

The Satisfaction towards Social Welfare Arrangement for Elderly Citizens in
Thamuang Municipality, Thamuang District, Kanchanaburi

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Abstract

The research has been carried out to: 1) study the level of satisfaction towards social welfare for the elderly citizens in Thamuang Municipality, Thamuang District, Kanchanaburi; 2) conduct a comparative study on the satisfaction level towards social welfare for the elderly resided in Thamuang Municipality, classified by personal factors and; 3) study additional comments and recommendations about social welfare organised for the elderly citizens resided in Thamuang Municipality, Thamuang District of Kanchanaburi. The population of this research is the Thamuang registered residents aged 60 years and above. The research is quantitative. It has a sample size of 332 persons. Statistics used for result analysis were descriptive statistics such as percentage, mean, and standard deviation, as well as the T-test, F-test, and multiple comparisons. The results showed that the overall satisfaction level towards social welfare for the elderly citizens in Thamuang Municipality is at a high level. From the most satisfactory to the least were: health care, income level, supported service and network, social stability, accommodation, and recreation aspect. Additionally, a comparative study showed that personal factors included gender, age, education level, and income level, all have an influence on social welfare satisfaction level at a statistical significance of 0.05.

Keywords: Satisfaction, social welfare, elderly

Introduction

Thailand will become a full-fledged aging society in 2021. The country now has over 10 percent of its citizens aged 60 or older, and the number has continuously risen throughout the years. It is forecasted that 15 years from now, in the year 2025, the aging population in Thailand will have risen to 14.9 million people, twice the proportion of 2009. Then, in 2030, the figure will have increased to 17.8 million people, which is equivalent to one-fourth of the total population. (Foundation of Thai Gerontology Research and Development Institute, 2008:

13). The current situation in Thailand is paralleled by many other Asian countries, such as Japan and Korea. An aging society has become one of the Mega Trends of the recent decade. Medical advancement, technological advancement, and improved material well-being, as well as greater knowledge in elderly care, are a few factors that prolong our life expectancy. Perceptions towards elderly citizens have shifted tremendously from the older days. They are now viewed as experienced individuals and as a significant source of skills and knowledge that is adding benefits to society (Prajuabmhor and Siriboon, 2010: 8-9).

Governments and local authorities have also become more vigilant. Corresponding measures and policies are being formulated to better equip the community for the forthcoming changes. According to the Twelfth National Economic and Social Development Plan, it is stipulated that the country will continue to encounter a higher level of inequality, that technological advancement, globalisation, global warming, and rapid changes in population structure would distress the agricultural industry and household stability (Office of the National Economic and Social Development Council, 2015).

To maintain local autonomy, the Determining Plans and Process of Decentralization to Local Government Organization Act B.E. 2542 (1999) has authorized local administrations to employ direct legal responsibility overseeing the community's benefits. In this light, local administrations are entitled to organise suitable public services for the community. This includes, but is not limited to, the matter of social welfare and quality of life improvement for women, children, and the disabled (Chapter 2 Section 16 (10) (Boramanunn, 2009: 361-363)

Today, the key to efficient social welfare arrangements is the ability to provide preventive measures, resolve community issues, and develop social stability in accordance with the citizens' individual needs. The ultimate goal of social welfare is to lessen social inequality and improve citizens' quality of life in all aspects, such as health care, income, housing, recreation, protection, and social stability. Because the shift towards an aging society is taking place very rapidly, it is the duty of the local authority to urgently arrange appropriate measures benefiting the elderly citizens, following the objectives of the Second National Elderly Plan. (Prajuabmhor, 2009: 43).

Tahmuang Municipality of Tahmuang District, Kanchanaburi, is also another Thai municipality encountering such inevitable changes. The municipality, as the closest operative unit to the people, has the responsibility to determine the underlying public needs and deliver social welfare services correspondingly to the needs of those elderly citizens. Lack of coherent

planning and policy formulation, budgeting and resourcing issues, as well as a lack of skilled employees, could result in inefficient welfare arrangements for elderly citizens.

Research Objectives

The research objectives of The Satisfaction towards Social Welfare Arrangement for Elderly Citizens in Thamuang Municipality, Thamuang District, Kanchanaburi are to: 1) study the level of satisfaction towards social welfare for the elderly citizens resided in Thamuang Municipality, Thamuang District, Kanchanaburi; 2) conduct a comparative study on the satisfaction level towards social welfare for the elderly living in Thamuang Municipality, classified by personal factors, and; 3) study additional comments and recommendations about social welfare organised for the elderly citizens resided in Thamuang Municipality, Thamuang District of Kanchanaburi.

Literature Review

1. Concepts and theories of elderly citizens:

Studies from various sources, including the United Nations Population Fund (2012), illustrated that on most occasions, 'elderly citizens' or senior citizens are people aged over 60. However, certain countries with higher medical advancement and healthier senior population such as Germany and Sweden, have extended work retirement to the age of 65. Senior citizens experience both physical and mental challenges. Physical challenges include the issue of mobility, sight, hearing, and other neurological challenges, which prohibit senior citizens from resuming their usual daily activities. Biological changes in the body, as well as the death of loved ones, can result in behavioural changes, fear of abandonment, and lack of confidence. Senior citizens may become socially withdrawn, experience depression, anxiety, and feelings of loneliness. Relatively, senior citizens often require extra family support to ensure strong emotional stability.

The elderly have needs that are unique from those of other generations. They require financial support, as financial independence will allow them to gain more confidence after retirement. They also need to be self-reliant to relieve the family's burden and not be viewed as an extra load. Financial support from the government may come in the form of a government pension. However, any given amount must be adequate for them to sustain a healthy living standard in today's context.

Senior citizens have specific social needs included a sense of belonging, sense of recognition, sense of importance, sense of adaptation, and sense of opportunity (Ketrasuwan, 2009). Therefore, it is important that elderly citizens are encouraged to participate as active members of a community, to have the opportunity to learn new things, and to form a network with other people in the same community.

Respectively, the role of any municipality is to ensure that 'active aging' takes place in its community. From various documentary reviews, it can be concluded that an 'active aging society' can be reinforced by the municipality through 'needs fulfillment.' Some of these underlying needs are such as the needs to participate, needs for attention, needs for belonging, needs for health and nursing care, needs for social insurance, needs for food, needs for clean air and environment, and needs for exercise; all of which can be achieved through the effective arrangement of social welfare provided by the government and its local authorities.

2. Concepts and theories of social welfare:

Social welfare is an assistance provided by the government to ensure the happiness and health of its citizens. Social welfare can be achieved in several ways. Some of the renowned models are such as the public assistance model, the residual model and institutional model, the deinstitutional model, family and community model, and collective welfare model (Wigsoongnern, 2010: 31). Regardless, the development of social welfare must be proactive instead of reactive; community must be allowed ownership of their own community programs; government must support senior employment, provide extension to the retirement age as well as budgeting support (Thongkleeb, 2007).

Jitmontri and Tayarnsilp (2009: 49) explained that major obstacles preventing efficient social welfare arrangement, in particularly for the elderly, are: the lack of continuity and coordination at policy formulation level as well as implementation level; lack of policy implementation; lack of qualified personnel and lack of budget; inadequate social welfare corresponding to the true needs of the citizens; provision of public and social services in a non-participative environment which often leads to lack of citizen cooperation in government matter; and lack of understanding from family members that sometimes viewed aging citizens as family burden.

3. Concepts and theories of satisfaction:

Generally, a sense of 'satisfaction' arises when an individual's needs are fulfilled (Wigsoongner, 2009: 18). According to Maslow (1977: 18), human satisfaction depends on 5

levels of needs, which are physiological, safety needs, belonging and love needs, esteem needs, and self-actualisation needs. Physiological needs include the need for basic survival factors, for example, food, air, and water. Safety needs refer to the need for safety of life and possessions, then, belonging needs are the needs to be connected or loved by others. Esteem needs are the need to be accepted and respected by society, while self-actualisation requires the utmost understanding of life after all the other four stages of needs are fulfilled.

On the other hand, satisfaction towards public services is defined by factors such as equitable service, timely service, ample service, continuous service, and ample service with advanced technology (Rodarrom, 2011: 13). In this research, the Likert Scale (1932) is selected as a tool for measuring the level of satisfaction. Wonganutraroj (2001: 69-72) stated that the objectives of measuring satisfaction level are: to understand various factors such as personal, work, and management factors; to understand the relationship between satisfaction level and work; to examine factors influencing job performance; to understand favourable and unfavourable characteristics influencing satisfaction level that are crucial towards an organisation/unit management.

4. Thamuang Context:

The name ‘Thamuang’ can be directly translated into English as ‘Mango Pier’. The logo of Thamuang Municipality is made up of an elephant sitting on a green grass lawn holding a bouquet of mangoes by its trunk. The interpretation behind it came from the fact that Thamuang District used to be located next to the Maeklong River, and woodworking was a very common profession in the area. Back then, any woodwork made from Thamuang would be transported by elephants to a pier that was surrounded by mango trees, waiting to be commuted elsewhere.

The vision of Thamuang Municipality is to promote economic growth and strengthen the people’s quality of life under a participative environment. Thamuang Municipality employed six major missions: to develop basic infrastructure; to cultivate economic growth and improve citizens’ quality of life; to enrich education, sports, and recreation experiences; to create a participative environment; enhance the value of Thai traditions; and to improve the future of municipal tourism while maintaining environmental sustainability. The Thamuang population is at 10,009 people, of which 4,654 are male. Types of occupations are varied. Unemployment rate is at 10.96 percent, and citizens have an average income of 79,946 Baht per person per year.

Conceptual Framework

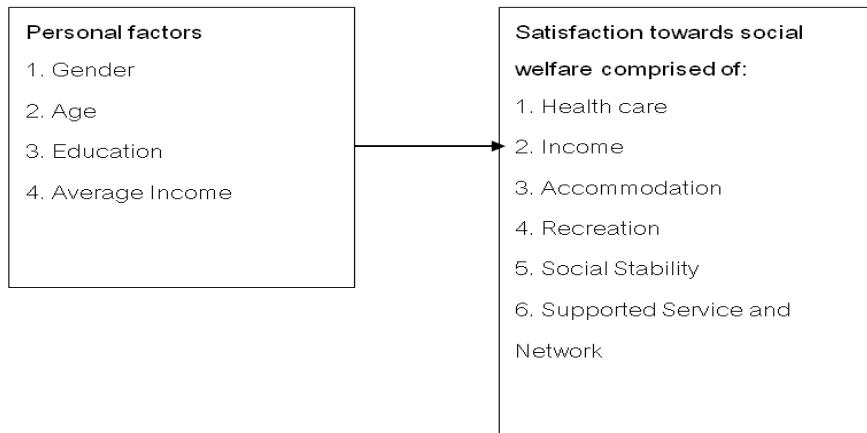


Figure 1 shows the conceptual framework.

Methodology

Population and sample group: The Satisfaction towards Social Welfare Arrangement of the Elderly Citizens in Thamuang Municipality, Thamuang District, Kanchanaburi employs a quantitative research method. The population consisted of registered males and females aged 60 and above, residing in Thamuang Municipality. The total population was 1,963 people. Using Taro Yamane's sampling method and via simple random sampling, 332 people were selected as a sample group.

Research instruments: In this research, participants were asked about their satisfaction with the social welfare arrangement in the municipality. Both open-ended as well as close-ended questionnaires were used. Questionnaires were constructed according to the conceptual framework. The questionnaires consist of 3 main parts as follows:

Part 1: Descriptive statistics, such as frequency and mean, were used for the analysis of sample group personal factors such as gender, age, education level, and average income per month.

Part 2: Information regarding satisfaction towards the social welfare arrangement of Thamuang Municipality measured using Likert's 5-level rating scale, with 5 being the highest, followed by high, moderate, low, and the lowest. The satisfaction level is assessed based on 6 aspects included health care, income, accommodation, recreation, social stability, and supported service and network.

Part 3: Open-ended questions on satisfactory towards social welfare arrangement allowing the sample group to express further opinions.

The questionnaires used in the research process contain the following quality testing processes:

1. In testing the accuracy of the contents, the researchers appointed 3 qualified persons to perform the IOC and check for the content validity and consistency of the questions.

2. Reliability and validity testing were performed via the try-out method and IOC. Cronbach's Alpha Coefficient was also performed and found to be at the value of .881. The values indicated an acceptable level of internal consistency.

Statistics used in data analysis: Descriptive statistics, such as frequency and percentage in the first section, mean and standard deviation, as well as T-Test, F-Test, One-Way ANOVA, and LSD method, were employed in the second and third parts of the question sets.

Research results

1. Results from Part 1 assessed participants' personal factors. The data illustrated that the total number of informants was 332, of which 172 were female and 160 were male. The majority (133 persons) of the informants are in the 70-79 age group at 40.1 percent, followed by 33.4 percent in the 60-69 age group, 25 percent in the 80-89 age group, and 1.5 percent in the 90 and above age group. Over 53.9 percent received no education, followed by 83 percent with grade 1- grade 6 education, and only 2.3 percent had more than a bachelor's degree education. Over 39.2 percent received 3,001-5,000 Baht income, and 13 percent received 2,000 Baht income or less. The data can be interpreted as follows:

Table 1 shows participants' personal factors

Participants' status	Number persons	Mean
Gender		
Male	160	48.2
Female	172	51.8
Age (years)		
60-69	111	33.4
70-79	133	40.1
80-89	83	25.0

Participants' status	Number persons	Mean
90 & above	5	1.5
Education		
None	179	53.9
Grade 1-6	83	25.0
Grade 7-9	22	6.6
Grade10-12	13	4.0
Bachelor		
Degree	27	8.1
Bachelor		
Degree & above	8	2.4
Average income		
Below 2,000	43	13.0
2,001-3,000	51	15.3
3,001-5,000	130	39.2
5,001 & above	108	32.5
Total	332	100.0

2. Results from Part 2 assessed participants' satisfaction towards social welfare of elderly citizens in Thamuang municipality. The result can be summarised as follows:

Table 2 shows the mean and standard deviation of satisfaction with social welfare.

Satisfaction towards social welfare of the elderly citizens	\bar{x}	S.D.	Levels of opinion
1. Health care	4.60	0.53	Highest
2. Income	4.48	0.65	High
3. Accommodation	4.36	0.61	High
4. Recreation	4.23	0.77	High
5. Social stability	4.46	0.49	High
6. Supported service and network	4.46	0.41	High
Total	4.43	0.27	High

The overall results illustrated that the level of opinion for satisfaction towards elderly social welfare in Thamuang municipality is high in five aspects ($\bar{X} = 4.43$), with the highest sample mean being in health care ($\bar{X} = 4.60$). Within each aspect, levels of opinions were rated high and highest in every other facet, and none were at moderate, low, or lowest.

By aspect, Table 3, which illustrates the data for the mean and standard deviation of 'health care', has a sample mean of $\bar{X} = 4.60$. The aspect exhibited by elderly citizens in Thamuang Municipality showed the highest satisfaction level towards having a free health care card, free health examination, and free medical advice.

Table 4 illustrates the data for the sample mean and standard deviation of satisfaction level towards the 'income' aspect. It has a sample mean of $\bar{X} = 4.48$. The result showed the highest satisfaction level in occupation funding and product distribution.

Table 5-'accommodation' has a sample mean of $\bar{X} = 4.36$, and the level of opinions in this table was rated as high in all aspects.

Similarly to the results in Table 5, Table 6 measured the satisfaction level towards 'recreation.' It has a sample mean of $\bar{X} = 4.23$. This aspect also has high-level opinions in all facets.

Table 7 illustrates the result for 'social stability.' It has a sample mean of 4.46 and has the highest level of opinions on elderly home visits, appropriate facilities for elderly homes, and educating household members on elderly care.

Lastly, Table 8, 'supported service and network', has a sample mean of $\bar{X} = 4.64$. It showed the highest satisfaction towards community volunteers for the elderly and raising community awareness for elderly assistance.

The following tables provided detail results of recorded mean and standard deviation, analysed aspect by aspect:

Table 3 shows the mean and standard deviation of satisfaction towards 'health care'

Health care	\bar{X}	S.D.	Levels of opinion	
1. Free health care card	4.71	0.56		Highest
2. Free examination	4.69	0.53		Highest
3. Free health advice	4.68	0.55		Highest

Health care	\bar{x}	S.D.	Levels of opinion
4. Establishment of Tambon Health Promoting Hospital	4.44	0.68	High
5. Mobile medical unit for the elderly	4.45	0.68	High
Total	4.60	0.53	Highest

The satisfaction level from highest to lowest is: free health care card, free examination, free health advice, mobile medical unit for the elderly, and the establishment of Tambon Health Promoting Hospital.

Table 4 shows the mean and standard deviation of satisfaction towards ‘income’

Income	\bar{x}	S.D.	Levels of opinion
1. Sliding scale elderly subsistence allowance payment	4.22	0.90	High
2. Side-job trainings	4.38	0.85	High
3. Establishment of elderly funds	4.43	0.83	High
4. Occupation funding	4.74	0.62	Highest
5. Product distribution assistance	4.65	0.70	Highest
Total	4.48	0.65	High

The satisfaction level from highest to lowest is: occupation funding, product distribution, establishment of elderly funds, side-job trainings, and the sliding scale elderly subsistence allowance payment system.

Table 5 shows the mean and standard deviation of satisfaction towards ‘accommodation’

Accommodation	\bar{x}	S.D.	Levels of opinion
1. Housing and accommodation for the poor/disabled	4.23	0.84	High
2. Assistance for the food/ water shortage community	4.27	0.84	High
3. Foster family for the elderly	4.43	0.78	High
4. Maid assistance	4.40	0.79	High
5. House repair assistance	4.45	0.67	High

Accommodation	\bar{X}	S.D.	Levels of opinion
Total	4.36	0.61	High

The satisfaction level from highest to lowest is: house repair assistance, foster family for the elderly, maid assistance, assistance for food and water shortage, and housing and accommodation aid for the poor and the disabled.

Table 6 shows the mean and standard deviation of satisfaction towards ‘recreation’

Recreation	\bar{X}	S.D.	Levels of opinion
1. Activities such as Father’s/ Mother’s Day and elderly day, etc.	4.12	0.92	High
2. Festive activities such as Songkran day	4.31	0.81	High
3. Group activities such as aerobic exercises	4.33	0.80	High
4. Elderly excursion	4.30	0.82	High
5. Elderly Park	4.08	0.91	High
Total	4.23	0.77	High

The satisfaction level from highest to lowest is: group activities such as aerobic exercises, festive activities, elderly excursion, occasional activities such as Father’s and Mother’s Day activities, and the establishment of an elderly park.

Table 7 shows the mean and standard deviation of satisfaction towards ‘social stability’

Social stability	\bar{X}	S.D.	Levels of opinion
1. Elderly home visits	4.54	0.69	Highest
2. Appropriate facilities for elderly homes	4.55	0.75	Highest
3. Educating household members on elderly care	4.55	0.78	Highest
4. Funeral arrangements for those in needs	4.26	0.70	High
5. Ambulance services	4.41	0.83	High
Total	4.46	0.49	High

The satisfaction level from highest to lowest is: appropriate facilities for elderly homes and educating household members on elderly care, followed by elderly home visits, ambulance services, and funeral arrangements for those in need.

Table 8 shows the mean and standard deviation of satisfaction towards ‘supported service and network’

Supported service and network	\bar{x}	S.D.	Levels of opinion
1. Establishment of a social welfare center	4.37	0.80	High
2. Counselling	4.34	0.76	High
3. Community volunteers for the elderly	4.65	0.63	Highest
4. Raising community awareness for elderly assistance	4.63	0.58	Highest
5. Elderly support and group networking	4.31	0.68	High
Total	4.64	0.41	Highest

The satisfaction level from highest to lowest is: arrangement of community volunteers for the elderly, raising elderly assistance community awareness, establishment of a social welfare center, counselling guidance, and provision of elderly support together with group networking.

3. Results from Part 3 provided a comparative analysis on gender, age, education level, and income level on satisfaction towards social welfare of the elderly citizens in Thamuang Municipality. The result revealed:

1) T-test analysis showed the satisfaction level of Thamuang elderly citizens classified by gender was different at a statistical significance level of more than 0.05; therefore, it accepts the null hypothesis.

2) F-test analysis showed elderly citizens of different ages have different levels of satisfaction. The result indicated a statistical significance level of more than 0.05; therefore, it accepts the null hypothesis.

3) F-test analysis showed that elderly citizens of different education levels have different levels of satisfaction. The result indicated a statistical significance level of more than 0.05; therefore, it accepts the null hypothesis.

4) F-test analysis showed the satisfaction level of Thamuang elderly classified by income was different in all aspects at the statistical level of 0.05; therefore, it also accepts the null hypothesis.

4. Results from Part 4 showed additional comments from the participants as follows:

1) Elderly citizens have needs for medical attendances for annual health check-ups. Visits need to be made to homes without any additional expenses.

2) The municipality should provide counselling sessions for elderly citizens with their public health center officers.

3) The municipality should contact relevant authorities to provide the disabled elderly with a certificate of disability for them to receive health care services from home.

4) Some of the disabled elders wanted the municipality to provide them with adult diapers to reduce family expenses.

5) Air mattresses and hospital beds are required for the elderly with mobility difficulties to minimise pressure injuries.

6) The need for the municipality to increase the elderly subsistence allowance, suitable for the current economic situation, and formulate innovative policies correspondingly.

Discussion

1. The satisfaction level towards social welfare arrangements for elderly citizens residing in Thamuang Municipality overall is at a high level.

From most to least, the satisfaction level is rated as: health care, income level, supported service and network, social stability, accommodation, and recreation. The result coincided with Srisuk's (2014) study on satisfaction level towards social welfare arrangement in Lumtup Municipality in Krabi, which also rated a high overall satisfaction level and ranked health care as the most satisfactory, followed by recreation and education. Moreover, the result correlates with Pasukree's (2017) study on Satisfaction towards Ayothaya Municipality social welfare arrangement, in which the result revealed a high overall satisfaction level; ranking health care, social stability, and supported service and network as the first, second, and third, respectively.

2. The comparative study of satisfaction level towards social welfare arrangement for elderly citizens in Thamuang Municipality classified by gender, age, education level, and income revealed that different elderly citizens with different personal factors have

different levels of satisfaction levels towards social welfare arrangement at a statistically significant level of 0.05.

The result coincided with Maneevat's (2015) study on elderly social welfare needs in Ban Daan Municipality of Srakaew, which stated that elderly citizens with different personal factors, such as age, gender, occupation, marital status, and accommodation, have different social welfare needs at a statistically significant level of 0.05. Similarly, Yoosabai's (2014) study about social welfare needs in Jarakae Noi found elderly with different ages, education levels, occupations, and monthly incomes have different social welfare needs at a statistically significant level of 0.01. Additionally, Tunwonglert's (2013) comparative analysis revealed satisfaction level towards social welfare arrangements in the Tamaka District of Kanchanaburi among elderly citizens of different income levels, number of children, and number of supportive members have different satisfaction level towards social welfare.

3. Recommendations in terms of usage application and further research are as follows: For usage and application, it is recommended that;

- 1) There should be an establishment of elderly citizens' networking or clubs to assist the aging citizens in many aspects.
- 2) There should be appropriate funding available for aging citizens' families to create a consistent income.
- 3) The municipality should provide its elderly citizens with occupation support for healthy citizens who refuse to retire or want to have a side hobby while earning an extra income.
- 4) There should be sufficient training for local administrative authorities, for them to be able to organise suitable services for the community.

For future research, it is recommended that;

- 1) There should be further study on the satisfaction level towards elderly social welfare in other districts of Kanchanaburi.
- 2) There should be further comparative studies on the satisfaction level towards elderly social welfare in other districts of Kanchanaburi, as well as in other provinces of the same region.

Results conclusion

1. The satisfaction level towards social welfare arrangements for elderly citizens residing in Thamuang Municipality overall is at a high level.
2. The comparative study of satisfaction level towards social welfare arrangement for elderly citizens in Thamuang Municipality classified by gender, age, education level, and

income revealed that different elderly citizens with different personal factors have different levels of satisfaction levels towards social welfare arrangement at a statistically significant level of 0.05.

3. For usage application, the municipality should organise sufficient training for its officers in preparation for the aging society and shift in future management. Establishment of an elderly social networking group and occupational funding are also necessary factors to consider. Moreover, it is recommended that similar studies as well as comparative studies should be conducted in other areas of Kanchanaburi for result comparisons.

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