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"I don't want to be a burden on others": Perspectives of "Young-old" Thai Women on Self-reliance, Wellness, and Aging

by Kullanit Nitiwarangkul

Abstract: This article examines the perspectives of middle- and upper-class "young-old" women (aged 60 to 69) in Thailand on "wellness" amidst the country's rapidly aging population. Drawing upon findings from my interviews with sixteen older women, it explores how self-reliance has become central to their pursuit of decent physical and mental health. Participants strived to maintain their health, preserve mobility, and reduce dependence on family members. At the same time, some served as caregivers for their families in a culture that emphasizes familial interdependence. Additionally, this paper analyzes how "mental wellness" is framed within self-reliance, shaped by Buddhist teachings and neoliberal ideals, as these women navigate life transitions and sustain their well-being amidst the disruptions of COVID-19. The study further demonstrates their rising concerns and demands for essential resources for their wellness, including health insurance, professional caregiving, and adequate housing, in the absence of sufficient public welfare. The paper offers a nuanced understanding of self-reliance and wellness in later life and promotes interventions to support older individuals. It does so by foregrounding the classed, gendered, and culturally specific experiences of aging women in the Global South, a topic rarely studied in fields such as gerontology and feminist studies.

Keywords: aging; self-reliance; wellness; intersectional identities; Global South

Résumé : Cet article s'intéresse au point de vue des « jeunes vieilles » (âgées de 60 à 69 ans) issues des classes moyenne et supérieure de Thaïlande sur le « mieux-être », dans un contexte de vieillissement accéléré de la population. Fondé sur des entretiens que j'ai menés auprès de seize femmes âgées, l'article montre comment l'autonomie est désormais au cœur de leur quête d'une bonne santé physique et mentale. Les participantes s'efforçaient de maintenir leur santé, de préserver leur mobilité et de réduire leur dépendance à l'égard des membres de leur famille. Parallèlement, certaines assumaient un rôle d'aidantes auprès de leur famille dans une culture qui valorise l'interdépendance familiale. De plus, cet article analyse comment le « bien-être mental » est envisagé sous l'angle de l'autonomie, influencée par les enseignements bouddhistes et les idéaux néolibéraux, alors que ces femmes traversent les transitions de vie et préservent leur mieux-être malgré les perturbations causées par la pandémie de COVID-19. L'étude révèle en outre qu'en l'absence d'une aide sociale suffisante, elles sont de plus en plus préoccupées par les ressources essentielles à leur mieux-être, notamment l'assurance maladie, les soins professionnels et un logement adéquat, et qu'elles les demandent de plus en plus. L'article apporte un regard nuancé sur l'autonomie et le mieux-être à un âge avancé, et encourage les interventions visant à soutenir les personnes âgées. Pour ce faire, il met en premier plan les expériences, marquées par la classe sociale, le genre et la culture, des femmes vieillissantes dans les pays du Sud, un sujet peu étudié dans des domaines tels que la gérontologie et les études féministes.

Mots clés : vieillissement; autonomie; bien-être; identités intersectionnelles; pays du Sud

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Background and Rationale

Thailand, a country "getting old before getting rich," faces increasing pressure to support its aging population (Zachau 2016). Life expectancy rose from 70 years in 2000 to 75 years in 2021, yet public welfare remains insufficient, especially amidst the COVID-19 pandemic, economic downturns, and political instability (WHO 2025). Government allowances for older individuals are as little as 600 to 1,000 THB (Thai baht; approximately 19 to 32 USD) monthly, per the exchange rate as of February 2026, with pensions only available to former government workers (Jumnianpol et al. 2023). Since 2022, budget cuts have restricted such allowances to vulnerable groups rather than all senior citizens (Arunmas 2023). Despite limited financial welfare, Thailand provides relatively broad healthcare access. By 2021, 80% of the population was covered under the Universal Healthcare Scheme, allowing treatment of all diseases and illnesses for 30 THB (approximately 1 USD) (Damrongplasit and Melnick 2024, 1). However, the rising demands on healthcare due to population aging and the pandemic have led to overcrowded facilities and inconsistent quality of care (Damrongplasit and Melnick 2024, 1).

Despite limited public welfare, the healthy and productive aging agendas, reflected in the United Nations' Sustainable Development Goals 2030 and Thailand's recent policies, are encouraging older people to age well with financial management, engagement in socioeconomic activities (such as lifelong learning, entrepreneurship, and employment), and maintenance of wellness in old age (DOP 2019; UNDP 2018). Political instability, economic crises, and the COVID-19 pandemic have further constrained resource distribution, reinforcing pressure on older individuals to reduce dependence on public welfare by prioritizing health, activeness, and financial security (Jensantikul 2022; Shimoni 2023). Such "successful aging" rhetoric particularly targets the "young-olds" (aged between 60 to 69), who are often regarded as having greater purchasing power and as healthier than older seniors (Kohlbacher and Chéron 2012, 179). Representing 60% of Thailand's over-60 population, this growing demographic is central to the country's aging society and policies (TGRI 2022, 23). Therefore, my research focuses on women in this age demographic in Thailand, who also face the "double standard of aging," which places higher expectations on them to maintain youthfulness and decent bodily conditions than their male counterparts, similar to those in the same age group in many other cultures, including Western countries (Sontag 1997, 19). Women's aging bodies are often pathologized through health and medical discourses, which pull them "into the cycle of consumption of anti-aging goods and services" (Niamsri and Boonmongkol 2017, 62). Thus, they are often required to regulate their lifestyles and engage in self-care practices to be healthy and self-reliant amidst the current precarious socioeconomic context.

Furthermore, older women's livelihoods and identities are often shaped by gendered norms obliging them to prioritize familial relations. Traditional beliefs rooted in Buddhism and Confucianism promote filial piety or *Kwam Katanyu* in Thai, where younger family members are expected to care for the elders as an expression of gratitude (Fan 2007; Knodel, Teerawichitchainan, and Wiraporn 2018). A 2021 Ipsos survey found that over 90% of Thai people oppose placing elderly relatives in care homes, viewing it as irresponsible (Wuthithanakul

2021). However, this obligation to look after older family members at their own homes has been increasingly questioned, partly due to the recent anti-establishment political protests in the early 2020s, spearheaded by younger generations, which have challenged political authorities and traditional Thai values reflecting societal hierarchy, including *Kwam Katanyu* (Lertchoosakul 2023). Additionally, recent economic downturns following the pandemic have limited families' capacities to care for each other. Therefore, many older women may consider alternative care options, including retirement housing and privatized health services.

Given their central caregiving and familial roles, older women's health directly impacts their households (Archawanichkul and Boonmongkul 1996, 4). Being in the sandwich generation, "young-old" women in multigenerational families, comprising 37% of all Thai households in 2015, must juggle roles as caregivers of older and younger family members (UNFPA 2017). This phenomenon is a result of recent demographic shifts, including the rise in the proportion of the "older old" (aged over 80) from 0.8% to 3.6% in 2023 and delayed parenthood as the proportion of women having their first children at age 30 or older rose from 10.4% in 2001 to 14.5% in 2019 due to higher educational attainments and growing career opportunities (ESCAP 2023; Kaewbuadee and Pothisiri 2019, 57). Consequently, many of these "young-old" women have to simultaneously look after their children, younger grandchildren and older parents. Such care demands intensified during the pandemic lockdown, as reported by over 50% of women in Thailand across all age groups (UNDP 2022).

Beyond physical health, my research highlights the significance of mental resilience as integral to the "young-old" women's development of wellness and self-reliance as they experience multiple life transitions simultaneously, including career shifts, retirement, changes in familial and personal relationships, and evolving physical conditions (Radtke, Young, and van Mens-Verhulst 2016). It also explores how some participants drew upon Buddhism, a religion that has had a profound root in Thai society for centuries, to cultivate and strengthen their mental stability and resilience, especially amidst the pandemic. Research suggests that older women are among the most active participants in religious observances as they may have more spare time after retirement (Limanonda 1995, 80). Such activities also foster a sense of community and serve as compensation for women's relatively lower status in Buddhism, as they are not allowed to be ordained as monks in the same way as men in Thailand (Santisombat 2005, 128).

My research demonstrates the cultured, classed, gendered, and aged experiences of middle- and upper-class "young-old" Thai women, contributing new knowledge to gerontology and biomedical studies that view older people as a homogenous group. These previous approaches merely offer one-size-fits-all definitions of wellness to reinforce individuals to age a certain way. For example, Rowe and Kahn's (1997) definition of successful aging is having a "low probability" of disease and disease-related disability, high cognitive and physical functional capacity, and active engagement with life" (433). Such a definition assumes that wellness in aging can be measured solely through scientific methods and biology, such as by examining individuals' medical records (Katz and Calasanti 2014, 28). My research, therefore, seeks to take a critical gerontological approach to challenge such deterministic definitions of aging and wellness, offering more multifaceted and deeper insights into the social and cultural contexts that shape them from the perspectives of "young-old" Thai women (King and Calasanti 2006).

Moreover, there is little research on older women's unique perceptions of health and wellness, let alone in a Global South context in feminist studies. Older women are often marginalized in feminist movements and advocacy (Segal 2013). More investment has also been allocated to social development projects targeting younger females, such as those promoting educational and employment opportunities, which are regarded as more economically productive than those focusing on older women (Wilson 2015, 818). Therefore, through an intersectional Global South feminist lens, my research centralizes the voices and personal narratives of "young-old" women, situating their understanding of wellness within broader sociocultural and economic contexts of a rapidly aging society in Thailand. By doing so, it contributes to the growing literature in feminist studies that is often dominated by perspectives of younger demographics of adult women, predominantly from the Global North.

Methodology

Participants and Recruitment

Participants were informed that they were recruited as part of a larger study on successful aging, which explored older women's perceptions and the sociocultural discourses surrounding "good ways to age" across various dimensions, including retirement, health, family, and leisure, among others. Most were recruited from my networks of families and acquaintances, and a few were recruited through *Young Happy*, a social enterprise I volunteered with that organises activities bringing together communities of older individuals. This sampling method was not aimed at generating a representative sample. It sought to capture the "situated knowledge" from the perspectives of women with a similar socioeconomic background to my family and myself and ensure some commonalities among participants (Haraway 1997). As a result, I can better represent their stories through my first-hand perspective as a college-educated upper-middle-class woman from Bangkok, the capital city of Thailand. Aside from those recruited through *Young Happy*, I had briefly met and interacted with most participants as they were friends and acquaintances of family members, but I had no close relationship with any. Such weak ties between us and my distance from their social and familial circles, alongside assurances of confidentiality and anonymity, made participants feel comfortable sharing information they might not have shared with close family members or friends, as they were less concerned about potential judgments and disclosure.

Nevertheless, it is essential to address our differences, including age gaps, educational backgrounds, and cultural experiences. Unlike the participants, I was in my early 30s and had been educated in UK universities since my undergraduate years, whereby I was influenced by predominantly left-leaning and feminist ideologies. Due to such cultural and education experiences alongside exposure to stereotypical representations of older people in the media, I inevitably presumed my participants' views to be relatively more right-leaning. Generational gaps and divergences in socio-political viewpoints emerged during the interviews, particularly regarding the extent to which older individuals or the public sector should bear responsibility for providing resources to ensure wellness.

All participants were biologically female (assigned female at birth) and identified as women. They were from either a middle- or upper-class background and lived in Bangkok and nearby provinces. Although they were not asked about the amount of their income and savings, it can be presumed from their occupational backgrounds that some could be well placed in the top 10% of the national income bracket, earning up to more than 100,000 THB (approximately 3,200 USD) monthly (Jenmana and Gethin 2019, 1). Some participants were still working or had retired from academia, governmental organisations, medical services, and financial institutions, where they were in higher positions and leadership roles. Some were entrepreneurs and freelancers. One was a housewife. All of them lived with at least one family member. Most were married with or without children, a few were divorced, and some were unmarried and/or single. My research intentionally focused on wealthier older women; these women are less accessible because they constitute the minority of the population and hence have been overlooked in previous research on Thai older adults, such as in Wongsala, Anbäcken and Rosendahl (2021).

Data Collection and Analysis

I obtained ethics approval from the Ethics Committee of City and St. George's, University of London, and participants were sent an informed consent form following the Committee's template (which was translated into Thai) to be signed electronically before data collection. Semi-structured online interviews were then conducted and recorded in Thai with sixteen women throughout the first two weeks of October 2021 via Zoom and LINE, to prevent the risks of COVID-19. I transcribed the interviews by listening and verbally repeating participants' responses into my laptop's microphone using the Microsoft Word voice typing feature to immerse

myself in and empathize with their first-hand perspectives. Despite technical issues and limited access to non-verbal cues, online interviews offered unexpected advantages, including glimpses into participants' personal and residential spaces, which revealed their living conditions and practices related to wellness. For example, one participant pointed to her unused treadmill, functioning as a clothes airer, symbolizing, as she said, her "lack of physical activity."

Each interview typically lasted one to two hours and consisted of three parts: narrative, conceptual, and discursive (Kvale 2009). In the narrative part, participants shared their personal experiences, such as life stories, employment status, relationships, and living arrangements. The conceptual questions explored how they constructed meanings of aging, whether they had an ideal vision of aging, and whether their views had evolved over their lifetime, among other questions. The final discursive part examined how sociocultural and economic contexts shaped participants' experiences and perceptions, such as economic situations, media representations of older people, and political dynamics in Thailand.

While conducting the interviews, I avoided explicitly expressing my stance towards certain issues and challenging my participants' perspectives, particularly where the discrepancies between our generations and worldviews became apparent. As a result, they could express themselves without demonstrating desirability, such as by solely sharing views that could potentially match the researcher's. To further reduce the researcher's influence and strengthen the study's validity, I minimized direct probing by using broad questions like "What does a good aging life look like to you?" instead of close-ended ones, such as "Do you think a good aging life means being healthy?"

As a sole researcher, I analyzed data using thematic and discourse analytical approaches. Initially, I applied *inductive* thematic analysis to identify emerging patterns in participants' perceptions of successful aging to avoid imposing prescriptive definitions of the concept and using apriori themes (Clarke, Braun and Hayfield 2015). Such an approach sought to be *empathetic* with participants' life circumstances, emotions, and experiences (Gallagher and Zahavi 2020). To maintain closeness to the linguistic and cultural nuances of the data, I annotated the untranslated transcripts with words and phrases in Thai and translated them to English, such as "exercise" and "health insurance." Some of which served as initial codes. These were then organised in a Microsoft Excel spreadsheet alongside corresponding participant quotes. This process enabled me to track repetitions and divergences of ideas across the dataset. Codes were subsequently grouped into sub-themes, such as "maintenance of physical conditions" and "financial security" and broader themes, such as "self-reliance," until thematic saturation was reached.

Following thematic analysis, I conducted a critical discourse analysis. This analytical stage involved taking a *critical* approach by unpacking the sociocultural processes, policies, economic conditions, and societal power that may have shaped participants' experiences, perceptions, and practices pertaining to wellness and aging (Wodak 2004, 188). I supported my analysis with secondary sources, including government policies, national statistics, media representations, and literature on Thai cultural values, such as filial piety, to contextualise how language was used to construct the meanings of successful aging and strengthen analytical credibility. Throughout the analysis, I engaged in continuous reflexivity by addressing and noting how my socio-political stances, educational backgrounds, and emotional responses shaped the coding and interpretation process. For instance, I may have categorised participants' testimonies on their regular exercise routines as "self-discipline" due to my engagement with Foucauldian literature, although they may not have regarded such practice as such. Overall, the researcher's influences, such as unintended prompts, positionality, and relationships with participants, were reflexively addressed throughout data collection and analysis.

Findings and Analysis

Participants highlighted self-reliance as one of the most crucial components of successful aging.They defined and attempted to achieve self-reliance in several ways, including maintaining their physical health conditions to reduce care from family members and, in some cases, to provide care to them; enhancing their mental well-being; seeking non-familial care services; and adjusting their living spaces to accommodate solo living arrangements. According to them, being self-reliant means supporting oneself sustainably without becoming anyone's "burden" and maintaining stability in various aspects, including physical and mental conditions, financial security, and living arrangements.

Maintaining Physical Wellness for Themselves and Their Families

Almost all participants expressed that they would like to maintain their health and bodily conditions due to the internalization of beliefs that the aging body can become more vulnerable and deteriorate (Paulson and Willig 2008). Maintaining a physically strong and able body would allow them to carry out daily routines without the assistance of others, especially their family members:

> I want to be strong not only for myself but also for my children and grandchildren. When I am ill, they would need to look after me, and this is going to take up their time working because they would have to take me to the doctors, which is just too much for them. (SN, 66, former university professor)

Even though this participant was diagnosed with a later stage of lung cancer at the time of the interview, she still showed consideration for her family members when it came to care duties. Her testimony contests the traditional belief of filial piety or *Kwam Katanyu*, whereby younger family members need to look after the elders, and it reflects the precarious conditions of a neoliberal economy in which individuals are compelled to prioritize earning a living. Participants who were single and/or childless also placed a high value upon physical wellness because they did not have younger family members around them:

> Since I am single, I would not want to be anyone else's burden later. This means I should be taking care of myself. All of us [herself and her other two siblings who were 65 and 72 at the time] are single, which means we all have to take good care of ourselves, especially in terms of health. (MM, 69, former government officer)

As an unmarried and childless woman, MM realized she may be unable to find care support from younger family members. She also considered the wellness of her siblings when discussing the preservation of her physical health. Her testimony reflects the broader concerns that single and childless older people in Thailand may have regarding their care arrangements due to a lack of access to immediate and readily available familial care, especially in times of emergencies. Therefore, they would place even greater emphasis on self-discipline and self-care practices.

Furthermore, some participants were caretakers for their family members, making it essential for them to maintain and improve their health (Archawanichkul and Boonmongkul 1996). Over half of them described care as their duty or an integral part of their everyday routine. The pandemic also heightened concerns about personal and familial health and wellness, particularly among those caring for elderly relatives. Some expressed a strong responsibility to protect their parents from the virus and how the pandemic affected their livelihood:

> I would try not to go outside because I am scared I would bring the virus to the two elders [her parents] at home. Therefore, I would try to restrict my social life and limit myself from going

> outside by ordering delivery food or hurrying back home after going to the market. (PN, 64, freelance accounting consultant)

PN's quote further illustrates how she prioritized her parents' health over her own, expressing greater significant concern about potentially passing the virus to them rather than about its effects on her own body. These findings suggest that for "young-old" women like PN and other participants, caregiving is "framed as an ethic of selflessness and self-sacrifice" (Gilligan 2003, 157). They often discipline and restrict their lifestyles not only to maintain their health but also to safeguard that of their families.

Mental Wellness, Buddhism, and Self-reliance

Several participants discussed and defined mental wellness as the capacity and maturity to cope with life transitions and uncertainties (Hedelin and Strandmark 2001, 10). Such abilities were also interrelated with age and seniority, according to a few participants, as expressed in this quote from an interview with PV, a 60-year-old pharmaceutical company owner:

> When one gets older, they can learn more and more things from life. The more they learn, the more likely they can adapt and cope with what happens around them. (PV, 60, pharmaceutical company owner)

She further explained that as people grew older, they would have witnessed more things and would be more capable of emotionally coping with life changes and events. Mental resilience was also emphasized by participants as a coping mechanism during the peak of the pandemic (Vasara, Simola and Olakivi 2023). A few participants expressed concerns about COVID-19 and how they were learning to cope mentally at the time:

> [COVID-19] taught me that we must look after ourselves no matter what happens.... I used to be quite worried before, but since it is already happening, we must cope and live with it while protecting ourselves as best as possible. (MM, 69, former government officer)

These participants' quotes reflect the importance of emotional resilience as an older person, especially in times of crises and uncertainties. Their views resonate with neoliberal discourses, mainly in lifestyle and self-help media, which position the ability to "bounce back" as an ideal, and even essential, trait to navigate growing inequalities and austerity (Gill and Orgad 2018, 477).

Additionally, Buddhist teachings played crucial roles in participants' maintenance of mental wellness, including in their liberation from the pain of severe illnesses like cancer (such as SN) and management and control of temper (such as RS). Another participant demonstrated how the core teaching of Buddhism helped her manage to live with *Dukkha*, a Sanskrit term that can be translated as suffering, unsatisfactoriness, frustration, unhappiness, anguish, illness, or disease (Chabot 2018).

> I hold onto the teachings of Lord Buddha that everything comes and goes...everyone can face both happiness and Dukkha ... there are two sides to everything. We should not just look at one side and hold on to it. We must tell [ourselves] that [although] today we are happy, the next [day] we may be facing Dukkha. We must be able to live with it so that we do not feel restless.... (PP, 63, housewife)

Her testimony here demonstrates that older people, including herself, have utilized Buddhism to "acknowledge and learn to accept that all things are uncertain," avoid feeling anxious, and be at peace with the present through practices such as mindfulness and meditation (Chabot 2018; Wongsala, Anbäcken and Rosendahl 2021, 8).

There were no mentions of any form of support from others, including family members and professional services, besides practices relating to Buddhism and religious beliefs. Such a finding reflects the influences of contemporary neoliberal values of emotional self-reliance and Buddhist teachings promoting self-sufficiency and a reliance on oneself (Wibunsilaprot and Thitapanyo 2020). The lack of mentions of professional mental health support could manifest the stigmatization of mental health issues in Thai culture, hindering people from receiving professional mental support (Pitakchinnapong and Rhein 2019).

Similarly to their physical health, some participants perceived mental wellness and stability as qualities they should develop for their own sake and the benefit of their families. One spoke about how she needed to provide mental support as a senior in her family when her younger brother passed away:

> I must remain strong and be their mental support because I am a senior [in the family]. I cannot just keep on weeping. That was wrong because there was no use, and I would not get anything in return. People will die at a certain point in time. That is all. (RS, 65, fish vendor)

The participant here associated seniority with mental maturity. From her perspective, resilience cannot be developed solely for personal gains but also through and for networks of family members, communities, and caregivers in the collectivist Thai cultural context (Soonthornchaiya 2020).

Furthermore, mental and physical status are strongly interconnected, according to some participants. Some perceived a positive mindset as a prerequisite for a "good aging life":

> The mind leads the body. (RS)

This participant's reflection resonates with a crucial debate about the relationship and separation between the mind and the body proposed in Cartesian dualism (Duncan 2000). It also reinstates the neoliberal rhetoric whereby individuals can manage and regulate their bodily conditions through their mental capacities and resilience, thereby underscoring the importance of emotional wellness (Gill and Orgad 2018).

Preparing Private Resources to Maintain Wellness

Almost all participants discussed the necessity of preparing and accumulating various resources, such as finances and care arrangements, to maintain and enhance their wellness. Care was commonly highlighted by participants as one of the most crucial resources. Nonetheless, none of the participants explicitly expressed that it is an obligation for younger family members to provide long-term care for them. For instance, PT, a 61-year-old part-time pediatrician, shared her intention to explore care facilities for professional support in the future. At the time of the interview, she lived with her husband, their 23-year-old son, who was a medical student, and older relatives:

> This [retirement housing] will be a trend in the future.... I must understand that he [her son] has his work priorities and won't have time to take care [of me].... Our age gap is quite big.... When I get older, he has to work very hard.... I need to start planning because when I get much older than this and can't look after myself as much as I can now, I need to have [an appropriate] place to live. (PT, 61, pediatrician)

PT further elaborated that the availability of such care centers could proliferate in the future. She also emphasized her preference for such centers as they are likely equipped with trained professionals and better facilities than in one's own home, and other older adults who could potentially be her companions.

PT stated that she cared for her son since he was younger, while pursuing her career up until the time of the

interview. She would bring him food while he stayed at his university dormitory and give him rides to college. While PT did not explicitly mention her husband's role, her testimony suggests that caregiving responsibilities are primarily assigned to women, including herself, in line with prevailing Thai gender norms. Yet, she did not expect her son to look after her to repay for her care and express gratitude, despite the deep-rooted filial piety culture.

Alongside care homes and facilities, several participants expressed a desire to adapt their living spaces to accommodate solitary living in anticipation of potential immobility. NJ and PT said they may redesign their residences by adjusting them into one-floor homes with no stairs to minimize physical movements and risks. Notably, these individuals stated this while still being physically capable, demonstrating the importance they had attributed to preparing for the foreseeable future. Their perspectives also reflect a shifting trend within Thai society, where children and younger family members may not co-reside with their parents and elders in the future, nor feel obliged to look after them. Therefore, older adults, including my participants, may need to seek alternative care solutions and living arrangements beyond their familial settings to look after their wellbeing.

Arguably, the very same participants who expressed a lack of expectation for care from their family members believed filial piety was a moral obligation for themselves and therefore continued to care for their parents. Through their experiences caring for them, some may have learned about the potential implications of dependency in their later years of life. For instance, this participant felt compelled to prepare for a self-reliant lifestyle due to her role in caring for her late mother, who fell severely ill and passed away:

> My mother died ... nine years ago. This made me realize that I need to take care of [my] health, and it is not certain whether I will become bedridden [like her mother] in the future. I need to save a sum of money to care for myself later ... when I am in a condition that needs dependency. (NJ, 60, senior government officer)

NJ's testimony represents the necessity to accumulate financial resources to pay for medical expenses in case of emergencies and accidents, especially because she did not have any children or younger relatives living with her. Other participants, including KW, a 63-year-old cosmetic clinic owner, mentioned that she needed to save her money to invest in health insurance premiums. It is worth noting that health insurance is becoming privatized, as stated in the latest government policies, whereby all companies and private sector organisations are obliged to sell insurance policies for people to prepare for aging (OIC n.d.).

These participants perceived that the accumulation of financial resources is a personal responsibility, which reflects the government's advice for Thai citizens to manage their finances by investing in bonds, tracking their expenditures and income, and reducing debts due to limited welfare resources (DOP 2020). It is also worth noting that most participants possessed a greater capacity than the average Thai person to afford professional care services and renovate living spaces. The average cost of living at a privately owned elderly care home is approximately 192,000 to 1,350,000 THB (equivalent to about 6,200 to 440,000 USD) per resident annually, which is not affordable for the majority of Thai people, who earn an average of 240,000 THB annually (equivalent to 7,700 USD) (Bangkok Asset Intergroup n.d.; NESDC 2022). Such insights further highlight disparities between older adults in contemporary Thailand, where only 5% of the senior population can afford professional care and domestic help (TGRI 2021). Nevertheless, regardless of their socioeconomic status, most participants still expressed concerns over their financial and care resources, further exacerbated by the pandemic outbreak, shifts in traditional familial values and relations, and the scarcity of public welfare.

Discussion and Conclusion

This article has examined how the maintenance and enhancement of wellness among "young-old" women in Thailand are deeply intertwined with, and significantly motivated by, self-reliance. Participants' frames of refer-

ence and understandings of self-reliance and wellness were very much focused on the ease of "burden" on individuals in their families. My research has generated novel insights into the distinctiveness of the Thai cultural context, whereby multigenerational households are prevalent, and elderly care responsibility is usually perceived as belonging to families due to traditional beliefs (Knodel, Teerawichitchainan, and Wiraporn 2018). Older women thus face the imperative to maintain physical health to reduce reliance on limited public welfare and private care resources provided by family members simultaneously.

Furthermore, some participants sought to strengthen their physical and mental conditions to become independent and self-regulating (i.e. neoliberal) subjects while serving as the backbone of their families, actively providing care and support to loved ones. As primary care providers, some felt obliged to look after their bodily conditions, such as by avoiding contracting and transmitting the COVID-19 virus to more vulnerable family members. Some also saw themselves as more mentally matured as they became older, hence becoming the emotional support for family members during life transitions and crises. My research has, therefore, contributed novel insights into care relationships, living arrangements, and familial priorities of older women, which are distinctive from their younger counterparts, as demonstrated in existing feminist scholarly work on neoliberalism, middle-aged women's careers, and care responsibilities, such as Rottenberg (2022). It has illustrated their unique positions and perspectives of being both a care provider and receiver in a contemporary neoliberal society, where self-reliance is not only valued but has become imperative for the maintenance of their wellbeing and their families' simultaneously.

My research has further demonstrated the complex interplay between Buddhism and the modern neoliberal culture in promoting emotional self-reliance. Several participants consistently highlighted the significant roles of Buddhist teachings, emphasizing one's ability to navigate uncertainties and life transitions, particularly during the pandemic outbreak (Wibunsilaprot and Thitapanyo 2020). It has furthered knowledge in feminist and gerontological literature, such as Shimoni (2023), which often neglects the roles of spirituality and religious beliefs in shaping older individuals' sense of self-reliance and independence. By doing so, it has contributed to broader discussions on wellness and aging by demonstrating the interplay between socioeconomic and spiritual factors that shape individuals' mental status.

My research has highlighted a paradox of care in Thai society, an underexplored dynamic in existing literature on older adults. On the one hand, as expectations for children and younger family members to care for aging parents appear to be diminishing, "young-old" women, including my participants, are seeking to maintain their wellness through private care and financial resources such as personal savings, health insurance, and privatized care facilities. This shift reflects the erosion of filial piety and traditional age-based hierarchies, driven by recent socio-political movements and growing socioeconomic precarity in Thailand (Arunmas 2023; Lertchoosakul 2023). On the other hand, filial piety remains culturally significant, as reflected in participants' continued caregiving roles toward their aging parents.

My study has generated distinctive insights about relatively wealthier groups of older women, who could afford independent living arrangements to avoid dependence on family members for care. Potentially, different views could have been found had this research been conducted with those in the lower income brackets, who may need heavier reliance on familial care. Therefore, it is crucial to note that my research findings are not entirely generalisable nor applicable to all older individuals. Nonetheless, they unveil the social disparities and distinctions between older adults of varying socioeconomic backgrounds and identities.

Additionally, my research has captured the unique meanings of wellness and women's aging amidst the spread of COVID-19, which has rarely been accounted for in existing literature. The pandemic significantly heightened the urgency for participants to maintain wellness and accumulate their means to do so, despite their economic status. Financial resources and insurance were considered necessities for some to manage emergencies and critical situations, such as immobility and illnesses. Some also saw saving up as an individual responsibility and seldom discussed pensions and public welfare. My study offers valuable insights into a Global South con-

text like Thailand, where welfare has not only been privatized and diminished but has been almost non-existent as a fundamental right for all citizens. Instead, it primarily functions as immediate aid for selected vulnerable groups (Jensantikul 2022, 22).

The findings overall suggest that aging is regarded as less about collective responsibility and more about individual risks due to the withdrawal, or rather the absence, of state provision amidst neoliberal global capitalism and political economic crises (Neilson 2006, 156). Older women, including my participants, must maintain their mental and physical wellness to reduce dependence on family members and look after their elders simultaneously with their means and resources. Thus, my research raises a crucial question of whether *older women can be entirely self-reliant as they age in a neoliberal capitalist economy, especially during economic crises and societal disruptions, while striving to maintain their wellness and look after others.* It can be inferred that, for these women, the promotion of wellness remains "an act of communion" (hooks 2018, 215). Participants' understanding of wellness and self-reliance is shaped by a balance between independence and interdependence between themselves and their family members, communities, and societies. Therefore, my research advocates for physical and mental health interventions targeting older adults that should not exclusively promote privatized solutions and individual responsibility, even for those from more affluent backgrounds. Such interventions should account for more intersectional perspectives and experiences of aging, thereby addressing the multiplicity of social identities, including age, sexuality, socioeconomic status, and gender. They should acknowledge the roles and wellness of family members across different age groups co-residing with and/or providing care for older adults.

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