

ORIGINAL ARTICLE

Factors affecting the desire to work among elderly people in Thailand

Phot Parkpoom¹, Wongs Laohasiriwong¹, Roshan Kumar Mahato¹

¹Faculty of Public Health, Khon Kaen University, Khon Kean, Thailand

Corresponding Author: Wongs Laohasiriwong **Email:** drwongsa@gmail.com

Received: 21 February 2024 **Revised:** 29 June 2024 **Accepted:** 30 June 2024 **Available online:** September 2024

DOI: 10.55131/jphd/2024/220316

ABSTRACT

Globally, the number of elderly people is increasing. It is important for elderly people to be financially active to enhance their values and health. Therefore, this study aimed to explore the factors affecting the desire to work among elderly people in Thailand. The present study was a cross-sectional analytical study conducted using the 2017 Elderly Population Survey database of the National Statistical Office, which includes 32,035 individuals. The statistical analysis was performed by a generalized linear mixed model (GLMM). This study revealed that 31.05% of the elderly participants desired to work (95% CI: 30.54-31.55). Statistically significant factors influencing this desire included demographic characteristics such as gender (female, AOR=1.76), age groups (middle elderly stage, AOR=3.13; late elderly stage, AOR=8.88), and literacy (ability to read and write, AOR=1.21). Marital status also played a role, with married (AOR=1.39) and single (AOR=1.37) individuals showing a higher desire to work. Health-related factors were equally important. Those with better physical health had a much higher likelihood of wanting to work compared to those with very poor health (AOR=5.81). Furthermore, engaging in exercise (AOR=1.30), participating in social groups (AOR=2.50), and community activities (AOR=1.11) were positively associated with the desire to work. Sensory abilities, such as clear vision (AOR=1.14) and hearing (AOR=1.42), as well as residing in rural areas (AOR=1.23), also influenced this desire. Approximately one-third of the elderly people were willing to work. Factors that were associated with the desire to work included gender, age, reading and writing ability, marital status, physical health, engaging in exercise, ability to participate in social groups, participation in community activities, vision and hearing ability and location of residence. Therefore, a multidisciplinary approach that considers these factors should be undertaken to promote suitable work for elderly people to enhance their values and health.

Key words:

elderly people; desire to work; Thailand

Citation:

Phot Parkpoom, Wongs Laohasiriwong, Roshan Kumar Mahato. Factors affecting the desire to work among elderly people in Thailand. J Public Hlth Dev. 2024;22(3):187-201 (<https://doi.org/10.55131/jphd/2024/220316>)

INTRODUCTION

The aging population around the world is inevitably increasing daily. Currently, there are approximately 1,000 million elderly people around the world, accounting for 10% of the population, and this number is expected to increase to 16% by 2050.¹ This number is more than double the number of children under 5 years of age. Similarly, the number of people aged 80 years and over is expected to triple from 157 million to 459 million over the next 30 years.² According to the Thailand Elderly Population Survey report, the number of elderly people (60 years and over) accounted for 19.6% of the total population in 2021, comprising 44.7% of males and 55.3% of females.³

The aging population has a negative financial impact on the economies of high-income and middle-income countries due to the rising costs of pensions and health care systems.⁴ According to the Thailand Development Research Institute's budget estimates for elderly welfare expenditure, it was expected that elderly welfare expenditures would increase up to 464 million baht and therefore be higher than their income in 2021.⁵ To address these problems, making aging an essential part of economic development is critical.⁶

Therefore, considering elderly people as the power of society and focusing on the potential of elderly people according to their readiness to work, perform activities, and participate in society programs will help enhance the value of elderly people and allow them to have better health, stable collateral, and social development. Moreover, the well-being of elderly people can be determined by their social and economic status. Therefore, encouraging elderly people to have a long working life is likely an effective way to increase their financial stability.^{7,8} At the same time, having sufficient income will help them live independently without

depending on their children and will improve national development.³ Being a part of an organization, having life goals, and forming relationships with other people are what the elderly people actually desire, demonstrating that many of them still wish to work and are in good health.^{9,10,11} It has been discovered that 34.7% of senior citizens in Thailand are still employed, especially males in the 60–69 age bracket, which is the largest active age group within the elderly population.³

Literacy and Occupational Factors, including the ability to read and write, play a significant role in the employment prospects of elderly individuals. A higher level of literacy is often associated with better job opportunities and a greater likelihood of continued employment in later life.¹² Additionally, the type of occupation held prior to retirement can influence the desire to continue working. For instance, those in physically demanding jobs may be less inclined to seek continued employment compared to those in less strenuous occupations.¹³ Economic and Health Conditions, or the perceived adequacy of one's financial resources, is another critical factor. Elderly individuals who feel financially insecure are more likely to seek employment to supplement their income.¹⁴ Health status, encompassing both overall health and physical health, also significantly impacts the ability and desire to work. Good health is a facilitator of continued employment, while poor health can be a major barrier.¹⁵

The capacity to perform activities of daily living (ADLs) is closely linked to employment capabilities. Elderly individuals who maintain independence in ADLs are more likely to remain in the workforce.¹⁶ Moreover, the level of happiness and psychological well-being can influence work motivation. Higher levels of happiness are associated with greater engagement in work-related activities.¹⁷ Behavioral and Social Factors, as well as alcohol and smoking habits, have

been shown to affect overall health and, consequently, the ability to work. Regular physical activity enhances physical and mental health, thereby supporting continued employment.¹⁸ Conversely, excessive alcohol consumption and smoking can deteriorate health and diminish work capacity.¹³ Social Engagement, socialization and the social roles of elderly individuals, including participation in group or club activities, play a crucial role in maintaining a sense of purpose and community connection, which can motivate continued employment.¹⁹ Access to information and engagement in community activities provide opportunities for learning and personal growth, further influencing the desire to work.¹⁵

Moreover, factors affecting the desire of elderly people to work include individual, social, economic, demographic and environmental factors.^{20,21,22} As people age, physiological changes affect their functioning, including visual changes and decreased hearing, difficulty controlling sleep and loss of body balance and falls¹⁵, which might have effects on the ability of elderly people to work.^{23,24} Nevertheless, little research has been conducted on the variables influencing older Thais' desire to work. Therefore, this study aimed to identify the prevalence and factors associated with the desire to work among elderly people in Thailand. This study aims to provide a comprehensive understanding of these factors, drawing on recent and reliable sources to inform policies and programs that support the elderly in the workforce.

Objective search

1. explain the situation regarding the work desires of the elderly in Thailand
2. investigate the relationship between the ability to read and write, income adequacy, self-perceived physical

health assessment status, activity of daily living, happiness level, exercise behavior, alcohol drinking behavior, smoking behavior, including participation in group/club activities in the community and receiving information about elderly individuals and the desire to work among elderly people in Thailand

METHODS

Research design

This was a cross-sectional analytical study carried out using secondary data from the National Statistical Office's 2017 Elderly Population Survey of Thailand. The study was conducted between 1 May 2022 and 31 August 2023.

Population and sample

In this research, the researcher utilized secondary data from the Survey of the Elderly Population in Thailand, 2017, conducted by the National Statistical Office. The analysis aimed to identify factors related to the employment needs of the elderly in Thailand. The researcher used a sample group who had registered and provided data for the survey, totaling 83,880 individuals. Regarding sample calculation, the National Statistical Office estimated the total population from the projected population of Thailand from 2010 to 2040 by the National Economic and Social Development Council, 11th National Economic and Social Development Plan. From the criteria for sample selection and exclusion from the group that responded to the Survey of the Elderly Population in Thailand, 2017, totaling 83,880 people, representing households residing in provinces nationwide, the criteria for inclusion were as follows: 1) Participants who responded to the survey on the elderly population in Thailand, 2017. 2) The population aged 60 and over. The exclusion criteria included: 1) Households with no

permanent members. 2) Households that relocated to places where they could not be traced. 3) Incomplete or missing data on the employment needs of the elderly in the questionnaire. Based on the inclusion and

exclusion criteria, the sample group for studying the spatial situation and factors related to the employment needs of the elderly in Thailand in this study comprised 32,035 individuals. (Figure 1)

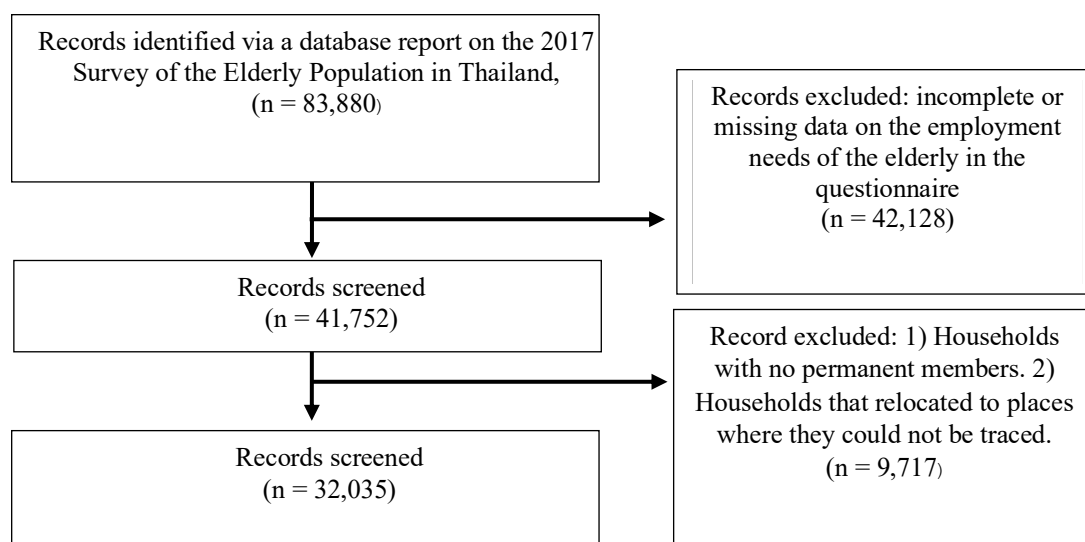


Figure 1. The inclusion and exclusion criteria of binge-drinking behaviour among working-age groups in Thailand.

Definition of variables

The dependent variable in this study was the desire to work among elderly people in Thailand. Categorical data were measured with a nominal scale. In addition, the main factor of interest in this study was the level of education. The independent variables were the ability to read and write, income adequacy, self-perceived physical health assessment status, activity of daily living, happiness level, exercise behavior, alcohol drinking behavior, smoking behavior, including participation in group/club activities in the community and receiving information about elderly individuals.

Data analysis

The data were analyzed using STATA version 18 (copyright of Khon Kaen University). Descriptive statistics are presented as frequencies, percentages, means (Means), standard deviations (SDs), medians (Medians), maxima (Maxs) and

minima (Mins). We employed bivariate analysis with simple logistic regression for inferential statistics. Simple logistic regression was performed to identify individual associations between each independent variable and weight-loss product use. Independent factors with a p-value <0.25 were considered. The results are shown as the crude odds ratio (COR) and 95% confidence interval (95% CIs) of the COR. Then, a generalized linear mixed model (GLMM) was used to determine relationships between the outcomes and independent variables at a significance level of 0.05 with the backward elimination technique. The results are presented as adjusted odds ratios (AORs) and 95% CIs.

Ethical consideration

The researcher submitted this study to the Human Research Ethics Committee of Khon Kaen University. Ethical permission for this study was obtained from the Human Research Ethics Committee of

Khon Kaen University, Khon Kaen, Thailand (HE632300). The researchers adhered to the principle of keeping the data confidential.

RESULTS

Characteristics of elderly people's desire to work

Our study revealed that 31.05% (95% CI: 30.54- 31.55) of the elderly

participants desired work. The majority of the respondents were male (57.38%), and 55.08% were in the early elderly stage (less than 69 years old). A total of 62.78% of the respondents were married, and 85.23% were able to read and write. In our current study, 43.62% of the participants had moderate physical health status; most of them (86.22%) had the ability to see clearly, and 89.41% of them had the ability to hear clearly (Table 1).

Table 1. Characteristics of the study population (n = 32,035)

Characteristics	Number (n)	Percentage (%)
1. Gender		
Female	18,383	57.38
Male	13,652	42.62
2. Age		
Early elderly stage (less than 69 years old)	17,644	55.08
Middle elderly stage (69-79 years old)	10,645	33.23
Late elderly stage (more than 80 years old)	3,746	11.69
Mean (SD)	69.29	7.53
Median (Max: Min)	67	(60:103)
3. Marital status		
Single	10,425	32.54
Married	20,110	62.78
Divorced/widow/separated	1,500	4.68
4. Reading and writing ability		
Yes	27,302	85.23
No	4,733	14.77
5. Residential area		
Urban	17,247	53.84
Rural	14,788	46.16
6. Income adequacy		
Non-adequate and some left for savings	13,568	57.64
Inadequate	16,528	25.11
Adequate	1,939	17.25
7. Physical health status in the past week (It is a self-perceived health assessment through questionnaire responses)		
Very good	793	2.48
Good	13,118	40.95
Moderate	13,975	43.62
Not good	3,869	12.08
Not very good	280	0.87

Characteristics	Number (n)	Percentage (%)
8. Seeing ability		
Sees clearly	27,620	86.22
Unclear/cannot see	4,415	13.78
9. Hearing ability		
Does not hear clearly	3,394	10.59
Hears clearly	28,641	89.41
10. Barthel Activities of Daily Living: ADL		
Social-bound level	31,666	98.85
Home-bound level	304	0.95
Bed-bound level	65	0.20
11. Assessment of happiness levels in the last 3 months		
Not happy/least happy (0-2 points)	90	0.28
Less happy (3-4 points)	823	2.57
Moderately happy (5-6 points)	9,822	30.66
Very happy (7-8 points)	17,700	55.25
Most happy (9-10 points)	3,600	11.24
12. Exercise behavior during 6 months		
Never	7,648	23.87
Routine	24,387	76.13
13. Alcohol drinking behavior		
Never	27,193	84.89
Sometimes	4,132	12.90
Routine	710	2.22
14. Smoking behavior		
Never	28,472	88.88
Sometimes	1,276	3.98
Routine	2,287	7.14
15. Participating in group/club activities in the community		
No	12,626	39.41
Yes	19,409	60.59
16. Receiving information about the elderly		
No	3,728	11.64
Yes	28,307	88.36

Prevalence of the desire to work among elderly people in Thailand

Based on the data analysis, the situation regarding the work desires of the

elderly in Thailand reveals that 68.95% (95% CI: 68.44 - 69.45) of elderly individuals do not wish to work, as detailed in Table 2.

Table 2. Prevalence of the desire to work among elderly people in Thailand (n= 32,035)

The desire to work among elderly people in Thailand	Number	Percent	95% interval conference
Desire to work	9,947	31.05	30.54-31.55
No desire to work	22,088	68.95	68.44-69.45

The analysis of simple logistic regression between the independent variable with the desire to work among the elderly in Thailand.

Bivariate analysis was conducted using simple logistic regression to display the crude Odds Ratio (Crude OR or ORcrude) and the 95% Confidence Interval (95% CI) of the Crude OR. This analysis was done to examine the relationship

between two variables: one dependent variable and one independent variable at a time, without considering the impact of other remaining variables. Independent factors with a P-value < 0.25 were processed to be included in the initial model, leading to further multivariable analysis. The details are provided in Table 3.

Table 3. Results of simple logistic regression between various factors and the desire to work among the elderly in Thailand (n= 32,035)

Factor	desire to work among elderly		Crude OR	95%CI	p-value
	Number	Percentage (%)			
1. Gender					<0.001
Female	4,662	25.36	1	1	
Male	5,285	38.71	1.86	1.77-1.95	
2. Age					<0.001
Late Elderly (80 years and older)	225	6.01	1	1	
Middle Elderly (70-79 years old)	2,129	20.00	3.90	3.39-4.51	
Early Elderly (60-69 Years Old)	7,593	43.03	11.83	10.29-13.57	
3. Marital status					<0.001
single	2,081	19.96	1	1	
marry	490	36.68	1.94	1.72-2.18	
Widowed / Divorced / Separated	7,376	32.67	2.32	2.19-2.45	
4. Reading and writing ability					<0.001
Cannot	920	19.44	1	1	
Can	9,027	33.06	2.04	1.89-2.20	
5. Residential area					<0.001
Urban	5,011	29.05	1	1	
Rural	4,936	33.38	1.22	1.16-1.28	
6. Income adequacy					<0.001
Non-adequate and some left for savings	4,217	31.08	1	1	
Inadequate	5,003	30.27	0.96	0.91-1.01	
Adequate	727	37.49	1.33	1.20-1.46	

Factor	desire to work among elderly		Crude OR	95%CI	p-value
	Number	Percentage (%)			
7. Physical health status in the past week (It is a self-perceived health assessment through questionnaire responses)					<0.001
Not very good	17	6.07	1	1	
Not good	607	15.69	2.87	1.74-4.73	
Moderate	3,923	28.07	6.03	3.69-9.87	
Good	5,062	38.59	9.72	5.94-15.89	
Very good	338	42.62	11.49	6.89-19.14	
8. Seeing ability					<0.001
Unclear/cannot see	766	35.36	1	1	
Sees clearly	9,181	29.74	2.37	2.18-2.57	
9. Hearing ability					<0.001
Does not hear clearly	463	13.64	1	1	
Hears clearly	9,484	33.11	3.13	2.83-3.46	
10. Barthel Activities of Daily Living: ADL					<0.001
Home-bound level and Bed-bound level	24	6.50	1	1	
Social-bound level	9,923	31.34	6.56	4.33-9.92	
11. Assessment of happiness levels in the last 3 months					<0.001
Not happy/least happy (0-2 points)	14	15.56	1	1	
Less happy (3-4 points)	126	15.31	0.98	0.54-1.79	
Moderately happy (5-6 points)	2,614	26.61	1.96	1.11-3.49	
Very happy (7-8 points)	6,027	34.05	2.80	1.58-4.94	
Most happy (9-10 points)	1,166	32.39	2.60	1.46-4.61	
12. Exercise behavior during 6 months					<0.001
Never	1,632	21.34	1	1	
Routine	8,315	34.10	1.90	1.79-2.02	
13. Alcohol drinking behavior					<0.001
Never	7,464	27.45	1	1	
Sometimes	2,138	51.74	2.83	2.65-3.02	
Routine	345	48.59	2.49	2.15-2.90	
14. Smoking behavior					<0.001
Never	8,252	28.98	1	1	
Sometimes	549	43.03	1.85	1.65-2.07	
Routine	1,146	50.11	2.46	2.25-2.68	
15. Participating in group/club activities in the community					<0.001
No	3,441	27.25	1	1	
Yes	6,506	33.52	1.34	1.28-1.41	
16. Receiving information about the elderly					0.018
No	1,095	29.37	1	1	
Yes	8,852	31.27	1.09	1.01-1.17	

Factors associated with the desire to work among elderly people in Thailand

The relationships between the factors in various fields and the desire to work among elderly people were analyzed by a generalized linear mixed model (GLMM) after controlling for the group effects of provinces. Females were 1.76 times more likely to have a desire to work than were males (95% CI: 1.67-1.86, p value < 0.001); similarly, late-stage seniors were 8.88 times more likely to have a desire to work than were early-stage seniors (95% CI: 7.69-10.26, p value < 0.001). In addition, seniors who had the ability to read and write were 1.21 times more likely to wish to work than those who were unable to read and write (95% CI: 1.10-1.32, p value < 0.001). Moreover, married elderly individuals had a 1.39-fold greater desire to work than widowed/divorced/separated individuals (95% CI: 1.22-1.58, p value < 0.001). Elderly people in very good physical health were found to have a 5.81-fold greater desire to work than those who were very ill (95% CI: 3.40-9.94, p value $<$

0.001). Furthermore, elderly people who were engaged in exercise were 1.30 times more likely to have a desire to work than those who never exercised (95% CI: 1.21-1.40, p value < 0.001). In the evaluation of screening elderly people according to their abilities and participation in group/club activities in the community, elderly people who participated in activities had a 1.11 times greater chance of wanting to work than those who did not participate in group activities (95% CI: 1.04-1.17, p value < 0.001). Of the study participants, those with the ability to see clearly had a 1.14-fold greater chance of having a desire to work than those with unclear vision (95% CI: 1.03-1.26, p value < 0.001), and those with the ability to hear clearly had a 1.42-fold greater chance of having a desire to work than those who did not hear clearly (95% CI: 1.26-1.60, p value < 0.001). In addition, those who lived outside of urban areas were found to have a 1.23-fold greater desire to work compared to those living in rural areas (95% CI: 1.17-1.30, p value < 0.001) (Table 4).

Table 4 Generalized linear mixed model (GLMM) analysis of various factors and the desire to work among elderly people in Thailand (n= 32,035)

Factor	Desire to work among elderly		COR	AOR	95% CI	p value
	Number	Percentage of desire to work among elderly (%)				
1. Gender						<0.001
Female	5,285	25.36	1	1	1	
Male	4,662	38.71	1.86	1.76	1.67-1.86	
2. Age						<0.001
Late Elderly (80 years and older)	225	6.01	1	1	1	
Middle Elderly (70-79 years old)	2,129	20.00	3.90	3.13	2.70-3.62	
Early Elderly (60-69 Years Old)	7,593	43.03	11.83	8.88	7.69-10.26	

Factor	Desire to work among elderly		COR	AOR	95% CI	p value
	Number	Percentage of desire to work among elderly (%)				
3. Reading and writing ability						<0.001
Cannot	920	19.44	1	1	1	
Can	9,027	33.06	2.04	1.21	1.10-1.32	
4. Marital status						<0.001
Widow/divorced/separated	2,081	19.96	1	1	1	
Married	490	36.68	1.94	1.39	1.22-1.58	
Single	7,376	32.67	2.32	1.37	1.28-1.46	
5. Physical health in the past week (It is a self-perceived health assessment through questionnaire responses)						<0.001
Not very good	17	6.07	1	1	1	
Not Good	607	15.69	2.87	2.61	1.55-4.40	
Moderate	3,923	28.07	6.03	4.31	2.57-7.21	
Good	5,062	38.59	9.72	5.31	3.17-8.89	
Very good	338	42.62	11.49	5.81	3.40-9.94	
6. Exercise behavior						<0.001
Never	1,632	21.34	1	1	1	
Sometimes/Routine	8,315	34.10	1.90	1.30	1.21-1.40	
7. Participating in group/club activities in the community						<0.001
No	3,441	27.25	1	1	1	
Yes	6,506	33.52	1.34	1.11	1.04-1.17	
8. Seeing ability						<0.001
Unclear/cannot see	766	35.36	1	1	1	
Sees clearly	9,181	29.74	2.37	1.14	1.03-1.26	
9. Hearing ability						<0.001
Does not hear clearly	463	13.64	1	1	1	
Hears clearly	9,484	33.11	3.13	1.42	1.26-1.60	
10. Residential area						<0.001
Urban	5,011	29.05	1	1	1	
Rural	4,936	33.38	1.22	1.23	1.17-1.30	

*n= Number, COR=Crude odds ratio, AOR=Adjusted odds ratio

DISCUSSION

The relationship between aging and work is being approached from different perspectives. In our setting, 31.05% of the elderly individuals included in the sample expressed the desire to continue working. This might be because elderly people may

face financial challenges due to increased health care costs and expenses related to supporting other elderly people in their families. According to a 2017 labor survey, 4.06 million working seniors out of a total of 11.35 million seniors (35.8 percent or 1 in 3 seniors) ⁵ still have to continue work to earn a living. Some elderly people want to

work after retirement because they think that they still have enough knowledge and ability to work and not be a burden to their children. This finding is in line with the results of a study conducted in Japan.^{25,26} The reasons why elderly men have a greater desire to work compared to elderly women can be attributed to several factors, including economic necessity, social roles, health status, and living arrangements. **Economic Necessity:** Men are often the primary breadwinners, resulting in greater financial pressure to continue earning even in old age. They typically have longer work histories and might have less access to spousal support or pensions compared to women, who may rely more on family or social security benefits.^{27,28} **Social Roles and Expectations:** Traditional gender roles encourage men to see themselves as providers, fostering a strong sense of duty and identity linked to work, which persists into older age.^{29,30,31} **Health and Physical Capability:** Men often experience better physical health in their later years compared to women, enabling them to continue working longer. Women tend to face more health-related issues that limit their ability to work.^{27,32} **Living Arrangements:** Older men are less likely to live alone compared to older women, who often live alone due to widowhood. This difference in living arrangements can impact the support systems available for continued employment. Men, have more social and family support and find it easier to continue working.^{29,32}

Furthermore, marital status is extremely significant, especially for those who already have families. Some of these individuals still face financial burdens, leading married elderly individuals to seek ways to reduce these burdens or assist their families in reducing expenses and generating additional income, more so than those who are single or living alone, who generally have fewer responsibilities.³³ In

addition, the ability to engage in occupations, particularly literacy skills, is crucial. The experience of the elderly is highly valuable for mentoring younger staff and providing meaningful work experiences to organizations. Hence, elderly individuals who retain reading and writing abilities often feel a continued desire to work for an organization and contribute to the community.^{33,34,35} This aligns with enhancing the value of elderly individuals in terms of social integration, especially through participation in community groups or activities, which in turn promotes their sense of self-worth and health. Engagement in community service or other participatory activities provides the elderly with a renewed sense of confidence and purpose. It fosters a feeling of being needed by others and the community, which is reinforced by having friends and a supportive social network that recognizes their contributions, motivating them to continue working. Moreover, the ability of elderly people to recognize their own worth and modify their emotions to blend in with society depends on the existence of a supportive social environment.^{33,34,36,37} Elderly people who do not work have free time and typically spend it alone at home; such a lack of social connection will lead to tension and loneliness. Elderly people will therefore feel more of a part of society if they socialize by joining a group or taking part in neighborhood events. Increasing elderly people's opportunities for social interaction with individuals of all ages can lead to increased levels of happiness and contentment, as well as a better quality of life, which will in turn have a positive impact on their mental health.^{22,37,38}

Furthermore, our study also showed that living in rural Thailand, having good vision and hearing, and engaging in social activities all have a beneficial impact on older adults' desire to work. Age-related physiological changes in elderly people

impact their functioning, particularly their vision³⁹ and hearing, making it difficult for them to work and reducing their need for employment. Elderly people being healthy and self-reliant is a factor related to their decision to continue working. However, if their body changes and various body systems deteriorate, this will affect not only their ability to help others or carry out daily activities without difficulty but also their mind, which can in turn affect their emotions, such as a lack of self-confidence. As a result, people's level of health is influenced by their social, familial, and personal circumstances.³⁸ Older people who are in good physical, mental, and social health will also find more employment opportunities.

According to our study, which includes self-assessment of health by the elderly, exercise behaviors, and the abilities of vision and hearing, these factors are the most critical aspects of physical health for the elderly. The results indicate that health status is a significant factor in the decision of elderly individuals to continue working. If their physical health, including hearing and vision, is adequate and they can still move well, elderly individuals will have the potential to continue working. Currently, the work of elderly individuals is a valuable resource for organizations, both in terms of imparting work experience and serving as good role models. This work contributes to their sense of self-worth, enhancing their mental and emotional well-being. Particularly for those elderly individuals with good health status, retirement without any duties or activities can deteriorate their mental health.^{22,34,40} This observation is consistent with the previously mentioned reasons regarding social integration and participation in activities. However, some studies also reveal that some retired elderly individuals do not wish to work again. Several reasons contribute to this decision, including hazardous work environments, the necessity to care for their families, and the desire to relax.^{41,42} Therefore, this study

underscores the necessity to understand the work preferences of the elderly. It highlights the importance of self-assessment knowledge of physical health among the elderly or relevant agencies conducting potential and health status assessments before employment. Additionally, it emphasizes the promotion of employment policies for the elderly, ensuring clear standards, particularly in assessing physical health and matching suitable job types to their capabilities, as well as appropriate workload and working hours. Establishing clear and sustainable standards will support this policy effectively.^{42,33}

The growing number of senior citizens is a sign that people are living better lives in many areas, such as nutrition and public health, which contributes to the longevity and good health of elderly people. Older people are seen as a precious resource. They possess life experience, abilities, knowledge, and the capacity to have a positive impact on Thai society.

This study's design focused on secondary analysis, which is one of its limitations. Regardless of this limitation, engaging in a secondary analysis of data from the National Statistical Office of Thailand permitted the researcher to use a large sample taken from a laborious national study.

CONCLUSION

Although the physical health of elderly people deteriorates with age, elderly people are still an important group that can help the economic growth of the country. Many elderly people can still do many good deeds for the world even though they may be close to the end of their lives. Hence, encouraging elderly people to have a desire to work will be meaningful to society; thus, such encouragement is a challenge to the economic and social development of the country. Elderly people working also reduces the burden of relying on

government welfare and allows them to create value for themselves. Therefore, the government and related agencies should promote the physical, mental, and social health care of elderly people. This is because the changes that occur in elderly people both internally and externally can increase their need for care and assistance from others. Promoting good health will enable elderly people to work efficiently and have a sense of self-worth. Therefore, policies that help elderly people engage in physical activity or exercise will not only help increase their physical strength but also directly affect their mental health. In addition, exercise stimulates the body to release endorphins, which promote happiness and reduce stress and anxiety. When elderly people have a healthy body in every aspect, they can continue working in the post-retirement age range.

REFERENCES

1. World Health Organization. Decade of Healthy Ageing 2020–2030. World Health Organization. 2022.
2. World Health Organization. Integrated care for older people (ICOPE) implementation framework: guidance for systems and services. World Health Organization. 2019.
3. Office NS. Elderly population report for the year 2021. Bangkok: National Statistical Office. 2021.
4. Kaspers AVC. Global Challenges of Aging Workers to the Economy and Health System. Kaspers AVC. 2023.
5. Office NS. Elderly population report for the year 2017. Bangkok: National Statistical Office. 2017.
6. Wilmoth JR, Bas D, Mukherjee S, Hanif N. World social report 2023: Leaving no one behind in an ageing world. New York, NY, USA: Department of Economic and Social Affairs UN. 2023
7. Carmichael F, Ercolani MG. Age-training gaps across the European Union: how and why they vary across member states. *J Econ Ageing*. 2015;6:163-175. doi: 10.1016/j.jeoa.2015.04.002
8. Finch N. Why are women more likely than men to extend paid work? The impact of work–family life history. *Eur J Ageing*. 2014;11(1):31-39. doi: 10.1007/s10433-013-0290-8
9. Lee R. The demographic transition: three centuries of fundamental change. *J Econ Perspect*. 2002;17(4):167-190. doi: 10.1257/089533003772034943
10. Mahishale V. Ageing world: Health care challenges. *J Sci Soc*. 2015;42(3): 138-143. doi: 10.4103/0974-5009.165540
11. Mauldin WP. Fertility studies: Knowledge, attitude, and practice. *Studies in Family Planning*. 1965;1(7):1-10. doi: 10.2307/1964765
12. UNESCO. Global Education Monitoring Report. Paris: UNESCO. 2021.
13. World Health Organization. World Report on Ageing and Health. Geneva: WHO. 2021.
14. International Labour Organization. World Employment and Social Outlook: Trends 2020. Geneva: ILO. 2020.
15. National Institute on Aging. Aging and Health: A Comprehensive Overview. Bethesda: NIA. 2022.
16. American Geriatrics Society. Functional Assessment in Older Adults. New York: AGS. 2021.
17. Diener E, Oishi S, Tay L. Happiness: The Science of Subjective Well-Being. 2020.
18. Centers for Disease Control and Prevention. Physical Activity Guidelines for Older Adults. Atlanta: CDC. 2021.

-
19. Holt-Lunstad J, Smith TB, Baker M, Harris T, Stephenson D. Loneliness and Social Isolation as Risk Factors for Mortality: A Meta-Analytic Review. 2015.
 20. Schuring M, Robroek SJ, Otten FW, Arts CH, Burdorf A. The effect of ill health and socioeconomic status on labor force exit and re-employment: a prospective study with ten years follow-up in the Netherlands. *Scand J Work Environ Health*. 2013;39(2):134-143. doi:10.5271/sjweh.3321
 21. Ahmad K, Hafeez M. Factors affecting social participation of elderly people: a study in Lahore. *J Anim Plant Sci*. 2011;21(2):283-289.
 22. Van Rijn RM, Robroek SJ, Brouwer S, Burdorf A. Influence of poor health on exit from paid employment: a systematic review. *Occup Environ Med*. 2014;71(4):295-301. doi: 10.1136/oemed-2013-101591
 23. Bekibele CO, Gureje O. Self-reported visual impairment and impact on vision-related activities in an elderly Nigerian population: report from the Ibadan study of ageing. *Ophthalmic Epidemiol*. 2008;15(4):250-256. doi: 10.1080/09286580802336583
 24. Patel R, McKinnon BJ. Hearing loss in the elderly. *Clin Geriatr Med*. 2018;34(2):163-174. doi: 10.1016/j.cger.2018.01.001
 25. Matsubayashi M, Sakai Y. Information behaviour research in Japan. *Informatio*. 2023;28(1):277-335. doi: 10.35643/info.28.1.11
 26. Sukanan S. The Promoting Work Strategy for Thai Aging. *J Soc. Syn*. 2020;11(1):1-17.
 27. Girgus JS, Yang K, Ferri CV. The Gender Difference in Depression: Are Elderly Women at Greater Risk for Depression Than Elderly Men? *Geriatrics (Basel)*. 2017;2(4):35. doi: 10.3390/geriatrics2040035
 28. Tomioka K, Kurumatani N, Hosoi H. Age and gender differences in the association between social participation and instrumental activities of daily living among community-dwelling elderly. *BMC geriatrics*. 2017;17(1):99. doi: 10.1186/s12877-017-0491-7
 29. National Institute on Aging. What Do We Know About Healthy Aging? [Internet]. [Cited 2022 March 16]. Available from: <https://order.nia.nih.gov/sites/default/files/2022-08/nia-healthy-aging-booklet.pdf>
 30. Shi X, Li Y, Sun L, Yu Y, Zhou S. Gender differences in the subjective well-being of older adult learners in China. *Front. Psychol*. 2022;13:1043420. doi: 10.3389/fpsyg.2022.1043420
 31. Prasit N, Laohasiriwong W, Nonthamat A, Sresutham P, Nidthumsakul N, Nilnate N, Senahad N. Investigating the Challenges in Alcoholic Beverage Control and Law Enforcement: Analyzing Binge Drinking Prevalence Among the Working-Age Population in Thailand Based on 2017 National Survey. *JPSS*. 2024;32:481-493.
 32. Carmel S. Health and well-being in late life: Gender differences worldwide. *Frontiers in medicine*. 2019;6:218. doi: 10.3389/fmed.2019.00218
 33. Kantachote K, Wiroonsri N. Do elderly want to work? Modeling elderly's decision to fight aging Thailand. *Qual Quant*. 2023;57(1):509-539. doi: 10.1007/s11135-022-01366-0
 34. Sirisuwan P, Phimha S, Banchonhattakit P. Influence of active ageing and health literacy on quality of life among elderly persons in northeast Thailand. *Health Educ J*. 2022;81(6):693-704. doi: 10.1177/00178969221109329
 35. Cheng X, Fang Y, Zeng Y. How long can Chinese women work after retirement based on health level: Evidence from the CHARLS. *Front Public Health*. 2023;11:987362. doi: 10.3389/fpubh.2023.987362
-

36. Yanarueng S, aohasiriwong WL, Phimha S, Yotha N, Phanyotha S, Pinsuwan C, Senahad N, Nilnate N, Nonthamat A, Prasit N. Health determinant factors associated with smoking behaviour of older adults in Thailand. *J Public Hlth Dev.* 2022; 21(1):32-44. doi: 10.55131/jphd/2023/210103
37. Rattanahon P, Laohasiriwong W, Nilnate N, Yotha N, Phanyotha S, Thammasarn K, Senahad N, Prasit N. The Influence of the Density of Buddhist Temples on the Spatial Distribution of Happiness of the Elderly in Thailand. *Int J Geoinformatics.* 2022;18(3):123-130. doi: 10.52939/ijg.v18i3.2213
38. Charlton RA, McQuaid GA, Wallace GL. Social support and links to quality of life among middle-aged and older autistic adults. *Autism.* 2023;27(1):92-104. doi: 10.1177/13623613221081917
39. Affairs DoE. Report on statistics of the elderly in Thailand for the year 2021. Department of Elderly Affairs. 2021.
40. Abramsom JH, Ritter M, Gofin J, Kark JD. Work-health relationships in middle-aged and elderly residents of a Jerusalem community. *Soc Sci Med.* 1992;34(7):747-755. doi: 10.1016/0277-9536(92)90361-S
41. McGarry K. Health and retirement: do changes in health affect retirement expectations?. *J Hum Resour.* 2004; 39(3):624-648. doi: 10.3368/jhr. XXXIX.3.624
42. Hansson RO, DeKoekkoek PD, Neece WM, Patterson DW. Successful aging at work: Annual review, 1992–1996: The older worker and transitions to retirement. *J Vocat Behav.* 1997;51(2): 202-233. doi: 10.1006/jvbe.1997.1605
43. Phijaisanit E. How can Promoting "Desirable" Elderly Employment Opportunities Alleviate the Shortfalls of Thailand's Ageing Society?. *Thammasat Rev Econ Soc Policy.* 2016;2(1):124-171. doi: 10.14456/tresp.2016.6