

# The Elderly Person' Life Cognitive Competencies Necessary For Daily Living: Evidence In Thailand

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## ABSTRACT

Changing the aging global society is a growing population in society. New measures and ideas for managing aging are important in the dimensions of the elderly persons' life cognitive competencies necessary for daily living, including in Thailand. This objective of this study were to: 1) study which the self-assessment of the elderly according to the framework of cognitive competencies necessary for daily living. According to quantitative analysis, including (1) Health, (2) Social, and (3) Economic and 2) the confirmatory factor analysis was performed to determine the construct validity. Stratified random sampling method was governed so as to select 1,200 the elderly's living in Thailand, aged between 60-75 years old as samples. Questionnaires of rating 5 scales was governed as the study tool. Descriptive statistic and t-test were governed to analyze data, and LISREL Analysis was applied to revision of the consistency of the data.

The results of comparative analysis of self-assessment of the elderly, cognitive competencies necessary for living of the elderly done by t-test, found that male and female have the knowledge necessary for living without statistically significant difference at the .05 level and the elderly aged 60-65 and 66-75 have the knowledge necessary for living in Thailand with statistically significant difference at the .05 level. The results of consistency of the model revealed that the model was consistent with empirical data providing Chi-square ( $\chi^2 = 15.750$ ,  $df = 10$ ,  $p = 0.107$ ) which presented probability at 0.05, GFI = 0.997, AGFI = 0.985, RMR = 0.003, and RMSEA = 0.023.

**Keywords:** Elderly, cognitive, competencies necessary, living.

## INTRODUCTION

The global trend the population of society is aging. In today's 17 nations, the elderly make up more than a fifth of the population, while a United Nations prediction for 2100 revealed that 155 countries will represent the majority (61 percent) of the world's population. The 2030 Agenda for Sustainable Development has identified population aging as one of four global demographic megatrends having long-term implications for sustainable development. The Goals on eliminating poverty, guaranteeing healthy lives and well-being, full and productive employment and decent work,

reducing disparities, and human settlements and safety are all affected by population ageing. As a result, it has been resolved to maximize the elderly's potential in terms of physical and mental health, social involvement, and economic security. As a result, they are not a social burden. As a result, the elderly might become self-sufficient, a condition known as active aging. (WHO,2002)

The World Bank that special attention to Thailand due to the continuous increase in the aging population coupled with that has various forms of savings which is still very low. Thus it may not be sufficient for living. At present, the elderly are

facing with three main problems: health problems, economic problems, and social problems. In the new society, there have been many advances in education and technology, reducing the roles and values of the elderly. This is largely due to low non-promoted knowledge and skills. (Office of the National Economic and Social Development Board, 2009). If there are no guidelines for preparing for the elderly society, it can lead to many problems for the elderly and affect the population at other ages, in the aspects of medical, public health, social welfare, and others (Wilson, J., Tilse, C., Chui W. H., Setterlund, D., Chan, H., and Woo J., 2013).

Active aging can be created by using a positive paradigm approach to building an aging society with good quality of life and enhancing the living value of the elderly. It can be said that it is social innovation. The elderly must have the knowledge necessary for living. The elderly are empowered to reflect the ever-changing environment. As a result, the elderly are able to take care of themselves to be physically and mentally healthy, and be able to live happily in society. Thus it is a social innovation that has sustainable social value. (Rattanaubol et.al., 2009).

Therefore, the researcher is interested in studying the framework of cognitive competencies necessary for living of the elderly for the harmonious living of people in society. This study aims to investigate the cognitive competencies necessary for living of the elderly in Thailand: according to the viewpoint of the elderly, and to compare the knowledge competencies necessary for living of the elderly in Thailand: according to the viewpoint of the elderly. However, These has led to the development of concepts and measures to present a nuanced view that These new approaches to understanding active aging in different contexts. It will be a guideline to promote the potential of the elderly and when they have better potential and live happily, they will be able to help the family, society, and the nation.

## LITERATURE REVIEW

Modern education and technology advance, it is inevitable that elderly will be demoralized both economically and socially. In Thailand most elderly

are neglected, they are not being cared for as much as they should, and elderly need to cognitive competencies necessary for living and applied to oneself according to the individual lifestyle emphasis on self-reliance with potential (Office of the National Economic and Social Development Board, 2012)

Many scholars have given their conclusion of studies that elderly traits can bring a positive change in personal life related to the framing of the components and indicators of cognitive competencies necessary for living of the elderly in 3 dimensions consisted of 1) Health ,consists of Mental well-being , Health Promotion, and Common diseases Treatment and Prevention; 2) Social consists of Living Area and Environment , Violence and Social Crimes , Social Support , and Learning to Live , and 3) Economic, consisting of Financial Management and Financial Planning which base on covers health social and economic knowledge, as well as representatives from relevant agencies country level (Allen, C. T& Karen, A. M. & Susan, S.K. ,1992 ; WHO,2002 ; Rattanaubol et.al. ,2007; Tilse, C.& Setterlund,D.& Wilson, J. and Rosenman, L. ,2007b; UNFPA ,2012; Deane, Stephen. ,2018).

### Dimension of Health

In regards to health, the elderly have a higher chance of getting ailments. There are several health issues. This makes it a hindrance in everyday living. The body deteriorates and becomes unable to operate normally. The body's metabolic rate slows down, and muscular alterations generate wrinkles. Blood alterations lead to bone and muscular deterioration, as well as abnormalities in the brain and digestive systems (WHO.,2002). The elderly are more exposed to diseases and disorders. The aged, their families, and linked parties face several challenges. This results in protracted periods of illness, and incapacity leads to costly, unpleasant psychological and social difficulties, as well as permanent reliance on others. Exit is required to maximize the potential of the elderly. Health policies that promote illness prevention providing access to basic health care for everybody. Furthermore, the mental condition of the aged, as well as neurological and brain illnesses, produce a reduction in brain and nerve system function, impairing the memory system. Memory reversal and forgetfulness It is preferable to recall former occurrences over present happenings. The elderly are perplexed. Furthermore, disease and the

loss of many components creates numerous changes in one's mental state (UN.,2020).

The elderly's cognitive competencies necessary on dimension of Health, consist of Health Promotion(Y1), and Common diseases Treatment and Prevention(Y2), and Mental well-being(Y3) has a significant impact on for daily living.

### **Dimension of Social**

Currently, the family structure is shifting to a single family, which has an impact on the status of elderly in everyday life. More self-sufficient, with housing and an environment that allows the elderly to live securely outside the house. (UNDP.,2014). This encourages older people to participate in activities outside of the home, such as Social Support, lifelong learning opportunities, and personal safety, preserving the elderly's function and benefiting society and the country. The elderly should be given the basic necessities of life, safeguarded against neglect and abuse without distinction. Furthermore, protecting the elderly from risks such as floods entails a significant risk to their life. Storms, fires, accidents, diseases, and other natural disasters. Society support, in particular, should join to share learning and understanding between the elderly and persons of all ages to provide social support and involvement in family activities. (Allen, C. T., Karen, A. M., & Susan, S. K. ,1992). The elderly have access to vital information and social services that help them maintain their independence. Recognize the benefits of living in a changing culture. To change their job to age, they must first understand the dynamics of the surrounding society (UN.,2020). In addition, elderly people should be given the chance to continue learning and developing their skills. Elderly people should be able to contribute their expertise and experience to society, as well as work at the appropriate age on a volunteer basis for a reasonable wage, allowing them to feel proud and have their lives respected.

The elderly's cognitive competencies necessary on dimension of Social, consisting of Living Area and Environment(Y4), Social Support (Y5), Social Violence and Social Crimes(Y6), and Learning to Live (Y7), has a significant impact on for daily living.

### **Dimension of Financial**

This financial planning dimension refers to the cognitive aspects and talents essential to plan and save for each person, such as information, skills, fluid and

crystallized intelligence, and psychological biases, and is based on Financial Literacy. These aspects have been regarded as crucial in saving money planning. (Resende & Zeidan, 2015). Includes the motivation and attitude that an individual will begin to plan and sustain activity throughout time because these factors influence financial behavior, such as financial goal clarity and nature, fear and anxiety, perceived social standards, and self-image. (Hershey et al, 2007 ; Topa & Herrador-Alcaide, 2016; Neukam & Hershey, 2003). In addition, managing personal finances and saving, as well as tax advantages for saving and financial counselors in the local area, are all linked to the desire to plan and save. Financial counseling is regarded as having a key effect on the financial planning of investments that represent personal savings, and they have been directly related to the improvement of citizens' financial skills (Bodie, 2003 & Deane, Stephen ,2018).

The elderly's cognitive competencies necessary on dimension of Financial, consisting of Financial Planning which base on covers health, social and economic knowledge (Y8), and Financial Management(Y9), has a significant impact on for daily living.

## **RESEARCH METHODOLOGY**

The research methodology is telling about selected research design, population, sample, data collection technique, and also about the statistical tool used for data analysis (Iqbal & Hameed, 2020) The population is 11,136,059 elderly living in Thailand, aged between 60-75 years old, in good health, and normal memory (Report on Survey of the elderly in Thailand,2020).

The sample size was determined by using the rule of thump (Schumacker & Lomax, 2010: Hair, J. F., Black, W. C., Babin, B. J., & Anderson, R. E., 2010) that the sample size determination used in multivariate research should be 10-20 persons per variable. In this study, there are nine variables in total, so the researcher assigned a sample size of 20 subjects per one variable to obtain a minimum sample size of at least 180 people. In order to make the study more reliable, the researchers changed the number of the sample to 1,200 using stratified random sampling.

The questionnaire was administrated on a 5-point Likert scale design. Data is collected via Google Forms, a digital platform. which facilitated the distribution of the questionnaires to the sample and by myself. Barlett's factorial test was applied, obtaining a

coefficient of .794 (sig.<.001). The instrument contains a variety of questions as well as about the identifying characteristics of aging such as gender, age, degree, and job. These aspects formed the independent variables of the study and have been described in the description of the sample. The level of reliability was evaluated through the Cronbach Alpha test of .897.

Data analysis regarding the knowledge competencies necessary for living of the elderly by self-assessed. Statistical analysis was done by SPSS software and LISREL .

### **Protection of Information Provider Rights**

This study was approved by the Human Research Ethics Committee number 57 03 04 0001. The researcher explained objectives, data collection method, and benefits of the study to the sample. They voluntarily signed a consent form to be a part of the study by themselves. In the interview, the sample had the right not to answer and can withdraw from the study as they wish that will not have any effect to them. The analysis of the data is confidential; the name of the individual sample is not shown and the research results are presented as a whole.

## **RESEARCH RESULTS**

1)The results of the analysis of the elderly persons' life cognitive competencies necessary for daily living revealed that sort by the overall average level as follows:

Economic dimension: that the overall average was at the medium level and sort by the overall average level as follows: (1) Financial Management consist of management of expense and income, debt management, career development that match their interests and abilities, and secondary job that can increase income, respectively. (2) Financial planning consist of health and life insurance planning, savings planning such as buying bonds, gold, depositing money with financial institutions or funds, investing and exploiting their own assets, assessing the financial condition after retirement, and economic trends.

Health dimension that the overall average was at the medium level and sort by the overall average level as follows:(1)Mental well-being, consist

of mental health services, conditions and regulations for mental health services, being aware of negative thoughts on oneself, and depression respectively.(2) Health Promotion consist of nutrition, choosing suitable food for age, primary health self-assessment, safety in exercise, dietary choices related to disease, suitable types of sports, dangers of excessive or improper exercise, and places for exercise, respectively. And (3) Common diseases Treatment and Prevention of diseases including dental diseases, eye diseases, reducing the risk of diseases, side effects of drug use, osteoporosis,) osteoarthritis, rational drug use, Alzheimer's disease, and necessary vaccines such as influenza vaccine, respectively.

Social dimension: that the overall average was at the medium level and sort by the overall average level as follows:(1) Living Area and Environment consist of maintaining relationships among family members, building relationships with neighbors and communities, housing that facilitates living, and preparation of household facilities such as alarms, adjusting the bathroom floor, respectively. (2) Violence and Social Crimes consist of protection against social hazards such as temptation, prevention of psychological abuse of the elderly such as abusive speech, rights related to Violence and Social Crimes , prevention of physical violence of the elderly, supporting/assistance from various agencies when exposed to Violence and Social Crimes .(3) Social Support consist of pension and elderly welfare, benefits such as a will, management of inheritance, property, and contracting, evaluation and distinction of information from various media, channels of access to the information of their interest, welfare and exemption of transportation fare and venue visits, support for the establishment of the elderly club, and employment for the elderly, respectively.(4) Learning to Live consist of skills that can be used for a career after retirement, and essential skills such as new knowledge acquisition skills, the use of online media, media literacy to add value for oneself, respectively.

2) The results of the analysis were classified by gender using t-test. It was found that male and female had no statistically significant difference of the elderly persons' life cognitive competencies necessary for daily living at the .05 level, as shown in Table 1.

**Table 1 Results of comparative analysis of the means of the elderly persons' life cognitive competencies necessary for daily living classified by gender**

Gender	N	M	SD	t	Sig.
Male	349	3.09	0.71	0.752	0.452
Female	727	3.05	0.74		

And the results of the analysis classified by age using t-test showed that the elderly aged 60-65 years and aged 66-75 years old had statistically significant difference of the elderly persons' life cognitive competencies necessary for daily living at the .05 level. The mean of the elderly aged 60-65 years older is higher than the 66-75 years old, as shown in Table 2.

**Table 2 Results of comparative analysis of the means of the elderly persons' life cognitive competencies necessary for daily living classified by age**

Age	N	M	SD	t	Sig.
60-65 years old	604	3.19	0.74	6.295*	0.000
66-75 years old	472	2.91	0.69		

\*  $p < .05$

3) The Pearson's correlation coefficient analyses among the observed variables of the elderly persons' life cognitive competencies necessary for daily living revealed that there were 3 factors from 9 variables with the correlation coefficient ranging from 0.584 to 0.826 at the 0.05 level of significance: 1) Health, 2) Social, and 3) Economy. The strongest correlations were found between Social Support (Y5) and Learning to Live(Y7). Living Area and Environment(Y4) and Violence and Social Crimes (Y6) had the lowest correlation pairs, but the result from Bartlett's Test of Sphericity, which tested the research hypothesis to find the identity matrix, was 4853.204 ( $p = 0.000$ ). The correlation matrix among

the observed variables was implied to be different from the identity matrix at a 0.05 level of significance and agreed with the Kaiser-Meyer-Olkin (KMO) Measure of Sampling Adequacy, factor analyses at 0.941. (close to 1). These findings indicated that the variables had a strong correlation and were suitable for further investigation. It was implied that an elderly person with a high competency as measured by the aforementioned indicators would also have a high life development competency. The elderly with a low competency, on the other hand, would have a low life development competency. Details are shown in Table 1.

**Table 1: Average, standard deviation and Pearson's product moment correlation coefficient of variables of the elderly persons' life cognitive competencies necessary for daily living.**

variabl e	y1	y2	y3	y4	y5	y6	y7	y8	y9
y1	1								
y2	0.810*	1							
y3	0.794*	0.800*	1						
y4	0.776*	0.792*	0.796*	1					
y5	0.730*	0.742*	0.782*	0.709*	1				
y6	0.623*	0.623*	0.719*	0.584*	0.801*	1			
y7	0.706*	0.668*	0.761*	0.661*	0.826*	0.752*	1		
y8	0.718*	0.681*	0.751*	0.701*	0.813*	0.697*	0.804*	1	
y9	0.733*	0.718*	0.735*	0.735*	0.747*	0.642*	0.762*	0.812*	1

<b>M</b>	3.39	3.49	3.25	3.63	2.93	2.89	2.91	2.89	3.19
<b>SD</b>	0.69	0.67	0.71	0.71	0.79	0.78	0.91	0.89	0.85

Bartlett's Test of Sphericity = 10446.026,  $p = .000$ ,  $df = 36$

Kaiser-Meyer-Olkin Measure of Sampling Adequacy:  $KMO = .945$

4) The results of the second confirmatory factor analysis revealed that the elderly persons' life cognitive competencies necessary for daily living fit the empirical data. The Chi-square analysis produced a result of 15.750 with a probability of 0.107 at 10 degrees of freedom ( $df = 10$ ) and the ratio Chi-square degrees of freedom was 1.57, which was less than 2 and different from 0 at a 0.05 significance, implying that the hypothesis of this study was acceptable as the model fit the empirical data at Goodness of Fit Index (GFI) = 0.997, Adjusted Goodness of Fit Index (AGFI) = 0.985, and Root Mean Square Error of Approximation (RMSEA) = 0.023.

The Second Order Confirmatory Analysis of the elderly persons' life cognitive competencies necessary for daily living consisted of the raw factor loading score (b), the weighted values of the factors in the form of standard scores ( $\beta$ ), the Standard Error (SE), the Factor Score (FS), and the Coefficient Prediction (R2).

When the results of the first order confirmatory analysis of the elderly persons' life cognitive competencies necessary for daily living model were considered, it was discovered that the correlation among 3 factors indicators were 1) Health, 2) Social, 3) Economy, and the observed variables, as well as all factor loadings of each variable, was statistically significant ( $p < 0.05$ ), implying that all nine variables were the indicators invoked the essential competencies for the elderly persons' life in terms of Health, Social, and, Economy. The variables had factor weighted values in the form of standard scores ranging from 0.861 to 0.922. Financial Planning (Y8) had the highest factor loading indicator, followed by Learning to Live (Y7). Health Promotion(Y1) had the lowest factor loading indicator. The following are the specifics for each factor:

**Health:** Mental well-being (Y3) was the factor with the highest loading of the elderly persons' life cognitive competencies necessary for daily living 84.0 percent. This could be discussed by ranking the elderly persons' life competencies from highest to lowest, as

follows: Common diseases/Treatment and Prevention (Y2), and Health Promotion (Y1). In terms of health factors, the indicators had a variance proportion that can be described by the elderly persons' life development competency factors of 76.8 percent and 74.1 percent.

**Social:** Social Support (Y5) had the highest factor loading of the elderly persons' life cognitive competencies necessary for daily living 83.7 percent. The variance proportions were as follows: Learning to Live (Y7), Living Area and Environment (Y4), and Violence and Social Crimes (Y6). In terms of social factors, the indicators had a variance proportion that can be described by the elderly persons' life development competency factors of 80.9 percent, 60.8 percent, and 59.9 percent.

**Economy:** Financial Planning (Y8) had the highest factor loading of Health - Mental well-being (Y3) was the factor with the highest loading of the elderly persons' life cognitive competencies necessary for daily living, accounting for 85.0 percent, followed by Financial Management (Y9). In terms of Economy, the indicators had a variance proportion that can be described by the elderly persons' life competency factors of 77.7 percent.

In summary, all indicators in the elderly persons' life cognitive competencies necessary for daily living framework had positive values at a 0.05 significance level. It was implied that an elderly person with a high competency as measured by the aforementioned indicators would also have a high life development competency. The elderly person with a low competency, on the other hand, would have a low life development competency.

When considering the results of the second confirmatory factor analysis of the elderly persons' life cognitive competencies necessary for

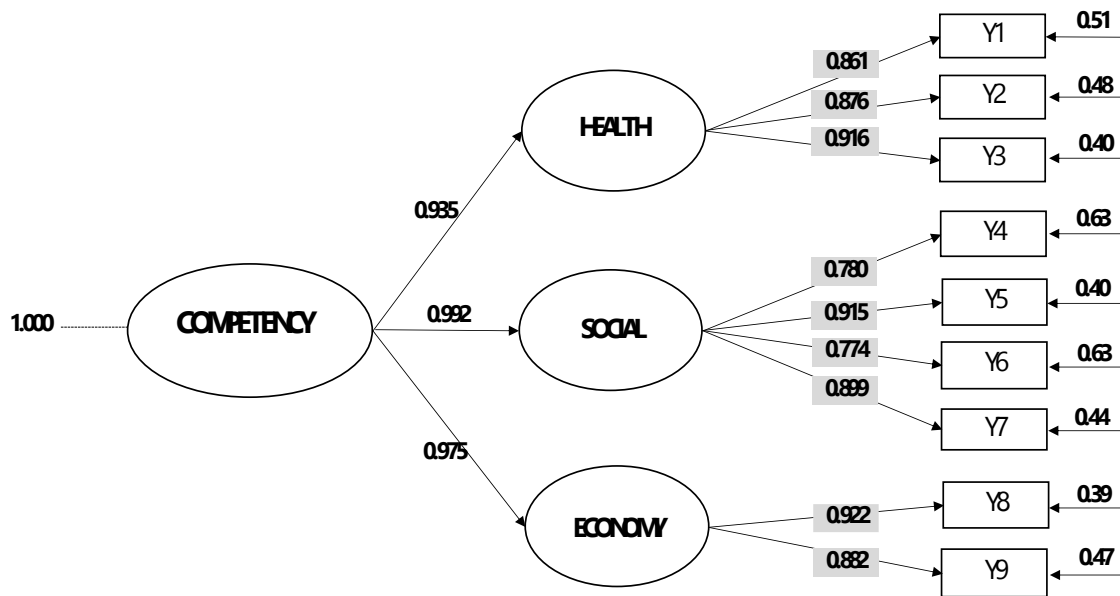
daily living, which were the product of the model that demonstrated the correlation between the elderly persons' life cognitive competencies necessary for daily living and the first confirmatory factor analysis, which consisted of three factors: 1) Health, 2) Social, and 3) Economy. All 3 factors were found to have factor loading at the 0.05 level of significance, with weighted values in the form of standard scores ranging from 0.935 to 0.992. It was implied that all 3 factors were statistically significant indicators of the elderly persons' life cognitive competencies necessary for daily living. Social was the most important factor of elderly persons' life competency, with the highest

factor loading, followed by Economy and Health. Each factor had a score of 98.4 percent, 95.1 percent, and 87.5 percent. When the correlation between each factor and the elderly persons' life cognitive competencies necessary for daily living was examined, it was discovered that each factor had a strong positive correlation ranging from 0.912 to 0.992, implying that the elderly persons' life cognitive competencies necessary for daily living, health competency, social competency, and economy competency were correlated and could not be separated freely. Details are shown in Table 2 and Figure 1.

**Table 2: Statistical analysis of the second confirmatory factor analysis**

variable	Estimate		t	R <sup>2</sup>	coefficient
	b(SE)	$\beta$			
First order confirmatory factor analysis					
Health					
Y1	0.593	0.861	<----->	0.741	0.276
Y2	0.586 (0.014)	0.876	43.355*	0.768	0.521
Y3	0.651 (0.016)	0.916	40.784*	0.840	0.672
Social					
Y4	0.553	0.780	<----->	0.608	0.006
Y5	0.722 (0.021)	0.915	33.920*	0.837	0.361
Y6	0.603 (0.022)	0.774	27.100*	0.599	-0.037
Y7	0.819 (0.026)	0.899	31.732*	0.809	0.292
Economic					
Y8	0.822	0.922	<----->	0.850	0.418
Y9	0.749 (0.017)	0.882	44.017*	0.777	0.277
Second order confirmatory factor analysis					
HEALTH	0.935 (0.030)	0.935	31.656*	0.875	
SOCIAL	0.992 (0.034)	0.992	29.093*	0.984	
ECONOMY	0.975 (0.026)	0.975	37.085*	0.951	
Chi-square = 15.750    df = 10    p = 0.107					
GFI = 0.997    AGFI = 0.985    RMR = 0.003    RMSEA = 0.023					
Correlation matrix between variables		HEALT H	SOCIA L	ECONOM Y	COMPETENC Y
HEALTH		1.000			
SOCIAL		0.928*	1.000		
ECONOMY		0.912*	0.967*	1.000	
COMPETENCY		0.935*	0.992*	0.975*	1.000

\*p < .05, <---> Do not report values SE and t because it is a constrained parameter



Chi-Square = 15.856, df = 10, P-value = 0.104, RMSEA = 0.023

**Figure 1. The final model of the elderly persons' life cognitive competencies necessary for daily living**

**Discussion and Conclusion**

In this sense, financial Literacy ,and commitment to Financial Planning all exert significant influence on behaviours for living of the elderly that financial behaviour is based not only educational factors, but also on emotional factors linked to personal ability to plan towards period that precedes death (Major et al., 2016) and attitudinal personal factors (Hoffmann & Plotkina, 2020). consulting evidenced a strong influence on financial management behaviour for Elderly, that policy of financial do help individuals achieve their retirement financial objectives by highlighting the importance of retirement planning, and they can improve the decision-making process (Engelmann et al., 2009; Kramer, 2012), and consequently individuals can get greater return on investments (Allie et al., 2016). Furthermore, Financial knowledge (T1) also shows a positive relevant effect on the financial management behaviour in the present study, that confirms individuals' financial knowledge is predictive of saving practices for retirement (Jacobs-Lawson & Hershey, 2005) and, as a consequence, the positive effect on retirement planning (Bucher-Koenen & Lusardi, 2011), It has been shown that workers who completed an educational module related to financial

literacy were more likely to start contributing to saving for retirement(Clark et al., 2017).The findings of the present study show that financial literacy causes a positive effect on financial management practice (Crossan et al., 2011; Kalmi & Ruuskanen, 2017). Thus that groups with a lack of financial training, such as people with lower educational levels, were the least likely to plan financially for retirement (Arrondel et al., 2013; Kopanidis et al., 2017), nevertheless education was not a significant variable for financial management practices in our findings.

This knowledge should permit to people could become aware about personal difficulties, such as financial non literacy. All the potentialities of a better self-knowledge about personal planning for elderly suppose a potential benefit for the joint of society rectify certain personal attitudes. Considering Accordingly, a greater self-knowledge could help policy makers in aspects such as economics, health or education through the improvement of the knowledge of retirement intentions and goals of individuals.

This is in consistent with the result of the study that age was found to be negatively related to quality of life, indicating that the younger age has a



better quality of life than the elderly with older age. A key focus should be on preventing cognitive decline, where there is some evidence that taking a multidomain approach can improve or maintain functionality. Other interventions to prevent or reduce frailty, such as resistance training or promoting physical activity ages, can also be effective. Policies to support paid and unpaid work While there is widespread interest in keeping people in paid work for longer, raising pension ages alone may simply divert some older people into other state support for unemployed people or people with disabilities if they are not healthy enough to work productively. Health systems can usefully help to keep older people healthy and able to remain in the workforce. There is also growing recognition that workplace health promotion interventions, such as screening activities to identify potential health risks and lifestyle management activities to improve health and health behaviours, can keep older workers healthy and productive. Adapting work practices to accommodate older workers' needs and circumstances can also help older people to remain in work. Good evidence shows that flexible working practices, such as flexitime, part-time working, job-sharing and working from home, can help older people, particularly those with health issues or caring responsibilities, to remain in employment for longer and can result in healthier lives overall. Changes to the physical work environment can also support older workers to remain in employment, while contributing to improvements in productivity.

How to respond to greater health and long-term care needs. Without appropriate policy responses, demographic changes will have inevitable consequences for households, public finances and possibly for economic growth and development. To manage the challenges and to take advantage of the opportunities policy makers must act across a range of domains, on work and employment, on income security, on promoting healthier lifestyles and on developing new and more efficient models of care. Evidence suggests that older people can provide significant economic and societal benefits – particularly if they are healthy and active

This is because of their intrinsic value as well as their indirect effects on the economy via their impacts on reducing care costs and promoting the ability of older people to contribute. Healthy older people require less intensive and expensive care; they

are able to engage in paid or unpaid work if they choose so to do; and they accumulate greater asset wealth compared to unhealthy people. Policy-makers can employ a range of policies and strategies in order to control costs of care and enhance economic and societal contributions of older people, ensuring that population ageing does not lead to undue economic pressures. Examples of such interventions, both indirect (via improvements in health and functional ability) and direct.

Therefore, the government should apply the framework of knowledge competencies necessary for living to enhance competency of the elderly, elderly caregivers, as well as people who are interested. As a result, people of all ages would live together happily in a harmonious society.

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