the activity on which the study focuses (Knoblauch, 2005).

In ethnographic research, fieldwork is inevitable and involves people for long periods of time in naturalistic areas (Fetterman, 1998). In addition, time in the culture is essential to obtain a holistic perspective (Morse & Field, 2002). As a particular form of ethnography, focused ethnography is characterised by relatively short-term field visits (i.e. settings that are "part-time" rather than permanent) (Gobo, 2008). The short duration of field visits is typically compensated for by the intensive use of audiovisual technologies of data collection and data analysis (Knoblauch, 2005). The lengthy period of data collection that is common in conventional ethnographies, is substituted for by the intensity and focus of data-collection (Genzuk, 2003) and of data analysis. In focused ethnography, writing of fieldnotes is complemented by recording, and solitary data collection may be complemented by collective data collection and subsequent data analysis in collective data sessions (Gobo, 2008). However, in the context of this doctoral research I undertook data collection and analysis as a sole researcher.

5.3 Study methods

In this study, ethnographic methods derived from focused ethnography were employed to gain an in-depth understanding of the experiences and meaning of abandonment from the perspectives of those who identified as feeling abandoned or not feeling abandoned. Also, data were obtained and analysed that highlighted the problem solving ways that were used by both groups when they faced difficult circumstances arising from economic hardship, conflict in the family, and sickness within a relatively short duration of field visits (seven months). Data was gathered primarily through selected episodes of participant observation, combined with unstructured and partially structured interviews. Also, in this study, the number of key informants was limited; interviews were usually carried out with persons with a store of knowledge and experience relative to the problem or phenomenon of study. As I lived in the area for seven months, I became known to participants and it was easy to establish the kind of rapport that Muecke (1994) describes leads to good conversations. However, the time spent in the area meant that the researcher was widely known and was able to easily contact and talk with the villagers who had been selected for follow up interviews.

5.3.1 Participant selection

In qualitative research, purposive sampling is used to select information-rich cases (Llewellyn, Sullivan, & Minichiello, 2004). That is, the informants are selected on the basis of their familiarity with, experience of, and current involvement in the scope of the interest of the study (Germain, 1993; Spradley, 1979). In order to gain an in-depth understanding of the experiences and meaning of abandonment from the perspectives of those who identified as feeling abandoned or not feeling abandoned, participants were initially selected from those in Study A. All participants were seniors (60 years old and over) in Amphoe Bung Khla, Nong Khai province who had children who had left home to live in other cities, could communicate, and were willing to share their time and experiences.

The abandoned participants who were selected from Study A, had obtained high scores on the measure of abandonment (rating score 4 to 5). There were eight participants selected this way who were willing to share their time and

experiences. In order to gain in-depth understanding of experiences of abandonment from the aging parents who were noted to have feelings of abandonment, six more participants were purposively recruited. Therefore, the total number of participants interviewed who felt abandoned was 14.

In order to understand differences in experiences of abandonment, participants in Study A that had similar circumstances, but who reported not feeling abandoned, were also purposively recruited. The selection of not feeling abandoned participants was based on low scores on the measure of abandonment (rating score 1 to 2). Ten participants in Study A were willing to share their time and experiences. One more villager who was noted as not feeling abandoned by village health volunteers was also selected. Thus, total number of participants who did not feel abandoned was 11.

The ongoing sampling was carried out while the researcher was collecting and analysing the data, as the process of recruiting more informants only stops when the themes emerging from the research are fully developed or saturation happens (Llewellyn et al., 2004). Therefore, the study ultimately involved 25 participants, 14 in the abandoned group and 11 who were not abandoned. A numbering system with code numbers representing the participants and identifying the transcripts was used to provide anonymous reference points and audit trail for this study. The code numbers of participants who felt abandoned are represented by the number in the front followed by 'A' ('A' represents 'Abandoned') such as 98A, 135A, and 143A. The code numbers of the six villagers who were noted to have feelings of abandonment, are represented by 'A' followed by the number in order to distinguish between the Study A cases and the additional cases. The code numbers of six additional cases who did feel abandoned were A1, A2, A4, A5, A6, and A8. Data from two additional cases (A3 and A7) were discarded because the participants had a level of confusion that meant they were willing but not able to contribute to the research.

For setting up the code numbers of not feeling abandoned participants, 'N' that represents 'Not abandoned' was put behind the numbers such as 47N, 100N, and 131N. In contrast, the code number of one extra case who did not feel abandoned

was N1. These code numbers are presented in quotes used throughout Table 5.1 of Chapter 5, Chapter 6, and Chapter 7.

5.3.2 Data Collection: In the field

When I was in the field, I undertook the role of observer-as-participant. Once rapport had been established up to a reasonable level within a community, gatekeepers were identified and using their knowledge, I was able to access participants and gather data according to the plan. Each method of data collection as planned was conducted in a cyclic way.

5.3.2.1 Entering the field: settling in and establishing rapport

Rapport is the basic sense of trust developed to allow for the free flow of information (Spradley, 1979). Understanding the importance of reciprocity in building relationships helps the informants share their time, and knowledge (O'Reilly, 2005). Also, establishing rapport with health care workers, community leaders, and village health volunteers made it possible to approach the informants and the information in the research areas more easily (Schensul, Schensul, & LeCompte, 1999). However, establishing rapport depends on personal contact (Angrosino, 2005). For example, over-rapport with one informant may lead to problems of rapport with others (Hammersley & Atkinson, 2007). Therefore, Spradley (1979) recommended that the researcher should meet with key informants when they are working, visiting friends, enjoying leisure time, and carrying out ordinary activities. These encounters contribute to rapport as much as, or more than, the encounters during actual interviews (Spradley, 1979). In this study, rapport was established in the early period of the data collection, which was begun in early December 2007. Gatekeepers are sponsors or the people who have access to the participants, or who grant access to the areas (O'Reilly, 2009). In this study, even though I was granted permission to enter to the field from the director of the provincial health office, there were other gatekeepers who held the key to access the field, the informants and information. The formal gatekeeper was the director of the district health office who granted permission to access the field on behalf of all of the people. The first day in the field, I introduced myself to the director and health care workers of the community hospital and informed them that this study related to feelings of abandonment of the elderly in rural areas. The

director provided me with accommodation where the health care workers stayed. Also, he asked a nurse leader who took responsibility for village health volunteers to orientate me to the community hospital surroundings and to introduce me to the village health volunteers. The health care workers in the community hospital, and a few of the village health volunteers were informal gatekeepers on the basis that they were willing to be facilitators, were knowledgeable about the health of the older people in the local villages, and were familiar with the aged in the villages.

Fortunately, I was born in Northeast Thailand (E-Sarn part), so when I spoke the local dialect (E-Sarn) to the village health volunteers, they smiled at me and asked me the question “Are you an E-Sarn (Northeast Thailand) person like us?” The question implied that they felt familiar with me. After I was introduced to the village health volunteers and spoke E-Sarn to them, one of them was willing to accompany me around the areas. Also, she encouraged me to join the village activities such as the monthly meeting with all villagers, digging cassava, going to the village temple, observing handicraft work, teaching villagers’ children English at the secondary school, attending a funeral and the Song-Kran festival (National Elderly Day and Thai New Year). By participating in these activities, I was able to empathise with people in their actions, and adopt cultural habits which O’ Reilly (2009) suggests helps the researcher earn trust in the field.

I planned that seven months was going to be the maximum period of time for my fieldwork. Planning the fieldwork carefully and staying in the field for seven months would allow me enough time to settle myself into the community, and to formulate the participant observations in order to understand the informants’ perceptions and their behaviours. Staying in the field would also bring the advantage of learning about the daily routines.

The accommodation provided for me was a unit located at the community hospital (see Figure 5.1) and was safe and comfortable. It included a kitchen, living room, bedroom, toilet, and bathroom. The rural surroundings of the accommodation are illustrated in Figure 5.2. The accommodation was not far from the ward so that I could visit some informants who were admitted during the research period because of their chronic illness. I also had the chance to observe the health care

workers approach the elderly patients in parts of the community hospital, such as the emergency room, wards, and registration section. These observations meant I met some informants accidentally and I was also permitted to have further information from their health records. In addition, I joined health care workers in activities such as playing badminton, watering the garden, putting water in the hands of the aging patients at the Song-Kran festival (National Elderly Day and Thai New Year). These activities allowed me to easily take the role of observer-as-participant.



Figure 5.1. Bung Khla hospital.



Figure 5.2. The surroundings of the accommodation in the field.

5.3.2.2 Participant observation

Participant observation refers to a process of learning through involvement in the day-to-day or routine activities of informants in the research areas (Schensul et al., 1999). It ranges across a continuum from participation to observation, and the researcher could be at any point on this continuum during different times of the research (Tham, 2003). In addition, the physical and social environment of the informants being studied provides the context (Spradley, 1980). Total immersion in the culture, accomplished by living with the insiders, is preferable for the participant observer (Wolf, 2007). During participant observation in the field, taking the role of the researcher requires implicit and explicit negotiation with the informants (Hammersley & Atkinson, 2007).

Since I planned to take the role observer-as-participant, I made myself visible to the informants and everyone involved in the field. As I have a nursing background and I am a public health lecturer, I was called *Mhor Li* (*Mhor* means doctors, nurses, health personnel, and '*Li*' or '*Lilly*' is my nickname which is used among family, close relations, and friends). I was introduced by my nickname to

everyone in the field to avoid formality. I took the role of passive participant or complete observer at such events as the health personnel meetings, and the Song-Kran festival (National Elderly Day and Thai New Year). However, once I was embedded in the field I took a more active participant role in other settings.

At the early stage of my fieldwork, I engaged in ‘descriptive observations’ as described by Spradley (1980, p.33) to gain general ideas and understanding of the social and cultural life of these people. I walked and drove throughout the setting to observe the general surroundings. Also, I took note of general activities occurring around the area, as well as the daily routines of the old people in the area. The research area is in the border region between Thailand and Laos (Figure 5.3); the field is a dangerous area where drugs are sold and transported from Laos to Thailand. Initially, I was surprised when I met the soldiers around the areas. Sometimes I met addicts walking along the road. Thus, some of the experiences I had staying in this field were challenging for me as a researcher. However, most people in the field smiled at me when I walked passed them as if I was the one of their community members.



Figure 5.3. Mekong River in the research area between Thailand and Laos.

As the data collecting proceeded I undertook more ‘focused observations’ and ‘selective observations’ (Spradley, 1980). For example, I went with a village health volunteer to a remote area to observe the daily activities of the informants in that area. I discovered how difficult it was to reach this village and watched their daily work as well as how elderly villagers looked after their paralysed spouses and their grand children. I also spent time at the community hospital and was able to observe how one couple from the remote area came to the hospital and what complications had arisen during his care of his paralysed spouse.

Often the events and situations or things that I observed arose from the information gained from previous observations, or interviews with the aging people or other members of the village as O’ Reilly (2005) has noted is what frequently occurs. For instance, noticing that most people in the community were elderly and young children rather than young adults, I visited one house in the village and found that only one old person lived there with one grandchild. Also, I was informed by the village health volunteer who was the member of the village that most of the young generation had gone to work in the big cities and had left their children behind.

The key informants and the gatekeepers regularly informed me about, and invited me to participate in, activities with the elderly in their settings. For example, on Song-Kran festival (National Elderly Day) which is held on 13 April of every year, the director of the community hospital invited me to join the festival by meeting all the elderly in the community and respecting them by pouring water into their hands as illustrated in Figure 5.4. This was beneficial for me as I was able to approach the informants closely, and they also saw me in another role. I also had many chances to join hospital activities with the health care workers such as training village health volunteers.

The truck that I borrowed from my older sister was quite useful not only for me but also for village health volunteers and health care workers. For example, I proposed the idea of visiting the outstanding healthy aging club in another district (Amphoe Si Wilai) that had won a prize and which was far from the field of the community hospital director. After village health volunteers and health care

workers were given permission by the director, the truck was used for taking everyone to that district. These involvements meant I became known in the community and this made it easier when I was introduced to the people I wished to interview.



Figure 5.4. Song-Kran festival (National Elderly Day and Thai New Year).

5.3.2.3 Interviews

The exploratory interview is perhaps the most typical of all ethnographic methods, tied as it is to the overall strategy of participant observation (Spradley, 1980). Also, the exploratory interview is often described as an in-depth interviewing technique because each topic is dealt with in great detail so as to deepen the researcher's understanding of that topic (Angrosino, 2005). While situations allow the researcher to observe behaviours, interviews allow the researcher to understand how the informants would behave if the circumstances were different (Hammersley & Atkinson, 2007).

In this study, the interviews were conducted in an informal manner, using open-ended questions to facilitate the flow of conversation and to create a relaxing and

flexible atmosphere which encouraged the informants to open up their ideas. However, the conversation between me and informants focused on the interests of the study as stated by O'Reilly (2005). In preparing for each interview, I always had a brief list of questions in hand as it was at times helpful to keep the conversation flowing. However, I did not present questions to the informants in any specific sequence. When the conversation drifted around the questions in no particular order, I reminded myself of the questions and tried diplomatically to steer the conversation around to another of my points as suggested by Angrosino (2005). Over the time of the fieldwork, I gained more experience in interviewing, and learned that I did not have to ask each informant exactly the same questions, but as described by Gobo (2008) I used the specific interests of the study to guide me and to ensure that all informants had addressed their ideas and experiences in relation to those interests. While I was interviewing, I found the need to be silent, or to stop feeding questions for a while, in order to avoid pressuring the informants and to let them express their feelings. Handling the conversation in this manner (Spradley, 1979), I was able to maintain a harmonious atmosphere, and gain meaningful information.

When interviewing each informant for the very first time, I slowly built up rapport with him/her. Gobo (2008) also suggested that in regard to ethnographic interview, the interviews are not necessarily scheduled but they can be held impromptu during the period of the participant observation. Sometimes I met the informants by chance and talked to them in random circumstances not meaning to interview them about the study interest but gaining information that was relevant. For example, I met one couple at the community hospital and I was informed by them that they had difficulty accessing the hospital and the paralysed spouse had complications from sickness. Thus, I received information useful to the study unexpectedly. During the research time, after I had a clearer picture of what I needed to ask, I did at least one pre-arranged interview with all informants seeing that it was somehow necessary to talk to them in depth with not much interruption from other people or unfolding events as described by O'Reilly (2005).

With the permission of the informants, pre-arranged interviews were recorded using a recording device (MP3). I always did some of the transcribing myself as

the process enabled me to start making connections for the next step in the research plan as noted by O'Reilly (2005). Interviews were conducted and transcribed initially in Thai and then I translated these transcripts into English. The transcripts in both Thai and English were recorded verbatim as I had to return to them for analysis. The translating from Thai to English took time, because it was quite challenging to find the equivalent meanings between English and Thai in terms of dialect. Although I can speak E-Sarn (Northeast Thailand's language), I had to learn the subtleties of meaning of this area's dialect and try to translate these to English. To deal with this challenge, I sometimes used the Thai words in the transcript and recorded the village health volunteer's explanations of their meanings in my fieldnotes. These expressions and English translations are listed in the glossary.

5.3.2.4 Fieldnotes and fieldwork personal journal and photographs

Fieldnotes are the traditional means in ethnographic methods for recording observational and interview data (Hammersley & Atkinson, 2007). They often combine native language and observer language. Also, they are recorded in the language that the researcher and the informants use in everyday situations (Wolf, 2007). As I did in the field, I used native language (E-Sarn) in my fieldnotes to gain the actual meaning from the informants. The challenge for me lay in the transformation of observations into fieldnotes, which then constitute a record of the experience in the field. The more complete and accurate the field notes, the easier it was for me to code and use them as data as stated by Schensul et al., (1999).

I updated the fieldnotes and fieldwork personal journal as soon as I could to prevent losing components of the information obtained (Munhall, 2007). I recorded fieldnotes and my fieldwork personal journal separately. Heath and Street (2008) recommend that after each field visit, the researcher should download digital recordings and ensure that time, location, and names of informants are in place for each recording session. Hence, after visiting each informant, I downloaded interview recordings into my laptop and saved the file to the code of the informant. Also, I put the time, location and code of the informant into my fieldnotes.

In the fieldnotes I wrote what I heard and saw, whereas later in my fieldwork journal I noted how I perceived, interpreted and felt towards the informants' statements, reactions, behaviour, and the surroundings. Munhall (2007) and Spradley (1979) noted that fieldwork personal journal is a good method for recording personal reflections and reactions between the researcher and informant during field work. With regard to the two types of note-taking, events, activities and background related to the study were recorded using a camera, considering that some particular circumstances were better explained using pictures. The notes in different forms enhanced the understanding of the situation and broadened the comprehensiveness of the study findings, as well as providing directions for further exploration. Permission for using the camera and taking photographs was sought so that no privacy was breached.

5.3.2.5 Ethical issues and other problems in the field

At the early stage of the data collection for Study B, the participants were informed by the village health volunteer who accompanied me that they were selected to participate in this study and they had the right to decline to participate, refuse to answer any particular questions or withdraw from the study at any time. For the selected participants from Study A, the signed consent forms were already obtained from each participant at the early stage of Study A. For the six additional villagers who were noted to be interesting cases, information about participation in the study was provided by a village health volunteer and the signed consent forms were obtained from them before the interview happened. As the field was a community in which everyone knows everybody, I experienced difficulty in protecting the identity of informants. To deal with this difficulty, I selected a private place which was around their houses for interviews. Also, I visited and talked not only with the research informants but also other villagers in the field. To protect the disclosed information, the use of pseudonyms covered the identity of the informants effectively.

While I was interviewing an informant, my MP3 recording batteries ran out. I had to take notes and interview at the same time. I was concerned that this might make the informants felt uncomfortable so to deal with this problem, I subsequently always had spare batteries with me when I went to interview.

With respect to access, some villages were far from the centre of the field. The roads were deep and muddy (see Figure 5.5). Also, some areas were isolated from other villages. Driving to the different areas was difficult (see Figure 5.6). To deal with this problem, I chose to meet and interview the informants who lived in the remote areas at the early stage of data collection otherwise they would be more difficult to access when it rained. Furthermore, in order to protect myself from the dangerous situations which might happen very quickly, when I interviewed informants who had addicted family members, the village health volunteer would accompany me. Also, when arranging times with these participants, I sought assurance that their addicted family members had already taken their medications or would be asleep.



Figure 5.5. The muddy road en route to villages distant from my accommodation.



Figure 5.6. The truck accessing a remote area.

After seven months of being in the field, I terminated the data collection because of saturation of information, as well as the time and budget limitations. Throughout my stay in the field, the atmosphere was friendly and I was able to freely approach the elderly people, health care workers, village health volunteers, villagers and Buddhist monks. Hence, the relationships I formed during the fieldwork led to an emotional time for me before leaving the field as noted by Hammersley and Atkinson (2007).

5.3.3 Data analysis

Using ethnographic methods, data analysis begins concurrently with data collection (Boyle, 1994; Spradley, 1979), and continues until writing up the report (Hammersley & Atkinson, 2007). In this study preliminary data analysis was undertaken in the field, then thematic analysis of the data was undertaken once I had left the field. For data analysis in the field, I read through all data sources, participant observation records, interview records, fieldnotes, and fieldwork journal in order to make sure that the data were completed and saturated. However, to explain the interview data in greater details, thematic analysis was

employed. The following section outlines the theoretical basis for thematic analysis, then the process of undertaking data analysis is described using the steps of thematic analysis.

5.3.3.1 Thematic Analysis

Thematic analysis is a way of seeing. Often, what one sees through thematic analysis does not appear to others, even if they are observing the same information, events, or situations. To others, if they agree with the insight, the insight appears almost magical. If they are empowered by the insight, it appears visionary. If they disagree with the insight, it appears delusionary (Boyatzis, 1998, p. 1).

In this study, thematic analysis was employed as a method of data analysis. Thematic analysis is a process to be used with qualitative information, and is time and energy intensive as well as complex (Boyatzis, 1998). Therefore, this kind of analysis requires ethnographers to remain familiar with all of the data throughout the whole research (Wolf, 2007). Thematic analysis enables researchers to use a wide variety of types of information in a systematic manner and improves their accuracy or sensitivity in understanding and interpreting observations about people, events, situations, and organizations (Boyatzis, 1998). However, whereas many researchers state that themes emerge from the data, the term ‘emerge’ does not mean they spontaneously fall out or suddenly appear but actually themes are extracted by a careful mental process of logical analysis of content from all data sources (DeSantis & Ugarriza, 2000).

Themes, categories, or patterns within data can be identified in one of two primary ways in thematic analysis: in an inductive (or ‘bottom up’ way) (Frith & Gleeson, 2004), or in a theoretical (or deductive or ‘top down’ way) (Boyatzis, 1998). Inductive analysis is therefore a process of coding the data without trying to fit it into a pre-existing coding frame and this form is called ‘data-driven’ (Braun & Clarke, 2006). An inductive approach was employed in this study in order to interpret the meaning and experiences of abandonment from the perspectives of aging people who identified as feeling abandoned or not feeling abandoned. Coding is a process of classifying and interpreting data and reveals deep and surface structures (LeCompte & Schensul, 1999). Also, it helps

researchers identify key words, themes, patterns, essences, conceptual models, indexes, concepts, social processes, and descriptive theories (Wolf, 2007). There are six steps that should be used in thematic analysis: (1) Becoming familiar with data, (2) Generating initial codes, (3) Searching for themes, (4) Reviewing themes, (5) Defining and naming themes (6) Producing the report (Braun & Clarke, 2006). The following sections outline how I undertook data analysis.

5.3.3.1.1 Becoming familiar with the data

I came to analysis with some prior knowledge of the data, and some initial analytic interest. In order to be familiar with the data, I repeatedly read the data for meanings, patterns and so on. Before coding the data, I read through the whole data set twice and identified the possible patterns. During this step, I started taking notes for coding that I could go back to in later steps. Significantly, coding continued to be developed and defined throughout the total analysis.

In terms of transcription of verbal data, the data was transcribed into written form for conducting a thematic analysis. Also, it was translated from Thai to English. Although it took time for transcription and translation, it was the excellent way to start familiarising myself with the data. It was important that the transcript retained the information I needed, from the verbal account, and in a way which was true to its original nature. For example, punctuation added can represent the meaning of data.

Umm... It's so so. Recently, I have no appetite. I don't know why. If I have no money, I won't eat anything at all. I live with my grandson. I have no children who send me money. All of them left from home to other cities. They have never worried about me. (participant 291N, interviewed 26/11/2007)

'Umm...' represents that the informant was worried about her children who left from home to other cities. In order to achieve this degree of accuracy, I checked the transcripts back against the original audio recording during the process of transcribing.

5.3.3.1.2 Generating initial codes

After I familiarized myself with the data, codes were created for features of the data that appeared interesting to me. I organised the data into meaningful groups. Furthermore, I approached the data with specific questions in mind that I wished to code around. Some codes applied to short segments of data in this study are shown as an example in Table 5.1 followed by the initial code generation illustrated in Table 5.2.

Table 5.1

Data Extracts, with Codes Applied

Data extract	Coded for
I had no feelings. I let them go because I expected that they would send me money. Anyway, they have never contacted me. One of them visited me and asked me for money. I said “No, I have no money for surviving myself and grandson” and then he said “You can borrow money from the bank for me”. At that time, I got angry with him and shouted at him. We had a quarrel. (participant 291N, interviewed 26/11/2007)	1. feelings when children left home 2. contact between mother and children who left home 3. a conflict between mother and the child who left home
Because I believe in Buddha’s teachings about <i>Brahmavihara</i> . There are four sublime attitudes (loving-kindness, compassion, sympathetic joy and equanimity). <i>Upekkha</i> is equanimity which is to accept praise and blame. So, I don’t get sad and don’t get angry with my children. Before I started following Buddha’s teaching, I tried to commit suicide once. The Dharma saved my life. (participant A6, interviewed 11/05/2008)	1. Buddhist teachings consideration 2. problem solving related to Buddha’s teachings
Not only for burning wood. I wake up early morning in order to do other things every day- such as preparing food for giving to the monks at the temple, fishing, watering the garden, cooking, cutting grass for making roofs and general hire. I do these activities every day. My husband has paralysis on the left side of his body because he had an accident 10 years ago. He cannot speak as normal people and he cannot walk normally. Although he has paralysis, I am willing to look after him. (She stares at her husband who sits beside her) (participant N1, interviewed 22/12/2007)	1. daily activities 2. sources of income 3. spouse sickness that may affect daily activity and income
Yes. For me, money is important but if they come back and live with me, they are not abandoning me. Although they don’t have money, they can come and live with me. If they come and live with me without giving me money, it means they don’t abandon me. (participant A1, interviewed 10/05/2008)	1. meaning of abandonment

Table 5.1 (continued)

Data Extracts, with Codes Applied

Data extract	Coded for
I have no idea. Maybe because I am poor, he has never contacted me. I have no rice field. I only have the old house. See! There are a lot of holes on the roof. In the rainy season, I could not sleep comfortably on here (She points to the bed) because I had to sleep in the corner over there. (She points to the corner of the house). Assuming that I get a lotto win, I am sure that all my children will come back and live with me. (participant 98A, interviewed 19/12/2007)	1. reasons for not coming back home or contacting parents
Last year, someone asked me to sign a contract. If I signed the contract, I would get 100,000 baht for renting the rice field. At that time, I wanted money in order to treat my husband's paralysis. I decided to sign the contract without telling anybody. Finally I found that I didn't get any money from the contract, and the one who asked me, escaped somewhere else. Moreover, I had a debt 100,000 baht instead of getting money. I could not sleep and was worried so much. I decided to tie nylon to the ceiling but suddenly my youngest daughter met me. She stopped me from committing suicide. She was the one who paid off the debt of 100,000 baht by getting married. After paying the debt, I got my rice field back. (participant A4, interviewed 9/01/2008)	1. economic crisis 2. spouse sickness affected economic status 3. worrying 4. attempting suicide 5. problem solving
I look forward to having more money. If I have a lot of money, I will rebuild this house, donate money to the temples and to the poor, and call my children to come back home and live with me forever. In my deep feelings, I would like to see them every day. Also, I would like to have meals with them and I would like them to take care of me and my wife when we get sick. Living with me is better than living far from my eyesight. (participant 47N, interviewed 8/02/2008)	1. achievement
I have no feeling that I am meaningful for my children because they have never contacted me. (participant 192A, interviewed 8/05/2008)	1. being meaningful
It is this house. This house is the only one thing I have. It is just for sleeping and dying. That is all I need from this house. I am satisfied with this thing. (participant 277A, interviewed 17/12/2007)	1. satisfaction
I have no successes. My children are not good. They have never sent me money. I have no hope. I look forward to death. (participant 270A, interviewed 10/02/2008)	1. hopeless

Table 5.2

Generation of Initial Codes

Initial Codes	
Self awareness	<p>Positive ways</p> <ul style="list-style-type: none"> - Seeing a doctor at the hospital - Seeing a health care worker at the health care centre - Taking medication under doctor control <p>Negative ways</p> <ul style="list-style-type: none"> - Letting it be because of having no money for transportation in order to see a doctor - Self medicating/ Alternative medication
Effect of spouse sickness	<ul style="list-style-type: none"> - Being so tired - Not doing exercise - Having no time to get income - Doing housework instead of ill spouse
Reasons of children for leaving home village for the big cities	<ul style="list-style-type: none"> - Getting good income in other cities - Having no job in the village - Having no rice fields for them to work in - Rice can only be grown once a year - Following children peer group from the village to work in Bangkok - Being poor
Parental feelings when children left home	<ul style="list-style-type: none"> - Sadness - Feeling like having no children - Concern - Abandonment - Missing them - Loneliness - Hoping they have good fortune
Ways of contacting children	<ul style="list-style-type: none"> - Cell phone - Visit - Asking neighbours/ relatives - Putting face over the rice cooker and calling children's name (Individual belief)
Meaning of abandonment	<ul style="list-style-type: none"> - Neither sending parents money nor contacting parents - Contacting parents without sending parents money - Never sending parents money and leaving burden behind - Only sending money without contact - Not contacting parents
Reasons for feeling abandoned	<ul style="list-style-type: none"> - Children having no money - Children having problems with parents/sisters/siblings and never coming back home - Parents having nothing for children / parents' economic hardship

Table 5.2 (continued)

Generation of Initial Codes

Initial Codes	
Perceived good behaviours of children	<ul style="list-style-type: none"> - Sending parents money - Contacting parents by phone or visiting - Being grateful - Never making parents feel disappointed - Obeying parents - Caring for and worrying about parents
Perceived bad behaviours of children	<ul style="list-style-type: none"> - Being afraid of being asked for money by parents - Never coming back home or contacting parents - Sending parents money for grandchildren but not parents - Never worrying about parents - Always getting drunk - Having conflict with parents
Ways to help cope with worry	<ul style="list-style-type: none"> - Reminding themselves of Buddha's teaching "Being patient is the way to reduce the sorrow" - Doing meditation - Walking to the forest/ rice field - "Letting it be" until it disappears - Going out from home and talking to friends about other things - Joining in activities with friends/ community - Crying alone
Reasons for attempting suicide	<ul style="list-style-type: none"> - Not receiving money from children - Having conflict with children - Being so sad because of children - Having a huge debt
Kinds of hopelessness	<ul style="list-style-type: none"> - Having children who are impossible to live with - Having no land to grow rice - Being poor - Having nothing for children - Having children who don't want to come back home - "Being left to die as a pariah dog" by children - Living the rest of life without others' concern

5.3.3.1.3 Searching for themes

When all data was initially coded and collated, I listed the different codes that I had identified across the data set. In this step, I re-focused the analysis at the broader level of themes and I started analysing codes and considered how different codes could combine to form an overarching theme. To do this, I used mind-maps and reorganised them in different ways into theme-piles. The solid dark lines on the map represent the relevancies among themes (or sub-themes) and the dashed line shows the relations between Buddha's teaching and the acceptance of their abandonment and problems by some of the elderly. A thematic map of this early step can be seen in Figure 5.7.

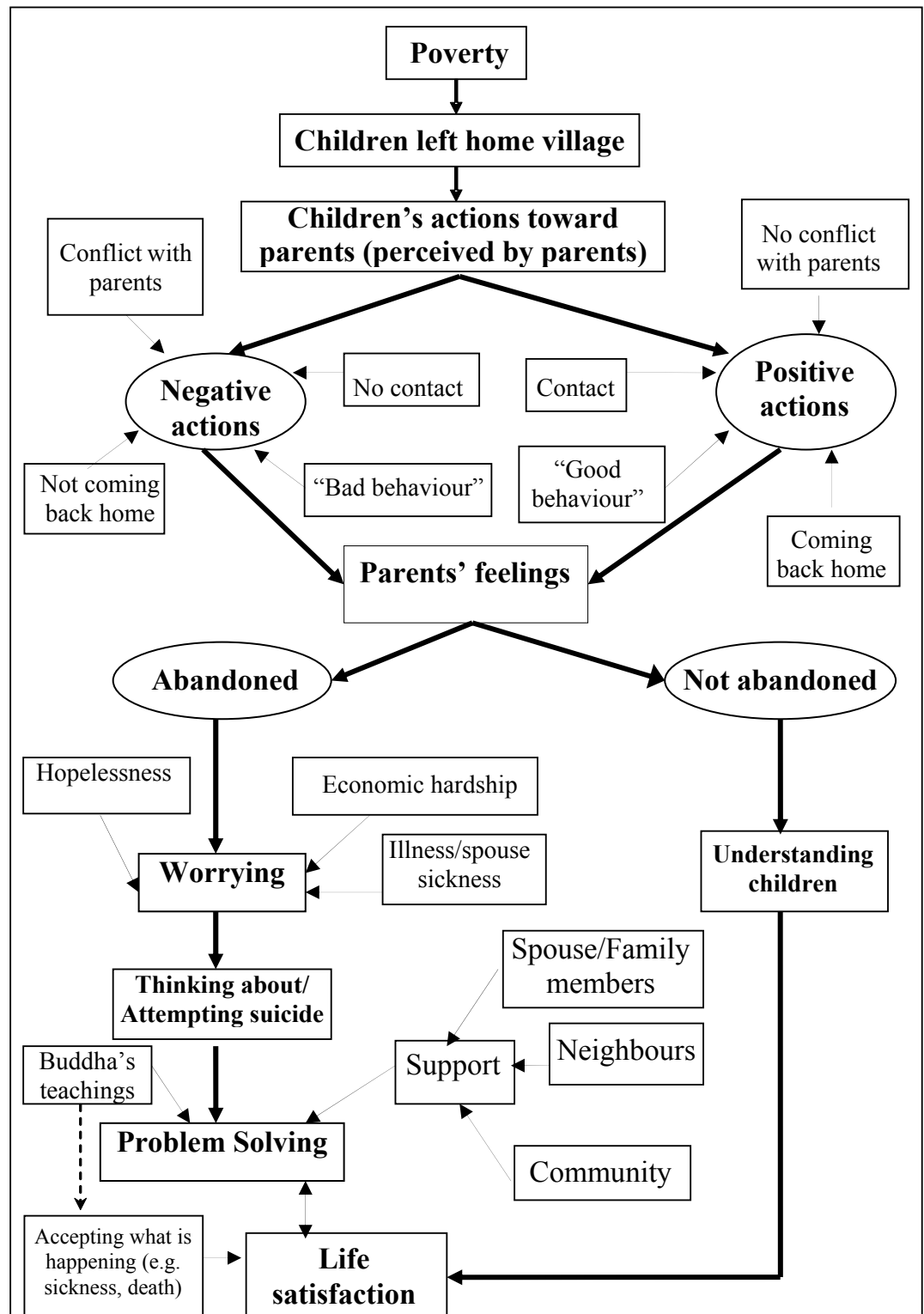


Figure 5.7. Initial thematic map, showing six main themes.

In this figure, some initial codes went on to form main themes, whereas others formed sub-themes, and others were discarded. I ended this step with a collection of candidate themes, and sub-themes, and all extracts of data that were coded in relation to them. At this point, I started to have a clearer sense of the significance of individual themes.

5.3.3.1.4 Reviewing themes

Step four involved the refinement of those themes. During this step, it became evident that some candidate themes were not really themes, while others collapsed into each other. Other themes needed to be broken down into separate themes so that the data within themes cohered together meaningfully and there were identifiable distinctions between themes. This step involved two levels of reviewing and refining the themes. Level one involved reviewing the coded data extracts. Before moving to the second level of this step, I had to be assured that the candidate themes did appear to form a coherent pattern.

At level two, I considered the validity of individual themes in relation to the data set, but I had to be assured that the candidate thematic map accurately reflected the meanings evident in the data set as a whole. To sum up, in this step I read the entire data set again for two reasons. The first was, as discussed, to ascertain whether the themes ‘work’ in relation to the data set. The second was to code any additional data within themes that had been missed in earlier coding stages. At the end of this step, I had a fairly good idea of what the different themes were, how they fitted together, and the overall story they told about the data. The result of this refinement process can be seen in the second thematic map presented in Figure 5.8.

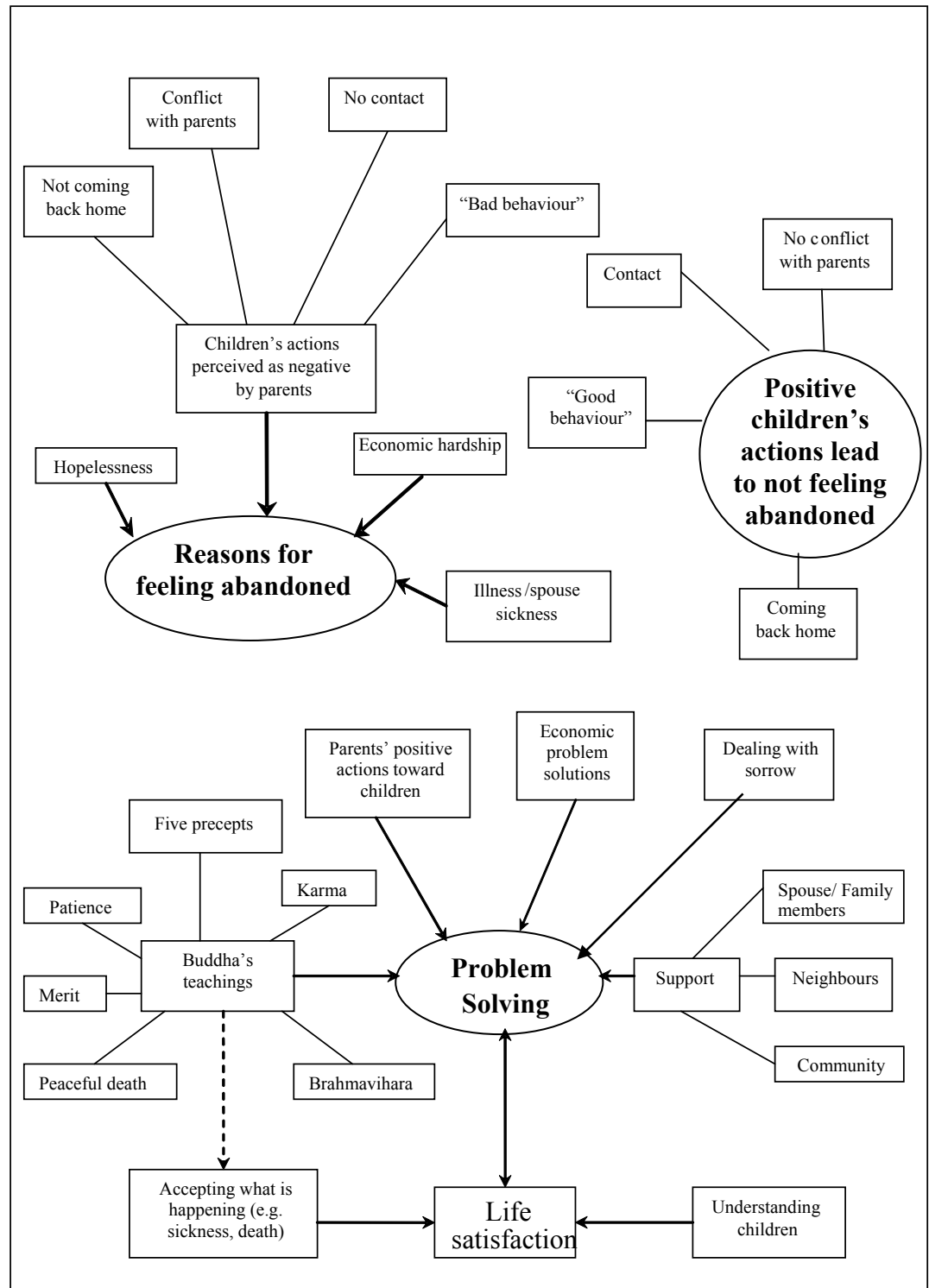


Figure 5.8. Developed thematic map, showing three main themes.

5.3.3.1.5 Defining and naming themes

Step five started when I had a satisfactory thematic map of the data (see Figure 5.9) for the final refinements. At this point, I defined and further refined the themes which would be used, and analysed the data with them. To avoid getting a theme to do too much, so it would not become too diverse and complex, I went back to the collated data extracts for each theme, and organised them into a coherent and internally consistent account, with accompanying narrative.

For each individual theme, I conducted and thought about a detailed analysis as well as identifying the story that each theme tells. However, it is important to realise how each fitted into the broader entire story that I was telling about my data and the research questions in order to ensure there was not too much overlap between themes. Furthermore, it was necessary to consider the themes themselves, and each theme compared to the others.

As part of the refinement, I identified whether or not a theme contained any sub-themes because sub-themes were essentially themes-within-a-theme. In addition, sub-themes were useful for giving structure to a especially huge and complex theme as well as for demonstrating the hierarchy of meaning within the data. As can be seen in Figure 5.9, within each theme, sub-themes were identified: for reasons for feeling abandoned the sub-themes were ‘Children’s actions perceived as negative by parents’, ‘Hopelessness’, ‘Economic hardship’, and ‘Illness/spouse sickness’; for problem solving the sub-themes were ‘Buddha’s teachings’, ‘Support’, ‘Life satisfaction’, ‘Positive parents actions toward children’, ‘Economic problem solutions’, and ‘Dealing with sorrow’.

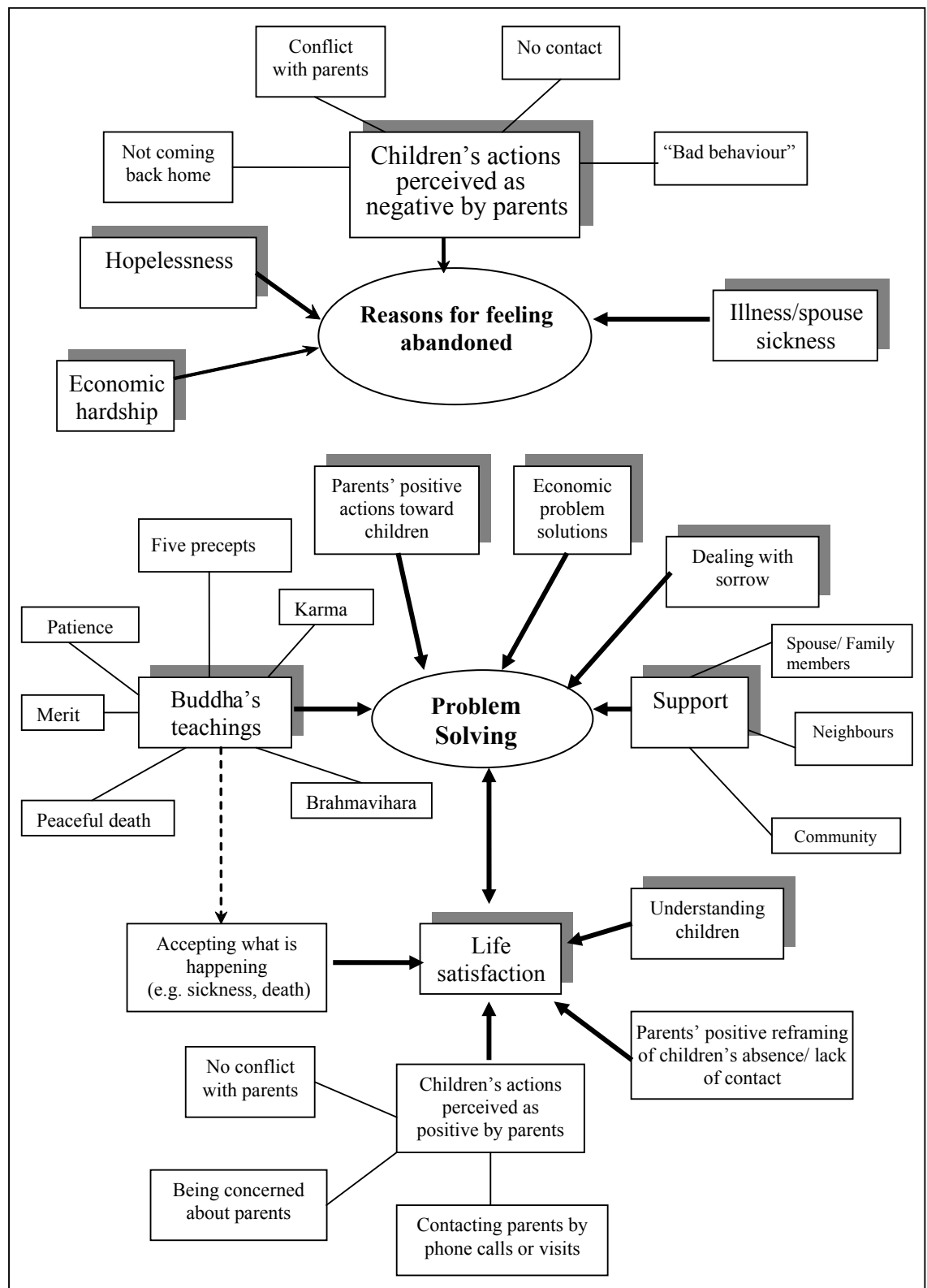


Figure 5.9. Final thematic map, showing two main themes.

5.3.3.1.6 Producing the report

Step six began when I had a set of fully worked-out themes and involved the final analysis. This thematic analysis provides a concise, coherent, logical, non-repetitive and interesting account of the data within and across themes. Also, my write-up provides sufficient evidence of the themes within the data.

5.4 Establishing research trustworthiness

Credibility in this research was established by triangulation of methods which helps determine the factors affecting feelings of abandonment, the impact of feelings of abandonment on quality of life, and gaining an in-depth understanding of the experiences and meaning of abandonment from the perspectives of those who identified as feeling abandoned and not feeling abandoned. Also, data were obtained and analysed that highlighted the problem solving ways that were used by both groups when they faced similar circumstances. Credibility was also established by long-term engagement in the field during Study B. The qualitative data, their analysis, and the conceptualisation of the map were obtained by a thematic analysis, whereas the predictors from the quantitative study were used to direct discussion and comparison for the main understanding of the experiences of abandonment from the perspectives of the informants. All methods were undertaken under supervision of my two supervisors who reflected, challenged, and shaped my process of inquiry and also my regular response with them during the whole process.

Additional verification processes included reading journals during the period of the research, and discussing my inquiries during the study with the two supervisors. Confirmability, dependability, and transferability were related to my reflective journal along the entire process. In addition, results from Study A are published in the journal, *Cross-Cultural Gerontology Journal*, (See Appendix D). During the process of this study, the results from each step were presented for the audiences in annual seminars and the comments from the seminars were considered and employed.

5.5 Summary

For Study B of this research, ethnographic methods were employed in order to gain an in-depth understanding of the experiences and meaning of abandonment from the perspectives of fourteen informants who identified as feeling abandoned and eleven informants who identified as not feeling abandoned. Thematic analysis yielded the results from the emerged themes, sub-themes and their components regarding the informants' narratives. Establishing research trustworthiness in relation to credibility, transferability, dependability, and confirmability was undertaken by the design of sequential mixed methods with method triangulation, by long-term engagement in the field, by reading a reflective journal, by being published in Cross-Cultural Gerontology journal, by employing seminar comments, and discussions with the two supervisors. The next chapter describes the reasons for feeling abandoned that emerged from the main themes.

CHAPTER SIX

REASONS FOR FEELING ABANDONED

6.1 Introduction

As outlined in the previous chapter, in Study B I focused on gaining a more in-depth understanding of the experiences, and the meaning, of abandonment from the perspectives of participants who identified as feeling abandoned and those in similar circumstances who reported not feeling abandoned. Using thematic analysis I identified two main themes in the data – reasons for feeling abandoned and ways of problem-solving – that contribute to understanding the experiences and meaning of abandonment. In this chapter, the reasons given by aged parents who had children who had left their home villages for feeling abandoned or not feeling abandoned are explored. The reasons for feeling abandoned are constructed among children's actions perceived as negative by parents, economic hardship, illness/spouse's sickness, and hopelessness. Of these causes, children's actions perceived as negative by parents, and economic hardship were consistent with the factors identified as affecting feeling abandoned in Study A.

As previously stated, Thai children have generally been taught early to respect older people and higher status people, for instance, parents, elders, priests and teachers. Also, children are expected to repay their parents for having borne and nurtured them (Choowattanapakorn, 1999). Thus, the meaning of abandonment is influenced by parental expectations in terms of gratitude from their children and 'parent repayment', and also the degree of economic hardship that parents are experiencing. However, the quality of the relationship between parents and children, and the ability of parents to 'reframe' their expectations based on an understanding of the economic situation of their children, appear to influence whether or not participants in similar situations experience feelings of abandonment.

Figure 6.1 summarises the reasons for feeling abandoned that were identified in the analysis of the observations and interviews with the study participants.

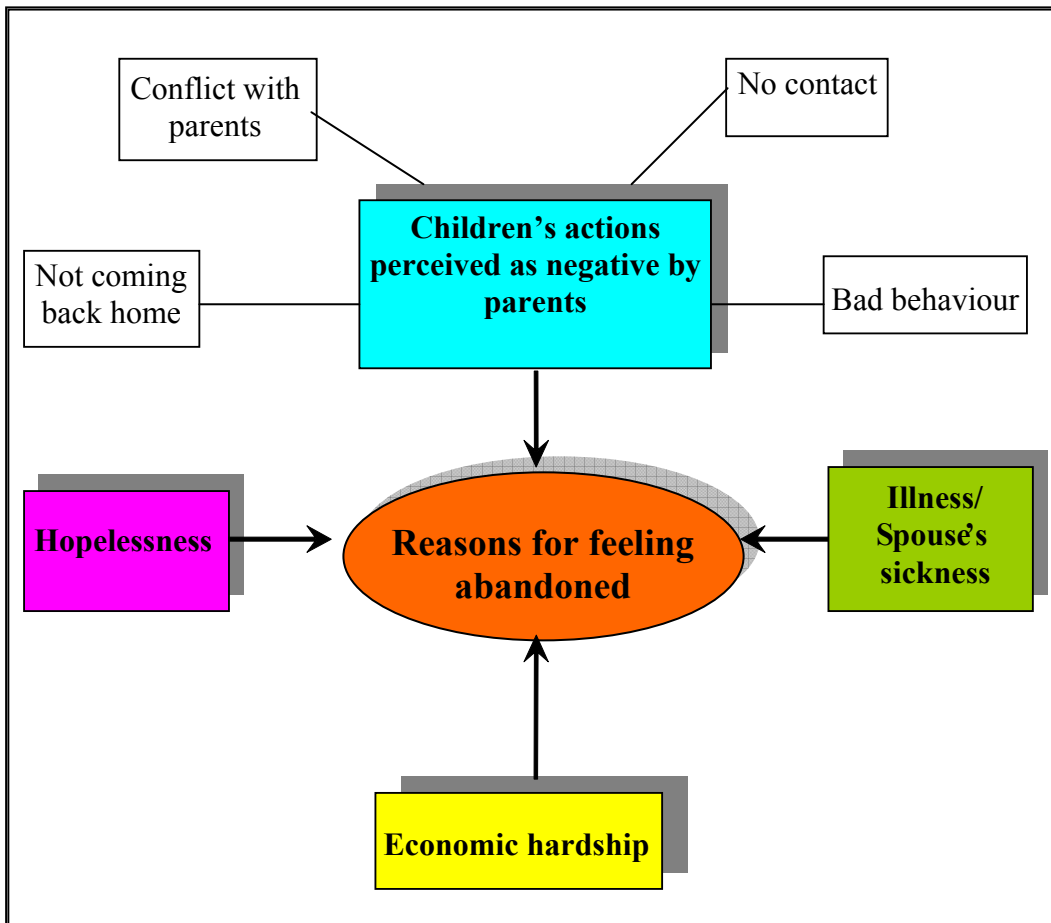


Figure 6.1. Summary of factors affecting feelings of abandonment.

6.2 Children's actions perceived as negative by parents

Children's actions affect parents' feelings. Participants described conflict between themselves and their children, bad behaviour on the part of their children, lack of contact including financial support from their children and the failure of their children to visit them, especially on significant Thai holidays, as actions that showed lack of respect for them as parents, caused distress and may lead to feelings of abandonment.

6.2.1 Conflict with parents

Money problems were reported as the major cause of conflict between children and their elderly parents. As previously outlined in Chapter 1, low incomes and poverty in the rural areas of Northeast Thailand have contributed to the economic migration of the younger generation. Perhaps as a consequence, conflict over

money was reported by participants in relation to their children before they left the village, as well as after they had left, as illustrated in the following quotations:

Umm... After my daughter got married, she and her husband lived with me for a while. At that time, her husband wanted this house and land. She and her husband said "You should give this house and land to us. Please sign a contract". I knew that they really needed money. If I gave them this house and land, I would not have a house to live in. So, I didn't listen to them. After [my] daughter said that she was bored, she caught the bus to Bangkok without saying anything to me. Also, she said "I don't want to live with you". "Why don't you die?" I didn't know why she said that. I cried every time she spoke like that. When she came back home for visit, she only cooked for herself and her husband. She never called me to have meal. Hmm...she listens to her husband much more than me. (participant 270A, interviewed 10/2/2008)

Hmm... Yes. You know! My daughter wanted to have a new house and I paid her the last saving money I have. Her ex-husband sent her money 500,000 baht in order to build the new house as a grocery but it went bankrupt. I decided to separate from her by building a small house on this land [in another village], which is the last land I have. (participant 135A, interviewed 21/12/2007)

Pre-existing conflict between the participant and her children was also acknowledged in relation to the following excerpt:

One day my son visited me. I felt glad when I met one son who visited me. However, he had a reason to visit me. I had a quarrel with my children. I have no contact to my children. For my son, he visited me and he said "E-Mae [Mum]! Please borrow money for me. Do you have some money? I knew that you got old-aged pension 500 baht a month. Please give me 200 baht" I said "I don't have money"..... All my children always ask me for money. Please take a look!! I and my grandson had nothing to eat for some days. Only 500 baht from old-aged pension is not enough for both of us. (participant 291A, interviewed 26/11/2007)

It has been argued that economic migration enables remittance of funds to the elderly parents in the rural villages, both for support of the grandchildren (Knodel & Saengtienchai, 2007) and to improve the standard of living for the parents. However, the adult children from this remote rural area of Northeast Thailand are likely to earn low wages in the cities because of their low levels of education and skills, resulting in continued requests for financial support from parents to their

adult children as illustrated above. The issue of economic hardship will be further addressed in section 6.3.

Another reason for conflict between children and their mother are behaviours where parents do not get the repayment in terms of the care that they expect but get expectations from the children for assistance and household support instead:

I have no hope from my children. If I die, they will let me die as a pariah dog. It is up to them. Now I live as Yuh-Pai-Sum-Hod-Mer-Tai [Living without meaning until death]. I am not meaningful for my all children. Although I am old, my daughter, who I live with, asks me to cook meals for her. One day I was so tired, I could not cook rice and she got angry at me, hitting things in front of me. It was like she threatened me. I will let myself die. As I am 81 years old, I am too old to work for money. Even walking, I cannot walk as strongly as when I was young. I will So-Tai [To let myself die] because I have no one to take care of me. I will let myself die. (participant 177A, interviewed 8/5/2008)

This example further demonstrates that feelings of abandonment may arise from interactions with children whom the elderly participants live with, not only from interaction or lack of interaction from children who have left the home village. However, behavioural problems of the children also affect the parents' feelings (see Figure 6.1).

6.2.2 Bad behaviour

The causes of conflict between parents and children are not only economic problems but also behavioural issues such as alcohol or drug abuse – often on the part of children but also on occasion on the part of parents – as illustrated in the quote below:

Normally, before working, I have to drink alcohol otherwise I have no energy to work. Since I got married, my husband induced me to drink before working. I only drink before working and drink at ceremonies sometimes. It is different from my son's drinking. You know! My son who works in Bangkok always gets drunk....He said "Some neighbours said that you get drunk always. You are a drunkard". He said "I don't want to send you money because you always buy alcohol". You know! For him, he always drinks alcohol when he comes back home. A small glass of alcohol is just 5 baht. I just have it when I feel tired. I feel tired every 3 days. I only have it every 3 days. That's it. See! My son listens to neighbours

much more than me. Last time, he almost killed me because I shouted at him. I told him “You always get drunk and you have never cared me. When you have money, you always buy alcohol for your friends.” After I shouted at him, he grabbed a knife to hit me. I said “Don’t kill me please!” and then he stopped doing it. Umm... I would Chang [Wishing somebody to get suffering and to have a lot of obstacles in his life] my son to have suffering at that time. You know! If a mother Chang her child, he will be in trouble soon. If he does it again, I will Chang him surely. (participant A1, interviewed 10/5/2008)

E-Sarn people believe that if parents who have borne and nurtured children *Chang* (wishing somebody to get suffering and to have a lot of obstacles in his life) children, the children will suffer and be in trouble in the near future. This belief influences E-Sarn children’s actions toward their parents, however modern families rarely emphasise *Chang*.

Not all children who migrated to work in the big cities make a successful transition to their new life, causing additional disappointment to their parents. Some engage in ‘bad behaviour’ such as drug addiction or other criminal activity as illustrated below:

My last son was addicted. First he worked for money in another province as a truck driver but after that he was a drug addict. Now he is in jail. The other children haven’t contacted me. You can ask the neighbours to confirm my answer. Since their mother died, no one has contacted me, except the one who is in prison. He asks me for money every 4 months..... When my children were young, I worked hard in the rice field until I had no time to look after them. For the addicted son, when he was young, he was so naughty. Although I hit him, he didn’t listen to me until I let him go. Since he left home, I have never called him to come back home. I was too tired to call him back. (participant 192A, interviewed 8/5/2008)

However, at another level, behaviour that does not meet parental expectations may also be construed as ‘bad behaviour’. In general, Thai parents want their children to be good. In terms of bad behaviour, the informants identified the behaviours that make parents feel disappointed such as not obeying parents’ teaching and not showing gratefulness and respect to parents. For example, one participant said:

I am disappointed about my children. I have always taught them the right thing but they don’t obey me. Hmm.. [She breathes deeply] My children are not good. My son listens to his wife too much. He would give me

money but his wife has said “No”. So, he did not give me money. For my youngest daughter, she listens to her husband too much. (participant 270A, interviewed 10/02/2008)

Another participant described the lack of gratefulness and respect her son displayed both before he left the village and on a visit home:

Hmm...I looked after my son although I have been poor. When he wanted to leave home, he said “I have not grown up because of you.” I felt disappointed when he spoke like that.....Because he said “I am bored! Bored! Bored!” I felt upset when I heard these words from him.....He stayed for two nights. During his stay, he cooked for himself. He could not eat E-Sarn food. Also, he spoke formal Thai to me instead of dialect [E-Sarn language] but I was not familiar with formal Thai.....Before he left home last New Year holidays, he said “I will not come back anymore. Good Bye.” I felt very upset. I felt that he abandoned me and I cried.....Yes, he did see my crying. He Wai³ to me and said “Good bye Mae [Mother]” It was the last time to see him. (participant A2, interviewed 10/1/2008)

It thus could be argued that other children who migrate to work in the big cities adapt to their new life, the customs and language, and choose that life over maintaining ties in the home village:

One of my sons visited me and just said “How are you?” After talking to me for a while, he rechecked with the neighbours about me such as where did I go? Did I spend a lot of money for the lottery? On that day he stayed at a relative’s house. (participant 192A, interviewed 8/5/2008)

When my children lived with me, I felt they cared about me, but when they left home, they didn’t contact me as usual and didn’t seem to care about me any more. They have no gratitude and they abandon me. (participant A6, interviewed 11/05/2008)

Another consequence of the children working away from their village is that grandchildren are not infrequently left with the elderly parents to be looked after while both parents work in the city. Often the elderly parents are able to do it and are willing and the young parents are grateful for this help. However, some

³ *Wai* consists of a slight bow, with the palms pressed together in a prayer-like fashion. The higher the hands are held in relation to the face and the lower the bow, the more respect/reverence the giver.

children who have left their home village leave their children with their aging parents without apparent concern or recognition of the aging parents' limited physical capability and financial resource as illustrated below:

My children used to ask me to look after their kids and I refused. I think they get angry with me because of this reason but I don't care. I cannot look after anybody because I always have back pain and leg pain. Even looking after myself is hard for me to do. Also, I have not enough money to look after any children. (participant 192A, interviewed 8/5/2008)

My son has never contacted or visited me since he has gone to Bangkok. Also, he has never sent me money and he left his children with me. (participant A4, interviewed 9/01/2008)

In addition, conflict with parents related to bad behaviour affects some young parents' actions toward their children and their aging parents. One example of this bad behaviour could be seen when participant 135A said that:

My daughter spends a lot of money without caring for her parents and her daughter. She has a lot of boyfriends and pays them money. She has never touched her daughter or called her daughter. Also, she has never come to my house. She just parked her car on the road and looked at me. That is what she does to her father. (participant 135A, interviewed 21/12/2007)

Grandparents also cope with the sad feelings of their grandchildren when there is a lack of contact with the young parents:

I feel sad every time when my young grandchildren ask about their father. I always lie to them "He may come back home next New Year holiday. This year he is busy". (participant A4, interviewed 9/01/2008)

Some children left their home village leaving not only their children with their parents but also their debt. Their aged parents have to take this responsibility for them although they may have no income:

My children left debt around 50,000-60,000 baht. You know? I sold rice, my truck and buffalos to pay off my son's debt to a bank. (participant A8, interviewed 19/12/2007)

Thus, children's economic problems may contribute to conflicts in the family. Conflict that underpins the ongoing relationships between some parents and their children is expressed in a variety of forms:

My son said "Remember! When you die, I won't join your funeral ceremony. I won't visit you anymore." See!! He intended to have a quarrel with me. (participant 291A, interviewed 26/11/2007)

I am still upset. I feel very disappointed that my daughter said "You are not my father! You did not look after me!" These words make me feel sad.....Hmm... [He breathes deeply] When my children lived with me, my son helped me with housework whereas my daughter didn't do anything. When she prepared a meal, she did not ask me to have any. She cooked for herself without asking me to have food. Recently, my daughter stole my water pump, pots, pillows, rice cooker, and rice containers. (participant A8, interviewed 19/12/2007)

The children's behaviour towards parents affects parents' feelings. For example, good children's behaviour makes parents feel happy. In contrast, bad behaviour can cause feelings of abandonment in parents. However, it is not only when their children cause problems that the parents' feelings become negative, but having no contact from their children contributes to parents feeling abandoned.

6.2.3 No contact with children

No contact between parents and children is one of the causes of feeling abandoned for the aging parents. One mother expressed her feelings about the lack of contact from her son and the reasons why her son could not contact her and the perceived lack of support from her other children:

My son cannot come to visit me because he may have no money or he may get drunk. Hmm... When he dies, somebody will bring his body back home. He came back home for his father, when his father got very sick before he died. He has never contacted me. My children never care for me. They have never worried about how much food I have and how much money I have. [She cries].....Everything I have to do to live, I do myself. Sin-Bor-Pai-Pla-Bor-Ma [Nothing changes. Literally, the meat does not go and fish does not come] because I don't get anything from my children. (participant 277A, interviewed 17/12/2007)

Despite lack of contact from children who have moved from the home village for work, some participants still maintain hope that the children will return home and look for reasons as to why that has not yet happened:

My stepson went to Samutprakarn province in order to get income. He has never contacted me for seven years. I think he may think that I am not his real father. That is the reason why he has never contacted me. I still look forward to seeing him this year. (participant 135A, interviewed 21/12/2007)

Contact includes visiting, sending money and using other forms of communication from a distance such as telephone or letter. Participants do not hold a common position on the relative value of these forms of contact. In the following quote a woman explains why her daughter does not come home to visit and puts priority on visiting over other forms of contact:

...Because my daughter does not have enough money to come back home. She told me that she has to pay for transport and the best contact is to ring me. Visits cost her money. They don't visit me as they should do to their mother. They have been only one time to visit me.... Sending me money without visiting means nothing. (participant A5, interviewed 3/01/2008)

Moreover when children do return to the home village for a visit their behaviour on that visit influences the parental response as illustrated below:

My children have never stayed with me when they came back home. Importantly, they ask about me from my neighbour instead of asking me directly. (participant 192A, interviewed 8/05/2008)

Contact between children and parents may occur, but be compromised by conflict over money and thus not be experienced as a form of care:

Yep, I had a quarrel with my third child. He rang me in order to ask me for money. I thought my other children told him that I had a lot of money from selling the land. I didn't give money from selling the land to my children because they never worry about me. (participant 192A, interviewed 8/05/2008)

Contact between children and parents can keep the relationship with each other. However, when children only have a negative aim (like borrowing money), the

contact can cause conflict rather than warmth with parents. Most contact from parents to children has a positive aim such as overcoming their feelings of loss. In contrast, if children's actions make parents disappointed, they will not contact children.

6.2.3.1 Reasons why parents did not contact children

When parents are concerned about or missing their children, many parents try to contact their children but they do not always get the good response from their children that they expect. Negative responses from the children are the main reason why parents do not keep contacting their children. Therefore, these negative contacts strengthen parents' feelings of abandonment:

I have rung my children but they got angry with me. From that day, I have never rung them. Also, I have never visited them. I feel that they Tod-Ting [to abandon] me because they don't send me money and don't care about how I am. [He is sad] (participant A6, interviewed 11/05/2008)

I have never contacted my children because they moved out from me with anger. Also, my daughter said "You are not my father! You did not look after me!" She only wanted to get my land. However, my son [who left considerable debt] visited me once. (participant A8, interviewed 19/12/2007)

Although some parents really want to contact their children, they avoid contacting their children because they felt disappointed with the children's previous negative actions. Often problems related to money, or even fear that the parents will ask for money or support:

I have never contacted my children because I don't know their phones or their addresses. Umm. [She is thinking] I used to contact my daughter by visiting her in Amphoe Bandoong in Udonthani province 2 times since she left from home.... Because I wanted to see her. I missed her. When I visited her, she said "Oh! I thought that you were already dead". She did not want to see me..... When I arrived at her house, I said "I am hungry. Please give me some lunch". She said "I already had lunch from a temple. I have no lunch for you". I got angry with her at that time. (participant 291A, interviewed 26/11/2007)

When I rang my children, they were afraid that I would ask them for money. They always said that they don't have enough money. (participant A4, interviewed 9/01/2008)

From the parents' perception, these negative actions or inactions such as not worrying about parents or avoiding being asked for money by parents lead to feelings of abandonment. In addition, the conflict between children and parents or these negative actions can result in the children deciding to not go back home to visit.

Some participants resorted to traditional faith practices derived from their ancestors to support their attempts to establish contact with their children. These practices included *Bon-Pra* (to make a pledge), putting their face to the boiling rice and calling their children's names, and ask *Te-Wa-Da* (angel) for help:

When I was seeking my son in Bangkok, I became so tired and had a faint. Another day later, I found him finally. He was so surprised when he met me. He ran to me and hugged me. I hugged him and we cried. [She is overwhelmed]. Do you know why I found him? Because I Bon-Pra [to make a pledge]. Yep, I believe in Bon-Pra because my wish came true. Before going to Bangkok, I prayed to Buddha at home that I wished to see my son in Bangkok. (participant 98A, interviewed 19/12/2007)

I don't know how to use the phone and I have no phone. I just put my face to the rice cooker, which was boiling and called my son's name. Three days later, he came back home. When he came back home, he said "I felt like your voice was in my ears and then I decided to come back home".... Sometimes I think about my children "How are they?" "Why don't they ring me" One day I prayed "Te-Wa-Da [angel]! Please induce him to miss me!" On that day, my son called me. (participant 187N, interviewed 11/05/2008)

The parents believe in what they did because their wishes became true.

6.2.4 Not coming back home

There are many reasons why the children do not come back home. Having problems with parents is one of the reasons. One participant suggested that their children did not come back home because their father always complains about them:

Umm... maybe because my husband always complains and blames children, that's why they don't want to come back home. One day my first son and second son got drunk and they punched each other. My husband

shouted at them about getting drunk. (participant 98A, interviewed 19/12/2007)

On the important days such as New Year, Holidays Song-Kran festival or National Elderly Day (13 April), Father Day (5 December), and Mother Day (12 August), most parents look forward to seeing their children. When children do not come home the parents feel disappointed, abandoned and that they are missing out:

Sometimes I miss my children but sometimes I do not miss them. I feel disappointed rather than missing them. I think to myself "I am the one who had a lot of children but none of my children worry about me." Sometimes when I have a pain, I think "Will I die without my children to take care of me?" "I have a lot of children. Why don't they visit me? Even once a year, none of my children visit me." Sometimes, I don't want to eat anything.... They have never Kor-Ka-Ma [to ask for forgiveness]. They didn't visit me in New Year holidays and Song-Kran festival. (participant 177A, interviewed 8/05/2008)

I feel abandoned by my own daughter and my stepson. Last father's day [5 December], they did not visit me. They don't love me as much as I love them. On father's day, many children in the village visited me and gave me some money whereas my children did not do that. (participant 135A, interviewed 21/12/2007)

As these participants said, there are many reasons why children do not come back home. Some children cannot come back home because they have economic problems but some of them have conflict with parents. However, even though some of them come back home, their parents still feel abandoned.

6.2.4.1 Coming back home but parents still felt abandoned

Even when some children come back home, the parents still feel abandoned because the children always have a quarrel with the parents. Most quarrels are about the children's economic problems. Therefore, coming back home for parents does not exactly mean that they are concerned about their parents:

Although I would like my children to visit me, they don't want to visit. I can notice that when they visit me, they always ask me money. Also, they always have a quarrel with me when they visit me. Last time, my son and his wife shouted at me when they visited me. They wanted me to borrow money for them but I did not do what they wanted. (participant 291A, interviewed 26/11/2007)

My daughter has been in Bangkok for over 10 years but my son visited me. I have heard from my neighbours that she moved back to this village. The neighbours said her house is in this village. She has not walked pass my house.... I would not like her to live with me as we would always be quarrelling. (participant A8, interviewed 19/12/2007)

Therefore, visits by and the return home of children do not make parents feel happy in all cases. It depends on how the children act toward their parents when they come back home. Money is the source of much discontent and some parents still feel abandoned even though their children give them money. For example, participant 270A said that her children did not give her enough money. Thus, even not giving enough money to parents can cause feelings of abandonment in the parents:

Umm.. [She is thinking] Although my children don't contact me, they send me money sometimes. However, the money they send me is not enough for me, my husband and my grandchildren. My daughter who is the children's mother came home last New Year's holiday. She gave me just 200 baht. It is just a little bit money. Hmm... Compared to other children's neighbours in the village, my children are not good. I think my children have abandoned me. (participant 270A, interviewed 10/02/2008)

Even though they are adults, their children's actions are important to parents' feelings. This is especially so for the older parents who are sensitive to many problems. Therefore, children's actions can lead to feelings of abandonment as perceived by aging parents.

6.2.5 The meaning of abandonment

A number of factors exacerbate the relationship between migrant children and their parents, such as economic hardship, parents' ill health, and living in a rural and remote area. Thus, the increase of parents' needs is not met by migrant children's support. However, parents' needs vary in relation to what they expect from their children, but parents' expectation is a strong factor in the definition of abandonment as perceived by older parents (both those who felt abandoned or not abandoned).

Some participants expected only money from their migrant children. They are less concerned about children's contact. For example, participant A1 who felt

abandoned by her migrant children defined abandonment by focusing on only money. Also, participant 215N, who did not feel abandoned by his non-resident children stated that giving money represents not abandoning parents:

Abandonment means children don't send parents money. Although they contact parents without sending parents money, they still abandon parents. (participant A1, interviewed 10/05/2008)

Giving parents money means that children haven't abandoned their parents and they worry about their parents. In contrast, if children don't send parents money no matter how often they contact parents, it shows that they are abandoning the parents. In my opinion, children should give parents money no matter how much money children have. Giving money can mean something. My children worry about my living costs. That is the reason why they give me money. (participant 215N, interviewed 12/02/2008)

Not only does money have meaning for aging parents, but also the children's contact has meaning for some parents. In addition, the frequency of contact influences parents' feelings. Participant A2 who felt abandoned said that abandonment meant children do not contact their parents and do not give their parents money. Also, it meant the children visiting parents without giving the parents money:

Abandonment means children don't contact their parents and don't give their parents money. Also, it means children visit parents without giving the parents money. Visiting and sending parents money only one time since leaving home mean abandonment as well. (participant A2, interviewed 10/01/2008)

In contrast, the participants who expect only contact from their children gave the meaning of abandonment that either having regular contact or sending money meant such parents were not abandoned. For example, participant 192A, who felt abandoned, said this:

If children only contact parents without sending money, it means that they do not abandon their parents because although they have no money, they still keep contacting their parents. Moreover, they do not abandon their parents even though they only send their parents money without contacting them. (participant 192A, interviewed 8/05/2008)

Nevertheless, some participants are not concerned about money by their children, but did need contact from their children. Their meanings of abandonment focused on the children's contact:

Sending me money without visiting means nothing. Also, abandonment means children don't visit their parents although they send their parents money. (participant A5, interviewed 3/01/2008)

Abandonment means children don't contact parents. Although children send money, without visiting or contacting it still means children abandon parents. Money is important but we should understand that sometimes children don't have money to send parents. (participant 142N, interviewed 16/01/2008)

Participant A5, who felt abandoned, and participant 142N, who did not feel abandoned, indicated that migrant children's visits influenced elderly parents' feelings. Aging care by their migrant children can happen if these children visit their parents. Participant N1 who did not feel abandoned said about her meaning of abandonment:

Abandonment means children don't care for their parents. Children don't give parents money and don't look after parents. I think children abandon parents because parents always complain about children and have problems with children. For me, I have never had problems with my children. I understand them and teach them when they do something wrong. On the Won-Mae⁴ [12 August is the national mother day], they came back home to Wai [to pay respect] me and gave me Dok-Mali [Jasmine]. It represents pure love between mother and children. (participant N1, interviewed 22/12/2007)

Therefore, migrant children are expected to care for their elderly parents by visiting. Similarly, the World Health Organization: Regional Office for South-East Asia (2003) gave the definition of abandonment in old age as meaning the refusal or failure to fulfill a care-giving obligation by caregivers. Also, Sijuwade (2008) stated that abandonment means there are lapses in the quality of care and in carrying out the responsibilities. For example, when one has abandoned the

⁴ On *Won-Mae* (12 August) in every year, Thai children show their gratitude to their mother by *Wai* or *Karb* and will give mother *Dok-Mali*. *Dok-Mali* is the good smell white flower (Jasmine). It represents pure love between mother and her children.

elderly, there is no care given and no responsibility taken to look after the elderly. In this study, meanings of abandonment from participants are close to these two authors. Although some participants focused on money and contact, the meaning of these two things may represent care by their children. Thus, meanings of abandonment here represent the care that the parents do not consider is being met by their migrant children. However, although some care does not happen because of conflict between parents and children (as participant N1 said), most conflict comes from economic hardship in the family.

6.3 Economic hardship

In this study, economic hardship is the main reason for family problems including conflicts within the family. In addition, the causes of economic hardship can lead to the children's migration, one of the common effects of economic hardship and causes of feelings of abandonment.

6.3.1 Causes of economic hardship

Presently, the Thai family is still the most important source of financial security for the elderly in old-age. Nevertheless, a decrease in the potential support ratio reflects the fact that informal financial support from the children is going to decrease, whereas the demand for financial support of the elderly is increasing (Suwanrada, 2009). Furthermore, land is an important asset in remote areas because most E-Sarn people make their living from agriculture. Thus, some families in Northeast Thailand face many difficulties from poverty (Jongudomkarn & Camfield, 2006). Economic hardship is one of the causes of feeling abandoned of the aging parents. Most Thai elderly disengage from economic activities because of changes in physical strength and health (Knodel & Chayovan, 2008). In order to get more income, the aged people in rural areas have to sell their land and some of them are still faced with economic problems because of having personal debt:

I have my own debt. I and my husband borrowed money from a bank in order to build a house and rice mill. After my husband had paralysis, I sold everything such as the land and rice mill. (participant 187N, interviewed 11/05/2008)

Hmm... In this village, there is the local community financial funding for the villagers who want to borrow money. I borrowed money from the fund around 50,000 baht in order to set up this house. After that, I sold my rice field in order to pay off this debt. However, I still had some debt to the fund and then I borrowed the money from a bank to pay off the fund. Now I still have the debt with the bank. (participant A5, interviewed 3/01/2008)

Therefore, some aging parents have to let their children to work in the big cities in order to pay off debt and get more income for their families. This is the reason why many children from rural areas left their home villages to go to the big cities.

I let my children go because I would like them to get income in other cities. If they lived with me, they would have no job. I have no rice field for them to crop. Some of them would like to live with me but they had to depart from me to get jobs in other provinces. Umm...I felt sad at that time. Hmm... I have been poor ever since I was young. My husband had lung disease and he could not work. I was the only one who could work for the family. Even though I am old, I have to work for money and I am still old. I did not get any inheritance from my parents' death. Hmm... Kem-Hug-Duang-Nerng-Ka-Bor-Dai-Num-Kaow [I did not even get a broken needle from inheritance]. (participant 277A, interviewed 17/12/2007)

Most causes of economic hardship are from debt. Some elderly parents sold their rice field in order to pay off debt. This is the reason why they have no rice field for their children to work in. After the aged parents became poor, they have to face the effects of economic hardship.

6.3.2 Effects of economic hardship

Participants in this study faced a range of effects of economic hardship from having not enough food or an inability to afford one's favourite food to eat, to having substandard housing with no funds to repair it as illustrated in Figures 6.2 and 6.3:

I have no rice field. I only have the old house. See! There are a lot of holes on the roof. In the rainy season, I could not sleep comfortably on here [She points to the bed] because I had to sleep in the corner over there. [She points to the corner of the house]. I have no money to fix it. Moreover, I have not enough rice for eating this year so I will have to borrow the rice from the neighbour who hires me to crop rice. (participant 98A, interviewed 19/12/2007)



Figure 6.2. Participant 98A's bedroom.

I am still poor. My house has no good walls. The walls are made from bamboo. It is just a temporary wall. When the rain comes through the wall, we have to move out from upstairs and go downstairs. Some nights we cannot sleep because we have to move the stuff from the rain. Hmm...I look forward to receiving money from my daughter for setting up the permanent walls. (participant A5, interviewed 3/01/2008)



Figure 6.3. Bamboo wall at participant A5's house.

Furthermore, although the aging parents would like to live with their children, they have no rice field for children to crop and there is no job for children in the villages. Thus, it is not economic for the children to return to their home village:

I used to ask my son to come back and live with me. He says “What should I work in the village? We don’t have a rubber field for work”. (participant A4, interviewed 9/01/2008)

Yes, I would like my son to come back home but it depends on him. If he comes, he will have no job. There is no job for him in this Amphoe. (participant 277A, interviewed 17/12/2007)

Not living with children or parting from children is one thing that parents do not expect. One participant told of giving a baby daughter to a rich couple who could not have a baby, because she was poor:

I have five children but I gave a daughter to a rich married couple who are in Donjig village when she was a baby. The rich could not have a baby. Now I have four living children. I gave one child to the rich because I am poor and have no choice. (participant A4, interviewed 9/01/2008)

Economic hardship is also reflected in not having enough money for looking after sick spouses and grandchildren:

Hmm.... [She breathes deeply]. I have no energy to work. I have to look after my paralysed husband and two grandchildren without money. I am not satisfied with my life..... One day my grandchildren stared at their friends’ school bag. I knew that they wanted to have a school bag but I did not have money to buy it for them. [She cries] (participant A4, interviewed 9/01/2008)

As the potential support from children decreases over time, a heavier burden will be placed on future generations to support the elderly. For the future elderly population, individual saving is one key income source. Therefore, the elderly who are in the rural areas and have economic problems are at risk (Suwanrada, 2009). In addition, the effects of poverty can lead to the worsening health of the older adults or their spouses.

6.4 Illness and spouse sickness

Health problems have been correlated with the feelings of abandonment of old aged people (Graneheim & Lundman, 2010; Rachiwong, 2002) because their family functioning is poor due to financial problems (Wu et al., 2010). In this study, the participants not only took care of themselves when they got sick, but also looked after their spouses. This is one of the problems that they have to encounter.

6.4.1 Illness

Older adults commonly have one or more chronic conditions that gradually accumulate and affect their daily activities and quality of life (Miller, 2009). The prevalence of coronary artery diseases, cancers and diabetes mellitus has greatly increased due to aging of the Thai population and Thai lifestyle changes (World Health Organization, 2006a). Many elderly parents in rural areas have major chronic diseases such as high blood pressure, diabetes mellitus, and coronary artery diseases. These diseases, and other chronic diseases such as gout, joint pain and visual impairment, were reported by participants in this study during their interviews.

Some chronic diseases of the elderly parents affect their daily activities. For example, cataracts and partial blindness make the parents fumble and have difficulty getting around:

I am not well because I have a sore back and I have partial blindness. In addition, I am hard of hearing. Also, I hurt my leg and I could not get around. (participant 192A, interviewed 8/05/2008)

I have had headache for several days. My eyesight is not clear. Sometimes I fumble to find things. My left eye was hit by a stick and I have to take a pain killer when I get pain. (participant 187N, interviewed 11/05/2008)

Some parents have chronic conditions that create obstacles for looking after their sick spouses and young grandchildren. These conditions limit their activities such as getting around, and house work:

When I bend my abdomen, I get a pain in my abdomen. I had operation because I had kidney stones. Now I cannot bend my abdomen properly. I cannot do the work that needs me to bend my abdomen. (participant A4, interviewed 9/01/2008)

I am not really well. I don't know why I feel hot on my abdomen, fingers and the tops of my toes, and I have sore hips. I am finding it hard to get around. In the past, I was quite fat, but now I am so skinny. (participant 151N, interviewed 18/01/2008)

Aging parents' illness relates to feeling abandoned because it limits them from doing their important daily activities and working for money. Elderly parents who have to take responsibility for their sick spouses and young grandchildren have a greater extent of feeling abandoned than those who have healthy spouses.

6.4.2 Spouse sickness

In Thailand, the prevalence of long-term disability (6 months or longer) among the elderly, total disability (long-term plus short-term) and dependency in self-care activities are all high (Public Health Ministry & Social Development and Human Security Ministry, 2007). In addition, this report revealed that Thai elderly men in rural areas have a higher rate of paralysis than women. In regard to causes of feeling abandoned, spouse sickness affects not only aging parents' daily activities but also financial support for spouse's treatment. Some aging parents whose children have moved to the big cities have to take responsibility for not only young grandchildren, but also an ill spouse:

After waking up, I clean the house, cook a meal, feed the dogs, and feed the fish. I look after my husband who has paralysis and look after two grandsons who study at the secondary school. (participant 187N, interviewed 11/05/2008)

Figure 6.4 illustrates that most sick aging parents' spouses with paralysis have a low quality of life. Many of them sleep on the unhygienic floor. Reduced numbers of adult children because of their increased migration creates many challenges for the personal care of the aging parents left behind (Knodel & Chayovan, 2009).



Figure 6.4. Participant 187N's paralysed husband.

Whilst much of the care falls on the spouses; some elderly parents try to prevent the side effects of paralysis such as bedsores and try to help themselves move by pulling on a long cloth. Participant A4 talked about her paralysed spouse:

I look after my husband and cook for people in the house. He has had paralysis for over 10 years. My house is too high to carry him to get in and out from the house. He likes living under the house..... No, he does not have bedsores because he holds the cloth when he wants to sit up. (participant A4, interviewed 9/01/2008)

Although paralysis recovery takes a long time, the aging parents are willing to look after their spouses and not all of the participants in this situation reported feeling abandoned. In addition, the aging parents who also have grandchildren who can help them care for their spouses are able to face the spouse's sickness better than those who have no helpers:

My husband has paralysis on the left side of his body because he had an accident 10 years ago. He cannot speak as normal people and he cannot walk normally. Although he has paralysis, I am willing to look after him. (participant N1, interviewed 22/12/2007)

Not only female aging parents take responsibility for their male paralysed spouses, but also male aging parents do this for their spouses too. Participant 143A gave the reason why his spouse had paralysis:

Hmm...She has paralysis. Two weeks ago, she fell down on the floor when she was cooking. I saw her and her head hit the floor. She was unconscious and I took her to the hospital. Doctor said she had high blood pressure. That was the reason why she fell down on the floor. (participant 143A, interviewed 8/01/2008)



Figure 6.5. Participant 143A's paralysed wife.

As can be seen in participant 187N, A4, N1, and 143A, having a paralysed spouse exacerbates the situation of elderly parents especially if they are receiving little support from their children (Melanie A Abas et al., 2009). Other chronic diseases in spouses also exacerbated the workload and the stress for their partner. For example the husband of one participant was an alcoholic and therefore less available to his spouse to share her worries and concerns:

My husband always gets drunk... No, he doesn't listen to my concerns because he is deaf. Also, he doesn't understand anything because he always gets drunk. (participant A2, interviewed 10/01/2008)

Therefore, all these chronic diseases suffered by the aging parents' spouses affect not only their daily activities, economic status, but also the aging parents' feelings including that of feeling abandoned.

6.4.3 Effects of illness/ Spouse sickness

Illness in an older person or their spouse impacts on their daily activities, and financial status. Living only with a spouse is generally viewed as less problematic than living alone since a spouse can be a principal source of emotional and material support and personal care during sickness and frailty (Knodel & Chayovan, 2008). However, in the remote rural context of the present study many aging parents have to work harder than before their spouses become chronically ill to provide material support and ongoing personal care during a spouse's sickness. Some participants have to work to earn money although they are old and do not have much energy to work, alongside looking after their grandchildren, but also their spouses. The economic burden results in feelings of losing heart and exhaustion as participant 187N expressed:

I used to hire myself out for work but now I am too old to work. I have to look after my husband such as feeding him meals, showering him, and cleaning him. Umm.... I have a lot of things to do per day. Also, I have to look after the two grandsons. Sometimes I lose heart and I feel exhausted. (participant 187N, interviewed 11/05/2008)

I am the only one who worked for my family since my husband lost his memory. At that time, I went from home to gather foodstuffs in the forest and sell them. (participant 98A, interviewed 19/12/2007)

Some participants who have sick spouses still get little money from their jobs. However, it depends on which kind of job that they have. For example, one participant is a barber who can get some money from his job at home. In addition, his daughter who lives nearby his house provides him with some food:

I work as a barber. Before my wife was paralysed, I used the motorbike for going to cut customers' hair. I am the only one who looks after my wife. Sometimes my daughter who lives nearby my house gives me some food. I don't need to cook sometimes. At the moment I get around 10-30 baht per day because I have to take care of my paralysed wife. In the past, I got 100 baht per day because I could go around Amphoe Bungkla to look for

customers. Now I cannot do like that. (participant 143A, interviewed 8/01/2008)

In contrast, some participants have no children who live nearby their houses. They have to look for food for themselves. For example, even though participant A2 has no grandchildren to look after, she has to look after herself and her alcoholic husband who works for the family some days. On the days he cannot work for money by burning wood for charcoal to sell, she has to ask neighbours for leftover food:

My husband always gets drunk. I have to find a meal for both of us. I feel upset. I am the one who worries about food every day. (participant A2, interviewed 10/01/2008)

If the working spouses get sick, they have to face the effects of their sickness such as not being able to work properly. Some aging parents who also support grandchildren can be faced with extra problems because they think that they have to endure for their grandchildren. Participant A4 said:

I used to be hired for cropping rice and for collecting cassava but now I cannot do that. I get pain at my operation scar when I work. One day I got sick, my grandchildren asked me “Yai [grandmother]! What happen to you? Don’t be dead. If you die, we will not have a place to live” [She cries] (participant A4, interviewed 9/01/2008)

Some participants have had to change jobs because of their sickness. Even though some of them have coronary heart disease with its risk of sudden death, they have had to find a lighter job to maintain income:

No, I can’t do all my activities. I just do what I should do such as looking after chickens and making grass roofs. (participant A8, interviewed 19/12/2007)

I work on light jobs. When I am tired, I stop working. If I don’t stop working, I will get dizzy. (participant 276N, interviewed 11/02/2008)

Many of the elderly parents have problems with their eyes and these eye problems stop them from doing some jobs and daily activities. Some of them try to do what they normally did even though they cannot see clearly:

I sell chicken cages at 60 baht each. My husband makes cages every day. I cannot help him because I have problem with my eyes. (participant 270A, interviewed 10/02/2008)

I can see something which is close to me clearly, but if it is far, I cannot see it clearly.....I can do my daily activities such as fixing my house, and cropping cassava. For meals, I walk to my daughter's house. (participant 131N, interviewed 8/05/2008)

These eye problems can lead to accidents which can happen easily with them. With respect to health concern related to aging, Jitapunkul et al. (1999) found 93% of Thai elderly who had illnesses without hospitalization had sought treatment and seven percent had done nothing. Subjects who had self-limiting symptoms or diseases tended to not use health services, while subjects with chronic conditions did. In this study spouses caring for sick family members would seek treatment so they could continue to look after their family members who were sick.

However, not all treatments were followed properly and in many cases became a 'mis-treatment' rather than a positive treatment. Some elderly parents still work in the field all day and they miss the follow up doctor's appointment. Economic problems and day-to-day subsistence took priority. For example, although participant 131N got free treatment sponsored by the Queen, he missed the doctor's appointment for eye check:

I had an eye operation. Four years ago, the queen visited the people in Amphoe Bung Khla. At that time, she had a team of doctors with her checking people's health. I was the one of the patients for whom she paid for treatment. She helped only the patients who were poor. When I saw the doctor, he said I had a cataract. After treatment, I could see everything clearer than before, but now my eyes have become blurry. Last month, the health care worker at the hospital called me to recheck the eyes again but I didn't go to the hospital.... I was so busy. (participant 131N, interviewed 8/05/2008)

Family commitments prevented another participant from keeping an appointment:

I did see the doctor at Bung Khla hospital and he recommended that I see an ophthalmologist in Amphoe Bueng Kan. Three weeks ago, I went to see the ophthalmologist and he made me an appointment for following up, but

I could not go to see him..... If I went to see the doctor, no one would look after my grandson and my husband. (participant 142N, interviewed 16/01/2008)

Moreover, some participants do not fully understand the prescribed treatment and therefore fail to follow the doctor's instructions:

I used to get pain in my chest and could not sleep at night. I went to see the doctor and he gave me sleeping pills. The sleeping pills did not work for me and then I went to see the doctor again. He suggested I saw a psychologist. I did not see the psychologist because I am not mad..... I could not sleep and was worried about debt so much. I decided to tie nylon to the ceiling but suddenly my youngest daughter met me. She stopped me from committing suicide. (participant A4, interviewed 9/01/2008)

Poverty of elderly people in Northeast Thailand is a common problem and the difficulty of care contributes to the non-enjoyment of care (Caffrey, 1992). Therefore, the Thai government launched the Universal Coverage Policy for all elderly to receive free health services (Public Health Ministry & Social Development and Human Security Ministry, 2007). However, even though the elderly are entitled to free treatment, they are still faced with financial problems in relation to accessing medical treatment.

Some villages are far from the central community hospital. Having no fare to see the doctor is one of the major problems in accessing treatment. They may also be faced with living costs in the city in relation to being referred for specialist treatment at the provincial hospital which has more modern medical equipment. In Thailand, state organizations such as university, military and state enterprises provide most of the secondary and tertiary health care levels (Public Health Ministry & Social Development and Human Security Ministry, 2007). Therefore, the tertiary health care level is quite remote for the Thai elderly living in rural villages although some changes have been introduced to support those living in rural areas as illustrated by the second quote below:

You know? I have a kidney stone but I don't have money for treatment. A doctor at Bung Khla hospital told me that I should have operation at Nong Khai hospital in the Nong Khai city but I have no money to go. Just let it be. (participant 98A, interviewed 19/12/2007)

I went to see the cardiologist in Khon Kaen province. I have been taking medication for four years. In the past, I had to get medication in Khon Kaen province but now I can get it at Bung Khla hospital. The medication is transferred from the hospital in Khon Kaen to Bung Khla hospital. I have been getting the medication from Bung Khla hospital for one year. (participant 276N, interviewed 11/02/2008)

Jitapunkul et al. (1999) found that economic status and severity of illness related to health service use by the elderly. Therefore, poverty is strongly associated with incomplete/modified treatments. Thus, health education is important for the elderly, especially those who are illiterate or have low education. Furthermore, chronic diseases lead to psychological problems such as depression which further affects quality of life (Lee, Chronister, & Bishop, 2008). Thongtang et al. (2002) also found that the major contributing factors to depression were financial problems, poor family relationships and physical illness. Therefore, depression and hopelessness are common psychological factors affecting elderly rural parents.

6.5 Hopelessness

Most Asian elderly expect their children to take care and support them (Boonchalaksi, 2000). This expectation is met in some cases, but some aging people do not now receive this filial support. In this study, hopelessness occurred in the people who did not achieve their expectations. The sources of hopelessness were the children, poverty, and their own sickness.

6.5.1 Hopelessness because of children

In Thailand, the primary responsibility for the elderly has traditionally been with the family. Also, caring for elderly parents has been a pervasive aspect of Thai cultural values and it still provides a strong normative basis for the prevailing pattern of familial support (Knodel & Chayovan, 2008). Although children who live nearby play an important role in the lives of their aging parents recently, children who work in the other cities are also still important to the aging parents. They still expect care and support from their children who are remote from them. These following examples show how the elderly parents continue to hope that

their children will come back home and live with them, even when there has been conflict in relationships, and feel disappointed when that does not happen:

I look forward to living with my children. I want them to come back home because I am getting older and older. I want them to look after me. However, it is impossible for them to come back home. They don't want to come back home. (participant 98A, interviewed 19/12/2007)

If my children apologize to me, I will forgive them. I will allow them to stay with me if they feel comfortable staying in the old house. However, they have already abandoned me. How do they return to stay with me?.... I would like them to come back home and stay with me but they don't want to come back. In addition, they got angry with me. It is impossible for them to come back home. (participant 291A, interviewed 26/11/2007)

Some disappointment may come from conflict with their children. However, they still want to live with their children because they hope to be cared for by their children. Some aging parents who felt abandoned expressed their feelings of hopelessness:

I don't feel that I am meaningful for my children. I still love them even though they have abandoned me. Some nights I cry. (participant A6, interviewed 11/05/2008)

If I get sick, I will let myself die. I used to get pain at night and I didn't call the neighbours. The neighbours will know if I die in the house by the smell from my rotten body. (participant 192A, interviewed 8/05/2008)

In contrast, many aging parents understand the situation of their children. Even though they would like to live with their children, they have accepted that there are no opportunities for their children to work in the villages:

It depends on the season. My children said the jobs in rubber fields are just the temporary jobs but their jobs are permanent jobs. If they quit from their jobs in Bangkok, they may lose their permanent income. (participant 131N, interviewed 8/05/2008)

Hmm..[She breathes deeply] If my children come back, they will not get a good income. I have no rice field for them to crop rice. Although I would like them to live with me, it is hard for them to get work here. (participant 142N, interviewed 16/01/2008)

Whether the aging parents' hope becomes true or not depends on their economic status. If their status is stable or better, their children may come back and live with them. However, it takes time to improve their economic problems. Thus, not having enough money is still the impediment for living with their children. For some elderly parents a combination of factors leads to a profound hopelessness, which in turn can lead to the possibility of attempting suicide.

Older people are at greater risk of suicide than any other age group. Also, the risk factors for suicide in older adults are a major loss of independence or financial inadequacy and statements that indicate frustration with life and a desire to end it (Hooyman & Kiyak, 2005). In the Thai context, psychological problems arise from conflict with their family, feelings of abandonment of the elderly, and stress resulting from economic and social problems (Jongudomkarn & Camfield, 2006). With respect to parents' financial problems, parents report attempting to commit suicide because their children do not send them money and appear not to be concerned about their parents' financial problems:

I used to try to commit suicide because my children didn't send me money. I would take the pill but I did not know which pill could kill me. Thus, I stopped doing it. (participant A2, interviewed 10/01/2008)

Often parents attempt suicide because they have no contact from their children or get no money from them. However, conflict with children with whom they live may also lead to suicidal ideation as illustrated in the quote below:

This daughter who lives with me shouted at me. I got angry at her and I thought "Why do I have a long life? How can I escape from the worries? If I am killed by a car, it will be good for me. I will die." I told my daughter "Don't shout at me. I will let a car hit me. If I die, you will be happy"..... I walked across the road. I walked slowly but there was no car on the road. (participant 177A, interviewed 8/05/2008)

Many reasons stop parents from committing suicide such as not knowing which pill could kill, or there was no car on the road. For Buddhist parents, Buddha's teachings are important if they are thinking of attempting suicide. For example, Buddha's teachings or Dharma stopped some parents from attempting suicide:

When my children lived with me, I felt they cared about me, but when they left home, they didn't contact me as usual and didn't seem to care about me any more. They have no gratitude and they abandon me..... Umm...At that time, I was so sad and I saw some herbicide and thought about drinking it. I thought about Buddha's teachings. After remembering Buddha's teachings, I threw the herbicide away. The Dharma saved my life. (participant A6, interviewed 11/05/2008)

Therefore, Buddha's teachings help elderly parents solve their feelings of sadness and abandonment and for some, the results of following Buddha's teachings also leads to life satisfaction; this will be discussed in Chapter 7. Participants who did not think about Buddha's teachings when they faced their problems were more likely to attempt suicide, though most suicide attempts came from parents with economic problems. Also, Rubenowitz et al. (2001) found that financial strain was a cause of suicide in the aging population.

6.5.2 Hopelessness because of poverty

Many of the aging parents have faced poverty. Sometimes they are given food by their good neighbours. Death becomes the only one thing that they think about when they feel lose heart as participant 277A and participant 270A expressed emotionally:

Yes, I still have energy. Sometimes, my relatives came to my house. If they saw that I had no rice to cook, they would give me some milled rice for cooking. Umm...I am not rich. I just have what I only have. I eat just what I have each day Umm! Sum-Sa-Hod-Mer-Tai [Living without meaning until death]. Even if I want to live with my children, I cannot do that because I cannot abandon my own house..... I will eat only what I have while I am waiting to die. (participant 277A, interviewed 17/12/2007)

I have no successes. My children are not good. They have never sent me money. 100-200 baht has no meaning. I have no hope. I look forward to death (participant 270A, interviewed 10/02/2008)

Some parents receive money from their children, but not sufficient so poverty remains a problem. As participant 270A said, even though her daughter sent her money, it was not enough for feeding all the family members. Therefore, sending money to aging parents does not necessarily make the parents feel happy. Not sending enough money can be the key cause of feelings of abandonment in terms of hopelessness and economic hardship:

No, I am not satisfied with my life because I do not have enough money to spend or enough food to eat. When the children lived with me, I was happy. They worked for their parents but now I have to work by myself. Also, nobody looks after me. (participant A2, interviewed 10/01/2008)

Yes, I have five acres. I hire the neighbours for cropping rice and we share rice. My children have already got jobs in Bangkok. Also, this land can crop rice only one time per year..... this year I got around 700 kg of rice. It may not be enough for all of us for a whole year. (participant A4, interviewed 9/01/2008)

Some elderly parents who have to take responsibility for their children's debt try to seek a way to pay off the debt otherwise the problem will become bigger. Thus, they borrow money from many sources, even though they have no income. The only other way that they can get money in order to pay off debt is to receive money from the children who work in the big cities. However, this is a hopeless situation as the children may not have not enough money for their own survival in the big cities:

Hmm...I have no idea. No one takes responsibility this debt. Umm.. [She breathes deeply] If the bank asks me for the debt, I will borrow money from other sources to pay it off. (participant A5, interviewed 3/01/2008)

Hopelessness from not having enough money leads to the elderly parents' feeling abandoned. This hopelessness may lead to depression which affects quality of life of the elderly (Lee et al., 2008). Also, the effect of economic hardship may contribute to hopelessness from sickness.

6.5.3 Hopelessness from sickness

The painfulness of their chronic diseases disturbs many activities of the elderly parents and can cause depression (Lee et al., 2008). Also, it can lead to them attempting suicide. A serious physical illness with severe pain is a major risk factor for suicide in older adults (Hooyman & Kiyak, 2005). One example of this could be seen with participant 47N:

My health is not good. You know? I have prostate gland problems, stomach problem, and headache. Umm...I have a lot of diseases. Sometimes I think "I would like to die from these diseases". To be honest! I have no idea. I went to see the doctor but it doesn't work. I am still

suffering because of these diseases. However, I just try to feel better by thinking like that. (participant 47N, interviewed 8/02/2008)

In this case (participant 47N), suffering from chronic diseases threatens not only his daily activities but also his economic status. In addition, living alone in his house makes him feel deserted. Living alone is a disadvantage for several reasons. Not only is it likely to be associated with less frequent interpersonal interactions, and feelings of loneliness, but there is also a greater chance that urgent needs for assistances will go unattended, and create an acute health crisis or accident (Knodel & Chayovan, 2008).

6.6 Summary

This chapter has illustrated the reasons for feeling abandoned for the aged parents who had children who had left their home villages. In Thailand, a strong tradition of showing gratefulness to parents creates the moral obligation that young generations should support and care for their elderly parents. Since the Thai society has changed because of its economic shift, the young children who do not care or can not care for their parents because of distance make the aging parents feel abandoned. There are a number of factors that exacerbate the situation but the core of the meaning of abandonment for these parents is the expectations they hold for support from their working children, whether local or migrant.

There are four major reasons for feeling abandoned portrayed throughout this chapter. They are formed as a result of merging the observations and information from interviews with the elderly rural parents. The four major factors are negative children actions toward parents, economic hardship, illness/spouse sickness, and hopelessness. Most reasons for the feelings of abandonment are derived from the viewpoint of those who identified as abandoned. Ways of problem-solving are discussed in the next chapter, which draws more heavily on the experiences of those participants who experienced similar circumstances in relation to economic migration of children, yet who did not identify as feeling abandoned.

CHAPTER SEVEN

PROBLEM SOLVING

7.1 Introduction

Chapter 6 explored the reasons given by elderly parents for feeling abandoned or not feeling abandoned. The other main theme identified in this study and that extends the understanding of why some elderly feel abandoned and others do not is problem solving. As previously discussed, the results in Chapter 4 showed that 20% of the participants reported feelings of abandonment and having lower quality of life than those who reported not feeling abandoned. These data showed that the participants who did not feel abandoned accepted their situation, which differed from the traditionally supportive one that they would have expected. In similar circumstance, the participants (both those who felt abandoned and those who did not) sought ways of problem solving.

This chapter explores the ways in which participants solved the problems of sickness, conflict in their family, and economic hardship. Their problem solving is formulated from several bases: Buddha's teachings, life satisfaction, parents' positive actions toward their children, economic problem solutions, dealing with sorrow, and their support. These ways of problem solving can be used to help elderly parents, especially those who reported feelings of suicide and hopelessness. Figure 7.1 presents the formulation of the problem solving that emerged from the observations and interviews with the aging rural parents. Most elderly in this study are Buddhist, so Buddha's teachings influence their daily life.

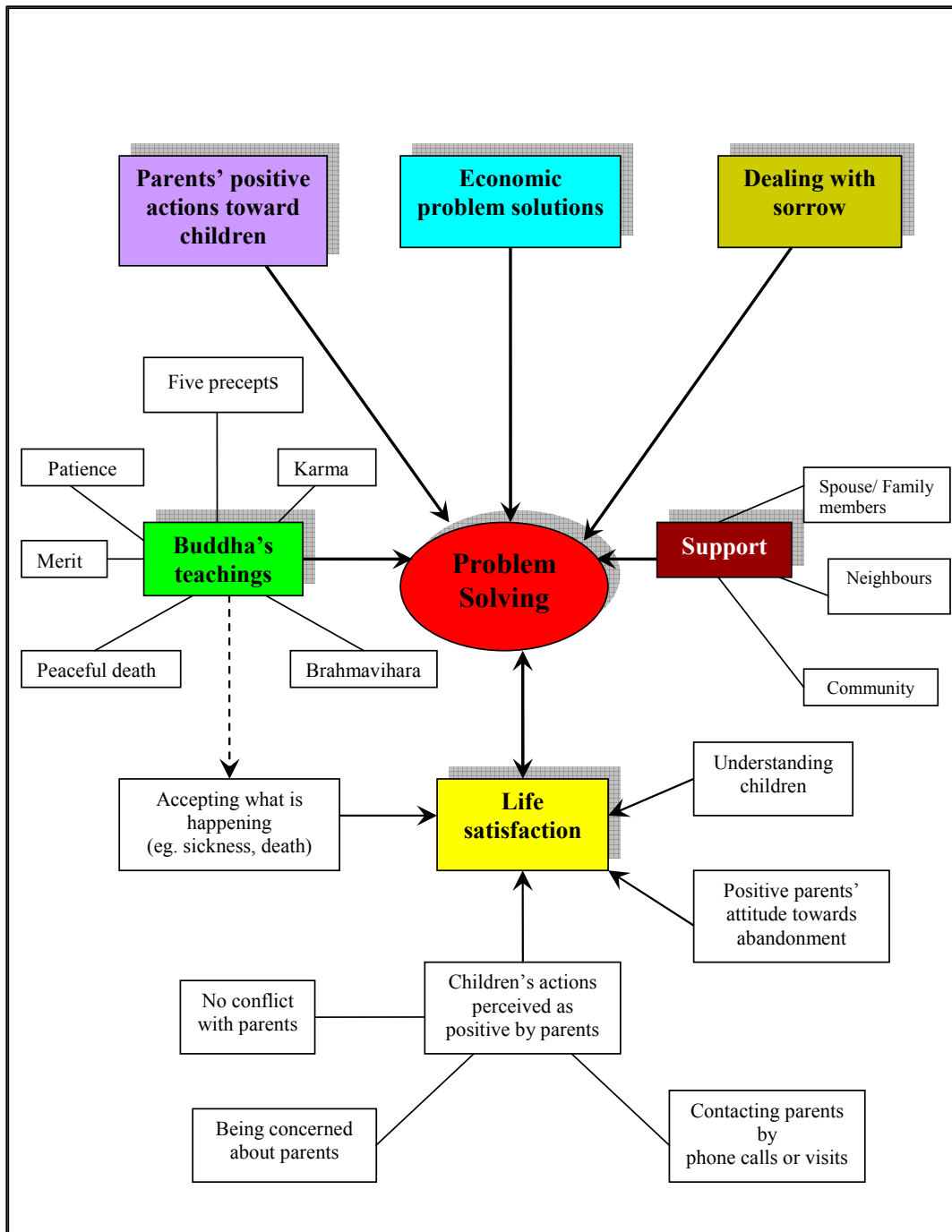


Figure 7.1. Problem Solving.

7.2 Buddha's teachings

The Thai population is relatively homogeneous in major cultural aspects. Also, the vast majority of ethnic Thais profess Buddhism, typically the Theravada branch (Knodel & Chayovan, 2008). Therefore, Buddha's teachings are associated with the daily living of the Thai elders. Being involved in Buddhist temple activities is also reported to increase aging peoples' satisfaction with life

(Othaganont et al., 2002). In this chapter, the relationship of the Dharma (Buddha's teachings) – particularly the Brahmavihara, the five precepts, Karma, Patience, Merit, and Peaceful death – to the ways the aging parents solved their problems and their feelings of abandonment is explored. Examples of the parents' experiences are used to illustrate the analysis.

7.2.1 Brahmavihara

Some elderly parents who have conflicts with their children try to compromise with the children by remembering the Brahmavihara (four sublime attitudes) which is one of Buddha's teachings. Generally, arguments or disagreements are not considered appropriate in E-Sarn society because they may cause disturbance among the people. Thus, the E-Sarn people are ready to compromise and believe that when someone disagrees, they should keep it to themselves in order to be polite and nice to others (Jongudomkarn & Camfield, 2006).

Brahmavihara is an important teaching that reduces arguments or anger. *Brahmavihara* comprises *Metta* (loving-kindness towards all living beings), *Karuna* (compassion), *Mudita* (altruistic joy in the accomplishments of a person), and *Upekkha* (equanimity, or learning to accept both loss and gain, praise and blame, success and failure with detachment) (Hahn, 2007).

Brahmavihara helps the aging parents stop getting angry with their children. Also, it helps the elderly keep their mind peaceful and give them the courage to live alone. Significantly, it stops elderly parents from committing suicide, as explained by participant A6 who felt abandoned by his children:

Because I believe in Buddha's teachings about Brahmavihara and Upekkha. So, I don't get sad and don't get angry with my children..... Yep, that is the reason why I can live alone. Before I started following Buddha's teachings, I tried to commit suicide. (participant A6, interviewed 11/05/2008)

As well as *Brahmavihara* helping the elderly parents to live at peace and not commit suicide, thinking about *karma* makes the parents realise the causes and effects of conflict and negativity.

7.2.2 Karma

Karma is an impersonal, natural law that operates in accordance with people's actions (Dhammananda, 1993) and is also called the law of cause and effect: every cause has an effect (Sucitto, 2010). Karma can be condensed into simple language: do good and good will come to you, now and hereafter, and do bad and bad will come to you (Gavesako, 2005).

A common Thai phrase related to karma is *Bab-Boon-Kun-Tote*. This is a colloquial way of expressing the belief that if people do a good thing, the good thing comes back. In contrast, doing a bad thing, the bad thing comes back. The elderly parents, who believe in *Bab-Boon-Kun-Tote*, use this to help them cope with the immediate consequences of family conflicts:

After reading the Dharma book, my worries are released because of Bab-Boon-Kun-Tote. I believe in Bab-Boon-Kun-Tote....because if I do a good thing, it will come back to me. In contrast, if I do a bad thing, the bad thing comes back to me. In my daughter's case, she does a bad thing to me and the bad thing will come back to her soon....(participant 177A, interviewed 8/05/2008)

The Buddha gathered all the unwholesome karmas, all the different forms of evil, under just five precepts (refraining from killing; from stealing; from lying, slandering, gossiping, and spreading rumours; from sexual misconduct; and from taking intoxicants). Whatever and whenever an action is performed, it must lie within the sphere of these five precepts (Desaransi, 1998). In addition, greed, hatred and delusion are called the Three Evil Roots that create all bad karma, and lead to all kinds of suffering in association with the principle of cause and effect (Janakabhivamsa, 1997). Thai people are always taught "do good deeds, receive good". Therefore, believing in karma makes the Thai people put up with what they are facing. They believe that it is good to do this:

Hmm...Although I am not satisfied with my life, I have no choice. I have karma and I have a lot of suffering so I have to put up with it. (participant A6, interviewed 11/05/2008)

The aging parents who believe in *karma* accept that if they do bad things, they will go to the hell. In order to avoid going to the hell, they have to do good things

such as getting their son to be ordained as a Buddhist monk. Very much it was evident that this belief can lead to parents' hopes that are connected to their future and their next life, a view also described by Tongprateep (2000). Thus, this belief influences the parents' idea to support their son to be a monk for them:

I have sin. My karma will be decreased and I will not go to the hell if he [son] is ordained to be a monk for me. (participant 177A, interviewed 8/05/2008)

Furthermore, *karma* influences the senior parents' feelings particularly when they have conflicts with their children. Thinking about *karma* stops them getting angry with their children. Therefore, the benefits of *karma* are less anger and a peaceful mind. Furthermore, if people have conviction in *karma* and its results, then it is extremely easy to keep the five precepts (Desaransi, 1998).

7.2.3 Five precepts

The five precepts (refraining from killing; from stealing; from lying, slandering, gossiping, and spreading rumours; from sexual misconduct; and from taking intoxicants) are the well known standards of morality in Thai society (Khippapanno, 2006; Narada, 1995). In order to achieve the five precepts, elderly parents avoid breaking the precepts. This keeps the aging parents away from crisis situations such as attempting suicide as participant A6 further explained:

I thought about Buddha's teachings. He said that the people who kill themselves are like those that kill living beings. This is one of the five precepts. After death, those people will go to hell. After remembering Buddha's teachings, I threw the herbicide away. The Dharma saved my life. (participant A6, interviewed 11/05/2008)

Many of the Buddhist senior parents interviewed believed in Buddha's teachings, especially the five precepts:

I always go to a temple which is nearby my house. I respect the five precepts of the Buddha. I believe in Buddha's teachings. (participant 135A, interviewed 21/12/2007)

Therefore, elderly parents who protect body, speech and mind with the five precepts may penetrate Buddhism to the higher level. Also, achieving the precepts makes the parents control their anger and accept what is happening. It helps them develop patience which is conveyed by the aging parents' experiences.

7.2.4 Patience

Patience is an important virtue in the Buddhist moral code (Dhammananda, 1989; Leifer, 1999). Understanding other people's problems and avoiding destructive criticism occur as a result of patience. In daily life, there is much that the elderly parents have to endure such as pain, illness, worries, frustration, depression, and abandonment and many parents spoke of having to be patient so that they did not become too stressed. For example, participant 47N had to put up with looking after her grandsons who were abandoned by their parents:

I am a little bit worried about looking after my grandsons. Hmm...I love them as my own children and I have to work hard for them. Their parents don't send me enough money for looking after them. I have to take responsibility by working for them. I have to be patient because I want them to have good food and to have good schooling. (participant 47N, interviewed 8/02/2008)

Literature suggests that meditation assists with patience and endurance (Janakabhivamsa, 1997). Also, patience can help to decrease sorrow as participant 135A mentioned:

Being patient is the way to reduce the sorrow. After expressing my sorrow to a monk at the temple, I feel better. The monk suggested I do meditation every day. (participant 135A, interviewed 21/12/2007)

To bear their sorrow is not the only way that the aging parents cope with their problems. As part of their Buddhist belief, the elderly parents believe that doing good things will make merit which will counterbalance bad *Karma* and make them happy.

7.2.5 Merits

In terms of Buddhist teaching, there are ten good deeds, which guide people to gain a peaceful life and develop knowledge and understanding in their lives;

charity, morality/keeping the precepts, mental cultivation/meditation, reverence or respect, services in helping others, transference of merits, rejoicing in the merits of others, preaching and teaching Dharma, listening to the Dharma, and straightening one's own views (Khoo, 2006). Charity which is one of the *Boon* (merit) can make the senior parents feel happy because eradicating selfishness raise their mind to be peaceful:

I save some money for the Buddhist donation because giving makes me happy. Donation is Boon. (participant A6, interviewed 11/05/2008)

Furthermore, believing in *Boon* (merit) helps the aging parents who are poor or have only a low income or status stop being jealous the others who have better status in society:

Even though other people have a better life than me, I have no bad feelings because I know myself. We have our own life. It depends on Boon-Pai-Boon-Mun [The outcome depends on that person's merit] (participant 100N, interviewed 13/02/2008)

The *Boon* (merit) belief makes the parents feel peaceful as a result of accepting what they have done. Accepting what is going to happen is related to thinking about their death; most Thai aging people would like to die peacefully.

7.2.6 Peaceful death

The Buddha saw the processes of the life cycle as aspects of nature and reality which are manifested in everything. When things arise, they also have to cease and eventually end (Thitadhammo, 2005). After death, we cannot bring anything with and all acquired property returns to the world to be used by those who are still alive (Khippapanno, 1995). Everyone hopes and desires to have a peaceful death after having fulfilled his/her lifetime duties and obligations. Thus, people should be courageous enough to face facts and must be prepared to face reality because death is a reality which is a factual happening (Nanasampanno, 1999).

According to Buddha's teachings, death is not the end of life but another life will begin. If people do good things, the people can have a better future life. On the other hand, if people do not wish to be reborn again, the people will have to

eradicate the craving for existence and other defilements from your mind (Dhammananda, 1989; Nanasampanno, 1999). Many Thai Buddhist elderly would like to die without any worries (Tongprateep, 2000). Therefore, they have to accept that everything cannot go with them when they die. Participant 98A revealed her feelings about her death as if she knew that her death was coming soon:

When I die, everything such as the house and children cannot go with me. So, I don't hope. I am not worried about them. For me, it doesn't matter. As I am elderly, I know that the end will come soon. (participant 98A, interviewed 19/12/2007)

Around two months after that interview, participant 98A died on the way to the hospital. Her daughter-in-law said that she got a headache shortly before her death. Furthermore, some other elderly parents talked about their death demonstrating that they understand Buddha's teachings and accept that death is coming soon. Many elderly expressed their acceptance of death's inevitability and their reflections revealed satisfaction with the past rather than problems of the future:

I believe in Buddha's teaching that everyone has to die finally. (participant 215N, interviewed 12/02/2008)

I have nothing to look forward to. I am too old to look forward. I have been happy since I was young. If I die, I will not be worried about anything. I think I already have had my success.... My success is I got what I hoped: I was a Buddhist monk; I could read books and write even though I just finished primary school. (participant 276N, interviewed 11/02/2008)

The elderly parents who follow Buddha's teachings are able to cope with fear of their death. Thus, religious belief may lead to life satisfaction.

7.3 Life satisfaction

Daily activities such as religious activity involvement and good relationships with others relate to life satisfaction (Othaganont et al., 2002). As a result of involvement in religious activity, the participants who follow Buddha's teachings

accept what is happening, think positively, and understand other people. These three main activities found in this study make the elderly parents feel satisfied with their life.

7.3.1 Accepting what is happening

Believing in *Karma* (one of Buddha's teachings) contributed to the parents' acceptance of what is happening. Although they are not satisfied with their circumstances, they endure these events. This tolerance is a result of Karma belief as can be seen when Code A6 mentioned about his experience:

Hmm...Although I am not satisfied with my life, I have no choice. I have karma and I have a lot of suffering so I have to put up with it. (participant A6, interviewed 11/05/2008)

Putting up with what they are comes from acceptance which is one of Karma beliefs (Sucitto, 2010). Some aging parents who are poor put up with their poverty and their comments also relate to Buddha's teachings as participant A5, and 135A said:

No! No! I have not attempted suicide. Also, I have never thought of committing suicide. Although I am poor, I will be patient and I will not cut my life urgently like that. Kert-Ma-Tong-Sai-Hai-Mun-Koom-Sart [As I was born in this life, I have to live my life as fully as I can before I die]. (participant A5, interviewed 3/01/2008)

I used to be the rich. I used to have lands, a big car, and a big house. My life achievement is the different experiences between the richness and poorness. Ummm..... Life is like this. (participant 135A, interviewed 21/12/2007)

As a result of acceptance, many elderly parents are pleased with their daily life and what they have. These pleasures affect their attitude towards peaceful death:

Now I am happy with my daily life. I don't want anything else because I am pleased what I have. I believe that Ow-Yung-Pai-Bor-Dai-Bud-Tai [Nothing will go with me when I die]. These words are from the monk. I like the meaning. It means that I don't need to worry about anything before death. (participant N1, interviewed 22/12/2007)

With regard to aging people's health, some participants also accept their state of health and the limits that their health imposes on their daily life:

Although I have sore legs and I cannot walk as before, it doesn't matter. I accept that. (participant 100N, interviewed 13/02/2008)

Although I have the heart disease, I am satisfied. Every one has to be sick one day. If I want the heart disease to be cured, it is impossible. The doctor said this disease will not disappear from me. I have to take the medication forever. That is fine. I don't want to have anything else. (participant 276N, interviewed 11/02/2008)

As the participants' interview, many of them reveal that they are calmly satisfied with their lives. They understand what is happening to them such as their poverty, sickness, and death. In addition, this life satisfaction can lead to positive attitude towards their children who had not met their expectations of filial piety.

7.3.2 Understanding their children

Most elderly parents who understood their children, their circumstances, and their lives, did not feel abandoned. Even though parents did not receive money as they usually got before, they understood their children's situations in the big cities. Understanding children comes from trust between children and parents. Thus, phone contact from migrant children can make parents trust them although they do not see their children's real situations:

Hmm... I know that they have not much money. If they had much money, they would send me much money. If they have not much money, they will send me a little money. It depends on how much money they have. Humm... I understand them. Sometimes they have rung me and said "Mae! [Mother] This month I don't have money. I will send you money next month." It is important but we should understand that sometimes children don't have money to send parents. (participant 142N, interviewed 16/01/2008)

Sometimes the contact is more indirect. Their children may ask about them from other people. Nevertheless, many parents accept this action and interpret it that their children care for them:

My children ask about me from their sisters, I am happy. It means they still care about me. (participant 211N, interviewed 12/02/2008)

The parents' acceptance and interpretation come from their positive thinking. Also, positive thinking assists parents to show understanding of their children. Even though their children did not send them money, most participants understood that their children could not send them money because the children had their own economic problems in the big cities. In the examples below, although no money was being provided for the parents, other types of contact are implied. Thus, the parents did not feel abandoned:

My daughter always asks me for money and she said she does not have enough money for surviving in Bangkok. I send her money instead... I understand that she does not have enough money for living costs.... The transport fare is expensive. I understand..... they[children] haven't abandoned me because they are still worried about me. They cannot send me money because they have economic problems. (participant 211N, interviewed 12/02/2008)

My children will not abandon me because they always ring me. Although they don't give me money, they do not abandon me. I understand them that they have to spend a lot of money to survive in Bangkok. (participant N1, interviewed 22/12/2007)

With respect to aging people's economic problems, in 2007, the government provided a monthly allowance of 500 baht (20 NZ\$) a person. This monthly allowance is accessible to approximately 2 million elderly in all 75 provinces of the country (approximately 25% of the aging population) (Public Health Ministry & Social Development and Human Security Ministry, 2007). However, some elderly do have to take responsibility for their grandchildren, their own debt, and their children's debt, so it is not sufficient in these situations.

Although looking after young grandchildren is one of the elderly parents' responsibilities, they are willing to look after them because the parents understand that their children have to work hard and have no time to look after their young children:

Although one of my children who works in Bangkok has left her son with me, I am willing to look after him. I hope that one day they will come back and live nearby my house. (participant 47N, interviewed 8/02/2008)

Some grandparents also try to afford their grandchildren money although they have economic hardship:

She left her son with me. He is 3 years old. He asks me for money before going to the kindergarten. If I do not give him money, he stares at his friends having sweets, so I take pity on him. (participant 219N, interviewed 11/05/2008)



Figure 7.2. Participant 219N and his young grandson.

Therefore, an important factor in the relationship between parents and their migrant children is an understanding of the children's circumstances and this relates to the parents' attitude. If parents understand children, they will be happy and their children will be happy too. Good family relationships and good parents' teachings impact on children's actions.

7.4 Children's actions perceived as positive by parents

Participants who did not feel abandoned identified their children's actions into three categories; no conflict with parents, being concerned about parents, and contact with parents.

7.4.1 No conflict with parents

Most aging parents who have no conflicts with their children have good family relationships. These positive family relationships come from learning how to cope with conflicts in the family and some participants revealed the strategies they used that turned out well. For example, participant 276N tried not to have conflict with his wife by keeping away as he did with his children:

I didn't have conflict with my children. In my family, if one of us said something wrong or got angry, others would keep away. When the one felt better, the others would come back. We call it "Putting the cold water in the hot water"⁵. That is the reason why we have never had conflict in our family. [He smiles] (participant 276N, interviewed 11/02/2008)

Elderly parents who have not a quarrel with their children are consulted by their children. This consultation shows that they receive trust from their children, and this trust strengthens the good relationship between parents and children even though they are far away from each other:

First they consulted me that they wanted to get income in Bangkok. At that time I thought that if they got good incomes, we might have money in order to build them a house near my house. Also, I don't have any fields for them to grow rice so I let them go. Before they left home for Bangkok, I Pook-Kan⁶ them. (participant N1, interviewed 22/12/2007)

In addition, having no conflict with parents related to the parents' teaching. There are many ways of teaching their children. Some participants could only teach their children by conveying their experience and knowledge:

⁵ *Putting the cold water in the hot water* is a Thai colloquial expression. It means if someone says something wrong or get angry, the other one will keep away.

⁶ *Pook-Kan* is the tradition when people are going to leave from home. E-Sarn people do it by tightening a cotton thread on the wrist of the one who is going to depart from home. The meaning is to get good luck in the new place.

My life achievement is to teach children to be good. I am proud of my children because they are grateful and they are good children. They have never made me feel disappointed. Even though I have no money to give them, I have conveyed them my experiences and knowledge. They obeyed me when I taught them. I wanted them to be good people in society. (participant 187N, interviewed 11/05/2008)

Furthermore, the elderly parents who have no problems with their children and have no feelings of abandonment showed in their attitude that their children are more important than money:

Children are more important than money..... Because children can look after me but money cannot look after me as well as my children. Also, money can be used up but children cannot. If all my children lived with me, I would be glad. I want them to Berng-Lae [to look after] me. (participant 151N, interviewed 18/01/2008)

Although money is necessary, it is not more important than my children. For children, we only get children once. For money, if money runs out, I can get a new income. (participant 276N, interviewed 11/02/2008)

These comments show the effects of positive relationships and contacts with children and the value placed on love for the family. Not having conflict is the positive action of children that makes the elderly parents happy. However, whether conflict develops depends on how they cope with problems that arise and how they taught their children. The children who have good relationships with parents are more concerned about and supportive of their parents than children who have had or are having conflict with them.

7.4.2 Being concerned about parents

Children who are concerned about their parents will set aside money or food for them because they realise that their parents gave birth to them. This associates with 'parent repayment' which as previously stated means children are expected to repay their parents for having borne and nurtured them (Choowattanapakorn, 1999). Thus, the children show their gratitude to their parents by taking care of them (Rachiwong, 2002). Taking care of parents demonstrates that the children are concerned about their parents. Also, the elderly parents want their children to look after them (Jongudomkarn & Camfield, 2006), for example, participant 187N said that:

My son rang me “Mae [Mother], do you have enough money? If you don’t have money, please borrow from the neighbours first and then I will send you money to pay it off”. You know? I waited for my children on the road where the bus would drop them. When they got off from the bus, I ran to them and we hugged each other. They always brought some food for me when they came back home.... I gave birth to them and I am their Rom-Po-Rom-Sai [The person to whom the younger gives respect to and the person to whom the younger are grateful] because I am the one to whom they give respect and I am the one to whom they are grateful. [She smiles happily] (participant 187N, interviewed 11/05/2008)

Asking parents about their daily life, food, and financial problems by phone is the way that migrant children show their concerns to their parents:

I feel that my children still love me as I love them because they always ring me and ask about my daily life. They ask “How are you Por [Father]? Did you eat your favourite food? Do you have enough food to eat?” My wife and I tell them the truth. I answer them “Sometimes I have enough food and sometimes I don’t have enough food to eat”. You know? If I had enough money, I would buy good food but if I do not have enough money, I buy the cheapest food. As they asked me, it showed that they worried about me. Sometimes they send me dried fish by post. These things show that they take care of me. Whatever they have done to me, I still love them because I caused their birth and looked after them while they grew up. When they lived with me, they always helped me work. (participant 47N, interviewed 8/02/2008)

Not only the children who left the home village but also the children who live nearby the parents’ house are concerned about their parents. This is one of the reasons why the parents do not feel abandoned:

I am satisfied with my life because my children are good. They have not abandoned us and they care for their parents. My children who live nearby my house take care of me although they ask me for money for their children’s tuition fees. (participant 151N, interviewed 18/01/2008)

Although children who live nearby their parents’ house have more opportunity to show their concern to parents than migrant children as noted by Knodel et al. (2010), children who have left the home village try to present their worry about parents in many ways. For example, some children leave their children with their siblings instead of their parents. This action presents that the children are concerned about their parents:

My daughter has no debt but she left her children with her sister who lives nearby my house. She didn't leave her children with me because she didn't want to disturb me. Although she left her children with her sister, she sends money to her sister for looking after her children every month. (participant 211N, interviewed 12/02/2008)

Some children who are concerned about their parents ask their parents about expenditure and send them money for many reasons. This sending of money shows their concern for their parents:

If I asked my son for money, he would send me money promptly. Sometimes, even when I didn't ask him for money, he sent me money. He said "Please buy what you want to eat"..... If he knows that I get sick, he will visit me or he will send me money for treatment. I know him well. (participant 100N, interviewed 13/02/2008)

One day, my daughter cropped cassava with me and she asked me "Por [Father] I would like to be a seamstress at a factory in Nakonpatom province. My friend told me that it is a good income". I allowed her to go because she is a good girl. I hoped she would send money for supporting our family. Since she has worked in Nakonpatom province, I have had money for my heart disease treatment. Also, I don't need to crop rice by myself. I can hire the neighbours instead. (participant 276N, interviewed 11/02/2008)

Furthermore, aging parents expect that their children will take more care of them than would neighbours:

I don't think that the neighbours will take care of me as much as my own children. If I ring my children, they will hurry to come back home. I am so sure. (participant 47N, interviewed 8/02/2008)

There are many ways that children show their concern to their parents such as asking about parents' daily life by phone, sending money to parents, and not troubling them. Many parents hoped their children will visit them and help them in person rather than from a distance.

7.4.3 Contact with parents

Contact stood out as a significant children's behaviour that impacted on the parents' life satisfaction. Some children did contact their parents by phone calls or visits. These contacts made the parents feel that their children have not abandoned

them. Furthermore, although parents preferred visits, contact by phone calls was important to parents because they maintained the relationship between parents and migrant children:

Ringling by cell phone keeps the relationship between parents and children connected. When I talk to my children by phone, I feel like they are at home. (participant 215N, interviewed 12/02/2008)

This finding affirms that phone contact can keep the relationship between rural parents and their non-coresident children as noted by Knodel and Saengtienchai (2007). In addition, phone calls can make parents feel that their children had not abandoned them, especially when the children called regularly:

My children don't abandon me because they contact me every two days. My son who works in Amphoe Bangpakong, Ayudthaya province calls me every day. Although some of them don't send me money, they still contact me by phone call. They don't cut their tails [Thai colloquial expression. It means "they do not abandon me"]. (participant 187N, interviewed 11/05/2008)

Talking to children by phone call was preferred by parents rather than receiving money from children. This emphasised the preference for personal contact and the greater influence of positive relationships on the parents' feelings than money:

My children ring me every month. When they ring me, they ask "How are you Por [Father]?" "Do you have enough money?" Both of them ring me regularly although they cannot send me money. (participant 131N, interviewed 8/05/2008)

Positive relationships lead to good contact by phone. In some situations such as parents' sickness, phone contact is an important link for worried migrant children to parents:

If my daughter knew I was sick, she would ring me quickly. One day she knew that I was sick, and she rang me but I did not turn on my cell phone. She rang my daughter who lives in another region and she passed her message to me. (participant 276N, interviewed 11/02/2008)

However, phone contact was not always easy because the cell phone coverage was not good in some areas. Moreover, although being contacted by phone calls is important to parents' feelings, visits from their children are even more important:

Visiting is the best contact because I can see my son's face and also, I can live with him although it is just for a while. Last time when he visited me, he cooked his parents' favourite food. For ringing contact, it is just the listening. I can't see his face. I can only hear his voice. (participant 100N, interviewed 13/02/2008)

Visiting is better than ringing because I can see my daughter clearly. When I see her, I am always happy. It is like I have energy to work. (participant 219N, interviewed 11/05/2008)

While most children come back home to visit their parents, there were cases where children came back home because they had developed an illness. For example, participant 219N's son came back from Bangkok because he was addicted and he needed to be treated. In this case, the aging parents are once again taking care of their child instead of receiving support:

My son went to Bangkok last year and when he came back home, he looked strange. He got confused and screamed sometimes. After taking him to see a psychologist, he has to take the medicine everyday... He has psychological problems. [He whispers] Hmm... [He breaths deeply] He got this illness since he came back from Bangkok. I hoped he would earn money but he got this illness instead. I took him to the mental hospital in Ubanrachathanee province and Khon Kaen province. The psychologist said that he has psychological problems because of drugs. He was addicted..... He always cries and he is afraid of everything..... He tried to kill people in this village. I rang the policemen. The policemen arrested him and put him in a psychiatric hospital. When he felt better, I picked him up. Now he is better because I take care of him by giving him his medication... I sold some land to pay for the psychological treatment of my son. (participant 219N, interviewed 11/05/2008)

In conclusion, phone calls and visits from children can influence their parents' positive feelings about their children, however, it depends on the aims of these contacts. If children contact parents because they are worried about them, the parents do not feel that their children have abandoned them. In contrast, if children's contact contributes toward conflict, the parents may feel abandoned. Therefore, children's interactions toward their parents impact on parents' action.

7.5 Parents' positive actions toward children

Parents' positive actions toward their migrant children are focused on maintaining a good relationship; in particular by parting on good terms, keeping contact with their children, and focusing on love for each other, the relationship is maintained. Such good relationships are built on the values parents imparted to children as they grew up.

7.5.1 Parents' teaching

Parents' teachings affect children's behaviour. If the children have grown up obeying and respecting their parents, the children will be concerned about their parents. In this research, most of the elderly parents who did not feel abandoned emphasized the effort they had made to teach their children values of education and respect:

I had the normal problems with my children. One day they didn't want to go to school. I talked to them and gave them the reasons why they had to go to school. I taught them "Study is important to you. It will be useful for you if you study. You will get a good job if you study to a high level. If I am alive, you will be able to look after me with your income." I hit them when they were naughty. I just hit them lightly for teaching them. It is like the Thai poem "Ruk-Wer-Hai-Pook-Ruk-Look-Hai-Tee" [To love cows is to tie cows. To love children is to hit them] (participant 47N, interviewed 8/02/2008)

My wife and I did not hit our children.... Because hitting is useless and it is not necessary. We told them the right thing. If we told them, they would remember better than if we hit them... My wife is the one who taught them. Her teaching is better than mine. She taught "You have to look after parents because parents gave birth to you". "Don't forget to be grateful to parents" "You love me and I love you too so we should not abandon each other" "Don't complain about each other" "If you have problem with me, please let me know and we can solve the problem together" "Don't talk about our family's problems to others because we know how to solve the problem much more than others". These words she taught our children and they listened to her. (participant 276N, interviewed 11/02/2008)

Different parents had different strategies for teaching their children. For example, some parents hit the children when they were naughty, whereas some parents tried to talk to them about their wrong doing. No matter how they taught their children, they expect their children to become good children and good people in society.

This parents' expectation will be met if parents have no conflicts with their children as a result of their teachings:

I have never had a quarrel with my children. If they made a mistake, I would teach them. They listen to me. (participant 142N, interviewed 16/01/2008)

I have had no problem with my children. Also, I didn't hit them because all of them listened to me. I taught all of them "You should be good children and good students. If you are good students, you will be good people in the future." (participant 215N, interviewed 12/02/2008)

Most parents expect their children to be good people. However, it depends on individual concern of their children. Positive parents' actions can induce the children who left home village to care about their parents. This care can maintain the good relationships between migrant children and parents.

7.5.2 Good relationships

The relationship with migrant children is built on the relationships that parents had with their children before them left the home village. Most parents parted on good terms with their children:

My children asked me, before going to Bangkok and I allowed them to go. I Krob [to bless] them before they left. I hoped they would get a good income in Bangkok. (participant 151N, interviewed 18/01/2008)

As long as parents and children keep good relationships with each other, children will care about their parents and parents will trust their children:

The relationship between me and my children is not different from the past because they still love me as much as they always loved me. They Pang [to love] me. That is the reason why they visit me always. (participant 151N, interviewed 18/01/2008)

In my point of view, my daughter is still worried about me such as buying me my favourite food and my clothes. She does what she did for me when she lived with me. Last month she told me that she will come back for the Song-Kran festival and she asked me "Por! [Father] Do you want new shoes, new hat? What kind of food do you want me to buy for you? " (participant 219N, interviewed 11/05/2008)

These good relationships between parents and children lead to harmony in their families. Also, conflicts in the family do not happen and parents do not feel abandoned even though their children left home village. However, in order to keep the good relationships, the parents have to keep contact with children as well as children taking the time to contact them.

7.5.2.1 Parents' contact

Parents' contact can keep good relationships between them and their children. Most participants contact their children by phone calls rather than visits. Regarding the advent of technological changes in communication, phone contact, especially cell phones, is now pervasive in contact between parents and their migrant children (Knodel & Saengtienchai, 2005). Being able to contact their children by phone calls makes the parents feel happy:

Although I don't often travel to see my children, I am happy to keep contact with them by phone calls. (participant 151N, interviewed 18/01/2008)

However, most elderly parents in the study area cannot contact children by phone call because it is too expensive for them to ring their children, so they wait for their children's phone calls instead:

When my daughter rang me, I would say "Please come back home at the New Year holiday and Song-Kran festival". Normally when I missed her, I would not ring her until she rang me. Although I missed her so much, I would wait for her phone call because it costs me money if I ring her. (participant 219N, interviewed 11/05/2008)

Also, some parents do not know how to use the phone. Some parents solve this problem by asking their children who live nearby their house to ring the children who work in the big cities:

If I would like to know my son's news, I would ask my daughter who lives near by my house to ring him. One day I dreamed about him. I asked my daughter to ring him because I was worried that he would get sick. Fortunately, he said "I am fine. No worries." (participant 100N, interviewed 13/02/2008)

Even though contacting children costs parents' money and it is hard for parents to learn how to use the phone, some parents try to find out how to contact their children because they are worried and miss their children. These parents' actions reinforce the good relationships with their children. This reinforcement comes from the base of parents' love.

7.5.2.2 Parents' love

Many parents spoke of their love for their children and the ties it formed between parents and children. Sometimes they perceived that their love had created reciprocation of kind, but even when this was not the case, the parents still saw their love as positive. Participant 47N is a man who was very positive about his love toward his children and the reason why his children are grateful:

I give my children my love and they give me back their love. I showed my love to them by giving them whatever they wanted such as food, toys and sweets. I gave them whatever I could give them because I would like them to be good guys and to be happy. That is the reason why they repaid me with gratefulness. Oh! Another thing is I spoke of love to my children. I told them "I always love both of you. No one loves you as your parents. Parents always love their children" (participant 47N, interviewed 8/02/2008)

In this case, the gratefulness of children is perceived as a result of parents' expression of love to their children. However, some of the participants who had faced children's negative actions still talked about giving their love to their children:

Even though my daughter said the bad words to me, I still would like her to have a good income in Bangkok. Although all my children have never been worried about me, I still wish them to be happy and get a good income. (participant 270A, interviewed 10/02/2008)

Sometimes my children do not send me money. I don't care whether they send me money or not. I only wish they are happy. (participant N1, interviewed 22/12/2007)

These children's negative actions have not affected their parents' love. These situations may cause problems in some cases, but not in others. Whether there was

conflict or not often depended on the parents' attitude toward their children. Some aging parents stated how much they loved their children and how they had sacrificed their savings for their children, even though parents have low economic status:

My children are the most important for me because they are my everything. Assuming that somebody will give me a billion baht in order to get my children, I am not interested in the billion but I choose my children. It doesn't mean that I look down on money but I am willing to have my children no matter how poor I am. My children are my blood and my grandchildren are my blood. Thus, I love my grandchildren as my children. (participant 47N, interviewed 8/02/2008)

Do you know? [She whispers in my ear] I save money from old age pension for my first daughter in order to build her new house over here [She pointed to the small area beside her house]. I will give this house to another daughter and will give this area to his family [She points to her grandson]. So, I am sure that they will come back. (participant N1, interviewed 22/12/2007)

Such parental love is the reason why these participants have no conflicts with their children. Therefore, parents' positive actions based on their love influence other problem solutions, especially economic problems which are a major source of conflicts in many families.

7.6 Economic problem solutions

Although most aging participants are poor, they utilised different economic strategies to save some money for the future. In order to increase earnings, cropping rubber trees and saving money in safe places such as bank accounts are actions that most elderly parents take:

I save money by Fung-Din [to save money from agricultural produce]. Over there! See! I cropped the trees by myself. In six years, I can get money from selling rubber. (participant 135A, interviewed 21/12/2007)

When I get some money, I deposit it in the bank. If one day I do have not enough money, I will withdraw from my bank account. (participant N1, interviewed 22/12/2007)

Moreover, joining the community organization in order to loan money and get interest is another choice that aging parents are encouraged to do by the government:

The community organization has a fund for the elderly members who want to borrow money. The elderly members have to pay money for it around 120 baht per year. My wife and I have joined this fund for 2 years. (participant 47N, interviewed 8/02/2008)

Buying the national lottery is one form of gambling that some participants expect to get money from. As participant 192A said, his economic strategies include buying lottery tickets, borrowing money from siblings, and spending money carefully:

I buy the national lottery sometimes because I hope to get the prize. It is my economic problem solving. If I do not have enough money, I will borrow from my younger sister. In addition, I spend money carefully because I can't work and I am unwell. (participant 192A, interviewed 8/05/2008)

Borrowing money from co-resident children or children who live nearby is another way that parents solve their economic problems. Many studies showed that when they have economic problems, elderly parents first borrow money from their children who live near their house (Agree et al., 2001; Knodel & Chayovan, 1997b). These studies are related to participant 177A's situation:

I am going to borrow money from my children who live in this village. When I get the old age pension, I will return it to them. (participant 177A, interviewed 8/05/2008)

In other cases, the participants who have no children living nearby their house have to borrow money from neighbours. Often, in such cases, they also try to seek food rather than borrowing money from neighbours, because they do not have money to return and they do not want to have debt:

I used to have no money. At that time, I borrowed money from the neighbours and I returned money to them when my daughter sent me money. Sometimes, I had fermented fish in a clay container. I grilled the fermented fish and had it with sticky rice and vegetables. I didn't need to

buy anything because I can get food from around my house. When I get fish, I ferment it. I plant vegetables and I collect rice in a small barn. If I have no money, I can use these foods. (participant 276N, interviewed 11/02/2008)

I will ask my relatives for food. I don't want to borrow money from anybody because I don't have money to return to them. (participant 142N, interviewed 16/01/2008)

In summary, although some elderly parents were able to plan for their future, those who have their children living nearby tended have much more financial support. This situation indicates that non-migrant children are important for elderly parents who have economic problems. Despite the fact that some participants do not have significant economic problems, they may have other sorrows that need to be expressed.

7.7 Dealing with sorrow

In order to deal with psychological problems which may occur in old age, the participants express their sorrow in many ways. As most aging parents are Buddhist, going to the temple or doing Buddhist activities can contribute to peace of mind (Goto, 2009). For example, participant A6 and 187N expressed their sorrow by going to the temple or giving food to the monks:

When I go to the temple, I am always happy. My mind is peaceful. (participant A6, interviewed 11/05/2008)

After putting food in the monks' bowls in the early morning, I feel good. (participant 187N, interviewed 11/05/2008)

However, doing nothing can release participants' sorrow:

Just do nothing. When I had sorrow, I just sat on the floor. Sometimes, I laid down on the floor. I can't go out from the house when I am sad. (participant 291A, interviewed 26/11/2007)

In contrast, talking with neighbours or taking long walks is the choice that other participants used for sorrow expression:

I shout to myself “Ooy! I am worried” and then I walk to the neighbours and talk to them about various topics. I don’t talk about my worries with the neighbours. (participant A5, interviewed 3/01/2008)

I walk to the forest or the rice field. When I see the trees, I feel better. (participant 142N, interviewed 16/01/2008)

Also, getting money from doing practical things like making and selling handy-craft products can ease participants’ worry:

When I get money from selling grass brooms and sticky rice containers, I feel better. (participant 211N, interviewed 12/02/2008)

There are many ways of dealing with sorrow. It depends on individual’s situation and preference. Holding a sorrow for too long can increase the risk of mental illnesses, though this can be alleviated by support from others, particularly family members. Hence, social support is important for aging adults’ health (Yeh & Lo, 2004), particularly those who are separated from family.

7.8 Social support

Social support is the support from the people on whom the elderly rely (Dong & Simon, 2010). In this study, there are three main sources of social support, such as spouse/family member support, neighbour support, and community support. These sources of support can help the participants in different ways: emotional support, financial support, material support, and instrumental support (Zimmer & Kwong, 2003).

7.8.1 Spouse/family member support

Spouse and family members often provided emotional, financial, and instrumental support to the participants. Even though some aging parents had to look after their young grandchildren who had been left with them by their parents, the elders receive emotional support from these grandchildren:

My husband has said “Don’t think about anything”. One night I heard my grandson say to his sister that “Our life is better than before because grandmother looks after us. We don’t need to be the garbage sellers”. The two of them comforted me “Yai! [Grandmother] Please be patient. When

we grow up, we will work and send you money". I hope that when they grow up, they can survive by themselves. I don't hope that they will take care of me. [She cries](participant A4, interviewed 9/01/2008)

Comfort is one of the emotional supports that influence elderly parents' feelings. In addition, patience in old age was talked about by several participants as a way of dealing with their concerns:

My wife comforts me "He is fine. No worries. Please be patient" (participant 100N, interviewed 13/02/2008)

I have expressed my worries to only my husband and he has said "No worries! Please be patient" (participant 142N, interviewed 16/01/2008)

The experiences from these participants show that their spouse is the person who is often the most important for their lives, though this may be because their children had migrated to the city. Many spouses not only provided emotional support, but also instrumental and financial support:

My wife helps me with housework. Besides, she comforts me when I have worries. (participant A8, interviewed 19/12/2007)

My wife does housework and helps me work for money. (participant 211N, interviewed 12/02/2008)

With regard to financial support, elderly parents are not only supported by their spouse or their migrant children. Some do receive financial support from their co-resident children. In this case, an economic crisis threatened the elders' life:

Last year, someone asked me to sign a contract, saying if I signed, I would get 100,000 baht for renting the rice field. At that time, I wanted money in order to treat my husband's paralysis. I decided to sign the contract without telling anybody. Later I found that I didn't get any money from the contract, and the one who asked me, escaped somewhere else. Moreover, I had a debt of 100,000 baht instead of getting money. I could not sleep and was so worried. I decided to tie nylon to the ceiling but suddenly my youngest daughter who lives with me saw me. She stopped me from committing suicide. She was the one who paid off the debt of 100,000 baht. After paying the debt, I got my rice field back..... She got money from her lover who wanted to marry her. I got 100,000 baht from my son-in-law, for the engagement ceremony. (participant A4, interviewed 9/01/2008)

On the other hand, some spouses, while not being burdens, are not supportive either:

I used to express my worry to my husband but he blamed me. From that day, I have never expressed my concerns to him. (participant 98A, interviewed 19/12/2007)

My husband helps me burn the wood. That is all he helps me with.... He doesn't listen to my concerns because he is deaf. Also, he doesn't understand anything because he always gets drunk. My husband always gets drunk. I have to find a meal for both of us. I feel upset. I am the one who worries about food every day. (participant A2, interviewed 10/01/2008)

When their spouse or family members do not support them as they expect, many elderly try to seek support from other people. Support from neighbours is another option that they hope will meet their needs.

7.8.2 Neighbour support

Neighbour support is essential support for elders, especially the participants who have no co-resident children or have no children living nearby their house. In terms of type of support from neighbours, aging parents are provided with instrumental, financial, material, and emotional support. However, receiving these supports relies on the characteristics of their neighbours. For example, some neighbours can give instrumental support, whereas other neighbours cannot. Participant 187N and 219N had experiences of instrumental support from their neighbours:

Oh yes. My neighbours always help me. They help me to carry my husband to a hired truck for going to the hospital. It is hard to move him. Also, when I get sick, the neighbours take care of me. (participant 187N, interviewed 11/05/2008)

My neighbours help me such as when I get sick; they visit me and when I ask for help; they help me with my work. (participant 219N, interviewed 11/05/2008)

Furthermore, some neighbours can help aging parents with financial support when they have economic problems, but this help is just temporary because the money

is expected to be repaid. Often, such lending is the best help parents can receive from their neighbours:

I used to borrow money from the neighbours who live nearby my house. (participant 143A, interviewed 8/01/2008)

I used to borrow money from neighbours around 100-200 baht. That is all I borrowed. (participant A5, interviewed 3/01/2008)

Although financial support cannot be provided by some neighbours, material support such as food stuffs is provided instead:

When my neighbours caught fish, they gave me some fish. I can't fish because I have no energy. (participant 291A, interviewed 26/11/2007)

They give me milled rice when they know that I don't have rice. (participant A6, interviewed 11/05/2008)

However, different kind of support from neighbours is appropriate in different cases or circumstances. For example, material support from neighbours can be provided but emotional support cannot be provided in one case. The emotional support from neighbours depends on each participant's trust:

My neighbours are nice. If they have some food, they will give it to me. However, if I have some worries, I do not tell them. Otherwise they would exaggerate my worries and gossip about me. (participant 276N, interviewed 11/02/2008)

I don't trust my neighbours because they may gossip about me. (participant 98A, interviewed 19/12/2007)

This means that different neighbours can help in different ways. Participant 276N does not trust his neighbours, whereas other participants also expressed their sorrows and received emotional support from their neighbours:

I talk about my worries to my neighbours and then I felt better. (participant A6, interviewed 11/05/2008)

When I have sorrow, my neighbours asked "Are you tense?" I don't need to tell them because they already know my problems. (participant 291A, interviewed 26/11/2007)

Good relationships lead to neighbour support. In contrast, the support may not be provided if aging parents have conflict with their neighbours. However, the conflict may be contributed to by the neighbours:

My neighbours support me with nothing. In contrast, they always borrow money from me if they know that I have borrowed money from my sister....They help with nothing. They just want to get my things such as fish, or the fish traps. (participant 192A, interviewed 8/05/2008)

Not having good relationships may come from the elders' attitudes. If participants had a good attitude to their neighbours, their relationships were better. As participant 142N and A2 imply below, their neighbours did not want to help them. In fact, their neighbours provided them with some food, even though they may not have been able to lend money:

Nobody wants to know the poor, but everybody wants to know the rich. I am the poor and I don't think that my neighbours will lend me money. If they have surplus food or food that they don't like, they will give me the food because I am poor. (participant 142N, interviewed 16/01/2008)

I used to be in trouble over money problems. At that time, I asked the neighbours for food to eat and they said "After we eat, we will give you the remains." They gave me just a little bit of sticky rice and then I had it with my husband. (participant A2, interviewed 10/01/2008)

To sum up, type of support from neighbours relies on the capability of each neighbour. Also, relationships impact on the support. In addition, participants' attitude is associated with relationships. However, some aging parents who had not enough support from their neighbours were provided support from the community which is another choice.

7.8.3 Community support

In this region where this study was carried out, the community organization mainly helps the elderly in the community villages in terms of financial support and material support. Recently, the decrease in the potential for economic support to come from elders' family members has been recognised, so the Thai government grew concerned about financial security of the elderly and launched the Community-based Social Welfare Fund in 2007 (Suwanrada, 2009). This

includes subsidies for medical and funeral expenses. Participants had used this fund to receive help from the government such as free blankets and loans at low interest:

The government provides blankets for every family in the village..... I used to borrow money from the local community financial organization of around 500-1,000 baht. When my daughter sent me money, I repaid the money. (participant 98A, interviewed 19/12/2007)

As well, some of the poorest elderly parents are provided with a new house or house repairs. However, this help depends on individual circumstances. For example, participant A6 was living alone in a house in need of repair:

The government repaired my house for me because I am the poorest in this village and also, I have no one to look after me. (participant A6, interviewed 11/05/2008)



Figure 7.3. The notice shows that participant A6's house was repaired by the community organization supported by the government.

In addition, participant 291A had been living with her young grandson in a small old house. The community organization supported by the government built a new dwelling for her and her young grandson as well as providing financial aid:

As I am the poorest in the village, the community organization provided a new small house for me..... Oh! I remember! Now I have old-aged pension 500 baht monthly and I get 1,000 baht annually from the government. It provides 1,000 baht per year for the poor families. It finds out the poor families in the community and provides for them every year. I am the one who gets this funding from the government. However, I spent a lot of money since I got the new small house. (participant 291A, interviewed 26/11/2007)



Figure 7.4. Participant 291A and her young grandson at her old house.



Figure 7.5. Participant 291A's new house which is supported by the community.

Furthermore, the community organization not only builds the house for the poor but also makes water and electricity connections for the poor who live in the remote areas. Participant A2 received such support:

The community organization provides me with food stuffs such as canned fish, rice, and instant noodles three times per year. Moreover, it built this house and set the solar cell up for me. I don't need to pay money for electricity. Also, the community leader said it is going to connect the water supply pipeline to my house. At this time I have to drink water from the well over there. [She points to the well which is in front of her house.] (participant A2, interviewed 10/01/2008)



Figure 7.6. The solar cell is set up by the community organization at participant A2's house.

Whether such participants are supported or not depends on community leaders' consideration in each village. This is the reason why the government support seems to be different in each case. For the cases which are not the poorest, but have economic hardship, the government set up a Community-based Social Welfare Fund in each community for financial support in old age. The participants call this fund "Kong-Tun-Cha-Pa-Na-Kit":

The community organization sets up funding for the aging people who get sick and stay at the hospital. It will give someone 100 baht if she or he stays at the hospital one night. Also, it will give money to the aging peoples' relatives when the elderly die. We call it Kong-Tun-Cha-Pa-Na-Kit [A community-based Social Welfare Fund in each community that aging people pay into and which is used for their funeral and family after they die]. However, the aging have to pay money to the organization every month. (participant A8, interviewed 19/12/2007)

I get health insurance, monthly benefit and Kong-Tun-Cha-Pa-Na-Kit from the local community financial organization. I prepare these things for my children after I die. Although I am poor, I still have some money from the local community financial organization for my children. (participant N1, interviewed 22/12/2007)

This fund is a support mechanism that helps healthy, as well as disabled aging people. As participant N1 said above, the community not only supports her financially, but also provides physiotherapy for her husband's paralysis:

Oh, the community organization helped my family by informing the government about my husband's disability and then the government sent me 1,000 baht annually. This welfare policy selects only one person in each village to receive this money. This welfare is separate from the 500 baht of monthly social welfare that I get. In addition, the health volunteer takes care of my husband sometimes, such as through the home visit. (participant N1, interviewed 22/12/2007)

Furthermore, the government encourages children, especially migrant children to pay respects to their parents by setting aside the days around 13 April (Song-Kran festival, Thai New Year, or Elderly Day) as a long holiday (Knodel & Saengtienchai, 2005). This encourages emotional support because elderly people have a chance to spend time with their migrant children:

The community organization gave me 200 baht last year. We had the Song-Kran festival in the community. The community leader invited the elderly people in order to Pi-Ti-Pook-Kor-Tor-Kaen⁷. (participant 151N, interviewed 18/01/2008)

Even though the community organization, representing the government, tries to support the elderly in villages, financial support does not cover all aging people. Some participants complained about the welfare coverage:

I don't get the old age pension. The community leader said the government will provide for the poor first. He said I am not that poor. You know? Thai society depends on the leader who has power. There is no fairness in Thai society. It is not fair for me. I am 71 years old and don't get an old age pension, whereas another one who is just 60 years old gets it. I am the one who is not helped from the community.... I always help the community. I am one of the committee in Boon-Ma-Ha-Chart [Buddhist festival]. I used to be the one who took a list of people's names for Buddhist festivals. Also, I used to be a military conscript. I did good things..... It is like I am not a Thai person and it is like I don't help the community. (participant 47N, interviewed 8/02/2008)

⁷ Pi-Ti-Pook-Kor-Tor-Kaen is an E-Sarn ceremony when people bless each other on important days such as Song-Kran festival, New Year celebration, and leaving from one's home town. As these ceremonies, cotton threads may be tied around people wrists to represent long life for the elderly and good luck for young people leaving home.

The community leader said my wife and I have to get only one old age pension because we are the newest villagers who just moved from other provinces. Hmm... I have no right to ask for more pension because I know that I am the newest villager. I accept what the government gives me. Just let it be. If it is possible, I would like to get a pension of around 500 baht monthly as other people get. (participant 100N, interviewed 13/02/2008)

These two cases illustrate that the community leaders who are government representatives should be concerned about all aging people's problems particularly economic problems in their communities. The financial support will meet elders' needs if the community leaders provide the support equally. Therefore, what the community can provide elderly are financial, material, and emotional support.

7.9 Summary

Elderly parents solve their problems by thinking about Buddha's teachings. The main *Dharma* are Brahmvihara, Karma, Five precepts, Patience, Merits, and Peaceful death. These six major teachings of the Buddha lead to aging people's life satisfaction. Acceptance of situations, positive attitude, and understanding their children which come from life satisfaction are related to children's actions in positive way. The main positive ways that children have with their parents are not creating conflict with parents, being concerned about parents, and maintaining contact with parents. These positive actions can cause parents' positive actions toward their children building good relationships. When parents and their migrant children have good relationships, they will be concerned about each other especially in relation to economic hardship. When parents face financial problems, they try to solve these problems by themselves, rather than ask for money from their children. Economic problems which are major problems in some families make the elderly feel worried. They have many ways of dealing with sorrow, though resolving their worries is supported by spouse/family members, neighbours, and community. These supporters can provide financial, instrumental, material, and emotional support. However, these supports depend on the capability of and will of each supporter. If senior parents receive sufficient support and can solve their problems, they will be positive about their lives.

CHAPTER EIGHT

SUMMARY OF FINDINGS AND DISCUSSION

8.1 Introduction

In this study the notion of abandonment was explored in the context of Thai elderly living in a remote rural area of Northeast Thailand, whose culturally-derived expectations that their children would provide care and financial support for them in their old age were likely to be impacted by the economic migration of one or more of their children.

There is little literature that addresses the concept of ‘abandonment’ of the elderly in the Thai context, however some studies report that a number of older adults have been left at home on their own, often with grandchildren to care for (Choowattanapakorn, 1999; Thang et al., 2003), and some may fear being abandoned by their children in times of need (Jongudomkarn & Camfield, 2006). While abandonment has been defined as the total abdication of the responsibility for care (World Health Organization: Regional Office for South-East Asia, 2003), it was argued at the outset of this study that feelings of abandonment amongst the older generation may be more a perception of the extent to which they felt that their children have failed to fulfil their familial duties in accordance with cultural norms. This study therefore assessed feelings of abandonment, rather than attempting to construct an objective measure of abandonment.

As outlined in Chapter 2, the predominant view is that the migration of adult children is problematic for older rural people (Abas, Punpuing, Jirapramukpitak, Guest et al., 2009; Guo, Aranda et al., 2009). However, the academic literature relating to the developing world, on the effects of migration of the younger generation, has both theoretical standpoints and empirical studies that show such migration can have an overall positive effect (Knodel et al., 2010; Knodel & Saengtienchai, 2007; Zimmer et al., 2008). For example, it has been suggested that older adults living on their own may not feel abandoned if they are in receipt of supportive expressions such as visits and provision of material goods from their adult children (Zimmer & Amornsirisomboon, 2001). It has been argued that a widespread and functioning familial system of intergenerational support and care

still operates in Thailand (Knodel & Chayovan, 1997a; Knodel et al., 2010; Knodel & Saengtienchai, 2007; Zimmer et al., 2008), however there is some evidence that it is no longer as reliable a means for meeting the needs of the oldest members of the family as it once was (Lloyd-Sherlock, 2006; Thanakwang & Soonthorndhada, 2006).

The current sequential mixed methods study was designed therefore to determine the extent and degree to which older persons living in a remote rural area of Northeast Thailand feel abandoned by their adult children; the factors that may contribute to feelings of abandonment; the impact that feelings of abandonment may have on one's quality of life. It was also considered important to provide an in-depth understanding of meaning and experiences of abandonment from the perspectives of those who identified as feeling abandoned or not feeling abandoned. Furthermore, data were obtained and analysed that highlighted the problem solving ways that were used by both groups when they faced difficult circumstances.

In this summary of findings, inferences are made based on the findings of study A and study B reported in Chapter 4, and Chapters 6 and 7 respectively, followed by discussion that illustrates the similarities and differences between these findings and other recent studies; the limitations of the applicability of these findings are given, and the implications for future research and policy implementation are identified.

8.2 Summary of findings

Traditionally, Thai elderly prefer staying in their own home with at least one of their children living with and providing care for them. This is one of the cultural expectations that they have of their children. As previously stated, such care given to parents by their adult children is both an expression of their respect and 'repayment' for the nurturing that they have received (Choowattanapakorn, 1999). In this research, 123 (58%) of the participants in study A indicated that they lived at least one of their children, while 89 (42%) did not. Of those who did not, 29 lived with their spouse only, 32 lived with their spouse and grandchildren but not

children, 9 lived alone with grandchildren, and 19 lived alone. This finding provides evidence of changes in the preferred family structure due to economic migration of the younger generation from the study setting. These changes may impact on the traditional familial system of intergenerational support and care upon which Thai elderly depend.

It was also found that only 41 (19%) of the participants in study A felt abandoned to a moderate degree or more, while 171 (81%) did not. Of those who felt abandoned, 12 felt this to an extreme amount, 27 very much, and 2 to a moderate amount. Those who felt abandoned were more likely to live alone than those who did not (see Table 4.5). As outlined in Chapter 4, there were significant differences between those who felt abandoned and those who did not on education, degree of economic hardship, degree to which their children contribute to their economic support, living arrangements, degree of satisfaction with looking after family members, the most frequent level of contact with any of their children, and family support. Furthermore, it was found that the most frequent level of contact with any of their children made the greatest contribution to the prediction of feelings of abandonment from these variables. Overall, however, less than a quarter of the variance in feelings of abandonment was predicted by knowledge of these variables. In this study, it was found that participants who felt abandoned had a lower mean score on the family subscale of the SSQ than those who did not. The family subscale includes major supports such as financial and emotional support.

In Study B, the experiences of eight participants from Study A, who reported high levels of feeling abandoned (very much or an extreme amount), and a further six participants who identified as feeling abandoned and were purposively recruited from the study setting, were explored through participant observation and in-depth interview. In order to understand differences in experiences of abandonment, participants in Study A that had similar circumstances, but who reported not feeling abandoned, were also purposively recruited. Thematic analysis of qualitative data identified reasons for feeling abandoned as ‘children’s actions perceived as negative by parents’, economic hardship, illness/spouse’s sickness, and hopelessness. Of these factors, children’s actions perceived as negative by

parents, and economic hardship were consistent with the factors identified as affecting feeling abandoned in Study A.

Children's actions perceived as negative by parents included conflict between themselves and their children, 'bad' behaviour on the part of their children, lack of contact including financial support from their children and the failure of their children to visit them, especially on significant Thai holidays.

A variety of forms of contact took place between parents and their migrant children (i.e., visiting, sending money and using other forms of communication from a distance such as cell phone or letter). Consistent with previous studies (Knodel & Saengtienchai, 2007; Zimmer et al., 2008), the majority of participants had regular contact with and support from their children. In this study 90 (46%) of the participants stated that they had contact with any of their children less frequently than daily, while the remaining 54% said they had at least daily contact. However, participants who felt abandoned had less frequent contact with their migrant children than those who did not. These findings indicate that frequent contact may be one of the parents' expectations due to filial piety. Once parents' expectations are not met, the quality of relationship between parents and migrant children may decrease as illustrated in excerpts from participants included in Chapter 6.

Low quality of the relationship between migrant children and parents can relate to infrequency of contact. Parents frequently contact their migrant children in order to keep a good relationship as a result of parents' love. However, some parents chose not to contact their non-resident children because of their children's negative actions that impeded the achievement of parents' expectations. Contact in those situations may exacerbate pre-existing conflicts. For example, when migrant children use such contact to ask for money from parents (see Chapter 6, p.136).

Of note in this study is that the quality of the relationship of parents with their children prior to their departure appeared to mitigate feelings of abandonment; parents with strong positive relationships with their children were able to

understand their children's situations and rationalise the inability of their children to visit or provide sufficient material support (see Chapter 7, pp.170-172).

Economic hardship in a family is the key factor that is associated with migration. de Jong (2000) found that low household income is the factor that leads to temporary migration, while loss of cropland leads to permanent migration. Both of these factors were reported by participants in this study. The study setting was rural and remote with a subsistence economy. Richter et al. (1997) found that parents are key people in encouraging their children to get more income in the big cities, especially when agricultural work is not available. However, the migration of younger people from rural to urban areas lowers the availability of immediate family support for rural older people (Qin, Punpuing, Guest, & Prasartkul, 2008).

The median income per month of participants in Study A was 500 baht (22NZ\$). As outlined in Chapter 4, 181 (86%) of the participants in this study reported some degree of economic hardship; only 30 (14%) did not, so the majority of elderly parents had financial problems, even though the Thai government has provided a monthly allowance to aging people (Public Health Ministry & Social Development and Human Security Ministry, 2007). This result is consistent with the findings of Lloyd-Sherlock (2006) who reported that aging people in rural areas have more economic problems than those who live in urban areas. Those who said they felt some degree of abandonment were more likely to experience such hardship than those who did not feel abandoned. Suwanrada (2009) found that whereas the requirement of financial support of elderly parents is rising, remittance from the younger generation is declining. Some participants in this study had to pay off their own debt and their children's debt, and they had to look after their sick spouse and grandchildren (as illustrated in Chapter 6, pp.142-145). Also, their migrant children might have financial problems as a result of the high living cost in the big cities, meaning that the support from younger generations may not meet parental expectations, thus adding to intergenerational stress.

Once the intergenerational conflicts occur and reoccur, the parents feel hopelessness in relation to the negative responses from their children (see Chapter 6, p. 154). Other studies have found that conflicts in the family can cause stress

and suicide in elderly parents (Rubenowitz et al., 2001; Wang et al., 2001) so, it was not surprising that difficult circumstances in families due largely to economic hardship also lead to aging parents in this study attempting suicide (as presented on p. 156 in Chapter 6). Nonetheless, Buddha's teachings can stop aging parents from attempting suicide.

As Buddhism is the religion that the majority of Thais believe (Sobieszczyk et al., 2003), Thai elderly have more satisfaction with their daily lives if they involve Buddhist activities (Othaganont et al., 2002). This means that aging people who believe in and follow Buddha's teachings have more acceptance of what is happening to them, especially in difficult situations. In this study, aging parents who adopted Buddha's teachings were more likely to solve their problems and have satisfaction with their lives (as illustrated on pp. 162-170 in Chapter 7). In a previous study by Soonthornchaiya and Dancy (2006), practising Buddhism and accepting what is happening can decrease circumstance-induced depression. Interestingly, life satisfaction associated with acceptance can lead to greater understanding of children by elderly parents (see Chapter 7, p. 170) and can maintain good relationships in the family (Sriruecha, 2002).

In Study A, two groups (abandoned and not abandoned groups) were found to differ in terms of their quality of life. Significant differences were found on the total scores of the two QOL measures used and four of the 10 subscales assessed while no statistically significant difference was found between the groups on the single-item question of overall QOL. The subscale differences were found in the Psychological and Environmental Domains of the WHOQOL-BREF and the Past, Present and Future Activities, and Social Participation Facets of the WHOQOL-OLD.

Feelings of abandonment are associated with a low quality of life in terms of psychological factors, including one's overall enjoyment of life, having a meaningful life, and feelings of despair, anxiety or depression. Those who felt abandoned scored significantly lower than those who did not. This could mean that when parents' expectations are not met, feelings of not having a meaningful life may occur (as illustrated in Chapter 6 p.130 and p.155). However, aging

parents who adopt Buddhist solutions for solving their difficulties may have higher quality of life regarding psychological factors as illustrated in Chapter 7.

Environment factors also affect quality of life. The factors which are important in maintaining a good quality of life are being safe, overall living conditions, having sufficient money, access to health services, access to information for everyday living, leisure activities, physical environment, and satisfactory transport. Those who felt abandoned scored significantly lower than those who did not. These findings support and extend those of earlier studies (Caffrey, 1992; Choowattanapakorn, 1999; Jongudomkarn & Camfield, 2006; Nanthamongkolchai et al., 2007). It was notable in the remote rural study context that 86% of participants in Study A reported economic hardship, and 90% reported one or more disabling conditions. Issues of access to healthcare in terms of distance, cost and concurrent commitments to care for grandchildren or a sick spouse were raised by participants in Study B as barriers to health care.

In addition to immediate circumstances, there are the past, present and future factors that are perceived to affect quality of life. These are opportunities to continue in what they have been achieving in life, receiving deserved recognition, and happiness with the things they are able to look forward to. Those who felt abandoned scored significantly lower than those who did not. However, when their contemplated future includes their children's negative actions, their poverty, and their sickness, these three issues may impact on aging people's quality of life.

Moreover, the factors which are important in preserving a good quality of life are having enough to do each day, having different ways to use their time, level of activity, and opportunity to participate in community activities. Those who felt abandoned scored significantly lower than those who did not. While social participation is important to elderly people's quality of life (Bukov et al., 2002), economic hardship and taking care of young grandchildren or their spouse may lessen their ability to socially participate. Therefore, feelings of abandonment among elderly people in Northeast Thailand have been identified as a factor affecting quality of life.

8.3 Discussion

The findings of this study were compared to other recent surveys of Thai elderly. These include a Migration Impact Survey (MIS) undertaken in 2006 and the 2007 Survey of Older Persons (SOP) undertaken by the National Statistical Office (Knodel et al., 2010). Knodel and Saengtienchai (2007) also reported on findings from qualitative interviews with rural elderly undertaken in 2004. Further, Knodel and Chayovan (2009) reported an analysis of trends (1986-2007) in intergenerational relationships and family care that has relevance to the current study. Some findings of these studies lend support to the findings of this study, whilst discrepancies between the findings of this study and other studies help highlight areas of future research.

There were similarities between the findings of this study and other studies in terms of demographic characteristics. Many studies took place in areas where there was a similar level of poverty and out-migration to this study (Knodel & Chayovan, 2009; Knodel et al., 2010; Knodel & Saengtienchai, 2007), and this was observed in the similar demographics (such as culture, language, and age group) of the samples left behind in the villages. In relation to factors impacting on abandonment, there were similarities in family size and mean age of the participants. The average age in this study was 71 and in the Knodel and Saengtienchai (2007) study was 70. In the MIS, SOP, and this study, the mean number of living children was five. However, one significant difference is that the participants in this study were significantly further from the capital (Bangkok) compared to other studies. Being more distant from big cities such as Bangkok meant that traditional Thai culture and customs were less impacted by changing values. Therefore, Thai cultural expectations of filial piety were strongly held both by those who felt abandoned and those who did not.

This study measured feelings of abandonment, defined as “perceptions of the extent to which one feels that their children have failed to fulfil their familial duties in accordance with cultural norms”. In contrast, Knodel et al. defined the term ‘abandonment’ or ‘desertion’ as “the frequency of social contact and the extent of material support provided during the previous year” (Knodel et al., 2010

p.832). Their definition was divided into two alternative measures; the first referred to no contact or support during the prior year. The second referred to only one visit, less than monthly phone contact, material support less than 1,000 baht, and no substantial food gift in the prior year. These two measures were focused objectively on desertion whereas this study was focused subjectively on individuals' feelings of abandonment. In terms of abandonment in this study, it was found that 19% of participants felt abandoned whereas Knodel et al. (2010) found that 24% of participants were deserted when the scores on their alternate measures were summed. Although these two findings were not directly comparable, they represented there having been a significant minority of elderly parents who were experiencing negative impact from migration of young generation even though filial piety remained strong in Thai society. Thus, such feelings of abandonment should be of concern when out-migration occurs. Such situations can lead to changes of living arrangements.

Regardless of the distance that their children have migrated to the big cities, this process has affected living arrangements of elderly parents. Migration-induced changes to living arrangements can impact on the well-being of elderly parents (Knodel & Chayovan, 2009), and there was a high degree of similarity of the impacts observed by this study and the others cited. In this study, the percentage living with at least one child was 58%. This is highly consistent with the findings cited by Knodel et al. (2010), from MIS (55%), and SOP (55%) in age group 60-64. Also, the trend analysis reported in Knodel and Chayovan (2009), found that the percentage of elderly (age 60 and older) living with children decreased gradually from 76.9% in 1986 (Survey of Socio-economic Consequences of Ageing of the Population in Thailand) to 59.4% in 2007 (Surveys of Older Persons in Thailand). These findings indicate that the trend of living with children may continue to decrease leading to increasing challenges of the support of rural elderly in the future. Although parents had only one child or none living with the family, children may live nearby. Similar to Knodel and Saengtienchai's (2007) finding of 84%, 82% of participants in this study had at least one of their children living nearby. Furthermore, the proportion of children who lived in the same village as elderly parents was approximately 50%, and the proportion of children who had left home to live in other centres was also 50%. This result is very

similar to that found by Knodel and Saengtienchai (2007). These findings indicate that there is a fairly even split among the young generation between those who have migrated to get better incomes in the big cities, and others who still live near their parents' place. Nevertheless, some parents are faced with living alone at home. In this study, it was found that 9% of the participants lived alone. The percentage of this finding is somewhat more than the 5% observed by Knodel and Saengtienchai (2007) and is also greater than Knodel and Chayovan (2009) who cited a trend towards living alone increasing from 6.5% in 2004 (Survey of Socio-economic Consequences of Aging of the Population in Thailand) to 7.6% in 2007 (SOP) the same year this data was collected. Further, Knodel and Chayovan (2009) predict that whereas the frequency of living with children will decrease, the trend towards living alone or with a spouse will increase and this change of living arrangements should cause concern about the likely level of family support of aging parents who are left behind in remote areas. It is possible that the number of people with feelings of abandonment could increase if other supports are not created for people living alone in their home.

Even though living arrangements have changed due to out-migration of children, material support from these people is still provided to their parents, particularly as, in many cases, parents have been the key people encouraging their children to gain more income in the urban areas (Zimmer et al., 2008). In this study, it was found that for 35% of participants, children, adult children, and other relatives were the main source of income, while for another 34% the main income source was a government pension. This finding reveals that the pension has become as important a source of income for the elderly as money support from their children. The monthly pension of Thai aging people was increased from 200 Baht (9NZ\$) to 500 Baht (22NZ\$) in 2007 (Jitapunkul & Wivatvanit, 2009). This, together with the reduction in remittances from migrants, may explain this significant level of dependency on pensions. This result contrasts to that of Knodel et al. (2010) who found that children (or grandchildren) were the main source of "material support" for 35% of those aged 60-64, and 63% of those aged 70-79. Although this data was collected at a similar time, the closer proximity to the city of their sample may explain the difference in support.

Support can still go in the other direction however, even in advanced age. Similarities were observed in this study with the findings of Knodel and Saengtienchai (2007) that parents frequently had to pay off debts incurred by their children in big cities, provide care for grandchildren, and continue to give other material support. Nevertheless, financial and material supports are not the only supports that elderly parents expect. Instrumental and emotional support is also sought. As previously stated, contacts can be initiated by both generations. Even though phone calls from migrant children can provide emotional support for parents (Knodel & Saengtienchai, 2007), this support may not happen if there is conflict. Poor phone connections also are a barrier to this support especially in remote or mountainous areas, as was the case in this study. Consistent with the study by Zimmer et al. (2008), parents whose expectations of their children are met through maintaining an ongoing relationship do not feel abandoned. Visits and material and financial support are the provisions that parents most wanted from their children who lived apart from them— a finding consistent with other Thai studies in rural settings (de Jong, 2000).

Although the government encourages young people to visit their parents during traditional Song-Karn festival and New Year holidays, low levels of family support can still happen. It is possible that young people return back home on holidays for other purposes such as socialising with friends rather than taking care or living with their parents. Therefore, family support depends on the capacity or concern of the migrant children for their parents. Such provision greatly increases the well-being of aged parents (Thanakwang & Soonthorndhada, 2008). Both this study and Knodel and Chayovan's (2009) study found that if migrant children could not provide parental support, this void was often filled by other children who were co-resident or lived nearby. Knodel et al. (2010) found that elderly parents were often provided with food by children who lived in the same village, rather than the elderly being materially supported by migrant children. In contrast, a finding of this study was that some participants had to seek out food for themselves and their spouses or young grandchildren. This situation indicates that the provision of support to parents depends on the individual concern, abilities, and resources of children. In this study, although aging parents may have been providing support to their migrant children, their grandchildren who were left by

their absent parents, their sick co-resident children and their possibly-disabled spouse, 90% of participants felt very satisfied or satisfied with looking after family members. According to this study's qualitative findings, participants did not state that looking after family members was a burden, so these findings are not consistent with Knodel and Saengtienchai (2007) who found that many elderly consider grandchild care burdensome. Yet, this grandchild care can be a key facilitator of contact between elderly parents and migrant children (Zimmer et al., 2008).

Interaction with parents by phone call and visits are a major source of emotional support. This study found that even though face-to-face contact is ideally more preferable than phone calls, contact by phone calls occurred more often than visits. This preference for telecommunications was also what Knodel et al. (2010) found in his rural study areas, where the convenience of phoning versus visiting was observed. Although the study of Knodel et al. (2010) took place in the same region as this study (Northeast Thailand), phone connections in this study area were not as developed as in their study, therefore the frequency of phone contact was low. This finding contrasts with the finding of Knodel and Saengtienchai (2007) in terms of advanced communication technology. They adopted Litwak's view in terms of "modified extended family, whereby geographical barriers to maintenance of familial relations are overcome by communications technology" (Knodel & Saengtienchai, 2007 p.208). They believed that a 'modified extended family' makes it possible to maintain family bonds and exchanges; also it could overcome the negative impacts of migration on the welfare of rural elderly parents who were left behind, especially when parents were ill or infirm and elderly care was needed. Nevertheless, "modified extended family" could not be applied in the circumstances of this study because technological infrastructure and support services for telecommunication were underdeveloped. However, this concept could be applicable in this study in relation to the fact that special supportive exchanges continued between parents and their migrant children. According to the qualitative findings of this study however, family relationships could be maintained because parents' expectations were met and parents accepted what was happening to them. Also, in this study, the solving of problems was explored subjectively from individuals' perceptions. It is argued that parental expectations

requires more than long-distance communication in order to avoid feelings of abandonment and in some situations with poor telecommunications infrastructure, such communication is difficult.

One parental expectation that has been highlighted is the provision of health care by their children (Tang, 2007) for the chronic diseases which can lead to difficulty with essential daily activities, disability, and dependency (Kespichayawattana & Jitapunkul, 2009). In this study, 90% of participants had one or more disabling conditions which required no or some level of care from their children. However, in this study, elderly parents expected their migrant children to return home and provided care for them regardless of the severity of their conditions. This finding is supported by Knodel and Chayovan (2009) who found that elderly parents were frequently in need of care from their children, and Kespichayawattana and Jitapunkul (2009) who stated that although the majority of Thai aging people are able to take care of themselves, they required health care from their children according to filial piety (Tang, 2007) and Buddhist based beliefs (Thanakwang & Soonthorndhada, 2006). Abas et al. (2009) found that income earned in big cities by the young generation might not go to their elderly parents' treatment. This is supported by this study which observed elderly parents still having to work hard in rice fields, consequently missing doctors' appointments. Contrasts in observations were however recorded between previous studies which found that co-resident children or children who live nearby often provided care when the return of migrant children was not possible (Knodel & Chayovan, 2009; Knodel et al., 2010; Knodel & Saengtienchai, 2007). However, in this study, it was participants who took care of their ill spouses and their grandchildren who needed more assistance rather than taking care of themselves. This lack of children's concern may have led to feelings of abandonment or desertion.

8.4 Limitations of the study

There are three major limitations of this study. First, the study limited the opportunity for the migrant children who had conflicts with their parents to express their perspective and it is acknowledged that some problems might be attributed to the aging parents.

The cross-sectional survey questionnaire, WHOQOL-BREF is well known but contained a question about 'sex life' (see question 88, Appendix C). This question could have contributed a degree of embarrassment to the Thai elderly as culturally they would not expect to answer questions about this. For future research, modification of the question would be considered for the Thai context.

Third, since the ethnographic methods from focused ethnography were applied, the results of this part of the study are not able to be generalized. However, the findings are valuable and have transferability to further studies with a similar context.

8.5 Implications and future directions

The implications and future directions suggested from the results of this study can be divided into two categories, long-term and short-term.

8.5.1 Long-term implications and future directions

The long-term implications and future directions recommended as a result of this study are aimed at dealing with the impacts of the young generation on aging people's feelings. To deal with these impacts, focused actions by the Thai government and community hospital/health care centres are required.

8.5.1.1 The Thai government

In order to decrease the migration of the young generation, the government could improve job opportunities in rural areas. Such development may be driven by industrial, infrastructural, or educational investment in poorer areas such as Northeast Thailand, but with the provision that such development be sustainable. This can include incentives for private enterprise to invest in small factories that do not overload rural communities' infrastructure or environment. It may also include ASEAN-wide initiatives to increase the flow of investment. This may reduce economic hardship in rural families.

Economic hardship is the important factor that leads to conflicts in family and feelings of abandonment. The aging people who have economic hardship should

be provided with opportunities to improve their economic status. Providing appropriate work for older persons not only helps them increase their income but also decreases their dependency on family and society. The imminent reduction of the Thai workforce as a result of the rapid fertility decline means capable older persons may need to be retained in the workforce in order to maintain or increase local and national production, particularly of specialty Northeast products. Although some Thai elderly receive financial or material support from their children, society is rapidly changing and the traditional family values with regard to older persons, such as care giving and financial support, are also evolving along with new attitudes and values. Encouraging the elderly to prepare to take care of themselves as much as they can economically in later life is an important task for our changing society. Such economic self-sufficiency requires that suitable paid work be available. However, even if aging people's economic status is good, they still expect traditional care and support from their family members.

In terms of traditional care related to family support for aging people, as previously stated, the elderly parents who felt abandoned had lower levels of family support than those who did not. For this reason, the government should promote traditional care for aging people by providing incentives for the migrants who return home during holidays. These incentives can be extra working days off or transport fare discounts. In order to protect against migrant children who may pretend to take care of their parents, the evidence of aging care needs to be shown before incentives are provided such as a community leader's signature, aging parents' signature, and at least two other witnesses' signatures. For emotional support by phone from migrant children, the cell phone connection should be effective over whole rural areas and the public telephones should be provided in all rural community areas. Thus, children's emotional support by phone contact will be useful for rural aging parents when they get sick.

Most of the elderly in the study suffered from chronic conditions and/or their spouses have paralysis. In addition, some of them have to look after their disabled spouses while also taking care of their own chronic diseases. Therefore, there is an urgent need to prevent the onset of chronic conditions through health promotion initiatives, starting in young adulthood. Meanwhile, older persons

facing chronic illness should be treated and their conditions should be carefully monitored to prevent long-term care problems. In order to protect people from paralysis due to accidents in old age, the government should provide health education or social welfare support to provide assistance for improving safety at home. It is essential to prevent accidents and avoid the need for long-term rehabilitation and care. Then, these chronic conditions and disabilities will not constitute a burden for elders' children and society in the near future. If chronic diseases and disability are protected against, older people will be more able to participate in community activities.

According to quality of life results, the social participation of the elderly parents who felt abandoned was lower than those who did not. This elderly group needs to be encouraged to join clubs or groups or to engage in creative, recreational activities with others. The more the elderly are involved, the more they will participate and contribute, and the more their quality of life will increase and the greater their well-being will be.

8.5.1.2 Community hospitals/health care centres

Health services at community hospitals or health care centres are also important for older people in rural areas. In order to prevent elders from missing doctors' appointments, the community hospital should record the aging patients who have appointments with a doctor using an efficient computer system. This could provide a strategy for following up the elderly who miss appointments. Also, the poor elderly who have treatments or appointments for operations in the city have to face transport costs. For this reason, the community hospital should provide transportation for these elderly. However, if community hospitals or health care centres have active health promotion, the aging people may not need to be treated via tertiary care in the city. Therefore, encouraging the rural elderly to do light exercise and be concerned enough to have physical examinations are the health services that community hospitals and health care centres should be proactive about.

8.5.2 Short-term implications and future directions

While waiting for the long-term implications and future directions to be established, short-term measures could be introduced to provide aging care and support due to the older persons' problems outlined from the findings of this study.

8.5.2.1 Health care workers

The roles of health care workers that need to improve in order to provide elderly care are home visits, educating family members how to care for paralysed older people, following up senior people who have missed doctor's appointments, and surveying the elderly who may have psychological problems or who may be at risk of attempting suicide. Aging people who have migrant children and live alone need emotional support more than those who have their children living nearby. Home visits from health care workers should be provided for these older people. Also, home visits from health care workers could provide health education to help people take care of their spouses' paralysis.

Unfortunately in this study, most of the paralysed aging people had unhygienic care. This was related to the lack of health education of their spouses who took care of them. Therefore, health care workers should be active in this area when making home visits. In addition, home visits should be launched in the community regularly, not only home visits to known cases but also new visits following up on senior people who have missed a doctor's appointment. This is crucial as when some of the senior people missed their doctor's appointments, they treat themselves inappropriately or ignore symptoms. Furthermore, surveying the psychological problems of older people is a responsibility that health care workers could be actively involved in. Some of the aged, especially those who felt abandoned by their migrant children had tried to commit suicide. Visits need to be a regular occurrence, then appropriate interventions could be provided to the elderly who have problems in families and are at risk of attempting suicide.

Ongoing monitoring of the mental and physical health of the rural elderly by health care workers, the community, and family should allow them to proactively

work together to devise the best strategy of support. This strategy may prevent the hopelessness that leads to suicide.

8.5.2.2 Community

The community also plays a role in supporting aging people. Although community support is provided for some elderly, it should cover all aging people in order to prevent any inequality. In this study, some participants complained that they did not get pensions through the community organization and one of them stated that the pension he got was not equal to those of other aging people in the community (see Chapter 7, p.195). For this reason, the community should target support to the elderly who most need it. However, even though community can support elderly with financial support, other supports that the aged really need come from their family members.

8.5.2.3 Family members

Care and support are required by older people from family members more than other sources (Makapat, 2003). For this reason, family members should be concerned about the care and support for elders. Even though this study focuses only on the aging parents' perspectives, results show that family members need to act more positively. In this study, most elders lived with their spouse, or non-migrant children, or had children nearby. However, conflicts existed and were contributed to not only by non-coresident children but also nearby family members. Therefore, family members should be concerned about elders' emotions and understand them. Understanding aging people can contribute harmony to the family and to emotional support. In order to complete the three other types of support (instrumental, material, and financial support), family members should share the support of their elders. Combining all these types of support may lead to a type of family care that is more traditional.

8.6 Future research

According to the results of this study, researchers who are interested in further research should investigate four issues that can be solved in the short-term. First, the quality of life of the paralysed elderly people who are cared for by their

spouses in rural community should be studied. As can be seen in the Figures 6.4, and 6.5, paralysed elders need more health care and more hygiene. They are at risk of lower quality of life.

Second, some aging people not only take care of their sick spouses but also their young grandchildren, so the impacts of migration on grandchildren who are left by their emigrant parents in the village would be interesting to study. In regard to Chapter 6, some elders have to look after their young grandchildren even when these elderly need a lot of support themselves from other sources. This situation shows that young children will be at risk in the near future. In order to prevent the impacts that will happen, researchers should investigate quality of life, health care, and psychological problems of these children.

Third, psychological issues should be investigated, not only of young children but also of older people who are left behind in the remote areas. Some people tried to commit suicide because of feelings of abandonment. This problem is critical and it should be of concern to the Thai people and government. As conflicts in the family can contribute to psychological problems in old age (Rubenowitz et al., 2001; Wang et al., 2001), to find solutions, research about the psychological problems in this aging group should be conducted.

Fourth, elderly parents' perspectives constituted this study but the perspectives of migrant children were not studied. Therefore, the perspectives of emigrant adult children who left their parents behind in a remote area should be investigated. The findings from this further research may lead to understanding between abandoned elderly parents and migrant children. Future research investigating the two perspectives and differences between abandoned aging parents and their migrant adult children may clarify such problems leading to the potential for solutions.

8.7 Summary

This study illustrates that the factors affecting feelings of abandonment among elderly people in rural Northeast Thailand are living alone, less frequent level of contact with any of their children, economic hardship, and low levels of family

support. In addition, feelings of abandonment do appear to result in lower quality of life in terms of the psychological and environmental domains of the WHOQOL-BREF and past, present and future activity, and social participation facets of WHOQOL-OLD. These significant factors are related to parents' expectations, quality of relationship between parents and children, and application of Buddha's teachings. Buddhism is important for Thais' lives and also filial piety is a feature of the Thai culture that is reflected in Buddhist belief. To deal with their difficulties, most elders embrace Buddha's teachings which influence their daily lives. However, to decrease feelings of abandonment in elderly parents, there is an important role for government and the community in launching strategies for solving problems with long-term implications. Furthermore, health care workers, community, family members, and researchers are the key people who can play roles in caring and supporting elders in the short-term. The quality of life of rural aging people who are abandoned by their migrant children will be improved if these key people are actively concerned.

REFERENCES

- Abas, M. A., Punpuing, S., Jirapramukpitak, T., Guest, P., Tangchonlatip, K., Leese, M., et al. (2009). Rural-urban migration and depression in ageing family members left behind. *The British Journal of Psychiatry*, 195, 54-60.
- Abas, M. A., Punpuing, S., Jirapramupitak, T., Tangchonlatip, K., & Leese, M. (2009). Psychological wellbeing, physical impairments and rural aging in a developing country setting. *Health and Quality of Life Outcomes*, 7(1), 66.
- Aboderin, I. (2004). Modernisation and ageing theory revisited: Current explanations of recent developing world and historical Western shifts in material family support for older people. *Ageing and Society*, 24(1), 29-50.
- Agree, E. M., Biddlecom, A. E., Chang, M.-C., & Perez, A. E. (2002). Transfers from older parents to their adult children in Taiwan and the Philippines. *Journal of Cross-Cultural Gerontology*, 17, 269-294.
- Agree, E. M., Biddlecom, A. E., Valente, T. W., & Chang, M.-C. (2001). Social network measures of parent-child exchange: The applications in Taiwan and the Philippines. *Connections*, 24(2), 59-75.
- Allen, D. (2004). Ethnomethodological insights into insider-outsider relationships in nursing ethnographies of healthcare settings. *Nursing Inquiry*, 11(1), 14-24.
- Andersson, L. (1998). Loneliness research and interventions: A review of the literature. *Aging and Mental Health*, 2(4), 264-274.
- Andrew, S., & Halcomb, E. (2007). Mixed methods research is an effective method of enquiry for community health research. *Contemporary Nurse*, 23(2), 145-153.
- Angel, R. J., Frisco, M., Angel, J. L., & Chiriboga, D. A. (2003). Financial strain and health among elderly Mexican-origin individuals. *Journal of Health and Social Behavior*, 44(4), 536-551.
- Angrosino, M. V. (2005). *Projects in ethnographic research*. Illinois: Waveland Press, Inc.
- Armitage, A. (2007, 5-8 September). *Mutual research designs: Redefining mixed methods*. Paper presented at the British educational research association annual conference, London, England.
- Assantachai, P., Chatthanawaree, W., Thamlikitkul, V., Praditsuwan, R., & Pisalsarakij, D. (2003). Risk factors for falls in the Thai elderly in an urban community. *Chot Mai Het Thang Phaet*, 86(2), 124-130.

- Assantachai, P., & Maranetra, N. (2003). Nationwide survey of the health status and quality of life of elderly thais attending clubs for the elderly. *Chot Mai Het Thang Phaet*, 86(10), 938-946.
- Avendano, M., Kawachi, I., Lenthe, F. V., Boshuizen, H. C., Mackenbach, J. P., Bos, G. A. M. V. d., et al. (2006). Socioeconomic status and stroke incidence in the US elderly: The role of risk factors in the EPSE study. *Stroke*, 37, 1368-1373.
- Awear, S. (2001). *The study of elderly people living alone: Findings from Kanchanaburi project*. Unpublished Master's thesis, Mahidol University, Bangkok, Thailand.
- Barg, F. K., Huss-Ashmore, R., Wittink, M. N., Murray, G. F., Bogner, H. R., & Gallo, J. J. (2006). A mixed-methods approach to understanding loneliness and depression in older adults. *Journal of Gerontology: Social Sciences*, 61B(6), S329-S339.
- Bassuk, S. S., Berkman, L. F., & Amick, B. C. (2002). Socioeconomic status and mortality among the elderly: Findings from four US communities. *American Journal of Epidemiology*, 155(6), 520-533.
- Binhosen, V., Panuthai, S., Srisuphun, W., Chang, E., Sucamvang, K., & Cioffi, J. (2003). Physical activity and health related quality of life among the urban Thai elderly. *Thai Journal Nursing Research*, 7(4), 231-243.
- Boggatz, T., & Dassen, T. (2005). Ageing, care dependency, and care for older people in Egypt: A review of the literature. *International Journal of Older People Nursing*, 14(8b), 56-63.
- Bongaarts, J., & Zimmer, Z. (2002). Living arrangements of older adults in the developing world: An analysis of demographic and health survey household surveys. *Journal of Gerontology: Social Sciences*, 57B(3), S145-S157.
- Boonchalaksi, W. (2000). *Family size and elderly care*. Unpublished doctoral dissertation, Mahidol University, Bangkok, Thailand.
- Borkan, J. M. (2004). Mixed methods studies: A foundation for primary care research. *Annals of Family Medicine*, 2, 4-6.
- Boyatzis, R. E. (1998). *Transforming qualitative information: Thematic analysis and code development*. California: Sage Publications, Inc.
- Boyle, J. S. (1994). Styles of ethnography. In J. M. Morse (Ed.), *Critical issues in qualitative research methods* (pp. 159-186). California: Sage Publications, Inc.

- Bozo, O., Toksabay, N. E., & Kurum, O. (2009). Activities of daily living, depression, and social support among elderly Turkish people. *The journal of Psychology, 143*(2), 193-205.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*, 77-101.
- Bruce, A. (2007). Time (lessness): Buddhist perspectives and end-of-life. *Nursing Philosophy, 8*, 151-157.
- Bryman, A. (2008). *Social research methods* (3rd ed.). New York: Oxford University Press Inc.
- Budhwani, H. (2010). Is sexual intimacy among older adults positively associated with mental well-being? [Electronic Version]. Retrieved 6/07/2010 from <http://digitalcommons.library.tmc.edu/dissertations/AAI1474769>.
- Bukov, A., Maas, I., & Lampert, T. (2002). Social participation in very old age: Cross-sectional and longitudinal findings from BASE. *Journal of Gerontology: Psychological Sciences, 57B*(6), 510-517.
- Bung Khla District Office. (2007). *Bung Khla history and database*. Nong Khai, Thailand: Bung Khla District Office.
- Bung Khla Subdistrict Administration Organization. (2000). Amphoe Bung Khla database (Publication. Retrieved 25/10/2010, from Thai Tambon.com <http://www.thaitambon.com/tambon/ttambon.asp?ID=431301>
- Butler, J., & Ciarrochi, J. (2007). Psychological acceptance and quality of life in the elderly. *Quality of Life Research, 16*, 607-615.
- Caffrey, R. A. (1992). Caregiving to the elderly in Northeast Thailand. *Journal of Cross-Cultural Gerontology, 7*(2), 117-134.
- Camacho, M., & Reyes-Ortiz, C. (2005). Sexual dysfunction in the elderly: Age or disease? *International Journal of Impotence Research, 17*, S52-S56.
- Chan, A. (1997). An overview of the living arrangements and social support exchanges of older Singaporeans. *Asia-Pacific Population Journal, 12*(4), 35-50.
- Chappell, N. L. (2003). Correcting cross-cultural stereotypes: Aging in Shanghai and Canada. *Journal of Cross-Cultural Gerontology, 18*, 127-147.
- Chen, X., & Silverstein, M. (2000). Intergenerational social support and the psychological well-being of older parents in China. *Research on Aging, 22*(1), 43-65.
- Choowattanapakorn, T. (1999). The social situation in Thailand: The impact on elderly people. *International Journal of Nursing Practice, 5*, 95-99.

- Chou, K.-L., & Chi, I. (2003). Reciprocal relationship between social support and depressive symptoms among Chinese elderly. *Aging and Mental Health*, 7(3), 224-228.
- Chou, K.-L., Chi, I., & Chow, N. W. S. (2004). Sources of income and depression in elderly Hong Kong Chinese: Mediating and moderating effects of social support and financial strain. *Aging and Mental Health*, 8(3), 212-221.
- Cove, S., & Peltó, G. H. (1994). Focused ethnographic studies in the WHO programme for the control of acute respiratory infections. *Medical Anthropology*, 15(4), 409-424.
- Creswell, J. W. (2007). *Qualitative inquiry and research design: Choosing among five approaches*. California: Sage Publication, Inc.
- Creswell, J. W., Clark, V. L. P., Gutmann, M. L., & Hanson, W. E. (2003). Advanced mixed methods research designs. In A. Tashakkori & C. Teddlie (Eds.), *Handbook of mixed methods in social and behavioral research* (pp. 209-240). California: Sage Publications, Inc.
- Creswell, J. W., Fetters, M. D., & Ivankova, N. V. (2004). Designing a mixed methods study in primary care. *Annals of Family Medicine*, 2(1), 7-12.
- Crotty, M. (1998). *The foundations of social research: Meaning and perspective in the research process*. New South Wales, Australia: Allen and Unwin.
- Darawuttimaprakorn, N. (2006). *Living arrangements and elderly depression: Kanchanaburi demographic surveillance system (DSS), Thailand*. Unpublished Master's thesis, Mahidol University, Bangkok, Thailand.
- Davidson, K. (2001). Late life widowhood, selfishness and new partnership choices: A gendered perspective. *Ageing and Society*, 21, 297-317.
- de Jong, G. F. (2000). Expectations, gender, and norms in migration decision-making. *Population Studies*, 54(3), 307-319.
- de Vaus, D. (2004). Structured questionnaires and interviews. In V. Minichiello, G. Sullivan, K. Greenwood & R. Axford (Eds.), *Research methods for nursing and health science* (second ed., pp. 378-379). New South Wales, Australia: Pearson Education Australia.
- Dellinger, A. B., & Leech, N. L. (2007). Toward a unified validation framework in mixed methods research. *Journal of Mixed Methods Research* 1(4), 309-332.
- Depaola, S. J., Griffin, M., & Young, J. R. (2003). Death anxiety and attitudes toward the elderly among older adults: The role of gender and ethnicity. *Death Studies*, 27(4), 335-354.

- DeSantis, L., & Ugarriza, D. N. (2000). The concept of theme as used in qualitative nursing research. *Western Journal of Nursing Research*, 22(3), 351-372.
- Desaransi, T. (1998). *Only the world end* (J. Bhikkhu, Trans. 2nd ed.). Nong Khai, Thailand: Hin Mark Peng Temple.
- Dhammananda, K. S. (1989). *How to live without fear and worry*. Kuala Lumpur, Malaysia: Buddhist Missionary Society.
- Dhammananda, K. S. (1993). *What buddhists believe* (5th ed.). Taipei, Taiwan: The Corporate Body of the Buddha Educational Foundation.
- Ding, S. (2004). The rural elderly support in China and Thailand. *Geriatrics and Gerontology International*, 4, S56-S59.
- Dong, X., & Simon, M. A. (2010). Gender variations in the levels of social support and risk of elder mistreatment in a Chinese community population. *Journal of Applied Gerontology*, 29(6), 720-739.
- Ekasingh, B., Sungkapitux, C., Kitchaicharoen, J., & Suebpongsang, P. (2007). *Competitive commercial agriculture in Northeast Thailand*. Chiang Mai, Thailand: Chiang Mai University, Faculty of Agriculture, Department of Agricultural Economics and the Multiple Cropping Centre.
- Erzberger, C., & Kelle, U. (2003). Making inferences in mixed methods: The rules of integration. In A. Tashakkori & C. Teddlie (Eds.), *Handbook of mixed methods in social and behavioral research* (pp. 457-488). California: Sage Publications, Inc.
- Falkenhain, M., & Handal, P. J. (2003). Religion, death attitudes and belief in afterlife in the elderly: Untangling the relationships. *Journal of Religion and Health*, 42(1), 67-76.
- Fetterman, D. M. (1998). *Ethnography* (2nd ed.). London, England: Sage Publications, Inc.
- Fleck, M. P., Chachamovich, E., & Trentini, C. (2006). Development and validation of the Portuguese version of the WHOQOL-OLD module. *Revista de Saúde Pública*, 40(5), 785-791.
- Fonseca, A., Paul, C., & Martin, I. (2008). Life satisfaction and quality of life amongst elderly Portuguese living in the community. *Portuguese Journal of Social Science*, 7(2), 87-102.
- Fortner, B. V., & Neimeyer, R. A. (1999). Death anxiety in older adults: A quantitative review. *Death Studies*, 23, 387-411.
- Fox, N. J. (2005). Cultures of Ageing in Thailand and Australia. (What can an ageing body do?). *Sociology*, 39(3), 481-498.

- Freer, K. J. (1994). How the rural elderly view literacy in their lives. *Educational Gerontology*, 20(2), 157-170.
- Frith, H., & Gleeson, K. (2004). Clothing and embodiment: Men managing body image and appearance. *Psychology of Men and Masculinity*, 5, 40-48.
- Fritzell, J., & Lennartsson, C. (2005). Financial transfers between generations in Sweden. *Ageing and Society*, 25(3), 397-414.
- Gaalen, R. v., & Poppel, F. v. (2005, 31 October-1 November). *Living with kin in the Netherlands: Long-term trends, variability and effects on longevity*. Paper presented at the Kinship and Demographic Behavior conference, Salt Lake City, USA.
- Gadalla, T. M. (2009). Sense of mastery, social support, and health in elderly Canadians. *Journal of Aging and Health*, 21(4), 581-595.
- Garey, A. I., Hansen, K. V., Hertz, R., & Macdonald, C. (2002). Care and kinships: An introduction. *Journal of Family Issues*, 23(6), 703-715.
- Gavesako, A. M. (2005). *A Fragrance of Dhamma* (M. G. Foundation, Trans. 1 ed. Vol. 1). Bangkok: Maya Gotami Foundation.
- Genzuek, M. (2003). A synthesis of ethnographic research Retrieved 24/09/2010, from http://www-bcf.usc.edu/~genzuek/Ethnographic_Research.html
- Germain, C. P. (1993). Ethnography: The method. In J. V. Maanen & C. O. Boyd (Eds.), *Nursing research: A qualitative perspectives* (2nd ed.). New York: National League for Nursing Press.
- Giles, J., & Mu, R. (2007). Elderly parent health and the migration decisions of adult children: Evidence from rural China. *Demography*, 44(2), 265-288.
- Glaser, K., Agree, E. M., Costenbader, E., Camargo, A., Trench, B., Natividad, J., et al. (2006). Fertility decline, family structure, and support for older persons in Latin America and Asia. *Journal of Aging and Health*, 18(2), 259-291.
- Glei, D. A., Landau, D. A., Goldman, N., Chuang, Y.-L., Rodriguez, G., & Weinstein, M. (2005). Participating in social activities helps preserve cognitive function: An analysis of a longitudinal, population-based study of the elderly. *International Journal of Epidemiology*, 34, 864-871.
- Gobo, G. (2008). *Doing ethnography* (A. Belton, Trans.). Bologna, Italy: Sage Publications Ltd.
- Goto, H. (2009). Buddhism as a life practice the intimacy between elderly women and a temple. *Shukyo kenkyu*, 83(360), 115-138.

- Gott, M., & Hinchliff, S. (2003). How important is sex in later life? The views of older people. *Social Science and Medicine*, 56, 1617-1628.
- Graneheim, U. H., & Lundman, B. (2010). Experiences of loneliness among the very old: The Umea 85+ project. *Aging and Mental Health*, 14(4), 433-438.
- Gray, R. S., Rukumnuaykit, P., Kittisuksathit, S., & Thongthai, V. (2008). Inner Happiness Among Thai Elderly. *Journal of Cross-Cultural Gerontology*, 23(3), 211-224.
- Greif, A. (2006). Family structure, institutions, and growth: The origins and implications of western corporations. *The American Economic Review* 96(2), 308-312.
- Guan, J. (2004). Correlates of spouse relationship with sexual attitude, interest, and activity among Chinese elderly. *Sexuality and Culture*, 8(1), 104-131.
- Guo, M., Aranda, M. P., & Silverstein, M. (2009). The impact of out-migration on the inter-generational support and psychological wellbeing of older adults in rural China. *Ageing and Society*, 29, 1085-1104.
- Guo, M., Chi, I., & Silverstein, M. (2009). Intergenerational support of Chinese rural elders with migrant children: Do sons' or daughters' migrations make a difference? *Journal of Gerontological Social Work*, 52(5), 534-554.
- Haan, A. d. (1999). Livelihoods and poverty: The role of migration-A critical review of the migration literature. *The Journal of Development Studies*, 36(2), 1-47.
- Hahn, T. N. (2007). The four immeasurables: Love, compassion, joy and equanimity (Publication. Retrieved 9/12/2008, from Rudy Harderwijk: http://buddhism.kalachakranet.org/immeasurables_love_compassion_equanimity_rejoicing.html)
- Hammersley, M., & Atkinson, P. (2007). *Ethnography: Principles in practice* (3rd ed.). Wiltshire, England: The Cromwell Press.
- Hanson, W. E., Creswell, J. W., Clark, V. L. P., Petska, K. S., & Creswell, J. D. (2005). Mixed methods research designs in counseling psychology. *Journal of Counseling Psychology*, 52(2), 224-235.
- Harding, S. R., Flannelly, K. J., Weaver, A. J., & Costa, K. G. (2005). The influence of religion on death anxiety and death acceptance. *Mental Health, Religion and Culture*, 8(4), 253-261.
- Heath, S. B., & Street, B. V. (2008). *On ethnography: Approaches to language and literacy research*. New York: Teachers College Press.

- Hellstrom, Y., & Hallberg, R. I. (2001). Perspectives of elderly people receiving home help on health, care and quality of life. *Health and Social Care in the Community* 9(2), 61-71.
- Henry, C. J. K., Webster-Gandy, J., & Varakamin, C. (2001). A comparison of physical activity levels in two contrasting elderly populations in Thailand. *American Journal of Human Biology*, 13, 310-315.
- Herlitz, A., & Kabir, Z. N. (2006). Sex differences in cognition among illiterate Bangladeshis: A comparison with literate Bangladeshis and Swedes. *Scandinavian Journal of Psychology*, 47, 441-447.
- Higuchi, M. (1999). *Quality of life and life satisfaction of elderly people in Salaya, Thailand*. Unpublished Master's thesis, Mahidol University, Bangkok, Thailand.
- Hooyman, N. R., & Kiyak, H. A. (2005). *Social gerontology: A multidisciplinary perspective* (6th ed.). Boston: Pearson Education, Inc.
- Hsu, H. C. (2007a). Does social participation by the elderly reduce mortality and cognitive impairment? *Aging and Mental Health*, 11(6), 699-707.
- Hsu, H.-C. (2007b). Exploring elderly people's perspectives on successful ageing in Taiwan. *Ageing and Society*, 27, 87-102.
- Hsu, H.-C. (2009). Physical function trajectories, depressive symptoms, and life satisfaction among the elderly in Taiwan. *Aging and Mental Health*, 13(2), 202-212.
- Hsu, H.-C., Tsai, C.-Y., Chang, M.-C., & Luh, D.-L. (2010). Constructing area-level indicators of successful ageing in Taiwan. *Health and Social Care in the Community*, 18(1), 70-81.
- Hughes, C. C. (1992). "Ethnography": What's in a word-process? product? promise? *Qualitative Health Research*, 2(4), 439-450.
- Inal, S., Subasi, F., Ay, S. M., & Hayran, O. (2007). The links between health-related behaviours and life satisfaction in elderly individuals who prefer institutional living. *BMC Health Services Research*, 7, 30-37.
- Ingersoll-Dayton, B., Saengtienchai, C., Kespichayawattana, J., & Aungsuroch, Y. (2004). Measuring psychological well-being: Insights from Thai elders. *The Gerontologist*, 44(5), 596-604.
- Innamorati, M., Tamburello, A., Lester, D., Amore, M., Girardi, P., Tatarelli, R., et al. (2010). Inequalities in suicide rates in the European Union's elderly: Trends and impact of macro-socioeconomic factors between 1980 and 2006. *Canadian Journal on Psychiatry*, 55(4), 229-238.

- Intarachai, T. (2003). Toward a knowledge-based economy: Northeastern Thailand. *Human resource development toward a knowledge-based economy: The case of Thailand* Retrieved 3/5/2010, from <http://www.ide.go.jp/English/Publish/Download/Asedp/066.html>
- Ishine, M., Sakagami, T., Sakamoto, R., Wada, T., Khampitak, K., Fushida, M., et al. (2006). Comprehensive geriatric assessment for community-dwelling elderly in Asia compared with those in Japan: VII Khon Khen in Thailand. *Geriatrics and Gerontology International*, 6, 40-48.
- Ivankova, N. V., Creswell, J. W., & Stick, S. L. (2006). Using mixed-methods sequential explanatory design: From theory to practice. *Field Methods*, 18(1), 3-20.
- Jakobsson, U., & Hallberg, I. (2005). Loneliness, fear, and quality of life among elderly in Sweden: A gender perspective. *Aging-clinical and Experimental Research*, 17(6), 494-501.
- Janakabhivamsa, S. U. (1997). *Vipassana meditation* (2nd ed.). Yangon, Burma: Chanmyay Yeikth Meditation Centre.
- Jitapunkul, S., & Chayovan, N. (2000). Healthy life expectancy of Thai elderly: Did it improve during the soap-bubble economic period? *Journal of The Medical Association of Thailand*, 83(8), 861-864.
- Jitapunkul, S., Krungkraipetch, N., Kamolratanakul, P., & Dhanamun, B. (2001). Dependence and active life expectancy of the elderly population living in the central region of Thailand. *Journal Medical Association Thailand*, 84(3), 349-356.
- Jitapunkul, S., Kunanusont, C., Phoolcharoen, W., Suriyawongpaisal, P., & Ebrahim, S. (2003a). Determining public health priorities for an ageing population: The value of a disability survey. *Southeast Asian Journal Tropical Medicine Public Health*, 34(4), 929-936.
- Jitapunkul, S., Kunanusont, C., Phoolcharoen, W., Suriyawongpaisal, P., & Ebrahim, S. (2003b). Disability-free life expectancy of elderly people in a population undergoing demographic and epidemiologic transition. *Age and Ageing*, 32(4), 401-405.
- Jitapunkul, S., SongKhla, M. N., Chayovan, N., Chirawatkul, A., Choprapawon, C., Kachondham, Y., et al. (1999). A national survey of health-service use in Thai elders. *Age and Ageing*, 28, 67-71.
- Jitapunkul, S., & Wivatvanit, S. (2009). National policies and programs for the aging population in Thailand. *Ageing International*, 33, 62-74.
- Johnson, R. B., & Onwuegbuzie, A. J. (2004). Mixed methods research: A research paradigm whose time has come. *Educational Researcher*, 33(7), 14-26.

- Johnson, R. B., Onwuegbuzie, A. J., & Turner, L. A. (2007). Toward a definition of mixed methods research. *Journal of Mixed Methods Research*, 1(2), 112-133.
- Jones, G. W. (1995). Population and the family in Southeast Asia. *Journal of Southeast Asian Studies*, 1, 184-195.
- Jongdee, B., Pantuwan, G., Fukai, S., & Fischer, K. (2006). Improving drought tolerance in rainfed lowland rice: An example from Thailand. *Agricultural Water Management* 80, 225-240.
- Jongudomkarn, D., & Camfield, L. (2006). Exploring the quality of life of people in Northeastern and Southern Thailand. *Social Indicators Research*, 78(3), 489-529.
- Jung, A., & Schill, W.-B. (2004). Male sexuality with advancing age. *European Journal of Obstetrics and Gynecology and Reproductive Biology*, 113, 123-125.
- Kamhom, R. (2004). *The evaluation on social welfare services to develop the quality of life of the elderly in Thailand*. Bangkok, Thailand: Research institute of Thammasart University and National Economic and Social Advisory Council.
- Kamnuansilpa, P., Wongthanavas, S., Bryant, J., & Prohmno, A. (2000). An assessment of the Thai government's health services for the aged. *Asia Pacific Population Journal*, 15(1), 3-17.
- Karata, K., & Veli, D. (2008). Difficulties that elderly people encounter and their life satisfaction. *Social Behavior and Personality*, 36(8), 1073-1084.
- Kawachi, I., & Berkman, L. F. (2001). Social ties and mental health. *Journal of Urban Health*, 78(3), 458-467.
- Khippapanno, T. (1995). *Cutting off the stream* (1st ed.). Udon Thani, Thailand: Pa Ban Kor Temple.
- Khippapanno, T. (2006). *Entering the stream of Dharma*. Udon Thani, Thailand: Pa ban Kor Temple.
- Khoo, A. (2006). Leading a Buddhist life and the five precepts. Retrieved 4/04/2010, from <http://web.singnet.com.sg/~alankhoo/Precepts.htm>
- Kim, E.-Y. (2004). Who wants to enter a long-term care facility in a rapidly aging non-western society? Attitudes of older Koreans toward long-term care facilities. *Journal of the American Geriatrics Society*, 52(12), 2114-2119.
- Kim, O.-S., & Baik, S.-H. (2002). Loneliness, social support and family function among elderly Korean women. *Nursing and Health Sciences*, 4(3), A7-A8.

- Knoblauch, H. (2005). Focused ethnography [Electronic Version]. *Forum qualitative social research*, 6, 44. Retrieved 14/02/2010 from <http://www.qualitative-research.net/fqs-texte/3-05/05-3-44-e.htm>.
- Knodel, J., & Chayovan, N. (1997a). Family support and living arrangements of Thai elderly. *Asia-Pacific Population Journal*, 12(4), 51-68.
- Knodel, J., & Chayovan, N. (1997b). *Persistence and change in the living arrangements and support of Thai elderly* (Report No. 7637): University of Michigan, Population Studies Centre.
- Knodel, J., & Chayovan, N. (2008). *Population aging and the well-being of older persons in Thailand* (No. 08-659). Michigan: University of Michigan, Institute for Social Research.
- Knodel, J., & Chayovan, N. (2009). Intergenerational relationships and family care and support for Thai elderly. *Ageing International*, 33, 15-27.
- Knodel, J., Kespichayawattana, J., Saengtienchai, C., & Wiwatwanich, S. (2010). How left behind are rural parents of migrant children? evidence from Thailand. *Ageing and Society*, 30, 811-841.
- Knodel, J., & Saengtienchai, C. (1999). Studying living arrangements of the elderly: Lessons from a quasi-qualitative case study approach in Thailand. *Journal of Cross-Cultural Gerontology*, 14, 197-220.
- Knodel, J., & Saengtienchai, C. (2005). *Rural parents with urban children: Social and economic implications of migration on the rural elderly in Thailand* (Report No. 05-574): University of Michigan, Institute for Social Research, Population Studies Centre.
- Knodel, J., & Saengtienchai, C. (2007). Rural parents with urban children: Social and economic implications of migration for the rural elderly in Thailand. *Population, Space and Place*, 13, 193-210.
- Kritz, M. M., Gurak, D. T., & Chen, L. (2000). Elderly immigrants: Their composition and living arrangements. *Journal of Sociology and Social Welfare*, 27(1), 85-114.
- Kroll, T., Neri, M. T., & Miller, K. (2005). Using mixed methods in disability and rehabilitation research. *Rehabilitation Nursing*, 30(3), 106-113.
- Lan, P.-C. (2002). Subcontracting filial piety: Elder care in ethnic Chinese immigrant families in California. *Journal of Family Issues*, 23(7), 812-835.
- LeCompte, M. D., & Schensul, J. J. (1999). *Analyzing and interpreting ethnographic data*. California: AltaMira Press.

- Lee, G. K., Chronister, J., & Bishop, M. (2008). The effects of psychosocial factors on quality of life among individuals with chronic pain. *Rehabilitation Counseling Bulletin*, 51(3), 177-189.
- Leech, N. L., & Onwuegbuzie, A. J. (2009). A typology of mixed methods research designs. *Quality and Quantity*, 43, 265-275.
- Leifer, R. (1999). Buddhist conceptualization and treatment of anger. *Journal of Clinical Psychology*, 55(3), 339-351.
- Leininger, M. M. (1985). Ethnography and ethnonursing: Models and modes of qualitative data analysis. In M. M. Leininger (Ed.), *Qualitative research methods in nursing* (pp. 33-72). Orlando: Grune & Stratton.
- Li, S., Feldman, M. W., & Jin, X. (2004). Children, marriage form, and family support for the elderly in contemporary rural China: The case of Songzi. *Research on Aging*, 26(3), 352-384.
- Liamputtong, P. (2009). *Qualitative research methods* (3rd ed.). South Melbourne, Australia: Oxford University Press.
- Liang, J., Brown, J. W., Krause, N. M., Ofstedal, M. B., & Bennett, J. (2005). Health and living arrangements among older Americans: Does marriage matter? *Journal of Aging and Health*, 17(3), 305-335.
- Lima, M. G., Barros, M. B. d. A., Cesar, C. L. G., Goldbaum, M., Carandina, L., & Ciconelli, R. M. (2009). Impact of chronic disease on quality of life among the elderly in the state of Sao Paulo, Brazil: A population-based study. *Revista Panamericana de Salud Pública*, 25(4), 314-321.
- Lincoln, Y. S., & Guba, E. G. (2003). Paradigmatic controversies, contradictions, and emerging confluences. In N. K. Denzin & Y. S. Lincoln (Eds.), *The landscape of qualitative research: Theories and issues* (2nd ed., pp. 163-188). California: Sage Publications, Inc.
- Liu, X., Liang, J., & Gu, S. (1999). Flows of social support and health status among older persons in China. *Social Science and Medicine*, 41(8), 1175-1184.
- Llewellyn, G., Sullivan, G., & Minichiello, V. (2004). Sampling in qualitative research. In V. Minichiello, G. Sullivan, K. Greenwood & R. Axford (Eds.), *Research methods for nursing and health science* (2nd ed., pp. 210-241). Frenchs Forest, New South Wales, Australia: Pearson Education Australia.
- Lloyd-Sherlock, P. (2000). Old age and poverty in developing countries: New policy challenges. *World Development*, 28(12), 2157-2168.

- Lloyd-Sherlock, P. (2002). Formal social protection for older people in developing countries: Three different approaches. *Journal of Social Policy*, 31(4), 695-713.
- Lloyd-Sherlock, P. (2006). Identifying vulnerable older people: Insights from Thailand. *Ageing and Society*, 26, 81-103.
- Lowenstein, A., & Daatland, S. O. (2006). Filial norms and family support in a comparative cross-national context: Evidence from the OASIS study. *Ageing and Society*, 26(2), 203-223.
- Lowenstein, A., Katz, R., & Gur-Yaish, N. (2007). Reciprocity in parent-child exchange and life satisfaction among the elderly: A cross-national perspective. *Journal of Social Issues*, 63(4), 865-883.
- Lwanga, S., & Lemeshow, S. (1991). *Sample size determination in health studies: A practical manual*. Geneva, Switzerland: World Health Organization.
- Ma'aitah, R. A., Haddad, L., & Umlauf, M. G. (1999). Health promotion behaviors of Jordanian women. *Health Care for Women International*, 20, 533-546.
- MacLennan, W. (2003). 'Abuse of the elderly': A chapter in the world report on violence and health. *Age and Ageing* 32(2), 136.
- Makapat, A. (2003). *Self-esteem of the elderly in rural areas of Nakhon Sawan province*. Unpublished Master's thesis, Mahidol University, Bangkok, Thailand.
- Mangset, M., Dahl, T. E., Forde, R., & Wyller, T. B. (2008). 'We're just sick people, nothing else':....factors contributing to elderly stroke patients' satisfaction with rehabilitation. *Clinical Rehabilitation*, 22, 825-835.
- Mason, K. O. (1992). Family change and support of the elderly in Asia: What do we know? *Asian-Pacific Population Journal*, 7(3), 13-32.
- Maxcy, S. J. (2003). Pragmatic threads in mixed methods research in the social sciences: The search for multiple modes of inquiry and the end of the philosophy of formalism. In A. Tashakkori & C. Teddlie (Eds.), *Handbook of mixed methods in social and behavioral research* (pp. 51-89). California: Sage Publications, Inc.
- McAuley, C., McCurry, N., Knapp, M., Beecham, J., & Sled, M. (2006). Young families under stress: Assessing maternal and child well-being using a mixed-methods approach. *Child and Family Social Work* 11, 43-54.
- Melles, G. (2008). New pragmatism and the vocabulary and metaphors of scholarly design research. *Design Issues*, 24(4), 88-101.

- Mental Health Department. (2007). *WHOQOL-BREF (Thai version)*. Bangkok, Thailand: Ministry of Public Health.
- Mequanent, G. (2009, July). *Rural industrialization in Ethiopia: Time for action*. Paper presented at the Rural industrialization in the Amhara Region, Central Ethiopia, conference, Ottawa, Canada.
- Mertens, D. M. (2005). *Research and evaluation in education and psychology: Integrating diversity with quantitative, qualitative and mixed-methods* (2nd ed.). Thousand Oaks, CA: Sage publications.
- Miller, C. A. (2009). *Nursing for wellness in older adults* (5th ed.). Philadelphia: Wolters Kluwer Health and Lippincott Williams & Wilkins.
- Miller, S. I., & Fredericks, M. (2006). Mixed-Methods and evaluation research: Trends and issues. *Qualitative Health Research*, 16(4), 567-579.
- Moorer, P., & Suurmeijer, T. P. B. M. (2001). The effects of neighbourhoods on size of social network of the elderly and loneliness: A multilevel approach. *Urban Studies*, 38(1), 105-118.
- Morgan, D. L. (2007). Paradigms lost and pragmatism regained: Methodological implications of combining qualitative and quantitative methods. *Journal of Mixed Methods Research*, 1(1), 48-76.
- Morioka, S., Hiyamizu, M., Fukumoto, T., Kataoka, Y., & Yagi, F. (2009). Effects of plantar hardness discrimination training on standing postural balance in the elderly: A randomized controlled trial. *Clinical Rehabilitation*, 23(6), 483-491.
- Morse, J. M. (2003). Principles of mixed methods and multimethod research design. In A. Tashakkori & C. Teddlie (Eds.), *Handbook of mixed methods in social and behavioral research* (pp. 191). California: Sage Publications, Inc.
- Morse, J. M., & Field, P. A. (2002). *Nursing research: The application of qualitative approaches* (2nd ed.). Cheltenham, England: Nelson Thornes Ltd.
- Muecke, M. A. (1994). On the evaluation of ethnographies. In J. M. Morse (Ed.), *Critical issues in qualitative research methods* (pp. 187-211). California: SAGE Publications, Inc.
- Mulligan, T., Reddy, S., Gulur, P. V., & Godschalk, M. (2003). Disorders of male sexual function. *Clinics in Geriatric Medicine*, 19, 473-481.
- Munhall, P. L. (2007). *Nursing research: A qualitative perspective* (4th ed.). Massachusetts: Jones and Bartlett Publishers, Inc.

- Muramatsu, N., Yin, H., & Hedeker, D. (2010). Functional declines, social support, and mental health in the elderly: Does living in a state supportive of home and community-based services make a difference? *Social Science and Medicine*, 70(7), 1050-1058.
- Musikapan, W. (2004). *Influence of existential locality on labor force, age, out-migration and the elderly's, and children's living arrangements*. Unpublished doctoral dissertation, Mahidol University, Bangkok, Thailand.
- Naivinit, W., & Trébuil, G. (2004, November). *Interactions between water use and labour migration in lower northeast Thailand*. Paper presented at the Séminaire Pcsi conference, Montpellier, France.
- Nanasampanno, B. (1999). *To the last breath* (B. Ariyesako, Trans. 2nd ed.). Udon Thani, Thailand: Pa Bahn Tahd Temple.
- Nanthamongkolchai, S., Makapat, A., Charupoonphol, P., & Munsawaengsub, C. (2007). Self-esteem of the elderly in rural areas of Nakorn Sawan province. *Journal of the Medical Association of Thailand*, 90, 155-158.
- Nanthamongkolchai, S., Tuntichaivanit, C., Munsawaengsub, C., & Charupoonphol, P. (2009). Factors influencing life happiness among elderly female in Rayong province, Thailand. *Journal Medical Association Thailand*, 92(7), S8-12.
- Narada. (1995). *A manual of buddhism*. Kuala Lumpur, Malaysia: The Buddhist Missionary Society Malaysia.
- Newall, N. E., Chipperfield, J. G., Clifton, R. A., Perry, R. P., Swift, A. U., & Ruthig, J. C. (2009). Causal beliefs, social participation, and loneliness among older adults: A longitudinal study. *Journal of Social and Personal Relationships*, 26(2-3), 273-290.
- Ng, T.-P., Niti, M., Chiam, P.-C., & Kua, E.-H. (2006). Prevalence and correlates of functional disability in multiethnic elderly Singaporeans. *The American Geriatrics Society*, 54(1), 21-29.
- Nolan, D., & Maher, L. (2000). Coming home: Creating affordable assisted living for low-income seniors. *Social Policy*, 31(2), 52-54.
- O'Reilly, K. (2005). *Ethnographic methods*. Oxon, England: Routledge.
- O'Reilly, K. (2009). *Key concepts in ethnography*. London, England: SAGE Publications Ltd.
- Ogawa, N., & Retherford, R. D. (1993). Care of the elderly in Japan: Changing norms and expectations. *Journal of Marriage and Family*, 55(3), 585-597.

- Oman, K. S., Krugman, M. E., & Fink, R. M. (2003). *Nursing research secrets*. Philadelphia, Pennsylvania: Hanley and Belfus.
- Onwuegbuzie, A. J., & Johnson, R. B. (2006). The validity issue in mixed research. *Research in the Schools, 13*(1), 48-63.
- Onwuegbuzie, A. J., & Leech, N. L. (2004). Enhancing the interpretation of "Significant" findings: The role of mixed methods research. *The Qualitative Report, 9*(4), 770-792.
- Onwuegbuzie, A. J., & Leech, N. L. (2005). On becoming a pragmatic researcher: The importance of combining quantitative and qualitative research methodologies. *International Journal of Social Research Methodology 8*(5), 375-387.
- Onwuegbuzie, A. J., & Leech, N. L. (2006). Linking research questions to mixed methods data analysis procedures. *The Qualitative Report 11*(3), 474-498.
- Onwuegbuzie, A. J., & Teddlie, C. (2003). A framework for analyzing data in mixed methods research. In A. Tashakkori & C. Teddlie (Eds.), *Handbook on mixed methods in the behavioral and social sciences* (pp. 351-384). Thousand Oaks, CA: SAGE.
- Othaganont, P., Sinthuvorakan, C., & Jensupakarn, P. (2002). Daily living practice of the life-satisfied Thai elderly. *Journal of Transcultural Nursing, 13*(1), 24.
- Oztop, H., Sener, A., Guven, S., & Dogan, N. (2009). Influences of intergenerational support on life satisfaction of the elderly: A Turkish sample. *Social behavior and personality, 37*(7), 957-970.
- Pallant, J. (2007). *SPSS survival manual: A step by step guide to data analysis using SPSS* (third ed.). Sydney, Australia: Allen and Unwin.
- Palloni, A. (2000, February, 8-10). *Living arrangements of older persons*. Paper presented at the Population Ageing and Living Arrangements of Older conference, New York, USA.
- Pansiri, J. (2005). Pragmatism: A methodological approach to researching strategic alliances in tourism. *Tourism and Hospitality Planning and Development, 2*(3), 191-206.
- Pant, J., Demaine, H., & Edwards, P. (2005). Bio-resource flow in integrated agriculture-aquaculture systems in a tropical monsoonal climate: A case study in Northeast Thailand. *Agricultural Systems, 83*, 203-219.
- Pargament, K. I., Koenig, H. G., Tarakeshwar, N., & Hahn, J. (2001). Religious struggle as a predictor of mortality among medically ill elderly patients. *Archives of Internal Medicine, 161*(15), 1929-1930.

- Paterson, R. (2010). Old and alone: Bereavement and the older person. *British Journal of Community Nursing*, 15(1), 44-45.
- Peat, J., Mellis, C., Williams, K., & Xuan, W. (2001). *Health science research: A handbook of quantitative method*. Sydney: Allen and Unwin.
- Pei-Chia-Lan. (2002). Subcontracting filial piety: Elder care in ethnic Chinese immigrant families in California. *Journal of Family Issues*, 23(7), 812-835.
- Philosophy-Dictionary Organization. (2008). Logical positivism. *Philosophy Dictionary* Retrieved 9/08/2011, from <http://www.philosophy-dictionary.org/Logical%20positivism>
- Pongpaew, P., Tungtrongchitr, R., Phonrat, B., Vudhivai, N., Jintaridhi, P., Vorasanta, S., et al. (2000). Activity, dietary intake, and anthropometry of an informal social group of Thai elderly in Bangkok. *Archives of Gerontology and Geriatrics*, 30, 245-260.
- Portero, C. F. (2007). Social support, psychological well-being, and health among the elderly. *Educational Gerontology*, 33, 1053-1068.
- Postigo, J. M. L. (2010). The co-residence of elderly people with their children and grandchildren. *Educational Gerontology*, 36, 330-349.
- Power, M., Quinn, K., Schmidt, S., & WHOQOL-OLD Group. (2005). Development of the WHOQOL-OLD module. *Quality of Life Research*, 14, 2197-2214.
- Public Health Ministry, & Social Development and Human Security Ministry. (2007). *The 5th ASEAN & Japan high level officials meeting on caring society: Collaboration of social welfare and health services, and development of human resources and community (community services for the elderly)*. Tokyo, Japan: Ministry of Public Health and Ministry of Social Development and Human Security, Thailand
- Putnam, H. (1995). Pragmatism. *Proceedings of the Aristotelian Society*, 95, 291-306.
- Qin, M., Punpuing, S., Guest, P., & Prasartkul, P. (2008). Labour migration and change in older people's living arrangements: The case of Kanchanaburi Demographic Surveillance System (KDSS), Thailand *Population, Space and Place*, 14, 419-432.
- Rachiwong, K. (2002). *The teaching of gratefulness in Buddhism: A case study of the elderly's views on the parent abandonment in Buddhist Thai society*. Unpublished Master's thesis, Mahidol University, Bangkok, Thailand.

- Ramos, R. G., Talbott, E. O., Youk, A., & Karol, M. H. (2006). Community urbanization and hospitalization of adults for asthma. *Journal of Environmental Health*, 68(8), 26-32.
- Ravaglia, G., Forti, P., Montesi, F., Lucicesare, A., Pisacane, N., Rietti, E., et al. (2008). Mild cognitive impairment: Epidemiology and dementia risk in an elderly Italian. *Journal of the American Geriatrics Society*, 56(1), 51-58.
- Ribeiro, A., de Souza, E., Atie, S., de Souza, A., & Schilithz, A. (2008). The influence of falls on the quality of life of the aged. *Ciencia and Saude Coletiva*, 13(4), 1265-1273.
- Richter, K., Guest, P., Boonchalaksi, W., Piriathamwong, N., & Ogena, N. B. (1997). *Migration and the rural family: Sources of support and strain in a mobile society* (Report No. 190). Bangkok, Thailand: Mahidol University, Institute for Population and Social Research.
- Ritchie, M. A. (2000). Social capacity, sustainable development, and older people: Lessons from community-based care in Southeast Asia. *Development in Practice*, 10(5), 638-649.
- Rocco, T. S., Bliss, L. A., Gallagher, S., & Perez-Prado, A. (2003). Taking the next step: Mixed methods research in organizational systems. *Information Technology, Learning, and Performance Journal*, 21(1), 19-29.
- Rocco, T. S., Bliss, L. A., Gallagher, S., Perez-Prado, A., Alacaci, C., Dwyer, E. S., et al. (2003). The pragmatic and dialectical lenses: Two views of mixed methods use in education. In A. Tashakkori & C. Teddlie (Eds.), *Handbook of mixed methods in social and behavioral research* (pp. 595-615). Thousand Oaks: SAGE.
- Roll, A., & Litwin, H. (2010). Intergenerational financial transfers and mental health: An analysis using SHARE-Israel data. *Aging and Mental Health*, 14(2), 203-210.
- Routasalo, P., & Pitkala, K. H. (2003). Loneliness among older people. *Reviews in Clinical Gerontology*, 13(4), 303-311.
- Rubenowitz, E., Waern, M., Wilhelmson, K., & Allebeck, P. (2001). Life events and psychosocial factors in elderly suicides: A case-control study. *Psychological Medicine*, 31, 1193-1202.
- Sagner, A., & Mtati, R. (1999). Politics of pension sharing in urban South Africa. *Ageing and Society*, 19(4), 393-416.
- Sale, J. E. M., Lohfeld, L. H., & Brazil, K. (2002). Revisiting the quantitative-qualitative debate: Implications for mixed-methods research. *Quality and Quantity*, 36, 43-53.

- Sato, S., Demura, S., Kobayashi, H., & Nagasawa, Y. (2002). The relationship and its change with aging between ADL and daily life satisfaction characteristics in independent Japanese elderly living at home. *Journal of Physiological Anthropology*, 21(4), 195-204.
- Savikko, N., Routasalo, P., Tilvis, R. S., Strandberg, T. E., & Pitkala, K. H. (2005). Predictors and subjective causes of loneliness in an aged population. *Archives of Gerontology and Geriatrics*, 41, 223-233.
- Schensul, S. L., Schensul, J. J., & LeCompte, M. D. (1999). *Essential ethnographic methods: Observations, interviews, and questionnaires*. Lanham, Maryland: AltaMira Press.
- Schrieder, G., & Knerr, B. (2000). Labour migration as a social security mechanism for smallholder households in Sub-Saharan Africa: The case of Cameroon. *Oxford Development Studies*, 28(2), 223-236.
- Schulz, R., Beach, S. R., Lind, B., Martire, L. M., Zdaniuk, B., Hirsch, C., et al. (2001). Involvement in caregiving and adjustment to death of a spouse: Findings from the caregiver health effects study. *JAMA*, 285(24), 3123-3129.
- Selby, M. (2006). Confusion in the elderly. *Practice Nurse*, 32(9), 45-48.
- Shepard, M. P., Orsi, A. J., Mahon, M. M., & Carroll, R. M. (2002). Mixed-methods research with vulnerable families. *Journal of Family Nursing*, 8(4), 334-352.
- Sheykhi, M. T. (2006). The elderly and family change in Asia with a focus in Iran: A sociological assessment. *Journal of Comparative Family Studies*, 37(4), 583-588.
- Siebert, D. C., Mutran, E. J., & Reitzes, D. C. (1999). Friendship and social support: The importance of role identity to aging adults. *Social Work*, 44(6), 522-533.
- Sijuwade, P. O. (2008). Elderly care by family members: Abandonment, abuse and neglect. *The Social Sciences*, 3(8), 542-547.
- Silverman, P., Hecht, L., & McMillin, J. D. (2000). Modeling life satisfaction among the aged: A comparison of Chinese and Americans. *Journal of Cross-Cultural Gerontology*, 15, 289-305.
- Slater, M. R. (2008). Pragmatism, realism, and religion. *Journal of Religious Ethics*, 36(4), 653-681.
- Sobieszczyk, T., Knodel, J., & Chayovan, N. (2003). Gender and wellbeing among older people: Evidence from Thailand. *Ageing and Society*, 23, 701-735.

- Soonthornchaiya, R., & Dancy, B. L. (2006). Perceptions of depression among elderly Thai immigrants. *Issues in Mental Health Nursing*, 27, 681-698.
- Sorkin, D., Rook, K. S., & Lu, J. L. (2002). Loneliness, lack of emotional support, lack of companionship, and the likelihood of having a heart condition in an elderly sample. *Annals of Behavioral Medicine*, 24(4), 290-298.
- Spradley, J. P. (1979). *The ethnographic interview*. Florida: Holt, Rinehart and Winston, Inc.
- Spradley, J. P. (1980). *Participant observation*. Kentucky: Thomson Learning, Inc.
- Srinivasan, K., Vaz, M., & Thomas, T. (2010). Prevalence of health related disability among community dwelling urban elderly from middle socioeconomic strata in Bangaluru, India. *Indian Journal of Medical Research*, 131, 515-521.
- Sriruecha, P. (2002). Happy life of the elderly in a village of Khon Kaen province: A case study of Ban Kai Na of Muang district. *Journal of Health Science*, 11(1), 44-54.
- Staessen, J., Thijisq, L., Fagard, R., & Celis, H. (2004). Effects of immediate versus delayed antihypertensive therapy on outcome in the systolic hypertension in Europe trial. *Journal of Hypertension*, 22, 847-857.
- Stek, M. L., Vinkers, D. J., Gussekloo, J., Beekman, A. T. F., Mast, R. C. v. d., & Westendorp, R. G. J. (2005). Is depression in old age fatal only when people feel lonely? *American Journal Psychiatry*, 162(1), 178-180.
- Streubert, H., & Carpenter, D. (1995). *Qualitative research in nursing: Advancing the humanistic imperative*. Philadelphia: RR Donnelly & Sons.
- Sucitto, A. (2010). *Kamma and the end of kamma*. Penang, Malaysia: Amaravati Publications.
- Suetrong, S., & Pairintra, C. (2007). Agroecological and socioeconomic environment of Northeast Thailand (Publication. Retrieved 22/10/2010, from International Nature Farming Research Centre (INFRC): www.infrc.or.jp/english/KNF_Data_Base_Web/.../C1-3-007.pdf
- Sukying, C., Bhokakul, V., & Udomsubpayakul, U. (2003). An epidemiological study on insomnia in an elderly Thai population. *Journal of the Medical Association of Thailand*, 86(4), 316-324.
- Suwanrada, W. (2009). Poverty and financial security of the elderly in Thailand. *Ageing International*, 33, 50-61.

- Suzuki, M., Ohyama, N., Yamada, K., & Kanamori, M. (2002). The relationship between fear of falling, activities of daily living and quality of life among elderly individuals. *Nursing and Health Sciences*, 4, 155-161.
- Svetlik, D., Dooley, W. K., Weiner, M. F., Williamson, G. M., & Walters, A. S. (2005). Declines in satisfaction with physical intimacy predict caregiver perceptions of overall relationship loss: A study of elderly caregiving spousal dyads. *Sexuality and Disability*, 23(2), 65-79.
- Tagaya, A., Okuno, S., Tamura, M., & Davis, A. J. (2000). Social support and end-of-life issues for small town Japanese elderly. *Nursing and Health Sciences*, 2(3), 131-137.
- Tam, S., & Neysmith, S. (2006). Disrespect and isolation: Elder abuse in Chinese communities. *Canadian Journal on Aging*, 25(2), 141-151.
- Tang, Y. (2007). A literature review of concept "Filial Piety". *Asian Social Science*, 3(2), 21-28.
- Taqi, A., Itrat, A., Qidwai, W., & Qadri, Z. (2007). Depression in the elderly: Does family system play a role? A cross-sectional study. *BMC Psychiatry*, 7, 57-68.
- Tashakkori, A., & Teddlie, C. (2003). The past and future of mixed methods research: From data triangulation to mixed model designs. In A. Tashakkori & C. Teddlie (Eds.), *Handbook of mixed methods in social and behavioral research* (pp. 671-700). Thousand Oaks, California: Sage Publications, Inc.
- Teddlie, C., & Tashakkori, A. (2003). Major issues and controversies in the use of mixed methods in the social and behavioral sciences. In A. Tashakkori & C. Teddlie (Eds.), *Handbook of mixed methods in social and behavioral research* (pp. 3-50). California: Sage Publications, Inc.
- Teddlie, C., & Tashakkori, A. (2006). A general typology of research designs featuring mixed methods. *Research in the Schools*, 13(1), 12-28.
- Teddlie, C., & Yu, F. (2007). Mixed methods sampling: A typology with examples. *Journal of Mixed Methods Research*, 1(1), 77-100.
- Temkin-Greener, H., Bajorska, A., Peterson, D. R., Kunitz, S. J., Gross, D., Williams, T. F., et al. (2004). Social support and risk-adjusted mortality in a frail older population. *Medical Care*, 42(8), 779-788.
- ThaiTambon. (2000). Amphoe in Nong Khai province (Publication. Retrieved 18/11/2010, from ThaiTambon.com:
<http://www.thaitambon.com/tambon/tamplist.asp?id=43>

- Tham, G. (2003). Ethnography. In Z. Schneider, D. Elliott, C. Beanland, G. LoBiondo-Wood & J. Haber (Eds.), *Nursing research: Methods, critical appraisal and utilisation* (2nd ed., pp. 179-192). New South Wales, Australia: Elsevier (Australia) Pty Limited.
- Thanakwang, K. (2008). Social networks and social support influencing health-promoting behaviours among Thai community-dwelling elderly. *Thai Journal Nursing Research*, 12(4), 243-258.
- Thanakwang, K., & Soonthorndhada, K. (2006). Attributes of active ageing among older persons in Thailand: Evidence from the 2002 survey. *Asia Pacific Population Journal*, 21(3), 113-139.
- Thanakwang, K., & Soonthorndhada, K. (2008). Family relations and health-promoting behavior among older people in Nan province. *J Med Assoc Thai*, 91(7), 1102-1108.
- Thang, L. L., Kaplan, M. S., & Henkin, N. Z. (2003). Intergenerational Programming in Asia. *Journal of Intergenerational Relationships*, 1(1), 49-69.
- Thitadhammo, L. (2005). *No worries* (P. Bhikkhu, Trans.). Ubon Rajathanee, Thailand: Nong Pa Pong Temple.
- Thongtang, O., Sukhatunga, K., Ngamthipwatthana, T., Chulakadabba, S., Vuthiganond, S., Pooviboonsuk, P., et al. (2002). Prevalence and incidence of depression in the Thai elderly. *Journal of the Medical Association of Thailand*, 85(5), 540-544.
- Tollen, A., Fredriksson, C., & Kamwendo, K. (2008). Elderly persons with disabilities in Sweden: Their experiences of everyday life. *Occupational Therapy International*, 15(3), 133-149.
- Tomassini, C., Glaser, K., Wolf, D. A., Groenou, M. I. B. v., & Grundy, E. (2004). *Living arrangements among older people: an overview of trends in Europe and the USA* Retrieved 18/01/2011, from http://212.58.231.24/downloads/theme_population/PT115.pdf#page=25.
- Tomassini, C., Kalogirou, S., Grundy, E., Fokkema, T., Martikainen, P., Groenou, M. B. v., et al. (2004). Contacts between elderly parents and their children in four European countries: current patterns and future prospects. *European Journal of Ageing*, 1, 54-63.
- Tongprateep, T. (2000). The essential elements of spirituality among rural Thai elders. *Journal of Advanced Nursing*, 31(1), 197-203.
- Tooze, J. A., Vitolins, M. Z., Smith, S. L., Arcury, T. A., Davis, C. C., Bell, R. A., et al. (2007). High levels of low energy reporting on 24-hour recalls and three questionnaires in an elderly low-socioeconomic status population. *The Journal of Nutrition*, 137(5), 1286-1293.

- United Nations. (2002). Madrid international plan of action on ageing (Publication. Retrieved 1/06/2010, from The United Nations: http://www.un.org/esa/socdev/ageing/madrid_intlplanaction.html)
- United Nations. (2005). *Living arrangements of older persons around the world* (Report No. ST/ESA/SER.A/240). New York, USA: Population Division, Department of Economic and Social Affairs.
- United Nations. (2007). *Government's policies and programmes on population ageing at the seminar on social, health, and economic*. Paper presented at the consequences of population ageing in the context of changing families conference, Bangkok, Thailand.
- United Nations Population Fund. (2006). Population ageing in Thailand: Prognosis and policy response. Retrieved 15/11/2010, from http://thailand.unfpa.org/documents/thai_ageing_englishversion.pdf
- Utz, R. L., Carr, D., Nesse, R., & Wortman, C. B. (2002). The effect of widowhood on older adults' social participation: An evaluation of activity, disengagement, and continuity theories. *The Gerontologist*, 42(2), 522-533.
- van Hooijdonk, C., Droomers, M., van Loon, J. A. M., van der Lucht, F., & Kunst, A. E. (2007). Exceptions to the rule: Healthy deprived areas and unhealthy wealthy areas. *Social Science and Medicine*, 64(6), 1326-1342.
- Vaswani, T. (2001). Family care of the elderly: Abuse, neglect and abandonment. *Indian journal of social work*, 62(3), 492-505.
- Wang, J.-J., Snyder, M., & Kaas, M. (2001). Stress, loneliness, and depression in Taiwanese rural community-dwelling elders. *International Journal of Nursing Studies*, 38, 339-347.
- Weinstein, B. E. (2003). A primer on hearing loss in the elderly. *Generations*, 27(1), 15-20.
- Whitbeck, L. B., Hoyt, D. R., & Tyler, K. A. (2001). Family relationship histories, intergenerational relationship quality, and depressive affect among rural elderly people. *The journal of Applied Gerontology*, 20(2), 214-229.
- Wilhelmson, K., Andersson, C., Waern, M., & Allebeck, P. (2005). Elderly people's perspectives on quality of life. *Ageing and Society*, 25, 585-600.
- Wolf, Z. R. (2007). Ethnography: The method. In P. L. Munhall (Ed.), *Nursing research: A qualitative perspective* (4th ed., pp. 293-330). Massachusetts: Jones and Bartlett Publishers, Inc.

- Wong, S. T., Yoo, G. J., & Stewart, A. L. (2005). Examining types of social support and actual sources of support in older Chinese and Korean immigrants. *International Journal of Health and Human Development*, 61(2), 105-121.
- Wong, S. T., Yoo, G. J., & Stewart, A. L. (2007). An empirical evaluation of social support and psychological well-being in older Chinese and Korean immigrants. *Ethnicity and Health*, 12(1), 43-67.
- World Health Organization. (1996). *WHOQOL-BREF: Introduction, administration, scoring, and generic version of the assessment*. Geneva, Switzerland: World Health Organization.
- World Health Organization. (1998). Development of the World Health Organization WHOQOL-BREF quality of life assessment. *Psychological Medicine*, 28(3), 551-558.
- World Health Organization. (2002). Abuse of the elderly. Retrieved 5 June, 2010, from http://www.who.int/ageing/projects/elder_abuse/en/
- World Health Organization. (2006a). Country cooperation strategy at a glance: Thailand. Retrieved 22/03/2010, from <http://www.who.int/countries/tha/en/>
- World Health Organization. (2006b). WHOQOL-OLD Manual. Retrieved 1/06/2007, from <http://www.bath.ac.uk/whoqol/questionnaires/userform.cfm>
- World Health Organization: Regional Office for South-East Asia. (2003). *Abuse of the elderly*. New Delhi, India: World Health Organization: Regional Office for South-East Asia.
- Wu, A. M. S., Tang, C. S. K., & Kwok, T. C. Y. (2002). Death anxiety among Chinese elderly people in Hong Kong. *Journal of Aging and Health*, 14(1), 42-56.
- Wu, Z.-Q., Sun, L., Sun, Y.-H., Zhang, X.-J., Tao, F.-B., & Cui, G.-H. (2010). Correlation between loneliness and social relationship among empty nest elderly in Anhui rural area, China. *Aging and Mental Health*, 14(1), 108-112.
- Yeh, S.-C. J., & Lo, S. K. (2004). Living alone, social support, and feeling lonely among the elderly. *Social Behavior and Personality*, 32(2), 129-138.
- Zechner, M. (2008). Care of older persons in transnational settings. *Journal of Aging Studies*, 22(1), 32-44.
- Zhang, H. J. (2004). Willingness and expectations: Intergenerational differences in attitudes toward filial responsibility in China. *Marriage and Family Review*, 36, 175-200.

- Zimet, G. D., Dahlem, N. W., Zimet, S. G., & Farley, G. K. (1988). The multidimensional scale of perceived social support. *Journal of Personality Assessment*, 52(1), 30-41.
- Zimmer, Z., & Amornsirisomboon, P. (2001). Socioeconomic status and health among older adults in Thailand: An examination using multiple indicators. *Social Science and Medicine*, 52(8), 1297-1311.
- Zimmer, Z., & Kim, S. K. (2001). Living arrangements and socio-demographic conditions of older adults in Cambodia. *Journal of Cross-Cultural Gerontology*, 16(4), 353-381.
- Zimmer, Z., Korinek, K., Knodel, J., & Chayovan, N. (2008). Migrant interactions with elderly parents in rural Cambodia and Thailand. *Journal of Marriage and Family*, 70, 585-598.
- Zimmer, Z., & Kwong, J. (2003). Family size and support of older adults in urban and rural China: Current effects and future implications. *Demography*, 40(1), 23-44.

APPENDICES

Appendix A: Ethics

Appendix A-1: Ethics approval

Appendix A-2: The letter requesting permission to conduct the research at the study sites signed off by director of a provincial health office (English translation)

Appendix A-3: The letter requesting permission to conduct the research at the study sites signed off by director of a provincial health office (Thai)

Appendix A-4: Information sheet (English translation)

Appendix A-5: Information sheet (Thai)

Appendix A-6: Participant consent form (English translation)

Appendix A-7: Participant consent form (Thai)

Appendix A-8: Confidentiality agreement (English translation)

Appendix A-9: Confidentiality agreement (Thai)

Appendix B: Measures

Appendix B-1: The Multidimensional Scale of Perceived Social Support

Appendix B-2: WHOQOL-BREF Scoring


Appendix B-3: WHOQOL-OLD Final Manual

Appendix C: Questionnaire

Appendix D: Published article

APPENDIX A: ETHICS

Appendix A-1: Ethics approval



Massey University

OFFICE OF THE ASSISTANT
TO THE VICE-CHANCELLOR
(Ethics & Equity)
Private Bag 11 222
Palmerston North
New Zealand
T 64 6 350 5573/350 5575
F 64 6 350 5622
humanethics@massey.ac.nz
animalethics@massey.ac.nz
gtc@massey.ac.nz
www.massey.ac.nz

FILE

21 December 2006

Ms Supaporn (Lilly) Techowanich
c/- School of Health Sciences
PN351

Dear Lilly

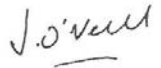
Re: HEC: Southern A Application – 06/76
Quality of life of the elderly in the rural border area in Thailand related to economic migration by their children

Thank you for your letter dated 20 December 2006.

On behalf of the Massey University Human Ethics Committee: Southern A, I am pleased to advise you that the ethics of your application are now approved. Approval is for three years. If this project has not been completed within three years from the date of this letter, reapproval must be requested.

If the nature, content, location, procedures or personnel of your approved application change, please advise the Secretary of the Committee.

Yours sincerely




Professor John O'Neill, Chair
Massey University Human Ethics Committee: Southern A

cc Prof Julie Boddy & Prof Steve LaGrow
School of Health Sciences
PN351

Prof Carol McVeigh, HoS
School of Health Sciences
PN351

Massey University Human Ethics Committee
Accredited by the Health Research Council



Appendix A-2: The letter requesting permission to conduct the research at the study sites (English translation)

School of Health Sciences
Private Bag 11222
Massey University
Palmerston North
New Zealand

November 14, 2006

To the Director of Provincial Health Office:

I am currently a Doctoral student in Health Sciences in the School of Health Sciences, Massey University, Palmerston North New Zealand, conducting a research project which is aimed to capture a snapshot of quality of life of the elderly population in the rural border area of Thailand. This study is related to the economic migration of their children from the northeast of Thailand to the larger cities, and attempts to gain an in-depth understanding regarding health problems related to the economic migration, and the preferred way to handle such health problems. Therefore, I would like to ask for your permission to conduct a collection of data in Bung Khla sub-district (Tambon), Bung Khla district (Amphoe), Nong Khai province and in the Bung Khla Health Care Centre.

The information gained from the study will be beneficial to both the elderly and their families, and health care providers. I would greatly appreciate your efforts in permitting me to conduct this study.

Thank you for your kind attention and I am looking forward to hearing from you soon.

Yours faithfully,

Supaporn Tech.

(Supaporn Techowanich)
Doctoral Student

JMB
(Prof. Julie Boddy)
Supervisor

*Allow Supaporn Techowanich to conduct the
research in Amphoe Bungkhla, Nongkhai province
Tittipol Sengkhay
(TITTIPOL SENGKHAY)*

Appendix A-3: The letter requesting permission to conduct the research at the study sites (Thai)

School of Health Sciences
Private Bag 11222
Massey University
Palmerston North
New Zealand

วันที่ ๑๔ พฤศจิกายน ๒๕๕๕

เรียน นายแพทย์สาธารณสุขจังหวัดหนองคาย

เนื่องด้วยดิฉัน ตุภากรณ์ เดโชพาณิชย์ นักศึกษาปริญญาเอก ณ School of Health Sciences มหาวิทยาลัยแมสซีย์ (Massey University) เมือง Palmerston North ประเทศนิวซีแลนด์ ขณะนี้กำลังจะดำเนินการวิจัยเกี่ยวกับคุณภาพชีวิตของผู้สูงอายุที่เกี่ยวข้องกับการย้ายถิ่นฐานอันเนื่องมาจากสภาวะทางเศรษฐกิจของบุตรในเขตชายแดนชนบทของประเทศไทย โดยจะมีวัตถุประสงค์เพื่อศึกษาข้อมูลเชิงปริมาณเกี่ยวกับคุณภาพชีวิตของผู้สูงอายุที่มีบุตรย้ายถิ่นฐานอันเนื่องมาจากสภาวะทางเศรษฐกิจ และศึกษาข้อมูลเชิงคุณภาพโดยการสัมภาษณ์เชิงลึกหรือการสังเกต และพื้นที่ ที่จะดำเนินการเก็บรวบรวมข้อมูลคือ อำเภอปากคำ จังหวัดหนองคาย

ดังนั้นในการนี้ ดิฉันจึงหวังเป็นอย่างยิ่งว่า จะได้รับการอนุเคราะห์จากท่านในการอนุญาตเข้าศึกษาในพื้นที่ดังกล่าวเพื่อเก็บรวบรวมข้อมูลในครั้งนี้ และประโยชน์จากการวิจัยในครั้งนี้จะเป็นประโยชน์อย่างยิ่งทั้งต่อผู้สูงอายุและหน่วยงานที่เกี่ยวข้องต่อไป

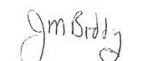
จึงเรียนมาเพื่อโปรดพิจารณาอนุเคราะห์ จักเป็นพระคุณยิ่ง

ขอแสดงความนับถือ

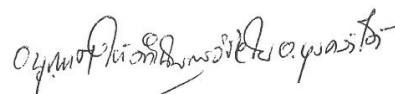


(ตุภากรณ์ เดโชพาณิชย์)

นักศึกษาระดับปริญญาเอก Massey University



(Prof. Julie Boddy)
Supervisor



(นายอรรถิพล สูงแจ้ง)

นายแพทย์สาธารณสุขจังหวัดหนองคาย

๙๓ / ๑ / ๕๕

Appendix A-4: Information sheet (English translation)



Massey University
COLLEGE OF HUMANITIES AND SOCIAL SCIENCES

SCHOOL OF HEALTH SCIENCES
Private Bag 11 222
Palmerston North
New Zealand
T 64 6 356 9099
F 64 6 350 5668
www.massey.ac.nz

Quality of life of the elderly in the rural border area in Thailand related to economic migration by their children

INFORMATION SHEET

Researcher Introduction

I am Supaporn Techowanich, a lecturer of Faculty of Public Health, Naresuan University, Phitsanulok province, Thailand. I am currently studying for a Doctoral degree in Health Sciences at School of Health Sciences, Massey University, Palmerston North, New Zealand. Conducting research is a requirement to accomplish my doctoral degree. I am undertaking the research in order to learn and understand the perception of quality of life of the elderly in the rural border area in Thailand related to economic migration by their children. Also, it is aimed to gain in-depth understanding health problems related to economic migration, and your preferred way to handle the health problems. My contact details are as follows:

In New Zealand: School of Health Sciences, Massey University, Private Bag 11-222
Palmerston North, New Zealand
Phone: +64-6-3569099 ext 2724, +64-21-02738511
Email: supalilly@hotmail.com

In Thailand: Faculty of Public Health
Naresuan University
Phitsanulok Province, 65000
Phone: +66-55-261000 Ext.5525
Email: supalilly@hotmail.com

Project supervisors and contact addresses:

Professor Julie Boddy
School of Health Sciences, Massey University,
Private Bag 11-222
Palmerston North, New Zealand
Phone: +64-6-3569099 ext 2541
Email: J.Boddy@massey.ac.nz

Associate Professor Dr. Wongsas Laohasiriwong
Faculty of Public Health,
Khon Kaen University,
Khon Kaen Province
Thailand 42002
Phone: +66-43-202398
Cell Phone: +66-1-7175681
Email: wongsa@kku.ac.th



Appendix A-4: Information sheet (English translation) (continued)



Massey University
COLLEGE OF HUMANITIES AND SOCIAL SCIENCES

SCHOOL OF HEALTH SCIENCES
Private Bag 11 222
Palmerston North
New Zealand
T 64 6 356 9099
F 64 6 350 5668
www.massey.ac.nz

Participant Recruitment

Bung Khla has been selected for the study because it is far away from Nong Khai province. I plan to distribute the questionnaire throughout the 3 sub-districts of Bung Khla and they will be purposively selected to be the study setting. In order to study setting, permission was sought and granted by the director of the Provincial Health Office. Once the local authority agrees to give permission for collecting data, I am visiting the health centre and the villages to personally introduce the study to potential participants and invite them to become participants.

In the first stage of the study, You will be interviewed by health care workers to complete a questionnaire. The elderly who are 60 years old and over will be recruited to complete the questionnaire. Around 250 people (20% of the aged in the area) will be recruited. Your name will be selected randomly from the list of older people at health centres.

In the second stage of the study which involves interviewing participants, the potential participants will be the elderly who are the older people from the first period.

Project Procedures

In the first stage, you will be interviewed face to face. The information gained will be handled and analysed by the researcher. The identifying information gained from you will not be stated at any stage of the study, or in the thesis or any reports, or presentation of the study.

In the second stage, the interview will be made available to you. I will transcribe all interviews. Your interview transcripts and audiotapes will be maintained securely in a locked cabinet and separately from other information that could identify you. Audiotapes and photos will either be returned to you if you request for them, or destroyed together with other information that identifies you five years after the study has been completed. The information then will be written as thesis and articles for publication. The findings of the study will be share at conferences. A summary of the findings will be sent to the director of provincial health office and the head of health center. It will also be sent to village committees which then could be distributed to informants.

Participant involvement

It will take approximately 30-40 minutes for you to complete the questionnaire with health care workers. Half an hour to an hour interview will be required from those of you who will be interviewed. I will spend at least 3 days per week during a six month period in the villages to observe your activities relating to the study interest and to carrying out interviews both in formal and informal manners. The place and time for the interviews will be arranged with you to ensure your convenience. During the interview, I may ask your permission for recording conversation on tape recorder, or for taking some notes and to take photographs.



Appendix A-4: Information sheet (English translation) (continued)



Massey University
COLLEGE OF HUMANITIES AND SOCIAL SCIENCES

SCHOOL OF HEALTH SCIENCES
Private Bag 11 222
Palmerston North
New Zealand
T 64 6 356 9099
F 64 6 350 5668
www.massey.ac.nz

Participant's Rights

You are under no obligation to accept this invitation. If you decide to participate, you have the right to:

- decline to answer any particular question;
- withdraw from the study up until the data collection has been completed;
- ask any questions about the study at any time during participation;
- provide information on the understanding that your name will not be used unless you give permission to the researcher;
- be given access to a summary of the project findings when it is concluded.
- to ask for the audio tape to be turned off at any time during the interview
- Your decision to participate or not to participate will not impact on health care receive from the health centre.

Project Contacts

This project has been reviewed and approved by the Massey University Human Ethics Committee: Southern A, Application 1 (*insert application number*). If you have any concerns about the conduct of this research, please contact Professor John O'Neill, Chair, Massey University Human Ethics Committee: Southern A, telephone 06 350 5799 x 8635, email: humanethicsoutha@massey.ac.nz.

Alternatively, you could contact me or the study supervisors at the addresses indicated earlier.



Appendix A-5: Information sheet (Thai)



Massey University
COLLEGE OF HUMANITIES AND SOCIAL SCIENCES

SCHOOL OF HEALTH SCIENCES
Private Bag 11 222
Palmerston North
New Zealand
T 64 6 356 9099
F 64 6 350 5668
www.massey.ac.nz

คุณภาพชีวิตของผู้สูงอายุที่เกี่ยวข้องกับการย้ายถิ่นฐานอันเนื่องมาจากสภาวะทางเศรษฐกิจของบุตรในเขตชายแดนชนบทของประเทศไทย

รายละเอียดข้อมูลโครงการวิจัย

ข้อมูลนักวิจัย

ดิฉัน สุภากรณ์ เตชะวาณิช อาจารย์ประจำคณะสาธารณสุขศาสตร์ มหาวิทยาลัยนครสวรรค์ ทำโพธิ์ อ.เมือง จ.พิจิตร ปัจจุบันกำลังศึกษาระดับปริญญาเอกสาขาวิทยาศาสตร์สุขภาพ ณ คณะวิทยาศาสตร์สุขภาพ มหาวิทยาลัยแมสซีย์ ประเทศนิวซีแลนด์ ดิฉันมีความประสงค์ในการดำเนินการวิจัยเพื่อสำรวจภาพรวมของคุณภาพชีวิตของผู้สูงอายุที่เกี่ยวข้องกับการย้ายถิ่นฐานอันเนื่องมาจากสภาวะทางเศรษฐกิจของบุตรในเขตชายแดนชนบท นอกจากนี้ดิฉันยังมีวัตถุประสงค์ที่จะเรียนรู้และทำความเข้าใจการรับรู้คุณภาพชีวิตที่เกิดขึ้นในมุมมองความคิดของผู้สูงอายุ แนวทางในการแก้ปัญหาเกี่ยวกับคุณภาพชีวิตของผู้สูงอายุอันเนื่องมาจากการย้ายถิ่นฐานของบุตร รวมทั้งมีวัตถุประสงค์เพื่อศึกษาความเข้าใจเชิงลึกของปัญหาสุขภาพที่เกี่ยวข้องกับการย้ายถิ่นฐานอันเนื่องมาจากภาวะเศรษฐกิจ และแนวทางในการจัดการกับปัญหาสุขภาพที่เกิดขึ้น งานวิจัยนี้เป็นส่วนหนึ่งของการศึกษาในระดับปริญญาเอก

ท่านสามารถติดต่อดิฉันดังต่อไปนี้

ที่อยู่ในนิวซีแลนด์:

School of Health Sciences, Massey
University, Private Bag 11-222
Palmerston North, New Zealand
Phone: +64-6-3569099 ext 2724, +64-
21-02738511

ที่ปรึกษาโครงการวิจัย

ศาสตราจารย์ Julie Boddy
School of Health Sciences,
Massey University,
Private Bag 11-222
Palmerston North, New Zealand
Phone: +64-6-3569099 ext 2541
Email: J.Boddy@massey.ac.nz

ที่อยู่ในประเทศไทย:

คณะสาธารณสุขศาสตร์
มหาวิทยาลัยนครสวรรค์
ต. ทำโพธิ์ อ.เมือง จ.พิจิตร 65000
โทรศัพท์: 055-261000 Ext.5525
Email: supalilly@hotmail.com

รองศาสตราจารย์ ดร.วงศา เลหาศิริวงศ์
ภาควิชาบริหารงานสาธารณสุข
คณะสาธารณสุขศาสตร์
มหาวิทยาลัยขอนแก่น
อ.เมือง จ.ขอนแก่น
โทรศัพท์ 043-202398
Email: wongsa@kku.ac.th



Appendix A-5: Information sheet (Thai) (continued)



Massey University
COLLEGE OF HUMANITIES AND SOCIAL SCIENCES

SCHOOL OF HEALTH SCIENCES
Private Bag 11 222
Palmerston North
New Zealand
T 64 6 356 9099
F 64 6 350 5668
www.massey.ac.nz

พื้นที่ในการทำวิจัยและผู้เข้าร่วมโครงการวิจัย

พื้นที่ในการทำวิจัยคือตำบลบึงคล้า อำเภอบึงคล้า จังหวัดหนองคาย เนื่องจากเป็นพื้นที่ที่อยู่ขอบชายแดน และไกลจากตัวเมืองจังหวัดหนองคาย ดิฉัน ได้วางแผนที่จะดำเนินการแจกแบบสอบถามทั้งสิ้น 3 ตำบลในอำเภอบึงคล้า ซึ่งตำบลเหล่านี้ได้ถูกคัดเลือกให้เป็นพื้นที่ ที่จะดำเนินการวิจัย ก่อนที่ดิฉันจะเข้ามาแนะนำตัวและดำเนินการวิจัยในพื้นที่นี้ ดิฉันได้ทำการขออนุญาตหน่วยงานที่เกี่ยวข้อง และได้รับการอนุญาตให้ดำเนินการวิจัย เป็นที่เรียบร้อยแล้ว ดิฉันจะเดินทางไปยังสถานีอนามัยและหมู่บ้าน เพื่อแนะนำตัวและชี้แจงวัตถุประสงค์ในการวิจัย พร้อมทั้งเชิญเจ้าหน้าที่สถานีอนามัย และ อสม. เข้ามามีส่วนร่วมในงานวิจัย

ในการศึกษาขั้นต้นแรกของงานวิจัย ท่านจะถูกสัมภาษณ์โดยเจ้าหน้าที่สถานีอนามัย หรือ อสม. ในการตอบแบบสอบถาม และผู้สูงอายุที่มีอายุตั้งแต่ 60 ปีขึ้นไปจะถูกคัดเลือกให้ตอบแบบสอบถาม นอกจากนี้ผู้สูงอายุจำนวนประมาณ 250 คน (20% ของจำนวนประชากรผู้สูงอายุทั้งหมดในพื้นที่) จะถูกคัดเลือกโดยการสุ่มจากจำนวนรายชื่อผู้สูงอายุของสถานีอนามัย

ในขั้นตอนที่สองของการศึกษา ซึ่งเป็นขั้นตอนของการสัมภาษณ์เชิงลึก กลุ่มตัวอย่างของขั้นตอนนี้คือผู้สูงอายุที่ผ่านการสัมภาษณ์โดยใช้แบบสอบถามจากขั้นตอนที่หนึ่ง

การดำเนินการวิจัย

ในขั้นตอนแรก ท่านจะถูกสัมภาษณ์ด้วยตัวต่อตัว ข้อมูลที่ได้จากแบบสอบถามจะถูกรวบรวมไว้และวิเคราะห์โดยผู้วิจัยคือดิฉันเอง ข้อมูลที่กล่าวถึงตัวท่านจะไม่ถูกนำเสนอในทุกขั้นตอนของการวิจัย ไม่ว่าจะเป็นวิทยานิพนธ์ บทความทางวิชาการรวมทั้งนำเสนอในที่ทางวิชาการที่เกี่ยวข้อง

ในขั้นตอนที่สอง ท่านจะถูกสัมภาษณ์ด้วยความเป็นกันเอง ดิฉันจะเป็นผู้ถอดเทปบันทึกการสัมภาษณ์ บันทึกการสัมภาษณ์และเทปบันทึกการสัมภาษณ์จะถูกเก็บรักษาไว้ในที่ปลอดภัยและเก็บแยกจากข้อมูลที่เกี่ยวข้องตัวท่าน ดิฉันจะส่งเทปบันทึกการสัมภาษณ์ และรูปถ่ายคืนท่านหากท่านต้องการ หรือหากท่านไม่ต้องการ ได้เทปหรือรูปถ่ายคืน ดิฉันจะดำเนินการทำลายหรือเอกสารอื่นๆที่เกี่ยวข้องตัวท่าน ภายใน 5 ปี หลังจากการวิจัยเสร็จสมบูรณ์ ดิฉันจะเป็นผู้วิเคราะห์ข้อมูลที่ได้ แล้วเขียนเป็นวิทยานิพนธ์ บทความทางวิชาการและอาจเผยแพร่ทางตีพิมพ์ รวมทั้งนำเสนอในที่ทางวิชาการที่เกี่ยวข้อง ดิฉันจะส่งรายงานสรุปของผลการวิจัยไปยังสำนักงานสาธารณสุขจังหวัด, สถานีอนามัยตำบลและกรรมการหมู่บ้านเพื่อเผยแพร่ข้อมูลไปยังสมาชิกหมู่บ้านต่อไป

การมีส่วนร่วมของผู้เข้าร่วมวิจัย

ใช้เวลาประมาณ 30-40 นาทีในการตอบแบบสอบถาม และ ครึ่งถึงหนึ่งชั่วโมงในการสัมภาษณ์ผู้ให้สัมภาษณ์ นอกจากนี้ดิฉันจะใช้เวลาประมาณ 3 วันต่อสัปดาห์ เป็นเวลาต่อเนื่อง 6 เดือนในการเข้ามาสังเกต (ทั้งแบบเป็นทางการและไม่เป็นทางการ) กิจกรรมประจำวันและกิจกรรมการทำงาน (ที่เกี่ยวข้องกับวัตถุประสงค์การวิจัย)

Appendix A-5: Information sheet (Thai) (continued)



Massey University
COLLEGE OF HUMANITIES AND SOCIAL SCIENCES

SCHOOL OF HEALTH SCIENCES
Private Bag 11 222
Palmerston North
New Zealand
T 64 6 356 9099
F 64 6 350 5668
www.massey.ac.nz

ของสมาชิกในหมู่บ้าน เวลาและสถานที่ในการสัมภาษณ์ขึ้นอยู่กับความสะดวกของท่านในระหว่างการสัมภาษณ์ดังนี้
อาจขออนุญาตท่านในการบันทึกเทปหรือบันทึกด้วยการเขียน

สิทธิของผู้เข้าร่วมโครงการวิจัย

ท่านสามารถปฏิเสธการเชิญเข้าร่วมโครงการวิจัย และหากท่านตัดสินใจเข้าร่วม สิทธิของท่านมีดังนี้

- ปฏิเสธการตอบคำถามใดๆ
- ถอนตัวท่านจากการวิจัย ได้ทุกช่วงเวลาของการสัมภาษณ์เสร็จสมบูรณ์
- ถามคำถามเกี่ยวกับการวิจัยได้ตลอดระยะเวลาของการมีส่วนร่วม
- ได้รับความมั่นใจและเข้าใจว่าชื่อของท่านจะไม่ถูกกล่าวถึงนอกจากท่านอนุญาต
- สามารถเข้าถึงรายงานสรุปของผลการวิจัย
- สามารถขอให้นักวิจัยหยุดการบันทึกเสียงหรือภาพได้ทุกขณะในระหว่างการสัมภาษณ์
- การตัดสินใจในการเข้าร่วม หรือเข้าร่วมในงานวิจัยนี้ จะไม่ส่งผลต่อการได้รับการบริการสุขภาพจากสถานอนามัย


บุคคลที่ท่านสามารถติดต่อเกี่ยวกับการวิจัยนี้

การวิจัยนี้ได้รับการตรวจสอบจากคณะกรรมการจริยธรรมของมหาวิทยาลัยแมสซีย์: Southern A, Application /... หากท่านมีข้อสงสัยหรือต้องการข้อมูลเพิ่มเติมเกี่ยวกับการวิจัยนี้ กรุณาติดต่อ ศาสตราจารย์ (Prof.) John O'Neil ประธานคณะกรรมการจริยธรรมของมหาวิทยาลัยแมสซีย์ (Massey University Campus Human Ethics Committee Southern A) พาเลมเมอร์ตัน นอร์ท (Palmerston North), โทรศัพท์ 06 350 5799 ต่อ 8635, email: humanethicsoutha@massey.ac.nz. นอกจากนี้ท่านสามารถติดต่อฉันหรือที่ปรึกษาโครงการวิจัยตามที่อยู่ข้างต้น



To Koroa
M Poroa

Appendix A-6: Participant consent form (English translation)

 <p>Massey University COLLEGE OF HUMANITIES AND SOCIAL SCIENCES</p>	<p>SCHOOL OF HEALTH SCIENCES Private Bag 11 222 Palmerston North New Zealand T 64 6 356 9099 F 64 6 350 5668 www.massey.ac.nz</p>
---	---

***Quality of life of the elderly in the rural border area in
Thailand related to economic migration
by their children***

PARTICIPANT CONSENT FORM

This consent form will be held for a period of five (5) years

I have read the Information Sheet and have had the details of the study explained to me. My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time.

I agree/do not agree to the interview being audio taped.

I agree/do not agree to having my photo taken as part of this research.


I wish/do not wish to have my tapes returned to me.

I agree to participate in this study under the conditions set out in the Information Sheet.

Signature: _____ Date: _____


Full Name - printed _____

Revised 3/11/04
Format for Participant Consent Form
Page 1 of 1



Te Kaitiaki
Māori Parihaka

Appendix A-7: Participant consent form (Thai)

 <p>Massey University COLLEGE OF HUMANITIES AND SOCIAL SCIENCES</p>	<p>SCHOOL OF HEALTH SCIENCES Private Bag 11 222 Palmerston North New Zealand T 64 6 356 9099 F 64 6 350 5688 www.massey.ac.nz</p>
<p>คุณภาพชีวิตของผู้สูงอายุที่เกี่ยวข้องกับการย้ายถิ่นฐานอันเนื่องมาจากสภาวะทางเศรษฐกิจของบุตรในเขตชายแดนชนบทของประเทศไทย</p> <p><u>แบบยินยอมการมีส่วนร่วมในงานวิจัย</u></p> <p><u>แบบฟอร์มนี้มีกำหนดระยะเวลา 5 ปี</u></p>	
<p>ข้าพเจ้าได้อ่านเอกสารแสดงข้อมูลการวิจัยและรายละเอียดเกี่ยวกับการวิจัยเป็นที่เรียบร้อยแล้ว ข้าพเจ้าจะตอบคำถามด้วยความสมัครใจ และข้าพเจ้าสามารถถามคำถามเพิ่มเติมได้ตลอดเวลา</p>	
<p>ข้าพเจ้ายินยอม / ไม่ยินยอม ในการสัมภาษณ์โดยใช้การบันทึกเสียง</p>	
<p>ข้าพเจ้ายินยอม / ไม่ยินยอม ที่จะมีการเผยแพร่รูปภาพของข้าพเจ้าที่ถูกถ่ายจากงานวิจัยนี้</p>	
<p>ข้าพเจ้ามีความประสงค์ / ไม่ประสงค์ ที่จะรับคืนเทปการบันทึกจากการสัมภาษณ์</p>	
<p>ข้าพเจ้ายินยอมในการมีส่วนร่วมในการศึกษาครั้งนี้ภายใต้เงื่อนไขที่ระบุไว้ใน เอกสารแสดงข้อมูลการวิจัย</p>	
<p>ลายเซ็น: _____</p>	<p>วันที่: _____</p>
<p>ชื่อ- นามสกุล _____</p>	
<p>Revised 3/11/04 Format for Participant Consent Form Page 1 of 1</p>	

Appendix C: Questionnaire

**Quality of life of the elderly in the rural border area in Thailand
related to economic migration by their children**

Please indicate with your answer next to the answer which you believe gives the best description of your current situation, or provide comments in the space provided.

Section A: Life History

Office Use Only

1. **Gender** ☐ 1. Male ☐ 2. Female

a1 ☐

2. How old are you? (last birthday)

a2

3. What is your **marital status**?

a3 ☐

- ☐ 1. Married
- ☐ 2. Single
- ☐ 3. Separated
- ☐ 4. Divorced
- ☐ 5. Widowed

4. What is the highest **education** level you completed?

a4 ☐

- ☐ 1. None at all
- ☐ 2. Primary school
- ☐ 3. Secondary school
- ☐ 4. Tertiary school
- ☐ 5. College (Diploma)
- ☐ 6. University (Bachelor Degree)
- ☐ 7. University (Master Degree)
- ☐ 8. University (Doctoral Degree)

5. Who is the chief of your household?

a5 ☐

- ☐ 1. I am
- ☐ 2. My wife/husband
- ☐ 3. My child
- ☐ 4. My child in law
- ☐ 5. My grand child
- ☐ 6. My relative (specify.....)
- ☐ 7. My neighbour

6. How many people live in your house?.....

a6 ☐

7. How many children do you have?.....(live children)

a7

8. With whom do you live?

(You can answer more than one choice.)

- ☐ 1. Alone
☐ 2. My wife/husband
☐ 3. My children, number.....
☐ 4. My children in law, number
☐ 5. My grand children, number
☐ 6. My relatives, number
☐ 7. Neighbours, number
☐ 8. Other (specify)....., number

a8_1
a8_2
a8_3
a8_4
a8_5
a8_6
a8_7
a8_8

9. Do you have long-term health or disability conditions?

- ☐ 1. No (if no, please skip to Q. 11) ☐ 2. yes

a9

10. The following questions focus on long-term health or disability conditions you may have. Long term conditions are those that you have had for six months or more, or something that is likely to last for at least six months.

(You can tick more than one choice.)

- 10.1 Difficulty within vision seeing ☐ 1. No ☐ 2. yes
10.2 Hearing loss ☐ 1. No ☐ 2. yes
10.3 Cancer ☐ 1. No ☐ 2. yes
10.4 Diabetes ☐ 1. No ☐ 2. yes
10.5 Stroke ☐ 1. No ☐ 2. yes
10.6 Arthritis or rheumatism ☐ 1. No ☐ 2. yes
10.7 Psychiatric or psychological disability ☐ 1. No ☐ 2. yes
10.8 Physical disability ☐ 1. No ☐ 2. yes
10.9 Epilepsy ☐ 1. No ☐ 2. yes
10.10 Asthma or other respiratory condition ☐ 1. No ☐ 2. yes
10.11 Angina or other heart trouble ☐ 1. No ☐ 2. yes
10.12 High blood pressure or hypertension ☐ 1. No ☐ 2. yes
10.13 Chronic liver trouble ☐ 1. No ☐ 2. yes
10.14 Bowel disorders ☐ 1. No ☐ 2. yes
10.15 Hernia or rupture ☐ 1. No ☐ 2. yes
10.16 Chronic kidney or urinary tract conditions ☐ 1. No ☐ 2. yes
10.17 Hepatitis ☐ 1. No ☐ 2. yes
10.18 Osteoporosis ☐ 1. No ☐ 2. yes
10.19 Frequently confused, disoriented or forgetful ☐ 1. No ☐ 2. yes
10.20 Other chronic illness (please specify)..... ☐ 1. No ☐ 2. yes

a10_1
a10_2
a10_3
a10_4
a10_5
a10_6
a10_7
a10_8
a10_9
a10_10
a10_11
a10_12
a10_13
a10_14
a10_15
a10_16
a10_17
a10_18
a10_19
a10_20 ...

Section B: Economic Status

11. What is your employment status?

- ☐ 1. No occupation
- ☐ 2. Manual labour
- ☐ 3. Rural agriculturalist
- ☐ 4. Commercial Trader (such as handicrafts)
- ☐ 5. Contract hire
- ☐ 6. Other.....

b1 ☐ ...

12. How much income do you get per month?
(Include all income approximately)

b2 _ _ _ _

13. What is the source of your main income?
(You can answer only one choice.)

- ☐ 1. Occupation
- ☐ 2. Children, grand children or relatives
- ☐ 3. Old-age pension from the government
- ☐ 4. Other

b3 ☐

14. Do you have debt which is your responsibility?

- ☐ 1. No (if no, skip to Q. 16)
- ☐ 2. Yes

b4 ☐

15. How large is your debt?.....Baht

b5 _ _ _ _

16. How much economic hardship do you have?

1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not at all	A little	A moderate amount	Very much	An extreme amount

b6 ☐

17. How much does your spouse/partner support (or would support) your economic status? (If your spouse/partner is alive)

1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not at all	A little	A moderate amount	Very much	An extreme amount

b7 ☐

4

18. How much do your child/children support (or would support) your economic status?

b8 ☐

1	2	3	4	5
Not at all	A little	A moderate amount	Very much	An extreme amount

19. How much do your neighbours support (or would support) your economic status?

b9 ☐

1	2	3	4	5
Not at all	A little	A moderate amount	Very much	An extreme amount

20. How much do the local community or the government support (or would support) your economic status?

b10 ☐

1	2	3	4	5
Not at all	A little	A moderate amount	Very much	An extreme amount

Section C: Coping with economic migration by their children

Child/Children have gone to earn income in other country

21. Do you have child/children who work in other countries or other Amphoe or other provinces?

c1 ☐

☐ 1. No (If no, skip to Q.36) ☐ 2. Yes

22. Do you have child/children who work in other countries?

c2 ☐ ...

☐ 1. No (If no, skip to Q.29) ☐ 2. Yes number.....

22.2.1 (1st) Person specify country.....period of time..... month(s)

c2_1

22.2.1 (2nd) Person specify country.....period of time..... month(s)

c2_2

.....
.....

5

23. What is the main reason why your child/children work in other countries?

- ☐ 1. To earn more money (work there)
- ☐ 2. To follow their family
- ☐ 3. Have conflict with parents
- ☐ 4. Other (specify).....

c3 ☐

24. How often do you usually contact your child or children who work in other countries?

- ☐ 1. Never (skip to Q. 26)
- ☐ 2. Every 2-3 days
- ☐ 3. Every week
- ☐ 4. Every month
- ☐ 5. Every 2 months
- ☐ 6. No more than every 2 months

c4 ☐

25. How do you usually keep in contact with your child or children who work in other countries?

- ☐ 1. Letter
- ☐ 2. Telephone
- ☐ 3. E-mail
- ☐ 4. Ask their friends
- ☐ 5. Ask relatives
- ☐ 6. Other (specify)

c5 ☐ ...

26. How often does your child or children who work in other countries usually contact you?

- ☐ 1. Never (skip to Q. 28)
- ☐ 2. Every 2-3 days
- ☐ 3. Every week
- ☐ 4. Every month
- ☐ 5. Every 2 months
- ☐ 6. No more than every 2 months

c6 ☐

27. How does your child or children who work in other countries usually contact you?

- ☐ 1. Letter
- ☐ 2. Telephone
- ☐ 3. E-mail
- ☐ 4. Ask their friends
- ☐ 5. Ask relatives
- ☐ 6. Other

c7 ☐ ...

28. How do you now that your children/child have departed from you in order to increase their income in other countries?
(Please answer by ranking your feelings by number)

- ☐ feel glad
☐ feel lonely
☐ feel sad
☐ feel nothing
☐ feel missing them
☐ other (specify).....

c8	1	...
	2	...
	3	...
	4	...
	5	...
	6	...

Child/Children have gone to earn income in other provinces

29. Do you have child/children who work in other provinces?

- ☐ 1. No (If no, skip to Q.36) ☐ 2. Yes number.....

29.2.1 (1st) Person specify country.....period of time..... month(s)

29.2.1 (2nd) Person specify country.....period of time..... month(s)

.....

.....

30. What is the main reason why your child/children work in other provinces?

- ☐ 1. To earn more money (work there)
☐ 2. To follow their family
☐ 3. Have conflict with parents
☐ 4. Other (specify).....

31. How often do you usually contact your child or children who work in other provinces?

- ☐ 1. Never (skip to Q. 33)
☐ 2. Every 2-3 days
☐ 3. Every week
☐ 4. Every month
☐ 5. Every 2 months
☐ 6. No more than every 2 months

32. How do you usually keep in contact with your child or children who work in other provinces?

- ☐ 1. Letter
☐ 2. Telephone
☐ 3. E-mail
☐ 4. Ask their friends
☐ 5. Ask relatives
☐ 6. Other (specify)

c9 ☐ ...

c9_1

c9_2

c10 ☐

c11 ☐

c12 ☐ ...

7

33. How often does your child or children who work in other provinces usually contact you?

- ☐ 1. Never (skip to Q. 35)
☐ 2. Every 2-3 days
☐ 3. Every week
☐ 4. Every month
☐ 5. Every 2 months
☐ 6. No more than every 2 months

c13 ☐

34. How does your child or children who work in other provinces usually contact you?

- ☐ 1. Letter
☐ 2. Telephone
☐ 3. E-mail
☐ 4. Ask their friends
☐ 5. Ask relatives
☐ 6. Other

c14 ☐ ...

35. How do you feel now that your children/child have departed from you in order to increase their income in other provinces? (Please answer by ranking your feelings by number)

- ☐ feel glad
☐ feel lonely
☐ feel sad
☐ feel nothing
☐ feel missing them
☐ other (specify).....

c15

1	...
2	...
3	...
4	...
5	...
6	...

Child/Children have moved out from their parents' house and now live nearby or same district or same Amphoe or same province recently.

36. Do you have child/children who have moved out from their parents' house and now live nearby or same district or same Amphoe or same province recently?

- ☐ 1. No (If no, skip to Q.43) ☐ 2. Yes, number.....

c16 ☐ ...

8

37. What is the main reason why your child/children who have moved out from their parents' house and now live nearby or same district or same Amhoe or same province recently?

- ☐ 1. To earn more money (work there)
- ☐ 2. To follow their family
- ☐ 3. Have conflict with parents
- ☐ 4. Other (specify).....

c17 ☐

38. How often do you usually contact your child or children who live nearby your house?

- ☐ 1. Never (skip to Q. 40)
- ☐ 2. Everyday
- ☐ 3. Every week
- ☐ 4. Every month
- ☐ 5. Every 2 months
- ☐ 6. No more than every 2 months
- ☐ 7. Other (specify).....

c18 ☐ ...

39. How do you usually keep in contact with your child or children who live nearby your house?

- ☐ 1. Walk to child/children's house
- ☐ 2. Ring them
- ☐ 3. Use vehicle
- ☐ 4. Ask their friends
- ☐ 5. Ask relatives
- ☐ 6. Other (specify)

c19 ☐ ...

40. How often do your child or children who live nearby your house usually contact you?

- ☐ 1. Never (skip to Q. 42)
- ☐ 2. Everyday
- ☐ 3. Every week
- ☐ 4. Every month
- ☐ 5. Every 2 months
- ☐ 6. No more than every 2 months

c20 ☐

41. How do your child or children who live nearby your house usually contact you?

- ☐ 1. Walk to parents' house
- ☐ 2. Ring you
- ☐ 3. Use vehicle
- ☐ 4. Ask your friends
- ☐ 5. Ask relatives
- ☐ 6. Other (specify)

c21 ☐ ...

42. How do you feel now that your children/child have moved out from your house and now live nearby you?

(Please answer by ranking your feeling respectively)

- ☐ feel glad
☐ feel lonely
☐ feel sad
☐ feel nothing
☐ feel missing them
☐ other (specify).....

c22

1	...
2	...
3	...
4	...
5	...
6	...

43. To what extent do you feel that your children have abandoned or deserted you?

1	2	3	4	5
Not at all	A little	A moderate amount	Very much	An extreme amount

c23 ☐

44. How satisfied are you with your living arrangements?

1	2	3	4	5
Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied

c24 ☐

45. Who looks after you?

(You can answer more than one choice.)

- ☐ 1. No one
☐ 2. My wife/husband
☐ 3. My children, number
☐ 4. My children in law, number
☐ 5. My grand children, number
☐ 6. My relatives, number
☐ 7. Neighbours, number
☐ 8. Other (specify)....., number

c25_1 ☐
 c25_2 ☐
 c25_3 ☐
 c25_4 ☐
 c25_5 ☐
 c25_6 ☐
 c25_7 ☐
 c25_8 ☐

10

46. Who do you look after?

(You can answer more than one choice.)

- ☐ 1. No one (skip to Q.48)
☐ 2. My wife/husband
☐ 3. My children, number
☐ 4. My children in law, number
☐ 5. My grand children, number
☐ 6. My relatives, number
☐ 7. Neighbours, number
☐ 8. Other (specify)....., number

c26_1 ☐
 c26_2 ☐
 c26_3 ☐
 c26_4 ☐
 c26_5 ☐
 c26_6 ☐
 c26_7 ☐
 c26_8 ☐

47. How satisfied are you about looking after them?

1	2	3	4	5
Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied

c27 ☐

48. Do you have a debt burden from your child or children who have gone to the larger city to increase their income?

- ☐ 1. No (if no, skip to Q. 51) ☐ 2. Yes

c28 ☐

49. How large is the debt burden from your child or children who have gone to the larger city to increase their income?..... Baht

c29 _____

50. How satisfied are you with having a debt burden from the child or children who have gone to the larger city in order to increase their income? (If you have a debt burden from them)

1	2	3	4	5
Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied

c30 ☐

Section D: Social Support

51. Who are you emotionally closest to?
(You can answer only one choice)

- ☐ 1. Husband/Wife
- ☐ 2. Brother/Sister
- ☐ 3. Child
- ☐ 4. Grand child
- ☐ 5. Child in law
- ☐ 6. A neighbour
- ☐ 7. No one
- ☐ 8. Other (specify).....

d1 ☐

52. How much do you need a special person who is around when you are in need?

ssq1 ☐

1	2	3	4	5
Not at all	A little	A moderate amount	Very much	An extreme amount

53. How much do you need a special person with whom you can share joys and sorrows?

ssq2 ☐

1	2	3	4	5
Not at all	A little	A moderate amount	Very much	An extreme amount

54. How much does your family really try to help you?

ssq3 ☐

1	2	3	4	5
Not at all	A little	A moderate amount	Very much	An extreme amount

55. To what extent do you receive the emotional help and support you need from your family?

ssq4 ☐

1	2	3	4	5
Not at all	A little	A moderate amount	Very much	An extreme amount

12

56. To what extent do you have a special person who is a real source of comfort to you?

1	2	3	4	5
Not at all	A little	A moderate amount	Very much	An extreme amount

ssq5 ☐

57. How much do your friends really try to help you?

1	2	3	4	5
Not at all	A little	A moderate amount	Very much	An extreme amount

ssq6 ☐

58. How much you can rely on your friends when things go wrong?

1	2	3	4	5
Not at all	A little	A moderate amount	Very much	An extreme amount

ssq7 ☐

59. To what extent can you easily talk about your problems with your family?

1	2	3	4	5
Not at all	A little	A moderate amount	Very much	An extreme amount

ssq8 ☐

60. To what extent do you have friends with who you can share your joys and sorrows?

1	2	3	4	5
Not at all	A little	A moderate amount	Very much	An extreme amount

ssq9 ☐

61. To what extent do you have a special person in your life who cares about your feelings?

1	2	3	4	5
Not at all	A little	A moderate amount	Very much	An extreme amount

ssq10 ☐

13

62. How much is your family willing to help you to make decisions.

1	2	3	4	5
Not at all	A little	A moderate amount	Very much	An extreme amount

ssq11 ☐

63. To what extent do you feel that you can talk about your problems with your friends.

1	2	3	4	5
Not at all	A little	A moderate amount	Very much	An extreme amount

ssq12 ☐

Section E: WHOQOL-BREF

Please read each question, assess your feelings, and circle the number on the scale for each question that gives the best answer for you. The following questions ask about how much you have experienced certain things in the last two weeks.

64. How satisfied are you with your health?

1	2	3	4	5
Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied

qol1 ☐

65. To what extent do you feel that physical pain prevents you from doing what you need to do?

1	2	3	4	5
Not at all	A little	A moderate amount	Very much	An extreme amount

qol2 ☐

66. Do you have enough energy for everyday life?

1	2	3	4	5
Not at all	A little	Moderately	Mostly	Completely

qol3 ☐

14

67. How satisfied are you with your sleep?

1	2	3	4	5
Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied

qol4 ☐

68. How much do you enjoy life?

1	2	3	4	5
Not at all	A little	A moderate amount	Very much	An extreme amount

qol5 ☐

69. How well are you able to concentrate?

1	2	3	4	5
Not at all	A little	A moderate amount	Very much	Extremely

qol6 ☐

70. How satisfied are you with yourself?

1	2	3	4	5
Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied

qol7 ☐

71. Are you able to accept your bodily appearance?

1	2	3	4	5
Not at all	A little	Moderately	Mostly	Completely

qol8 ☐

72. How often do you have negative feelings such as blue mood, despair, anxiety, depression?

1	2	3	4	5
Never	Seldom	Quite often	Very often	Always

qol9 ☐

73. How satisfied are you with your ability to perform your daily living activities?

1	2	3	4	5
Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied

qol10 ☐

15

74. How much do you need any medical treatment to function in your daily life?

1	2	3	4	5
Not at all	A little	A moderate amount	Very much	An extreme amount

qol11 ☐

75. How satisfied are you with your capacity for work?

1	2	3	4	5
Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied

qol12 ☐

76. How satisfied are you with your personal relationships?

1	2	3	4	5
Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied

qol13 ☐

77. How satisfied are you with the support you get from your friends?

1	2	3	4	5
Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied

qol14 ☐

78. How safe do you feel in your daily life?

1	2	3	4	5
Not at all	A little	A moderate amount	Very much	Extremely

qol15 ☐

79. How satisfied are you with the conditions of your living place?

1	2	3	4	5
Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied

qol16 ☐

16

80. Have you enough money to meet your needs?

1	2	3	4	5
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Not at all	A little	Moderately	Mostly	Completely

qol17 ☐

81. How satisfied are you with your access to health services?

1	2	3	4	5
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied

qol18 ☐

82. How available to you is the information that you need in your day-to-day life?

1	2	3	4	5
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Not at all	A little	Moderately	Mostly	Completely

qol19 ☐

83. To what extent do you have the opportunity for leisure activities?

1	2	3	4	5
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Not at all	A little	Moderately	Mostly	Completely

qol20 ☐

84. How healthy is your physical environment?

1	2	3	4	5
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Not at all	A little	A moderate amount	Very much	Extremely

qol21 ☐

85. How satisfied are you with your transport?

1	2	3	4	5
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied

qol22 ☐

86. To what extent do you feel your life to be meaningful?

1	2	3	4	5
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Not at all	A little	A moderate amount	Very much	An extreme amount

qol23 ☐

17

87. How well are you able to get around?

1	2	3	4	5
Very poor	Poor	Neither poor nor good	Good	Very good

qol24 ☐

88. How satisfied are you with your sex life?

1	2	3	4	5
Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied

qol25 ☐

89. How would you rate your quality of life?

1	2	3	4	5
Very poor	Poor	Neither poor nor good	Good	Very good

qol26 ☐

Section F: WHOQOL-OLD

The following questions ask about how much you have experienced certain things in the last two weeks, for example, freedom of choice and feelings of control in your life. If you have experienced these things an extreme amount circle the number next to "An extreme amount". If you have not experienced these things at all, tick the number next to "Not at all". You should tick one of the numbers in between if you wish to indicate your answer lies somewhere between "Not at all" and "Extremely". Questions refer to the last two weeks.

90. To what extent do impairments to your senses (e.g. hearing, vision, taste, smell, touch) affect your daily life?

1	2	3	4	5
Not at all	A little	A moderate amount	Very much	An extreme amount

Office Use Only

old1 ☐

91. To what extent does loss of for example, hearing, vision, taste, smell or touch affect your ability to participate in activities?

1	2	3	4	5
Not at all	A little	A moderate amount	Very much	An extreme amount

old2 ☐

18

92. How much freedom do you have to make your own decisions?

1	2	3	4	5
Not at all	A little	A moderate amount	Very much	An extreme amount

93. To what extent do you feel in control of your future?

1	2	3	4	5
Not at all	Slightly	Moderately	Very	Extremely

94. How much do you feel that the people around you are Respectful of your freedom?

1	2	3	4	5
Not at all	Slightly	Moderately	Very	Extremely

95. How concerned are you about the way in which you will die?

1	2	3	4	5
Not at all	A little	A moderate amount	Very much	An extreme amount

96. How much are you afraid of not being able to control your death?

1	2	3	4	5
Not at all	Slightly	Moderately	Very	Extremely

97. How scared are you of dying?

1	2	3	4	5
Not at all	Slightly	Moderately	Very	Extremely

98. How much do you fear being in pain before you die?

1	2	3	4	5
Not at all	A little	A moderate amount	Very much	An extreme amount

old3

☐

old4

☐

old5

☐

old6

☐

old7

☐

old8

☐

old9

☐

The following questions ask about how completely you experience or were able to do certain things in the last two weeks, for example getting out as much as you would like to. If you have been able to do these things completely, tick the number next to "Completely". If you have not been able to do these things at all, tick the number next to "Not at all". You should tick one of the numbers in between if you wish to indicate your answer lies somewhere between "Not at all" and "Completely". Questions refer to the last two weeks.

99. To what extent do problems with your sensory functioning (e.g. hearing, vision, taste, smell, touch) affect your ability to interact with others?

1	2	3	4	5
Not at all	A little	Moderately	Mostly	Completely

old10 ☐

100. To what extent are you able to do the things you'd like to do?

1	2	3	4	5
Not at all	A little	Moderately	Mostly	Completely

old11 ☐

101. To what extent are you satisfied with your opportunities to continue achieving in life?

1	2	3	4	5
Not at all	A little	Moderately	Mostly	Completely

old12 ☐

102. How much do you feel that you have received the recognition you deserve in life?

1	2	3	4	5
Not at all	A little	Moderately	Mostly	Completely

old13 ☐

103. To what extent do you feel that you have enough to do each day?

1	2	3	4	5
Not at all	A little	Moderately	Mostly	Completely

old14 ☐

The following questions ask you to say how satisfied, happy or good you have felt about various aspects of your life over the last two weeks. For example, about your participation in community life or your achievements in life. Decide how satisfied or dissatisfied you are with each aspect of your life and tick the number that best fits how you feel about this. Questions refer to the last two weeks.

104. How satisfied are you with what you have achieved in life?

1	2	3	4	5
Very dissatisfied	Dissatisfied	Neither satisfied nor satisfied	Satisfied	Very satisfied

old15 ☐

105. How satisfied are you with the way you use your time?

1	2	3	4	5
Very dissatisfied	Dissatisfied	Neither satisfied nor satisfied	Satisfied	Very satisfied

old16 ☐

106. How satisfied are you with your level of activity?

1	2	3	4	5
Very dissatisfied	Dissatisfied	Neither satisfied nor satisfied	Satisfied	Very satisfied

old17 ☐

107. How satisfied are you with your opportunity to participate in community activities?

1	2	3	4	5
Very dissatisfied	Dissatisfied	Neither satisfied nor satisfied	Satisfied	Very satisfied

old18 ☐

108. How happy are you with the things you are able to look forward to?

1	2	3	4	5
Very unhappy	Unhappy	Neither happy nor unhappy	Happy	Very happy

old19 ☐

21

109. How would you rate your sensory functioning (e.g. hearing, vision, taste, smell, touch)?

1	2	3	4	5
Very poor	Poor	Neither poor nor good	Good	Very good

old20 ☐

The following questions refer to any intimate relationships that you may have. Please consider these questions with reference to a close partner or other close person with whom you can share intimacy more than with any other person in your life.

110. To what extent do you feel a sense of companionship in your life?

1	2	3	4	5
Not at all	A little	A moderate amount	Very much	An extreme amount

old21 ☐

111. To what extent do you experience love in your life?

1	2	3	4	5
Not at all	A little	A moderate amount	Very much	An extreme amount

old22 ☐

112. To what extent do you have opportunities to love?

1	2	3	4	5
Not at all	A little	Moderately	Mostly	Completely

old23 ☐

113. To what extent do you have opportunities to be loved?

1	2	3	4	5
Not at all	A little	Moderately	Mostly	Completely

old24 ☐

Any personal suggestions/opinions from the elderly.....

Finish time

Interview length (totally)..... hr..... min.

Thank you for taking the time for this interview.

