

Older Health, Living Arrangements, and Family Support in China

Manisha Sengupta, Sabre Systems Inc.*

Wan He, U.S. Census Bureau

Kaiti Zhang, China Research Center on Aging

Ping Guo, China Research Center on Aging

Over the past several decades, China has experienced substantial changes in its demographic characteristics. With a significant rise in life expectancy from about 40 years during the 1950s to over 70 years in 2000, and a parallel decline in fertility, China is exhibiting a striking change in its age structure. The number of people aged 60 years and older has risen from about 42 million in 1950 to over 129 million in 2000, increasing the percent of older people from less than 5 percent to nearly 10 percent.

Among the major concerns relating to an aging population are the health and care needs of the older people. Earlier studies in various countries have shown that the incidence and prevalence of chronic diseases, activity limitations, and other health conditions (including self-assessed health problems) increase with age. These studies have also indicated that although women outlive men, they are at a higher risk of morbidity and functional limitations. Other studies have demonstrated significant

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associations between health conditions at older ages and socioeconomic factors.

However, most of these studies focus on Western developed nations. Also, little is known about the association between gender, marital status, coresidence with offspring, and disability among older adults in these countries.

The present research uses recent data from China to explore gender differences in health and its association with marital status and living arrangements among older people. Using data from Sample Survey on Aged Population in Urban/Rural China: 2000 (SSAPUR), and a host of indices to measure health status, we assess how men and women aged 60 years and older differ in their experience of ill health and functional limitations. SSAPUR was conducted by the China Research Center on Aging (CRCA) in December 2000. It is a nationally representative sample of the older population with 20,500 respondents aged 60 and over from 20 provinces, cities, and autonomous regions in China.

Our dependent variables measure different dimensions of health including limitations in Activities of Daily Living (ADL), Instrumental Activities of Daily Living (IADL), chronic conditions, and self-reported health. Controlling for a host of confounding factors in a series of logistic regression models, we explore gender differences in health status. The ADLs included in the analyses are eating, dressing, toileting, getting in and out of bed, bathing, walking indoors, and climbing stairs. The IADLs included in the survey are different from the general IADLs included in Western surveys and include a combination of instrumental activities and Nagi disability measures modified by cultural expectations. These include floor sweeping, buying vegetables, cooking, washing, lifting a weight of 10 kilograms, and walking 1.5 – 2 kilometers.

Preliminary analyses suggest that 14.8 percent of older urban men and 27.6 percent of older urban women are unable to or have difficulty climbing stairs. Bathing is listed as being difficult by 13.1 percent and 9.3 percent of older men and older women, respectively in urban areas, and 20.6 percent and 15.4 percent of older men and older women, respectively, in rural areas. Among the activity limitations, lifting weights, walking, and washing are most common among older men and older women in both rural and urban areas.

In brief, this study seeks to describe the health of older men and older women in China, examine individual health limitations and disabilities, and assess how marriage and living arrangements are related to older health status.