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AGEING WORKFORCE AND SOCIAL SECURITY IN THAILAND

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ABSTRACT

Thailand's population ageing is often framed as a pension-financing problem or impending labor shortage. Such accounts understate how longer lives translate into employment, contribution histories, health protection, and retirement income within a labor market where informal employment remains extensive. This conceptual article distinguishes population ageing from workforce ageing and develops an institutional life-course framework linking employment trajectories to Thailand's segmented social-security architecture. It argues that later-life insecurity reflects not ageing alone, but the institutional conversion of unequal employment histories into unequal social-protection claims. The framework identifies five mechanisms of institutional misalignment: employment-form segmentation; contribution discontinuity and eligibility thresholds; unequal capacity to extend working life; insurance-status transitions that may affect continuity of care; and weak coordination across pension, health, labor-market, and care institutions. Together, these mechanisms show why formal enrolment, current insurance status, and later-life employment rates cannot independently demonstrate effective protection. Workers may remain economically active while accumulating insufficient pension rights, retain legal health coverage without equivalent practical access, or be unable to extend employment because of health and job-quality constraints. The paper contributes a Thailand-specific framework that evaluates workforce ageing through employment-and-protection trajectories rather than cross-sectional coverage alone. It proposes that policy assessment should consider contribution continuity, benefit adequacy, healthcare continuity, employment quality, retirement voluntariness, and the distribution of costs among workers, employers, and the state. The framework does not establish causal effects; rather, it identifies relationships requiring longitudinal and transition-specific empirical testing.

Keywords: Ageing workforce, informal employment, life course, social security, Thailand

INTRODUCTION

In 2024, Thailand became a complete aged society, with people aged 60 and above comprising approximately one-fifth of the population; it is expected to become a super-aged society within the next decade (Office of the National Economic and Social Development Council [NESDC], 2025). At the same time, contributory social protection does not provide broad, continuous protection across workers' lives. Informal employment accounted for approximately 21 million workers, or 52% of total employment, in 2023 (Organisation for Economic Co-operation and Development [OECD], 2025). Employment status therefore shapes later-life protection because eligibility, contribution requirements, and benefits vary across employment categories. Population ageing also raises labor-supply concerns: the working-age population is projected to decline from 71% of the population in 2020 to 56% in 2060, while the share aged 65 and above may rise from 13% to 31% (Moroz et al., 2021). However, a projected decline in the labor force does not establish an equivalent loss of productive capacity. Its effects depend on work opportunities, retirement rules, health, migration, technology, occupational conditions, and employer practice.

Existing Thai research addresses elements of this problem but rarely their interaction. Work ability differs between formal and informal workers and is associated with chronic disease and unsafe practices (Thanapop & Thanapop, 2021). Some older adults may have capacity to work longer, although this varies by sex, age, health, occupation, and estimation method (Zhao et al., 2024). Pension research indicates that many older people cannot obtain a Social Security Fund annuity because they lack the required contribution history (Poonpolkul et al., 2024). Studies of health financing identify differences among insurance schemes in provider payment, healthcare use, access, and out-of-pocket expenditure (Damrongplasit & Atalay, 2021; Damrongplasit & Melnick, 2024; Herberholz et al., 2025). Considered separately, these findings do not explain how employment transitions simultaneously shape pension accumulation, health-care affiliation, and income security. Workers do not experience employment, pension accumulation, health coverage, and retirement income as separate institutional arrangements; they experience their combined effects across the life course.

This paper examines how workforce ageing interacts with Thailand's segmented social-security architecture across four dimensions of later-life security: coverage, contribution continuity, benefit adequacy, and effective access to health protection. It argues that employment trajectories generate unequal claims because institutions value standard employment differently from informal work, unemployment, care, illness, and gradual labor-market exit. A transition from formal employment to self-employment may alter contribution obligations, remove employer-supported insurance, and change health-care affiliation; ill health may shorten contribution histories and precipitate labor-market exit; inadequate retirement income may then compel hazardous or poorly paid work. The paper distinguishes population ageing from workforce ageing, locates social-security status within work-to-retirement trajectories, and identifies five mechanisms through which employment inequality may become unequal later-life protection: employment form segmentation, contribution discontinuity and threshold effects, unequal capacity to extend working life, insurance-status transitions and continuity of care, and institutional incoherence across policy domains. Its central question is whether workers can navigate longer, uneven working lives without losing the income security and health protection required for a dignified retirement.

AGEING POPULATION, AGEING WORKFORCE AND THE LIFE COURSE

Population ageing results primarily from declining fertility and longer life expectancy. It concerns changes in society's age structure, including people in employment, retirement, unpaid care, unemployment, and

other forms of non-participation; its implications therefore extend beyond pensions to healthcare, long-term care, housing, family support, and public services (National Academies of Sciences, Engineering, and Medicine [NASEM], 2022). Workforce ageing is narrower, referring to the age profile, employment patterns, and labour-market transitions of economically active people. The processes are connected but not deterministic. Population ageing alters the potential age composition of labour supply, whereas labor demand, pension incentives, retirement rules, employer practice, occupational health, skills, migration, and care responsibilities shape whether and how older people remain employed (Komp-Leukkunen, 2023; Kuitto & Helmdag, 2021; Leinonen et al., 2022). Countries with similar demographic profiles may therefore produce different employment, retirement, and income-security outcomes. Later-life work may reflect secure and productive employment, inadequate retirement income, or the absence of viable alternatives.

This distinction is particularly important in Thailand. Zhao et al. (2024) estimate additional health capacity to work among adults aged 50-69 of approximately 1.3 years for men and 1.9 years for women, indicating that some older adults could remain employed longer. These estimates do not establish that suitable jobs exist, that workers can obtain them, or that continued work is voluntary. Capacity, opportunity, and financial pressure must remain analytically distinct. Workers in physically demanding occupations or poor health may have limited scope to extend employment, while informal workers may remain economically active because pension income is insufficient, even where work is insecure or unwanted (Hanvoravongchai et al., 2024; Thanapop & Thanapop, 2021). A life-course perspective is therefore essential. Workers may move among standard employment, self-employment, informal work, unemployment, unpaid care, illness, reduced hours, partial retirement, and re-entry. Workplace conditions, individual circumstances, and institutions shape these trajectories, while earlier advantages and disadvantages influence later employment opportunities and retirement timing (Komp-Leukkunen, 2023; Leinonen et al., 2022).

Social-protection institutions assign unequal value to these periods by recognizing particular earnings patterns, contribution durations, and contribution densities. Coverage denotes formal enrolment or eligibility; continuity concerns whether contribution records, benefit eligibility, and care access persist through transitions; and adequacy concerns whether pension income and health protection secure a sufficient standard of living and access to needed services. These dimensions need not coincide: enrolment may not sustain contributions, continuous contributions may not yield adequate benefits, and legal health coverage may not ensure accessible or uninterrupted care. Sustainability is a system-level condition concerning whether protection can be financed fairly and maintained across cohorts and revenue sources. Strict contribution thresholds may contain expenditure while excluding fragmented careers from lasting protection; broad enrolment may increase coverage without improving adequacy where contributions remain irregular or benefits low. Demographic ageing shapes potential labor supply, labor-market institutions shape work opportunities and risks, and social-security rules convert employment histories into pension and health entitlements. These interdependencies show why pension, labor-market, occupational-health, and healthcare policies must be evaluated together.

THAILAND'S AGEING LABOR MARKET AND SOCIAL SECURITY ARCHITECTURE

Thailand's demographic transition unfolds in a labor market where agricultural work, own-account activity, contributing-family work, and other employment outside employer-based insurance remain widespread (OECD, 2025). Workers may move between wage employment, self-employment, unpaid care, unemployment, and post-retirement work. These transitions can alter contribution obligations and benefit access. Whether later-life employment improves security therefore depends on job quality and whether work generates enforceable social-security rights. Work ability is also unequally distributed across

employment conditions. Among workers aged 45 and above in southern Thailand, formal workers had higher mean Work Ability Index scores than informal workers, while poorer work ability was associated with age 55 or above, non-communicable disease, and unsafe work practices (Thanapop & Thanapop, 2021). Physical fitness was similarly associated with work ability among employees in physically demanding hospital work (Hanvoravongchai et al., 2024). Although these studies cannot establish national patterns, they show why employment and retirement policy should not rely on chronological age alone or assume that all workers can extend employment on equivalent terms.

Thailand's income-protection architecture spans Social Security Fund Section 33 for private-sector employees, voluntary Section 39 coverage for eligible former members, Section 40 for workers outside those categories, separate civil-service pensions, and the tax-financed Old Age Allowance. This arrangement extends nominal coverage, but benefit packages, financing, and routes for accumulating rights differ substantially (International Labour Organization [ILO], 2022; OECD, 2025; Suwanrada & Sukontamarn, 2023). Eligibility does not ensure effective protection. Social-security contributions represented only 0.9% of GDP in 2023 (OECD, 2025), while Section 40 lacks the employer co-financing and benefit package associated with standard employment. Volatile earnings, liquidity constraints, administrative burdens, and uncertainty about returns may weaken contribution persistence despite enrolment subsidies (Giles et al., 2025). Moreover, Social Security Scheme of old-age annuity requires 180 months of contributions; shorter records yield a lump sum. Around two-thirds of people aged 60 and above do not meet this threshold (Poonpolkul et al., 2024), underscoring the difference between registration and stable retirement-income entitlement.

The Old Age Allowance partly compensates for incomplete contributory coverage and has reshaped the relationship between public transfers and family support (Teerawichitchainan & Pothisiri, 2021). Yet its design entails trade-offs: targeting may contain expenditure while increasing exclusion risks, whereas universal provision may simplify access but remain inadequate where benefit levels are low (Suwanrada & Sukontamarn, 2023). Health protection is organized primarily through the Social Security Scheme, Civil Servant Medical Benefit Scheme, and Universal Coverage Scheme (UCS). The UCS covered approximately 80%-84% of older survey respondents between 2003 and 2019, compared with 13%-17% under the CSMBS and 2%-6% under the Social Security Scheme (Kaikeaw et al., 2023). Universal entitlement has reduced uninsurance, but schemes differ in financing, provider payment, administration, and service rules. Provider payment affects hospital admission, while insurance type is associated with healthcare utilisation and financial outcomes (Damrongplasit & Atalay, 2021; Herberholz et al., 2025). Changes in access and out-of-pocket expenditure during COVID-19 further indicate that legal entitlement alone does not establish effective access (Damrongplasit & Melnick, 2024).

Segmentation consequently develops across the life course rather than simply between occupational groups at one point in time. A civil servant, continuously insured employee, and informal own-account worker may reach the same age after comparable periods of economic activity yet hold markedly different pension claims, employer contributions, provider arrangements, and costs of changing status. Moving from Section 33 to Section 39, Section 40, or the UCS may retain a form of coverage while altering benefit value, pension prospects, or practical access to care. A voluntary route may exist in law but remain difficult to sustain with irregular earnings; universal health coverage may coexist with referral or provider changes that complicate treatment; and lengthy labour-force attachment may still fail to generate an annuity when substantial work falls outside recognised contribution categories. Effective portability therefore requires more than formal eligibility: it requires continuity of treatment, transferable records, understandable procedures, and no material loss of access or accumulated rights. The central question is whether

Thailand's pension, health, and labor-market institutions preserve protection across predictable but unequal life-course transitions.

MECHANISMS OF INSTITUTIONAL MISALIGNMENT

Employment Form Segmentation

Institutional misalignment arises when social-protection rules assume stable standard employment while workers' actual careers are fragmented and shaped by unequal health and labor-market opportunities. Employment form segmentation is the first mechanism. Contributory insurance operates most readily where an identifiable employer pays regular wages, collects payroll contributions, and maintains a continuing employment relationship. These conditions are less common in agricultural, own-account, contributing-family, and other work outside employer-based insurance. Informal employment represented 52% of Thai employment in 2023, making employment form consequential for the accumulation and retention of pension rights (OECD, 2025). Voluntary insurance may reduce legal exclusion, but irregular earnings, liquidity constraints, transaction costs, and uncertainty about distant returns may impede sustained participation. Contribution density, persistence, and benefit conversion are therefore more informative than enrolment alone (Giles et al., 2025).

Proposition 1: Workers with extended periods outside standard employer-based insurance will, on average, face greater difficulty maintaining continuous and valuable contributory rights unless institutional rules preserve equivalent rights across employment forms.

Contribution Discontinuity and Threshold Effects

Contribution rules determine the value assigned to interrupted and partial careers. Under Thailand's Social Security Scheme, workers require at least 180 months of contributions to receive an old-age annuity; shorter records generate a lump sum rather than lifelong pension income. Poonpolkul et al. (2024) estimate that around two-thirds of people aged 60 and above do not meet this threshold. Incomplete records do not imply an absence of protection, but they distinguish system entry from entitlement to stable retirement income. Workers entering formal employment late, alternating between formal and informal work, experiencing unemployment, or leaving paid work for care may encounter this problem more frequently. Intermittent participation may also reduce the perceived value of voluntary contributions, although this behavioral mechanism requires evidence on workers' expectations, constraints, choices, and understanding of benefit rules.

Proposition 2: Where eligibility depends heavily on continuous or high-density contributions, fragmented employment trajectories are more likely to produce gaps in later-life income protection.

Unequal Capacity to Extend Working Life

Longer working lives may add contribution years and shorten pension receipt, but their effects depend on whether workers can remain employed without unacceptable health, income, or job-quality costs. Work ability in Thailand is unevenly distributed: chronic disease, unsafe practices, physical demands, and physical fitness are associated with variation in workers' capacity to remain employed (Hanvoravongchai et al., 2024; Thanapop & Thanapop, 2021; Zhao et al., 2024). These findings do not establish whether suitable jobs exist or whether later-life work is voluntary. Workers in secure, adaptable, and less physically demanding jobs may extend their contribution histories, whereas those with impaired health, hazardous

work, unstable employment, or weak bargaining power may not. Flexible schedules, ergonomic redesign, rehabilitation, training, gradual retirement, and age-discrimination protection may reduce inequality, although their availability in informal work and small enterprises remains uncertain (Wilckens et al., 2021).

Proposition 3: Policies relying on longer working lives will have unequal pension effects where workers differ systematically in health, occupational demands, job quality, and access to age-supportive practice.

Insurance-Status Transitions and Continuity of Care

Employment transitions may alter how workers obtain health protection. Older people who reduce hours, become self-employed, leave standard employment, or combine pension receipt with paid work may move between administrative categories as health needs become more complex. Such transitions can change contribution obligations, provider arrangements, benefit rules, and administrative procedures. Differences among Thai schemes in service use and financial outcomes indicate that continuous legal coverage does not ensure equivalent effective protection (Damrongplasit & Atalay, 2021; Herberholz et al., 2025). The issue is particularly salient for people with multiple chronic conditions; multimorbidity among older Thais increased between 2003 and 2019 despite broad health coverage (Kaikeaw et al., 2023). Existing evidence does not establish that affiliation changes routinely disrupt treatment or worsen health. Effective portability should therefore be assessed through records, referrals, ongoing treatment, and understandable procedures.

Proposition 4: Employment-status transitions are more likely to weaken effective health protection when they alter provider access, administrative procedures, or treatment continuity for workers with ongoing health needs.

Institutional Incoherence Across Policy Domains

Pension adequacy, health access, labor-market participation, and fiscal sustainability are interdependent, although separate institutions administer them. Pension rules shape whether older people can leave work; job quality affects whether they can continue contributing; health influences employment capacity; and weak income protection may increase reliance on family support, tax-financed transfers, or insecure work. Coherence does not require a single program or authority. It requires compatible rules, explicit treatment of care, unemployment, disability, and periods outside standard employment, transparent reporting of fiscal transfers and displaced costs, and assessment of the combined distribution of taxes, contributions, and benefits. Poonpolkul et al. (2024), ILO (2022), and OECD (2025) identify trade-offs involving adequacy, contributions, taxation, public debt, informality, and a narrow contribution base. A reform may improve one program's finances while shifting costs elsewhere.

Proposition 5: Assessments will underestimate distributive effects when pension, health, and labor-market reforms are treated as separate administrative domains rather than as combined influences on employment trajectories and protection claims.

IMPLICATIONS FOR POLICY AND HUMAN RESOURCE MANAGEMENT

Design Pension Protection Around Contribution Continuity and Benefit Conversion

The framework does not imply that a single reform can remedy the consequences of fragmented working lives. Policy should instead be assessed by whether it preserves rights across employment transitions, protects those unable to extend employment, and allocates responsibility transparently among employers,

workers, and the state. Pension performance should therefore be evaluated beyond membership counts. Although Sections 39 and 40 provide routes for continued or voluntary coverage, their value depends on whether workers can sustain contributions and convert them into meaningful pension rights. Contribution density, persistence, accumulated entitlement, and annuity conversion are more informative indicators than enrolment alone (Giles et al., 2025). Transitions from Section 33 should be transparent and accessible, while contribution arrangements may need to accommodate variable earnings without undermining sustainability. Policymakers should assess whether aggregation across eligible statuses, matching contributions, or timely post-exit information improve sustained payment, benefit accrual, fiscal outcomes, and distributional equity. Registration gains alone should not be treated as evidence of success.

Recognize Interrupted Careers and Clarify the Role of Tax-Financed Protection

Periods of care, unemployment, disability, and training require explicit recognition because they may reduce pension accumulation even when absence from standard employment reflects socially valuable activity or labor-market constraint. Contribution credits could moderate these penalties, but their eligibility, financing, and distributional effects require careful specification. The 180-month annuity requirement should likewise be assessed for how it values partial careers; graduated rights or proportionate conversion may retain some annuity value without abandoning contributory principles. Contributory reform, however, cannot retrospectively create complete records for people nearing old age. A tax-financed minimum-income floor therefore remains necessary, particularly for those whose employment histories cannot produce an annuity. The Old Age Allowance should be evaluated alongside contributory pensions, household support, labor-market participation, and a defined adequacy standard. The issue is not simply universalism versus targeting, but the effects of design on coverage, exclusion, adequacy, fiscal sustainability, and contribution incentives (Poonpolkul et al., 2024; Suwanrada & Sukontamarn, 2023).

Make Longer Working Lives Feasible, Voluntary, and Protected

Later-life employment should not be judged by participation rates alone. Continued work may be valued by people with adequate health, skills, and job quality, but it may also arise from inadequate retirement income or the absence of viable exit options. Retirement-age reform should therefore be assessed alongside occupational risk, health, earnings, hours, retirement preferences, job quality, and contribution outcomes. Raising the retirement age may extend contribution years for workers in secure, adaptable jobs while imposing inequitable costs on those with impaired health, physically demanding work, unstable employment, or limited bargaining power. The objective should be voluntary and protected employment for those able and willing to work longer, combined with adequate exit routes for those who cannot. Occupational-health prevention, rehabilitation, flexible schedules, reduced hours, job redesign, training, and protection against age discrimination may widen the feasible range of later-life work. These measures are not substitutes for adequate pension and income protection; their success should be assessed through effects on health, earnings, contribution continuity, and worker choice, rather than delayed labor-market exit alone.

Position HRM as a Mechanism of Social-Protection Continuity

HRM shapes whether workers can maintain employment, earnings, health, and contribution histories. Recruitment, job design, training, performance management, workplace accommodation, contract design, and retention practices may determine whether older workers remain in protected employment or move into insecure and weakly protected work. The priority is therefore not retention alone, but sustainable, protected employment that is compatible with work ability, provides adequate earnings, preserves

contribution status, and does not shift pension or health risks disproportionately onto workers. Age-neutral formal equality may be insufficient where workers differ in health, occupational exposure, care responsibilities, and accumulated career opportunities. Age-supportive practice should combine preventive health measures, task-level accommodation, training access, flexible career pathways, and transparent contract and work-allocation decisions. Employers should also avoid treating peripheral work arrangements as extended working life where they reduce organizational responsibility while weakening pension accumulation or health protection. However, many people with fragmented contribution histories work outside large formal organizations with established HR systems. Sectoral, local, cooperative, or community-based arrangements may therefore be needed. Whether formal-sector age-management practices can be adapted effectively for informal workers and small enterprises remains an important empirical question.

Strengthen Effective Continuity of Health Protection

Universal health coverage greatly reduces uninsurance, but effective protection must be maintained when employment and scheme affiliation change. Interoperable records, clear referral information, understandable transfer procedures, and safeguards for ongoing treatment may reduce risks for workers with chronic conditions during employment transitions. Evaluation should extend beyond legal entitlement to practical access, service quality, waiting times, utilization, out-of-pocket spending, continuity of treatment, and patient experience. Thai evidence identifies differences across health-insurance arrangements in access, utilization, and financial outcomes (Damrongplasit & Melnick, 2024; Herberholz et al., 2025). However, transition-specific evidence is still needed before concluding that changes in affiliation systematically disrupt care. Future research should examine coordination among primary care, occupational health, rehabilitation, and workplace adaptation to prevent manageable health conditions from causing avoidable labor-market exit.

Finance and Govern Social Protection as an Integrated System

Thailand's extensive informal employment limits the capacity of payroll contributions alone to finance comprehensive and equitable social protection (OECD, 2025). Formalization, compliance, and contribution continuity can strengthen contributory insurance, especially its earnings-replacement function. General revenue will nevertheless remain necessary for redistribution, minimum-income protection, and justified contribution credits for care, disability, unemployment, and other recognized interruptions. The financing mix should be assessed through integrated projections linking labor-force participation, contribution density, pension expenditure, healthcare use, tax-financed old-age support, and cost distribution across social groups. Transition costs should be made explicit rather than treated as external to pension reform. Governance is equally consequential because reforms affect informal workers, carers, older workers, employers, current contributors, and future taxpayers differently. Their meaningful representation can improve both legitimacy and policy knowledge. Marshall et al. (2021) highlight the value of participatory and responsive governance in Thai health policy; whether equivalent arrangements operate across pension, labour-market, and care institutions requires further investigation. Overall, ageing-workforce policy should be evaluated beyond retirement age, enrolment, or employment participation. The central question is whether institutional arrangements enable workers to move through diverse employment histories without losing income protection, continuity of healthcare, or dignified options for retirement.

DISCUSSION

This paper reframes Thailand's ageing challenge as institutional conversion rather than demographic change alone. Population ageing alters the potential labor supply, but institutions determine whether longer lives yield secure work, constrained participation, or prolonged insecurity. Social rights accumulate through employment histories that differ in stability, earnings, health risks, care responsibilities, and institutional recognition. In Thailand, extensive informal employment makes employment form especially consequential for access to contributory protection and the accumulation of pension rights (OECD, 2025). The framework therefore locates social-security status within the work-to-retirement process. Research on ageing at work commonly examines retirement timing, health, skills, labour demand, or employer practice, while social-protection research often assesses coverage and expenditure at program or population level. Neither perspective fully captures how employment transitions link work, contributions, pension eligibility, health affiliation, and retirement income. The central question is not whether workers are covered at a given moment, but whether accumulated rights retain value as they move between standard employment, informal work, self-employment, unemployment, care, illness, and gradual retirement.

Five mechanisms organize this conversion process. Employment-form segmentation shapes access to employer-supported contributions and routes for accumulating rights. Contribution rules determine whether interrupted careers generate meaningful pensions or only lump-sum payments; in Thailand, the 180-month annuity requirement may leave many workers with partial careers without lifelong pension income (Poonpolkul et al., 2024). Work ability and job quality influence whether extended employment can compensate for weak contribution histories. Thai evidence associates poorer work ability with older age, chronic conditions, and unsafe working practices, although available studies cannot establish national patterns or the availability of suitable later-life work (Thanapop & Thanapop, 2021; Hanvoravongchai et al., 2024). Insurance-status transitions may also affect the practical continuity of health protection, while institutional incoherence can obscure cost displacement when pension, health, labour-market, and care policies are assessed separately (ILO, 2022; OECD, 2025).

This argument qualifies coverage-based accounts of social protection. Formal enrolment is necessary but not equivalent to effective protection: workers may contribute irregularly, encounter administrative or service barriers despite legal entitlement, or fail to reach the contribution threshold for an annuity. Evidence from low- and middle-income settings suggests that voluntary pension arrangements should be assessed through contribution density, persistence, and benefit conversion rather than enrolment alone (Giles et al., 2025). Effective protection should therefore be evaluated longitudinally through continuity of rights, adequacy of benefits, and workers' practical capacity to convert legal entitlement into income security and accessible care. Scheme-level differences in access, utilization, and financial outcomes similarly indicate that universal legal coverage does not necessarily produce equivalent effective health protection (Damrongplasit & Atalay, 2021; Herberholz et al., 2025). These findings do not demonstrate that individual changes in scheme affiliation disrupt treatment; rather, they establish the need for transition-specific investigation.

Institutional misalignment is not the sole explanation for later-life inequality. Pension outcomes also reflect lifetime earnings, education, gendered care responsibilities, occupational segregation, household wealth, regional opportunity, and access to formal employment. Later-life work may similarly reflect labor demand, preferences, discrimination, family obligations, or health changes independent of social-security design. The framework instead identifies institutional processes through which these inequalities may be reinforced, mitigated, or redistributed. Its empirical value depends on demonstrating that employment transitions and institutional rules explain outcomes beyond those associated with current employment,

income, health, or demographic characteristics. Current insurance affiliation cannot reveal contribution density or the consequences of earlier transitions; nor can work-ability estimates establish the quality, availability, or voluntariness of later-life work. Higher employment among older people may therefore reflect financial necessity rather than successful active-ageing policy. The framework generates empirically testable propositions, not causal conclusions.

Future research should link employment transitions with contribution density, pension conversion, earnings, health, healthcare continuity, and retirement preferences. It should identify the timing and direction of transitions, distinguish voluntary from involuntary changes where possible, and assess whether workers recover lost protection after returning to standard employment. Employer-level studies should examine whether job redesign, accommodation, flexible work, training, and age-management practices moderate the relationship between impairment and labor-market exit, including in small enterprises, non-standard work, and informal employment. Thailand is a useful but bounded comparative case. Many middle-income countries combine population ageing with incomplete payroll-based insurance and substantial informal employment (OECD, 2025). However, differences in labor-market structure, pension rules, health systems, fiscal capacity, and family support preclude treating Thailand as representative. The framework's broader contribution is to provide comparative questions about which transitions alter accumulated rights, what protection remains after interruption, and which institutions or households absorb excluded risks.

CONCLUSION

Thailand's ageing challenge cannot be adequately resolved through retirement-age reform, pension enrolment, or old-age allowances in isolation. Population ageing changes the context of work and retirement, but later-life security is shaped by employment histories that encompass standard and informal work, self-employment, unemployment, unpaid care, illness, reduced hours, and gradual labor-market exit. Social-protection institutions assign unequal value to these experiences through rules governing contributions, eligibility, portability, benefit adequacy, and care access. This paper's institutional life-course framework explains how such unequal histories become unequal later-life security through five connected mechanisms: employment form segmentation; contribution discontinuity and threshold effects; unequal capacity to extend working life; insurance-status transitions that may affect continuity of care; and institutional incoherence across pension, health, labor-market, and care policy. Stable standard employment may support continuous employer contributions and annuity-based protection; fragmented, low-paid, hazardous, or care-interrupted careers may instead combine weak contribution records with health and job-quality constraints on continued work.

The paper therefore shifts attention beyond current coverage and older-worker participation to the continuity and value of protection across the life course. Formal membership does not guarantee sustained contributions, adequate income, accessible healthcare, or a voluntary and dignified retirement transition. Nor should later-life employment automatically signify successful active ageing. It may enhance wellbeing when voluntary, adequately paid, health-compatible, and connected to meaningful rights, but may also reflect inadequate pensions or absent exit options. The framework does not estimate the causal magnitude of these mechanisms. Its propositions require linked longitudinal data, transition-specific analysis, and integrated assessment of pension, health, labor-market, and tax-financed support, alongside attention to lifetime earnings, occupational segregation, gendered care, household resources, regional opportunities, and labour demand. Policy should be judged by whether it preserves rights across transitions, protects those unable to extend employment, and allocates fiscal and institutional responsibility transparently. A

successful response enables workers to navigate longer, varied working lives without forfeiting income security, health protection, or dignified exit options.

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