

## Social and Economic Support Systems for the Elderly in Asia: An Introduction

By John Knodel and Nibhon Debavalya \*

\* The authors of this article are John Knodel, Professor, Population Studies Centre, University of Michigan, United States, and Nibhon Debavalya, Chief, Population Division, ESCAP.

Whatever the future may bring, a pervasive familial system of support and care has persisted despite major social and economic change

It is now widely recognized that the demographic trends of the past decades in many developing countries, and particularly those in Asia, are leading to unprecedented increases not only in the absolute numbers of older persons but also in the relative share of the population that belong to the elderly age groups. At the same time, rapid social and economic changes are underway that are widely assumed to have profound implications for the circumstances under which the future elderly will live. These changes include declines in the number of children couples have, greater longevity, increased involvement of women (the predominant providers of care) in economic activities outside the home, physical separation of parents and adult children associated with urbanization and age-selective rural-to-urban migration, and ideational change, especially the spread of western-style individualism through the mass media and public education (Martin, 1989 and 1990; Caldwell, 1982).

In the case of most Asian countries, the family is the traditional social institution for the care of the elderly who live and work with their children. Most observers believe it is in both the Government's and the future elderly's interest to preserve this familial system of care and support. As a result, interest has increased in formulating policies and programmes designed to ease the adaptation of the swelling numbers of elderly to the on-going process of socio-economic change, to minimize the assignment of responsibility for elderly members to non-familial institutions and to help Governments to cope with the potential problems that could ensue (Kinsella, 1988; Martin, 1990 and 1991; Selvaratnam, 1989). Developing informed policies for the future requires a thorough understanding of the current arrangements for support. Despite its importance, however, systematic research on the elderly and their support systems in developing countries has only recently begun (Selvaratnam, 1989; Kinsella, 1990; Hasimoto, Kendig and Coppard, 1992).

Impressionistic accounts of the elderly and their circumstances or ones based mainly on ideological and theoretical views can be quite misleading if not verified by actual data derived from systematic data collection procedures. Consequently much of the current 'received wisdom' regarding the elderly serves as a risky basis for formulating policies to cope with population ageing. It is all too common to decry the deteriorating situation of the elderly in the face of rapid social change without examining whether there is solid empirical evidence to substantiate this. While objective measures of support for the elderly and their conditions of life have their shortcomings and, in particular, are not necessarily revealing of the quality of the care and interactions involved, they are an essential starting point for making realistic assessments of where the elderly currently stand and where they are heading. Predictions based on social theory are no substitute, especially since they are so often derived from preconceptions that have not been empirically grounded in the first place (Hasimoto, Kendig and Coppard, 1992).

This special issue of Asia-Pacific Population Journal focusing on the social and economic support systems of the elderly helps to meet the need for more solid information on the current circumstances of the elderly in Asia. Empirical studies are presented covering six of the region's most important countries: China, Indonesia, the Philippines, the Republic of Korea, Sri Lanka and Thailand. In three cases (the Philippines, the Republic of Korea and Thailand), data are presented for nationally representative samples. In the other cases, substantial samples of sub-national populations are utilized. Each of the studies defines the elderly as the population aged 60 and older, but in all cases considerable information is provided according to different age groups within the elderly age span. For most of the articles, the data presented have either not been available previously or have been re-tabulated for the purpose of conforming to the theme of this special issue. Thus collectively, the articles represent an important and substantial contribution to advancing our knowledge and understanding of the prevailing social and economic systems of support for the elderly in Asia.

Following this introduction, and prior to the presentation of the country studies, Karen Oppenheimer Mason provides a comprehensive overview of many of the important issues concerning the elderly and the current state of thinking and theorizing about them. She raises the critical question about the impact of social and economic change on the support of elderly family members and how this interplays with gender issues. Her article serves well to set the framework within which the results of the specific country studies that follow can be interpreted.

The article on China by Jersey Liang, Shenzu Gu and Neal Krause is based on a very recent survey of elderly in the Wuhan area and covers a broad range of support both received and given to the elderly. Unlike the remaining studies, which are intentionally descriptive, this study models social support and statistically tests the proposed model with the data collected. At the same time, the article contains valuable descriptive information that provides the reader with a good basis for understanding key parameters of the family support system.

Lita Domingo and John B. Casterline provide the first comprehensive description of living arrangements of the elderly in the Philippines to be based on a large nationally representative sample. The survey is quite recent having taken place in 1988. They also draw on an earlier sub-national survey which focused more directly on the elderly and their life circumstances in order to go beyond physical living arrangements and examine the contacts that the elderly have with their children. Moreover, they bring in qualitative data from a recent series of focus groups sessions to provide additional insights into the way those constituting the family support system view it.

Next Ik Ki Kim and Ehn Hyun Choe provide a comprehensive overview of the support exchanges involving Korean elderly. Data on both family and government support are discussed. They rely primarily on a large national survey of elderly undertaken in 1984 but they also draw on other more recent sources for comparison and for providing information otherwise not available. Their article is unique in providing some limited data for two different time points as they are able to draw on the 1981 and 1988 Korea Gallup surveys for this purpose.

The article on the familial support system in Thailand by John Knodel, Napaporn Chayovan and Siriwan Siriboon provides an overview of living arrangements of the elderly as well as support provided by non-coresident children based on a nationally representative survey conducted in 1986. As with the previously mentioned article, insights into the thinking of the elderly and their adult children based on qualitative data from focus groups sessions are also provided. Preferences regarding the gender of the co-resident care-giver are specifically addressed.

The final article by Gary Andrews and Monique Hennink provide new data for three countries based on surveys undertaken in 1990 as part of a cross-national study of ageing sponsored by the World Health Organization. The data for Indonesia and Sri Lanka are based on sub-national samples whereas for Thailand a quasi-national sample was canvassed. Comparative results are presented on living arrangements, social activities, and care and support.

Table: Indicators of living arrangements of the population aged 60 and older in six Asian countries

Country	Nature of sample	Year of survey	% living with one of their children	% living alone	% living with spouse only
China	Sub-national	1991	66	9	21
Indonesia	Sub-national	1990	67	6	n.a.
Philippines	National	1988	68	4	10
Republic of Korea	National	1984	78		21
Sri Lanka	Sub-national	1990	84	3	n.a.
Thailand (1)	National	1986	77	4	11
Thailand (2)	Quasi-national	1990	77	4	n.a.

Notes: All data are taken directly either from articles in this volume or calculated from information contained in them. For the Republic of Korea, the two categories of living alone and living with spouse only are combined into a single category.

Thailand (1) refers to the results in the article by Knodel, Chayovan and Siriboon; Thailand (2) refers to results in the article by Andrews and Hennink.

n.a. = not available.

Examining the results of the country studies, it would be difficult to avoid the conclusion that, whatever the future may bring, at least until recently, a pervasive familial system of support and care has persisted despite major social and economic change. Thus, a comparison of living arrangements indicates that the majority of elderly in all six settings co-reside with children and very small proportions live alone (see table). In no country do as many as one-tenth of the elderly live alone or less than two-thirds live with

children. In addition, in none of the four countries for which the relevant data were available does more than a modest proportion of elderly live with their spouse only. Also, when appropriate information is presented about contact with children (as in the cases of the articles on China, the Philippines and Thailand) it is apparent that a substantial share of non-coresident elderly see their children very frequently, signifying in all probability that they are living in close proximity.

When the results on living arrangements reported in the studies in this volume are compared with the living arrangements of elderly in the more developed countries in the West, a very clear contrast emerges underscoring just how different the nature of the familial system of care and support is between Asia and the West. It is not uncommon to find 25-40 per cent of the total population aged 65 and above in Western countries living alone (Kinsella, 1990). Many others live only with a spouse and relatively few live with their children. For example, only 14 per cent of Americans aged 65 and older in 1975 lived with one or more of their children while fully three-fourths lived either alone or with a spouse only (calculated from DeVos and Holden, 1988). These figures are a stark contrast to those reported in the studies included in the present issue.

While co-residence does not automatically imply that the elderly are receiving adequate care, living together with a child often results in a very comprehensive interdependency between generations. Thus, living arrangements and in particular inter-generational co-residence is of special significance and typically occupies the lynch-pin in the family support system in Asian countries. Nevertheless, non-coresident children and other kin can be of great assistance. Together, the co-resident and non-coresident children provide a great deal of material support including financial help to their elderly parents as evident from several of the studies. In the Republic of Korea, almost three-fourths of the elderly report family members as a source of support for living expenses and in most cases this involves financial contributions from their children. In Thailand, a minimal estimate indicates that among elderly with non-coresident children, about two-thirds are provided with money and with other forms of material support.

The elderly not only receive support and services from others but also provide them. Understanding their contributions to their families is important in assessing and enhancing their role in the context of social and economic change. Documentation of these contributions is provided in several of the articles. Indeed, given the wide range of ages typically defined as the elderly years, some children of the youngest elderly are likely to be primarily dependent on their parents at the time of any cross-sectional survey. Nevertheless, even when the children are all adults, elderly parents often continue to make valuable contributions in the form of services, such as child care, house-keeping, cooking and house minding, many of which are facilitated by co-residence.

Probably the most important issue to be considered regarding the elderly in Asia is their future status with respect to support. This issue is reviewed in detail by Karen Oppenheimer Mason and thus need not be discussed at length here. When reading the country studies in this collection, it is worth keeping in mind the two contrasting positions that are typically put forth: one asserting that modernization, and more particularly, the social changes currently taking place are undermining the widespread support provided by families to their elderly members which is currently evident; the other stressing that Asian societies are starting from an inherently different cultural, social, structural and economic base than the developed countries of the West and thus the familial support system for the Asian elderly is not likely to resemble the Western model any time soon (Hasimoto, Kendig and Coppard, 1992). According to this latter perspective, the strongly ingrained cultural basis of family responsibility for support and care of the elderly will lead to the persistence of the present system or at least to a transformation quite different from that characterizing the elderly in the West.

Whether or not fears of imminent abandonment of the elderly are well grounded or seriously exaggerated is not of mere academic importance to countries of the region. Given the rapid increase in the absolute size of the elderly population that is certain to occur in the coming decades, any meaningful shift of responsibility for their welfare from the family to the state will require massive outlays of government funds at levels that almost certainly exceed the capacity of most of these countries. Thus, the future role of Governments in the region in providing support for the elderly is still quite uncertain and will depend on how well the family as primary supporter and care-giver for the elderly continues to fulfill this role. The articles included in this special issue of Asia-Pacific Population Journal provide the start for making more solid judgements about these matters that will be of increasing future significance.

## References

Caldwell, John C. (1982). *The Theory of Fertility Decline* (New York, Academic Press).

DeVos, Susan and Karen Holden (1988). "Measures Comparing Living Arrangements of the Elderly: An

Assessment", *Population and Development Review*, 14, pp. 688-704.

Hasimoto, Akiko, Hal L. Kendig and Larry C. Coppard (1992). Family support to the elderly in international perspective. Chapter 19 in: Hal L. Kendig, Akiko Hasimoto and Larry C. Coppard (eds.) *Family Support for the Elderly* (Oxford, Oxford University Press), pp. 293-308.

Kinsella, Kevin (1988). *Aging in the Third World*. International Population Reports Series No. 79. U.S. Department of Commerce, Bureau of the Census. Washington, D.C.: Government Printing Office, p. 95.

\_\_\_\_\_ (1990). *Living Arrangements of the Elderly and Social Policy: A Cross-national Perspective*. CIR Staff Paper, No. 52, Center for International Research, U.S. Bureau of the Census.

Martin, Linda (1989). "Living Arrangements of the Elderly in Fiji, Korea, Malaysia, and the Philippines", *Demography*, 26, pp. 627-643.

\_\_\_\_\_ (1990). "Changing intergenerational family relations in East Asia", *The Annals*, 510 (July 1990), pp. 102-114.

\_\_\_\_\_ (1991). "Population Aging Policies in East Asia and the United States", *Science*, 251 (1 February 1991), pp. 527-531.

Mason, Karen Oppenheim (1991). *Family Change and Support of the Elderly*. Paper presented at the Workshop on Population Aging, ESCAP, Bangkok, Thailand, 15-22 July 1991.

Selvaratnam, S. (1989). The situation of the elderly in Asia and the Pacific: A regional profile. In: *Studies on the Integration of the Aging in Development: Legislation, Social Security and Social Services* (United Nations, Economic and Social Commission for Asia and the Pacific, New York: United Nations), pp. 1-74.

---

*Asia-Pacific Population Journal*, [www.unescap.org/appj.asp](http://www.unescap.org/appj.asp)

## Family Change and Support of the Elderly in Asia: What Do We Know?

By Karen Oppenheim Mason \*

\* The author of this article is a Research Associate, East-West Center's Program on Population, Honolulu, Hawaii. An earlier version of this article was presented as a paper at the Joint ESCAP/JOICFP Workshop on Population Aging in Asia, Bangkok, 15-22 July 1991. She would like to acknowledge with thanks the advice and comments of Albert Hermalin, John Knodel and Linda Martin.

The problem of care for the elderly is likely to be especially acute for women

As the countries and areas of Asia develop economically and become more heavily urban, will familial support of the elderly erode? There are a number of reasons to think that traditional systems of familial care for the elderly in Asia may become increasingly problematic in the future, but so far, no systematic attempt has been made to assess the possible reasons for this and the evidence in support of particular processes. This article aims to accomplish that task. It begins by discussing the meaning of key terms and reviewing the nature of traditional family systems in Asia. A conceptual overview of possible causal linkages between industrialization, urbanization and familial care of the elderly is then presented. This is followed by a review of existing studies, with the concluding section discussing policy issues.

### Definitions

Although statistical bureaus typically define the elderly in terms of a specific chronological age - example, all people 60 or more years of age - it is important to recognize that the problems of population ageing with which Governments are concerned do not pertain to a specific chronologically defined age group, but rather to groups defined by life-cycle position or old-age disabilities. For example, one common policy concern is how to adjudicate between the needs and concerns of older and younger cohorts as the life-span lengthens into the seventh decade or later (Cowgill, 1974; Keyfitz, 1982, pp. 65-76). If older cohorts are permitted to remain in key productive positions and maintain influence over younger cohorts' reproductive roles indefinitely, the younger cohorts' mobility into these roles may be blocked, thereby creating serious problems for the long-term viability of the economy. On the other hand, "premature" retirement of older cohorts from productive roles may create an intolerable dependency burden on younger cohorts. Regardless of the solution chosen in a particular society, the problem itself stems from the extension of the life course, not from reaching a particular chronological age.

This is also true for the policy concern on which this article focuses, namely, how to care for the elderly who, by virtue of the disabilities that frequently accompany ageing, are no longer able to care for themselves. Here, it is the functional status of older individuals, rather than a specific chronological age, that is the focus of concern. Thus, although specific age cut-offs are used for statistical convenience in most discussions of population ageing, it should be kept in mind that the underlying concern is with ageing, rather than with a specific age.

In discussing the elderly, it is also important to distinguish between their economic support and their physical care. The first of these can be accomplished impersonally, whether by family members, Governments, or pension schemes, but the second requires the personal ministrations of a care-giver and therefore imposes distinct requirements and involves more salient emotional issues than does support per se. The policies needed to ensure support of the elderly may therefore be quite different from those needed to ensure their care. Although support and care pose somewhat different problems and admit of differing solutions, both may have similar aetiologies. For example, the onset of physical disability in old age may produce a need for support as well as for care if the individual's income depends on continued employment. Likewise, the social disabilities created by a sex-based division of labour or by arbitrary rules of retirement may also create both support and care needs in old age. An important issue in formulating policy, then, is whether social norms concerning such issues as the gender-based division of labour or the mandatory retirement age, create or exacerbate problems for populations as they age. If they do, solutions to the problems of the elderly may involve a change in these norms, not just the establishment of pensions or care-giving services.

### Traditional Asian family systems

In discussing changing family and support systems for the elderly, it is important to recognize that a variety of family systems have long existed in Asia. To imagine that there is a single "Asian" family that traditionally supported the elderly in particular ways and that modernization has changed in a uniform manner would be highly misleading. All family systems in Asia traditionally faced the problems of generational succession, economic support of the non-active elderly and physical care of the frail elderly,

but the structures that provided solutions to these problems were by no means uniform. The potential for change in these structures by are by no means uniform either.

Two aspects of traditional family systems seem especially important for understanding how support and care of the elderly are likely to change when family systems are altered by industrialization, urbanization and increased migration. These are the nature of gender relations in the family, that is, the relative authority and security of male and female family members, and the nature of intergenerational relations, in particular, the extent to which the older generation controls the younger one and relies on authority versus affection to insure support in old age. The precise implications of the family system's stratification by sex and generation for the support and care of the elderly depends on the specific context, but in general, extensive sex and generational asymmetries appear likely to put elderly women at particular risk of non-support and non-care, especially in the face of changes that degrade the family's traditional system of care. A heavy reliance on authority to insure family care of the elderly may also mean an especially rapid breakdown of traditional systems of care once the basis for traditional authority is eroded.[1/](#)

From the point of view of the family's organization by sex and generation, there are two major types of family system in Asia, the patrilineal/patriarchal joint- and stem-family systems found in East Asia (China, Japan and the Republic of Korea) and in the northern tier of South Asia (Bangladesh, northern India, Nepal and Pakistan), and the bilateral, more egalitarian and conjugally oriented systems found in South-East Asia and the southern tier of South Asia (southern India and Sri Lanka) (see Dyson and Moore, 1983). In patrilineal/patriarchal family systems, males have life-long membership in the family into which they are born, whereas females are only temporary residents of their natal family and join the husband's family at marriage. This asymmetry in family membership also involves asymmetries in the ownership and control of family property (which, aside from the dower share, typically belongs to male family members) and in family authority (vested in males, although partly delegated to senior female family members so long as their husbands are alive).

Patriarchal family systems typically involve not only a relatively marginal or powerless position for females, but also a strong differentiation of authority along generational lines. Because the multi-generational patrilineal household is a hierarchically organized unit potentially encompassing a large labour force, the power of the senior generation gained through control of family resources is great, at least if there are few occupational alternatives to the family-owned enterprise open to young men. The precise way in which senior males exercise their power over women and junior males varies across cultures, but all family systems of this type are characterized by the dominance of the senior male or males in family decision-making.

The bilateral family systems found in South-East Asia are organized on different principles from the patriarchal/patrilocal systems that characterize East and South Asia. Because kinship is traced bilaterally rather than patrilineally, women and men are equally members of their natal families, rather than women being temporary sojourners who then take up an initially tentative and disadvantaged membership in their husband's family. The household in these family systems tends to be organized around the individual married couple, with a bias towards nearby residence or co-residence with the wife's parents rather than the husband's parents. In some instances (e.g. Thailand: Knodel et al., 1992; Limanonda, 1990), there is a stem-family household involving the youngest daughter, as opposed to the oldest son, as in Japan and the Republic of Korea. Emotional closeness between parents, especially mothers, and daughters, is often a characteristic of these systems (e.g. Geertz, 1961; Pramualratana, 1991) and may insure that elderly mothers receive at least as much support and care as elderly fathers do. These systems are based around a network of kin, rather than a family line with clearly defined boundaries, which is a factor that may influence the situation of the elderly, although whether for better or worse depends on the specific context.[2/](#)

As in the patrilineal/patriarchal systems of South Asia and East Asia, the position of parents in South-East Asian family systems was traditionally one of authority and respect, based in no small measure on parental control of productive resources such as land. There is some evidence, however, that where family households are centred around a single married couple and encompass a smaller group of individuals than in the patrilineal joint- or stem-family systems of East Asia and South Asia, the authority of the older generation over the younger one is relatively weak (e.g. Wolf, 1988). In bilateral family systems, emotional ties may be more important for maintaining close intergenerational relationships than authority is, although reports that parents maintain their control over property until death in order to guarantee their children's loyalty and care can be found in both types of family system (e.g. Pramualratana, 1991). This situation may have implications for the support of the elderly once the traditional arrangement is altered by patterns of industrialization, urbanization or migration, for example, a greater persistence of care of the elderly by their children where the ties between them are emotional rather than based on authority.

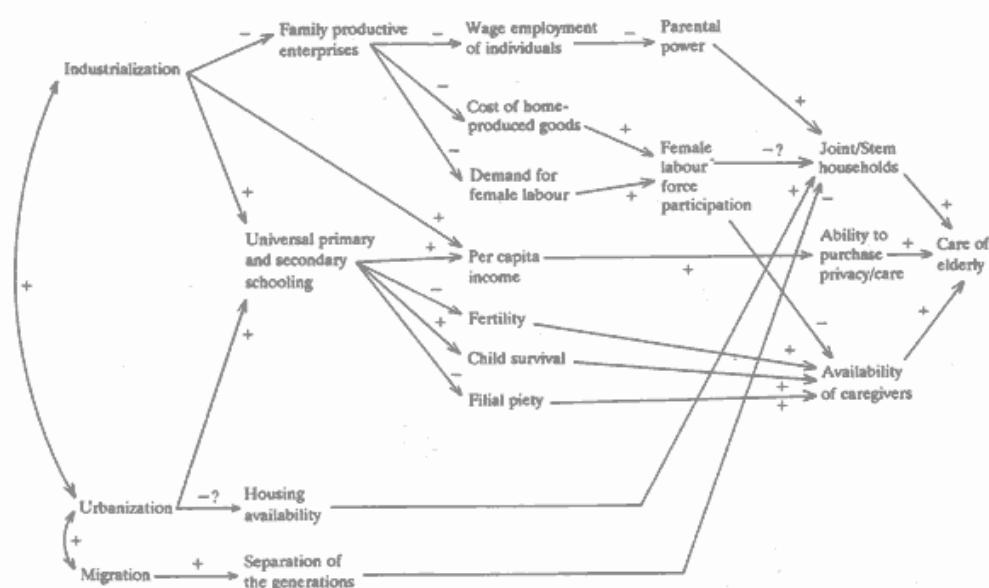
As was suggested above, the gender asymmetries found in patrilineal/ patriarchal family systems make the social security of female and male family members quite different. Female security depends on the willingness of fathers, husbands or sons to support female family members, whereas male security rests on the ownership and control of family property. The consequences of this situation as individuals move into old age appear to vary according to the specific features of the family system, including the extent to which its male members own and control productive resources such as land and livestock. For example, the joint-family system traditionally upheld as the ideal in China and northern India, usually partitioned on or shortly before the death of the patriarch, an event which, in northern India at least, often occasioned a severe reduction in the status of his wife or widow. Such disastrous loss of authority and access to resources appears to have been much less common in the stem-family system found in Japan and the Republic of Korea, where the older generation lived only with the oldest son and his wife, rather than with all sons and daughters-in-law.<sup>3/</sup> Even within joint family systems, specific traditions affecting the emotional relationship between mothers and sons appear to have determined the care of women in old age. For example, Margery Wolf (1972) reports that in Taiwan Province of China mothers traditionally reared their sons in ways that created strong emotional loyalty to the mother and thereby guaranteed her care in old age, even to the detriment of the father's care. The virtual abandonment of the elderly mother sometimes reported for northern India, where traditions of child-rearing are quite different, may thereby have been avoided in this part of China.<sup>4/</sup>

In sum, family systems in Asia vary considerably and did so long before urbanization, industrialization and migration came to have major impacts on family organization. Although the full implications of each type of system for the care and support of the elderly are not known, family re-organization in the face of major macro-economic and socio-political changes seems likely to reflect the pre-existing nature of the family system. Therefore, we would expect the situation of the elderly to vary in different parts of Asia and the Pacific, not only because of differing levels of economic development or modernization, but also because of varying types of traditional family arrangements.

#### Industrialization, urbanization and migration

The question of how industrialization, urbanization and increased rates of migration affect the family is one of the oldest in sociological studies of the family. Despite several theories about the impact of these changes on family organization and many empirical studies, firm generalizations remain few, perhaps because of the increasing evidence that reactions to industrialization and other macro-social processes are highly context- dependent (Thornton and Fricke, 1987). Most of what follows is thus subject to qualification. An attempt to sketch the major effects of macro-social processes on the family is nevertheless important if we are to understand how the situation of the elderly is likely to change with development.

Figure : Effects of industrialization, urbanization and migration on care of the elderly



\* Note: In interpreting a connected series of plus and minus signs, it should be mentioned that if there is a negative sign between variable A and B as well as between variable B and C then the relationship of variables A and C is positive.



The figure on the opposite page presents in schematic form major family changes stemming from industrialization, which have implications for familial care of the elderly.<sup>5/</sup> In this figure, causal relationships are shown with straight, single-headed arrows that run from the cause to the effect, while correlated factors are joined by curved, double-headed arrows. The net impact of any factor on care of the elderly can be ascertained by multiplying the signs shown next to the arrows that lead from the factor to care of the elderly on the right-hand side of the diagram. Thus, the pathway shown at the top of the figure leading from industrialization through family productive enterprises, wage employment of individuals, parental power and joint/stem households involves a negative effect of industrialization on care of the elderly because there is an odd number of negative signs along this pathway.

There are five major processes in the figure linking the macro-economic and social changes shown on the left to the care of the elderly on the right. Four of these processes involve an erosion of care for the elderly, with development, while one involves a gain. The first process is indicated by the top-most path in the diagram. This involves a loss of parental power over the younger generation associated with the separation of economic production from the household. As industrialization occurs, a decreasing proportion of families get their income from family-run enterprises such as a family farm or shop; they instead come to rely for income on the wage employment of individual family members. One of the most universal and best documented consequences of this change is a decline in the extent to which family elders are able to control younger family members (Goode, 1963; Thornton and Fricke, 1987). Because young men and women are increasingly able to find an alternative means of income generation to the family-run enterprise - they can get factory or office jobs - their parents' control of productive resources comes to have less hold on their loyalty and obedience. Moreover, with population growth and urbanization, a decreasing proportion of parents typically own productive resources.<sup>6/</sup> Thus, industrialization shifts resources and power from the parental to the younger generation.

What consequences does this have for family structure and process? In family systems where parents traditionally selected children's mates (true of most Asian family systems, especially the East Asian and South Asian variants), one of the best documented consequences of the shift from family production to wage earning is a shift in the locus of mate selection from parents to the younger generation (Thornton and Fricke, 1987). This shift in who selects mates is in turn thought to produce or go along with a greater emphasis on personal attraction in mate selection than when parents control the process, although perhaps less so than early theorists speculated (e.g. Goode, 1963). Personal attraction is in turn thought to increase the wife's voice in family decisions, something that in the patrilineal/patriarchal family systems of South Asia and East Asia, often leads to the breakdown of joint- or stem-family households. Thus, one ultimate effect of industrialization on the situation of the elderly may be less co-residence with adult children.

The undermining of parental controls brought about by a shift from family to industrial production can also affect intergenerational households more directly by reducing the ability of parents to enforce co-residence with their children. The prospect of inheriting parental assets may certainly make children willing to live with parents, even when their major income derives from independent wage earning, although this situation is likely to shift the locus of power within the intergenerational household (the older generation will no longer be in charge, as they were traditionally). Also, ties of affection and a sense of filial obligation may suffice to maintain intergenerational living, even where no threat of economic loss exists. (There is considerable survey evidence that stated norms of filial piety remain strong in many Asian cultures, even in Japan where the economy is highly industrialized; see Kendig, 1989.) Nevertheless, loss of parental power seems likely to reduce co-residence of the elderly with their children, especially in those settings where strong emotional or normative ties between generations are lacking.

The second pathway through which industrialization is likely to reduce the care of the elderly is via the increased labour force participation of wives and hence their reduced availability to provide care to elderly family members and, perhaps, their increased desire or ability to form a separate conjugal household rather than co-reside with their mother-in-law. Because industrialization means that goods once produced in the family household are now more efficiently produced in the factory or shop, the cost of maintaining wives as full-time home-workers tends to rise, especially when the family is no longer a major productive unit and when fertility declines, as it eventually does in most such instances. In other words, it is less costly to families for wives to earn money outside the home with which goods and services can be purchased than for wives to produce those goods and services at home (Brown, 1982). This circumstance, along with the growth of labour-intensive industries interested in hiring female workers during the early phases of industrial development, leads to an increase in married women's wage employment during the course of industrialization, a change that makes women less available to care for elderly family members. One result may be neglect of these members; another may be increased stress for working-age women, who often not only are expected to care for elderly family members, but also for children and husbands. Indeed, a major issue of growing concern to feminists is how to protect middle-generation women from being overloaded by extensive familial and work obligations outside the home.



The increased employment of wives may also enhance their family power, although this is not an inevitable or immediate consequence of their employment. In turn, this may give them a greater say in where or with whom the marital couple resides, a change that in traditionally patriarchal and patrilineal family systems is likely to reduce co-residence with the mother-in-law. Wives' increased contributions to family income may also make the formation of a conjugal unit more feasible financially than when only the husband is an earner, and may thereby further undermine intergenerational co-residence. Countering this tendency, however, may be the increased importance of senior family members as child minders and domestic helpers when wives are employed outside the home (Morgan and Hiroshima, 1983). Thus, although the increased labour force participation of married women seems likely to make family care of the elderly more problematic, this effect is not inevitable.

The third process depicted in the figure, involving reduced care of the elderly with modernization, reflects the effects of education on fertility and on norms of filial piety. Increased schooling, in concert with other consequences of industrialization, tends to lower fertility, that is, the average number of children borne by each woman in the population. This in turn lowers the number of potential family care-givers in the younger generation. Increased survivorship helps to counter this effect - more children survive into adulthood and middle age - but, when fertility reaches or falls below the long-term replacement level of approximately 2.1 children per woman, and especially when sex asymmetries in expected care of ageing parents exist, an increasing number of the elderly may be faced with a shortage of familial care-givers in the younger generation.[7/](#)

In addition, increased schooling may break down traditional values and norms, including the value on the family (as opposed to the individual) and the specific obligation of children to support and care for their elderly parents. Although the evidence for such effects remains incomplete, they are speculated to occur for two reasons: because increased schooling means that children spend less time receiving care and guidance from their parents and hence may feel less of a debt to them (Thornton and Fricke, 1987) and because the content of formal schooling in some developing countries is heavily Westernized and hence tends to purvey Western values of individualism and self-actualization (Caldwell, 1980). Both processes may undermine traditional norms of filial piety and leave members of both the senior and younger generation less willing to sacrifice the younger generation's prospects in order to provide physical care for elderly parents (Pramualratana, 1991; Yang and Chandler, 1991).

It is important to recognize, however, that such effects are by no means inevitable and may be strongly tempered by pre-existing cultural values as well as by the content of formal schooling. For example, in Japan, although the proportion of women expecting to rely on their sons for old-age support has fallen dramatically in the past 35 years, the proportions espousing the idea that children are obligated to support their elderly parents has changed little and is high in absolute terms (approximately three quarters of adult prime-aged women; see Kendig, 1989). This resiliency of the norm of filial piety in Japan no doubt reflects the strength of this tradition in that country and may also reflect an educational system that has managed to reinforce this norm, rather than importing Western values about intergenerational relationships.

The final process involving reduced care of the elderly with modernization depicted in the figure reflects the increased migration that typically accompanies industrialization and urbanization. In general, migration involves the physical separation of the senior and younger generations; multi-generational households are consequently reduced. Although some developing societies in Asia have experienced relatively low rates of rural-urban migration - most notably, Hong Kong and Singapore (both of which by virtue of their urban character have no rural component as such) - it is common for industrialization to increase the rate at which young, unmarried individuals leave their rural homes and migrate to urban areas to take up employment. Because the senior generation frequently, although not inevitably (see e.g. Martin, 1989 for the case of the Philippines), remains behind, there is increased physical separation of the elderly and their adult children. In this situation, physical care of the elderly by their children is likely to be especially problematic; even remittances may suffer if the emotional ties between parents and children weaken because of absence (Pramualratana, 1991).

Although industrialization, urbanization and migration are likely to erode children's care of the elderly by reducing parental power, increasing wives' labour force participation, reducing the number of adult children per family and producing greater physical separation between generations, there is one important process that may improve the welfare of the elderly. This is the rising per capita income that makes most countries of the world interested in becoming industrialized. Although rising incomes may eventually undermine intergenerational family ties by making the financial safety net traditionally provided by the extended family less critical to individuals' survival, rising incomes also give the elderly greater independence, thereby removing them from the status of dependents on their offspring. Among other things, this may allow the elderly to purchase greater privacy as well as care itself. Certainly, this suggests that economic development is indeed likely to erode the family's traditional role in providing care for the elderly, but the

point to be noted is that this erosion may involve positive gains for the elderly in the form of greater independence and overall welfare, rather than a simple loss of care.[8/](#)

In sum, then, industrialization, urbanization and migration have mixed consequences for family systems, some of them detrimental to the elderly and others beneficial or neutral. The balance among them, however, seems likely to be detrimental. Although by no means inevitable, there is consistent evidence that parents lose their traditional control over the younger generation as society industrializes and wage employment replaces family production. Thus, where the care of the elderly by their adult children formerly rested on the power of the senior generation to enforce this regime (as appears to have been the case in many parts of South Asia and East Asia), modernization is likely to make the care of the elderly by younger family members less consistent or certain. Industrialization also tends to make middle-aged women less available as care-givers because of their increased labour force participation. By reducing fertility, industrialization may also result in there being fewer adult children available as care-givers. The forces of modernization that accompany industrial development may also create greater physical separation between the generations and may break down norms of filial piety, especially in settings where these norms were only moderately strong to begin with. One obvious counter to the deterioration of elderly care with industrialization is the rising income of the senior generation that occurs with economic development, something that may enhance the overall quality of their lives even if it, too, eventually undermines the traditional safety net provided by the extended family.[9/](#) Another potentially positive aspect of industrialization is the possibility of increased income through remittances.

#### Recent changes in the situation of the elderly

Although there is growing interest in the elderly in Asia, with recent surveys of the elderly in at least eight Asian countries and areas,[10/](#) trend data showing how family support and care of the elderly have changed are rare. Even data on changing co-residence of the elderly are hard to come by, partly because the statistics presented often pertain to the proportion of households that are multi-generational, rather than the proportion of the elderly who live with children or other relatives (the two are quite different, with the former often giving a highly misleading picture of the latter). In this section, we describe the few data available on changes in the situation of the elderly, then turn to cross-sectional differentials that may suggest likely future changes.

The most commonly available trend statistics for the elderly in relation to the family are for co-residence with children or other relatives. In the Asian countries and areas that have experienced the greatest economic development, including Japan and Taiwan Province of China, the percentage of the elderly who reside with their children has indeed declined in the past three decades. In Japan, Martin (1988) reports a decline from 77 per cent in 1970 to 69 per cent a decade later (this occurred among individuals 65 or more years of age); Kendig (1989) reports a drop from 87 per cent in 1960 to 65 per cent in 1985 (age group unknown). Thus, although a majority of the elderly in Japan continue to co-reside with an adult child, the proportion doing so has dropped fairly rapidly in recent decades. Chang and Ofstedal (1991) report a similar drop in Taiwan Province of China among the parents-in-law of native women aged 20-39 years. In 1973, 83 per cent of these women's parents-in-law were living with a son, while in 1985, the percentage had dropped to 70.

At the same time that statistics from highly developed Asian countries and areas suggest a declining percentage of elderly residing with children, the data for less developed areas of Asia suggest little change. For example, in a study of 13 villages in India's Bihar State in 1960 and 1982 reported by Martin (1990b), the percentage of elderly women and men living with a son changed very little. Among the elderly men in these villages, the percentage living with a spouse rose, primarily because female survival during the reproductive years improved, and among elderly women, the percentage living alone declined. Because rural Bihar has experienced relatively little industrial development, these changes (or lack thereof) fit with the thesis that industrialization tends to erode co-residence of the elderly with their offspring.

It is important to note that decreasing co-residence does not necessarily mean an erosion of support and care of the elderly by family members. Trend data on support are hard to come by, but recent cross-sectional statistics suggest that family support remains high in much of Asia, including in the more developed countries and areas. For example, World Health Organization surveys of the elderly conducted in Fiji, Malaysia, the Philippines and the Republic of Korea during the mid-1980s found "family" to be the single most common source of income (Andrews et al., 1986, pp. 63-75). The ASEAN (Association of South-East Asian Nations) surveys of the elderly conducted in the Philippines in 1984 and in Indonesia, Malaysia, Singapore and Thailand in 1986 similarly reported that the main source of support for a majority of the elderly was their children or grandchildren (Chen and Jones et al., 1989, pp. 53-71). In Taiwan Province of China, although spouses provide a substantial proportion of the care, support and assistance received by the elderly, sons remain an important source of financial support (Hermalin et al., 1990).

In East Asia, intergenerational support appears to be less common in urban areas than in rural ones (Martin, 1990a), a difference consistent with the idea that support declines with industrialization and urbanization. Clearly, however, the advent of a highly industrialized and affluent modern society, such as the one found in Japan, does not spell the immediate demise of strong intergenerational ties that involve the care and support of the elderly by their children. What may be changing in Japan is the traditional emphasis on sons as the source of intergenerational support: reliance on daughters for financial support and physical care appears to be rising in that country (Hiroshima, 1992). As was noted previously, the norm that children owe their ageing parents support and care also remains very strong in Japan.

Is there evidence to suggest that, with further development, the elderly in Asia are likely to receive less care or support from their children? The answer given by most experts on ageing in Asia is a qualified "yes". Norms about the care of the elderly by their children were traditionally strong in most of Asia and appear to remain strong,<sup>11</sup> but despite this, traditional patterns of co-residence are eroding in many countries (although not yet in Thailand; Limanonda, 1990). There are also isolated reports of physical separations between elderly parents and their children contributing to the neglect of the elderly (Pramualratana, 1991). Intergenerational co-residence and support of the elderly by their children also appear to be less common in the more "modernized" sectors of the population, for example, among those with advanced education, modern-sector occupations and high levels of income (e.g. Chan and DaVanzo, 1991 for the case of Malaysia; Chang and Ofstedal, 1991 and Hermalin et al., 1990 for the case of Taiwan Province of China). This suggests that as societies modernize, traditional intergenerational relationships will tend to break down. Thus, although family support and care of the elderly are unlikely to disappear in the near future, family care of the elderly seems likely to decrease as the countries and areas of Asia develop economically and modernize in other respects.

An issue concerning the future of the elderly receiving scant attention in most sources is the possibility that continued population growth and the economic depredations accompanying such growth in the poorest countries of Asia may exacerbate the abandonment of the elderly by their relatives. For example, a study of Bangladesh (Cain et al., 1979) finds that increased poverty and economic stress have eroded the traditional support for widows provided by the husband's brothers, thereby leaving older women increasingly vulnerable. Modernization and rising incomes may threaten family care of the elderly, but they are less likely to threaten financial support of the elderly; indeed, experience in the West suggests that the economic status of the elderly is likely to rise as per capita incomes rise. Thus, what may prove to be a more serious problem in the poorest countries of Asia is not their modernization, but rather their continued poverty. Under these circumstances, it is possible that not only will the elderly fail to realize any gains in income associated with economic development, but may also be abandoned in increasing numbers by their ever more hard-pressed families.

## Conclusions

There is growing concern in Asia with how the elderly will be supported and cared for in the twenty-first century. Throughout the region, as fertility and mortality have declined, the elderly population has grown, both in absolute terms and in some cases as a percentage of the total population as well (Martin, 1988). This article has suggested that further economic growth and urbanization are likely to erode the family's ability or willingness to care for elderly members. In the most affluent countries and areas, financial security for the elderly can, in principle, be achieved through impersonal mechanisms, such as pension schemes and private or government transfers, but reliance on families to care for elderly members who are no longer able to provide all care for themselves is likely to prove increasingly problematic.

The problem of care for the elderly is likely to be especially acute for older women, who constitute the majority of the elderly in virtually all low-mortality populations (Andrews et al., 1986; Chayovan et al., 1990; Chen and Jones et al., 1989; Day, 1985; Hermalin et al., 1990; Martin, 1988). Because of women's greater longevity in most countries of Asia and the tendency for men to marry women younger than themselves, women are more likely than men to end their lives as widows. The implication of this is a serious gender asymmetry in the support and care of the elderly. Older men can rely on their wives for care as they grow frail, a common pattern both in Japan and in the West (e.g. Day, 1985; Kytir and Muenz, 1992; Martin, 1988), but older women, often after having first cared for an ageing parent or parent-in-law, then for an ageing husband, are themselves left without a spouse or grown children to provide the care they need as they age.<sup>12</sup> The problems that elderly women face are, moreover, frequently compounded by their difficulties in obtaining sufficient income because of their limited access to pensions and rights to property. Governments in Asia, as well as elsewhere, need to pay special attention to the support and care needs of elderly women.

## Footnotes

1. The author would like to thank Linda Martin for suggesting this hypothesis.
2. The fluidity of kinship relations in bilateral systems may give the elderly a greater choice of kin from whom to seek support or care in old age. On the other hand, compared with a corporately structured patrilineal joint or stem-family household, this fluidity may weaken the younger generation's sense of responsibility towards the elderly.
3. By assigning care of the older generation to only one adult child and assuring the continuity not just of the family line, but of the household itself, stem-family systems make responsibility for care of elderly parents inherently clearer than do joint-family systems. Certainly, the latter often specify that the eldest brother succeed his father as head of the family and, with this authority, assume responsibility for care of the widowed mother, but when the succession involves the break-up of the joint household, it may be relatively easy for the widowed mother to be left to fend for herself.
4. Whether this pattern held true elsewhere in China prior to 1949 is unclear. Contemporary reports suggest there often are weak emotional ties between sons and their mothers in China (e.g. Yang and Chandler, 1991).
5. The author has chosen to focus on care of the elderly rather than on their financial support precisely because care requires personal contact and hence is more strongly affected by such factors as geographic separation between ageing parents and their adult children than is financial support. However, some of the speculated effects of family change on care of the elderly also exist for financial support.
6. The implications for parental control of this shift in the family economy vary by social class position. Among landless labourers, parental controls tend to be weak even in a pre- industrial economy, whereas among the very affluent, the lure of a large inheritance tends to maintain parental controls long after the advent of full industrialization and the decline of household production.
7. Consistent with this is Martin's (1989) finding that the elderly in three out of four Asian countries included in the WHO study of ageing (Andrews, this Journal) are less likely to reside with children when they have fewer of them.
8. The figure also shows urbanization having an ambiguous relationship with the formation of multi-generational households. There is some evidence that, because of a scarcity of large housing units in urban areas, multi-generational households are less common in these areas than in the countryside (Martin, 1989, 1990a). But urbanization often has no relationship with joint household formation, in some cases because the generations can reside in separate but physically proximate urban dwellings (a pattern common in Taiwan Province of China, for example; see Hermalin et al., 1990). In most of the Asian countries where the issue has been studied, rural-urban differentials in co-residence of the elderly with their adult children turn out to be small (Andrews et al., 1986; Martin, 1989) and in some cases (e.g. Thailand, Knodel et al., 1992; China, Martin, 1990a) co-residence of the elderly with their children is actually somewhat higher in urban than in rural areas.
9. The rising income of the middle generation may also enable them to increase their remittances to the senior generation, thereby furthering the ability to purchase old-age care. At the macro level, rising income may facilitate the development or broadening of pension and social security schemes that help to protect the elderly.
10. The countries and areas are Fiji, Indonesia, Malaysia, the Philippines, the Republic of Korea, Singapore, Taiwan Province of China and Thailand (see Andrews et al., 1986; Chen and Jones et al., 1989; Hermalin et al., 1990).
11. For example, in addition to the Japanese data cited previously, almost all of the sample in a recent Thai survey agreed with the statement that "it is the children's responsibility to take care of their parents when the parents get old" (Wongsith, 1990).
12. This is often true even when the husband remains alive because of men's trained incapacity to do domestic chores.

## References

Andrews, Gary R., Adrian J. Esterman, Annette J. Braunack-Mayer and Cam M. Rungie (1986). Aging in the Western Pacific (Manila, World Health Organization, Regional Office for the Western Pacific).

Brown, Claire (Vickery) (1982). "Home production for use in a market economy", in: Barrie Thorne with Marilyn Yalom (eds.), *Rethinking the Family: Some Feminist Questions* (New York, Longman), pp. 151-167.

Cain, Mead, Syeda Rokeya Khanam and Shamsun Nahar (1979). "Class, patriarchy, and women's work in Bangladesh", *Population and Development Review* 5 (September), pp. 405-438.

Caldwell, John C. (1980). "Mass education as a determinant of the timing of fertility decline", *Population and Development Review* 6 (June), pp. 225-255.

Chan, Angelique and Julie DaVanzo (1991). Living arrangements of older Malaysians - Who coresides with their adult children? (Santa Monica, California, Rand Corporation) paper presented at the annual meeting of the Population Association of America, Washington, D.C., 21-23 March.

Chang, Ming-Cheng and Mary Beth Ofstedal (1991). "Changing attitudes toward old-age support in Taiwan: 1973-1985" (Ann Arbor, University of Michigan, Population Studies Center), *Comparative Study of the Elderly in Asia Research Reports*, No. 91-8.

Chayovan, Napaporn, John Knodel and Siriwan Siriboon (1990). "Thailand's elderly population: A demographic and social profile based on official statistical sources" (Ann Arbor, University of Michigan, Population Studies Center), *Comparative Study of the Elderly in Asia Research Reports*, No. 90-2.

Chen, Ai Ju and Gavin Jones, in collaboration with Lita Domingo, Pitchit Pitaktepsombati, Hananto Sigit and Masitah Bte Mohd Yatim (1989). *Ageing in ASEAN: Its Socio-Economic Consequences* (Singapore, Institute of Southeast Asian Studies).

Cowgill, Donald O. (1974). "The aging of populations and societies", *The Annals*, No. 415.

Day, Alice T. (1985). "Who cares? Demographic trends challenge family care for the elderly", *Population Trends and Public Policy* (September).

Dyson, Tim and Mick Moore (1983). "On kinship structure, female autonomy, and demographic behavior in India", *Population and Development Review* 9 (March), pp. 35-60.

Geertz, Hildreth (1961). *The Javanese Family*.

Goode, William J. (1963). *World Revolution and Family Patterns* (New York, Free Press).

Hermalin, Albert I., Ming-Cheng Chang, Hui-Sheng Lin, Mei-Lin Lee and Mary Beth Ofstedal (1990). "Patterns of support among the elderly in Taiwan and their policy implications" (Ann Arbor, University of Michigan, Population Studies Center), *Comparative Study of the Elderly in Asia Research Reports*, No. 90-4.

Hirosima, Kiyosi (1992). Recent changes in gender roles and multi-generational living arrangements in Japan (Tokyo, Ministry of Health and Welfare, Institute of Population Problems), paper presented at the IUSSP Seminar on Gender and Family Change in Industrialized Countries, Rome, 27-30 January.

Kendig, Hal (1989). "Social change and family dependency in old age: Perceptions of Japanese women in middle age" (Tokyo, Nihon University Population Research Institute) *Research Paper Series* No. 54 (October).

Keyfitz, Nathan (1982). *Population Change and Social Policy* (Cambridge, MA, Abt Books).

Knodel, John, Napaporn Chayovan and Siriwan Siriboon (1992). "The Familial Support System of Thai Elderly: An Overview" *Asia-Pacific Population Journal*, vol. 7, No. 3, pp. 105-126

Kytir, Josef and Rainer Muenz (1992). Age, gender, and care (Vienna, Austria, Austrian Academy of Science, Institute for Demography), paper presented at the IUSSP Seminar on Gender and Family Change in Industrialized Countries, Rome, 27-30 January.

Limanonda, Bhassorn (1990). Family formation in Thailand with special reference to marriage and coresidence (Bangkok, Chulalongkorn University, Institute of Population Studies), paper presented at the Nihon University International Symposium on Family and the Contemporary Japanese Culture: An

International Perspective, Tokyo, 20-24 October.

Lopez, Maria Elena (1991). "The Filipino family as home for the aged" Ann Arbor, University of Michigan, Population Studies Center), Comparative Study of the Elderly in Asia Research Reports, No. 91-7.

Martin, Linda G. (1988). "The aging of Asia", Journal of Gerontology: Social Sciences 43 (July), pp. S99-S113.

\_\_\_\_\_ (1989) "Living arrangements of the elderly in Fiji, Korea, Malaysia, and the Philippines" Demography 26 (November), pp. 627-643.

\_\_\_\_\_ (1990a). "Changing intergenerational family relations in East Asia" The Annals, No. 510 (July), pp. 102-114.

\_\_\_\_\_ (1990b). "The status of South Asia's growing elderly population", Journal of Cross-Cultural Gerontology 5 (April), pp. 93-117.

Morgan, S. Phillip and Kiyosi Hirosima (1983). "The persistence of extended family residence in Japan", American Sociological Review 48 (April), pp. 269-281.

Pramualratana, Anthony (1991). Consensual neglect: An interpretive analysis of adult children's support of the old in rural Thailand (Bangkok, Mahidol University), paper presented at the annual meeting of the Population Association of America, Washington, D.C., 21-23 March.

Thornton, Arland and Thomas E. Fricke (1987). "Social change and the family: Comparative perspectives from the West, China, and South Asia", Sociological Forum 2 (Fall), pp. 746-779.

Wolf, Diane (1988). "Female autonomy, the family, and industrialization in Java", Journal of Family Issues 9 (March), pp. 85-107.

Wolf, Margery (1972). Women and the Family in Rural Taiwan (Stanford, California, Stanford University Press).

Wongsith, Malinee (1990). Attitudes toward family values in Thai society, (Bangkok, Chulalongkorn University, Institute of Population Studies), paper presented at the Nihon University International Symposium on Family and the Contemporary Japanese Culture: An International Perspective, Tokyo, 20-24 October.

Yang, Haiou and David Chandler (1991). Intergenerational relations: Grievances of the elderly in rural China (Honolulu, University of Hawaii, Department of Sociology), unpublished manuscript.

---

*Asia-Pacific Population Journal*, [www.unescap.org/appj.asp](http://www.unescap.org/appj.asp)

## Social Support among the Aged in Wuhan, China

By Jersey Liang, Shengzu Gu and Neal Krause \*

\* The authors of this article are Jersey Liang, Institute of Gerontology and School of Public Health, the University of Michigan, Ann Arbor, Michigan, United States; Shengzu Gu, Institute for Population Research, Wuhan University, Wuhan, Hubei, China; and Neal Krause, Institute of Gerontology and School of Public Health, the University of Michigan. This research study was supported by grants R37 AG06643, R01 AG08094 and R01 AG08491 provided by the U.S. National Institute on Aging. The authors would like to acknowledge with gratitude the assistance provided by Zhu Noong, Joan Bennett, Dennis Chuang, Sandra Ma and Cathy Fegan.

Besides living arrangements and enacted instrumental support, proper emphasis should also be given to various aspects of interpersonal exchanges and their interrelationships

This study aims to provide a relatively in-depth analysis of social support among the elderly in China's Wuhan City and surrounding rural areas. In particular, an overview of the demographic context within which China is located will be presented first. This will be followed by a critical assessment of the current research on social support for the Chinese elderly. In the present research, social support will be conceptualized as a multi-dimensional entity and as a function of the socio-economic characteristics of the elderly.

Population ageing is increasingly recognized as a worldwide phenomenon. It is a critical concern for both the developed and developing countries. In 1980, there were 376 million people aged 60 years and older in the world, of which 55 per cent were in the less developed countries. By the year 2020, it is projected that there will be 975 million older people in the world, and 679 million of them will in the less developed countries (Siegel and Hoover, 1984). Much of the current knowledge about population ageing is derived from studies in the developed countries; relatively little is known about ageing in the developing countries.

As a developing country, China had more than 1.1 billion people in 1990, accounting for more than 20 per cent of the world's population (State Statistical Bureau of the People's Republic of China, 1991). Although persons aged 65 and over constituted only 5.58 per cent of its total population in 1990, China also has the largest population of elderly people in the world, numbering more than 63 million.

The population of China has undergone some significant changes in recent decades. The total fertility rate declined from some six births per woman before 1970 to 2.5 in 1982. Life expectancy at birth was about 35 years before 1949, and it increased to almost 68 years in 1981 (Coale, 1984; Jiang, Zhang and Zhu, 1984). As a result of declining fertility, China will have a substantially older population in the middle of the twenty-first century. It is projected that by 2050, the percentage of population aged 65 and over may be as high as 13 to 18 per cent (Banister, 1988; Liang, Tu and Chen, 1986; Grigsby and Olshansky, 1989).

In comparison with population ageing in the western developed countries, the ageing of the Chinese population is going to be much more accelerated. Whereas in France, Sweden, the United States and United Kingdom, it took from 45 to 130 years for the population 65 or more years of age to grow from 7 to 14 per cent, it is projected that in China this process will take only 25 years (International Assistance Group on Family Planning, Japan, 1989).

In addition to population ageing, substantial declines in fertility and mortality also have a profound impact on the family structure. A reduction in fertility reduces family size if other factors remain constant. On the other hand, other things being equal, reduced mortality increases the size of the family. In general, the effect of fertility decline is much more substantial, hence resulting in a small average family size as a population experiences significant reductions in fertility and mortality. Tu and his associates (1989) recently showed that in China the average family size has decreased, and the probabilities of achieving a three-generation family and joint person-years of grandparenthood have greatly increased since the 1920s. In view of the fact that the family is the predominant mode of support for the Chinese elderly (Liang and Gu, 1989), an examination of their social support network may yield significant insights regarding old-age support in a developing country.

Increasing attention has been directed to the issue of social support of the Chinese elderly. Broadly, there at least three approaches towards the analysis of social support among the Chinese elderly. The first approach involves a macro social and demographic analysis of the proportion of the population 60 years of age and older, dependency ratios, living arrangements and life expectancy in terms of joint survival (Banister, 1988; Grigsby and Olshansky, 1989; Liang, Tu, and Chen, 1986; Tu Liang and Li, 1989). Although these studies are informative with reference to societal and demographic trends of population ageing, their measures of



social support are relatively indirect and often very limited.

The second approach entails qualitative and/or small-scale surveys (Davis-Freidmann, 1983; Yang, 1989). Whereas some of these studies contain a rich depiction of the historical and societal context of old-age support in China, the analysis of social support is largely descriptive and frequently without an explicit and well-articulated conceptual framework. For example, dimensions of social support such as social relations, social participation, living arrangement and interpersonal exchanges are often not explicated, and their interrelationships not explored. Because of their small and rather unique samples, it is difficult to generalize the findings from these studies.

The third approach includes large-scale sample surveys of the Chinese elderly (e.g. Gu and Wang, 1989; Population Research Institute, CASS, 1988). Although great efforts were devoted to generate statistics representing a broad range of the Chinese elderly, these studies in general did not employ a probability sampling design. Their survey questionnaires were often limited in terms of the measures of social support, and the design and execution of the research operations were of uneven quality. More importantly, the analyses rarely went beyond descriptive analysis. Multivariate analysis involving causal modelling is rare.

The present research aims to contribute to the current knowledge on social support of the Chinese elderly in the following ways. First, an explicit model will be presented to outline the multi-dimensional structure of social support and its relations with socio-economic variables. Second, on the basis of data collected from a large-scale probability sample survey of some 2,700 elderly people in the Wuhan area of China, descriptive analyses of the socio-economic conditions and social support will be undertaken. In addition, direct and indirect linkages between socio-economic variables and dimensions of social support will be examined.

#### Model specifications

Although there have been numerous attempts to define supportive social relations, the existing formulations are primarily limited to the identification of distinct dimensions, whereas the linkages among these dimensions are not well articulated. In accordance with the suggestions by Barrera (1986) and House and Kahn (1985), social support can be differentiated into two broad categories including social embeddedness and interpersonal exchange.

Social embeddedness or social integration describes the connections that an individual maintains with others which are often measured by enumerating the number of social relationships (e.g. marital status, employment, number of children) possessed and the amount of social contacts (e.g. visitation with children, organizational participation) made by an individual. It is assumed that the presence of extensive social ties and interactions ensures that support is being provided. Although measures of social embeddedness are useful for specifying the conditions under which support might be provided, there is no way to determine whether support was actually furnished.

Interpersonal exchange entails more direct measures of social support which can be subdivided into those enacted and those perceived (Wethington and Kessler, 1986). Enacted support refers to the extent to which specific kinds of helping behaviours have actually been exchanged. The emphasis is placed not only on support that has been received, but also on assistance given to others (Krause, 1986). Because support can be exchanged in many ways, enacted support can be further divided into instrumental and emotional support (Krause, 1986). However, there is also evidence that instrumental and emotional support are substantially correlated (House, 1981).

Perceived support can be defined as the perceptions or subjective evaluations of transactions that have either transpired or that might take place in the future. Similar to enacted support, perceived support linkages can be divided into those received and those given, as well as instrumental and emotional support. In addition, social relations may be characterized as negative when tension, dispute and intrusions by others are involved (Rook, 1984). Finally, satisfaction with support refers to the judgements of the adequacy of support received and given. These are thought to reflect the extent to which the individual's need for support has been met (Krause, Liang and Yatomi, 1989).

Figure 1: Structure of interpersonal exchanges

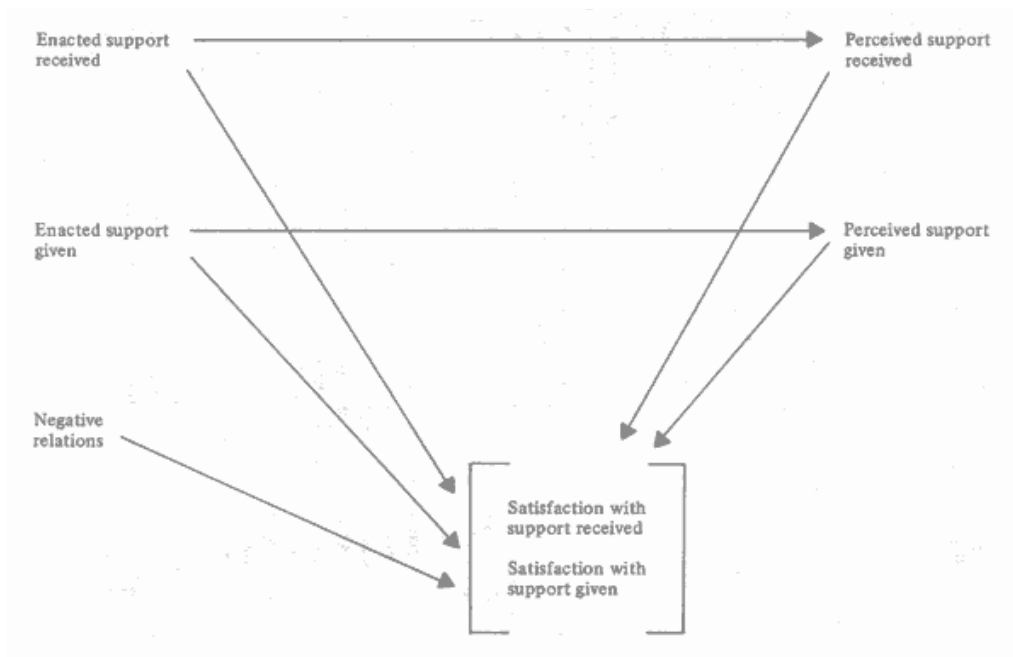


Figure 2: Relationships between socio-economic characteristics and social support

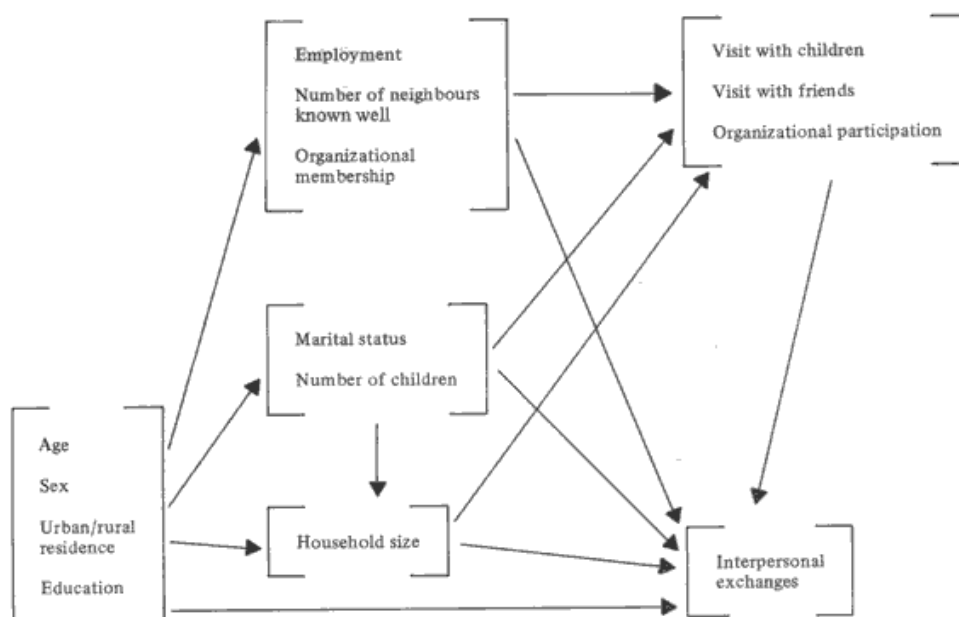


Figure 1 presents a diagram depicting the linkages among the dimensions of interpersonal exchange. A description of the measures of these dimensions is included in a subsequent section. As specified in figure 1, interpersonal exchanges consist of seven dimensions including: (a) enacted support received, (b) enacted support given, (c) perceived support received, (d) perceived support given, (e) negative relations, (f) satisfaction with support received, and (g) satisfaction with support given.

Several specific linkages among these dimensions are hypothesized. First, there is a direct and positive impact from enacted support received to perceived support received. That is, the more assistance that one has actually received from others, the more likely a person is to consider that more support is available to him or her. A similar effect also exists between enacted support given and perceived support given. Second, whereas satisfaction with support is positively influenced by measures of enacted and perceived support, it is diminished by negative relations.

To extend the conceptualization of social support to involve social embeddedness and to explicate the relationships between socio-economic variables and social support, a further expanded model is presented

in figure 2. As indicated, four types of social embeddedness are included: (a) non-family relations (e.g. employment status, organizational membership), (b) family relations (e.g. marital status and total number of children), (c) living arrangements (e.g. household size) and (d) informal and formal social interactions (e.g. visitation with children and organizational participation). One's family relations are assumed to have a direct effect on living arrangements, and social participation is in turn influenced by family relations and living arrangements. In addition, social embeddedness is assumed to exert direct and indirect effects on dimensions of interpersonal exchanges. For example, employment status may influence perceived support not only directly but also via enacted support. Finally, all dimensions of social support are hypothesized to be a function of socio-economic variables such as age, sex, urban/rural residence and education.

Despite the relatively complex specifications in figures 1 and 2, several simplifying assumptions have been made. First, dimensions of social support are not depicted in relation-specific terms. As suggested by some researchers, the amount of support provided by various significant others may be evenly distributed (House, 1981). However, the significance of the distribution of support received from various individuals in relation to the well-being of the elderly is not entirely clear. In the present research, the focus is placed on the scope and amount of social support possessed by an elderly person regardless of their sources. In view of the multiple sources of one's supportive relations, the specifications of relation-specific support will certainly be very complicated and intractable. Furthermore, relation-specific data on social support are often unavailable or of unknown quality because of the potentially large number of individuals who may be involved in these relations. Even when they were available, analytically there is no easy way to integrate them into a conceptually meaningful framework.

Second, the proposed specifications are recursive in nature in that the causal linkages are assumed to be one-directional. Given that this research represents an initial step towards the explication of the structure of social support among the elderly and the cross-sectional nature of our data, this is a reasonable assumption. As our understanding of the structure of social support advances, further elaborations can be made.

## Methods

### Sampling design and data collection

Data for this research came from the 1991 Survey of Health and Living Conditions of the Aged in Wuhan City and the surrounding rural areas in China. Designed by the investigators at the University of Michigan and Wuhan University in conjunction with the staff of the Wuhan Bureau of Statistics, the survey involved a three-stage probability sample of the elderly population in the Wuhan area. Eligibility was defined as individuals aged 60 or older who were residents in the Wuhan area on 1 July 1990. The selection was stratified by administrative areas, including seven urban districts, two suburban districts and four rural counties. The primary sampling units (PSU) were streets in the urban areas and xiang, or towns, in the rural areas, whereas neighbourhood committees in the city and village committees in the countryside were the second stage units (SSU). Ninety PSUs and 180 SSUs were selected according to a probability proportionate to population size. Using the 1990 Chinese census as the sampling frame, 3,543 eligible respondents were selected.

The development of the questionnaire involved the translation of numerous scales and items from English into Chinese and their modification in response to the unique setting in Wuhan. Much effort was devoted to an intensive item-by-item examination. Many components of the questionnaire were field tested in two previous studies (Gu and Guo, 1989; Gu and Wang, 1989). In addition, the questionnaire was subjected to several critical evaluations, including one focus group discussion, two pre-tests and a pilot study involving 50 elderly persons. The full-scale survey took place in November 1991, and the response rate ranged from 83 to 88 per cent, depending on the definition.

### Measurement and data analysis

As shown in figure 2, socio-economic variables included age, sex, urban/rural residence and education. In particular, age and education were measured in years. Sex was coded such that "0" represents male and "1" represents female. Urban/rural residence was coded as a dummy variable with the code "1" signifying urban residence.

Measures of social embeddedness involved family and non-family ties, living arrangements and social participation. Indicators of non-family ties consisted of employment status, number of neighbours and organizational membership. Employment status was coded from 0 to 2 reflecting "not working", "working part-time" and "working full-time". Number of neighbours was operationalized as those whom the respondent knew well enough to visit, whereas organizational membership denoted the number of organizations in which the respondent was a member. Measures of family ties included a dummy variable,

marital status (1=married) and total number of living children. Living arrangement was measured in terms of a household's size. Given that the vast majority of households were composed of family members and only 4 per cent of the households contained non-family members, this measure may also be considered as an indicator of family ties. Social participation was assessed in two ways. The first approach involved informal participation including frequencies of visitation with children not living with the respondent and those with friends. The second approach involved formal participation in terms of frequencies of attendance at organizational functions.

Seven multi-item composites were derived to assess various dimensions of interpersonal exchange. Enacted support received was measured by two items regarding the amount of sick care and financial assistance received by the respondent during the 12-month period prior to the interview. Enacted support given was a composite of the assistance given by the respondent and his or her spouse to people close to them during a 12-month period with regard to household chores, finance, gifts, business and farming, or other work-related activities.

Based on the results from exploratory factor analyses, perceived social support was operationalized by using five composites. Perceived support received was measured by six items concerning the amount of support received by the respondent. These included (a) confiding personal problems and feelings to someone, (b) loving and caring, (c) respect, (d) sick care, (e) finance and (6) everyday assistance. Perceived support given was indexed by three items reflecting the degree to which the respondent listened to, encouraged and took care of people close to him or her. Negative relations were assessed by three items concerning the respondents' perception that their significant others were too demanding, critical and too burdensome financially. Satisfaction with support received was measured by two items with reference to the amounts of instrumental and emotional support provided to the respondent. Likewise, satisfaction with support given was based on two items in which the respondents assessed the adequacy of the instrumental and emotional support provided by them to significant others.

A descriptive analysis of socio-economic characteristics and social support was conducted first. On the basis of the proposed framework (see figures 1 and 2), the interrelationships among socio-economic variables, social embeddedness and interpersonal exchange were analyzed by using hierarchical multiple regression analysis. In one instance, linear regression analysis was used with a dichotomous dependent variable (i.e. marital status). Although logistic regression would be more appropriate than linear regression analysis, in view of the relative proportions of those married versus those not married, the results would be substantially the same (Cleary and Angel, 1984).

## Findings

### Descriptive analysis

Table 1: Percentage distribution of socio-economic characteristics and social embeddedness (N = 2,762)a/

	Age		Sex		Residence		Total
	60-69	70+	Male	Female	Urban	Rural	
Age							
60-64	-	-	34	26	30	30	30
65-69	-	-	31	31	32	30	31
70-74	-	-	20	22	22	21	22
75-79	-	-	11	14	12	13	12
80+	-	-	4	7	5	7	6
Sex							
Male	49	40	-	-	47	44	46
Female	51	60	-	-	53	57	55
Residence							
Urban	60	58	61	58	-	-	59
Rural	40	42	39	42	-	-	41

Education							
Illiterate	53	68	32	81	50	72	59
Primary school	26	20	38	12	26	20	24
Junior high school	11	7	17	3	12	6	9
Senior high school	6	3	8	3	7	1	5
College or above	5	2	6	2	6	0	4
Family ties							
Marital status							
Married	74	42	77	48	65	56	62
Widowed	24	56	19	51	33	42	37
Divorced, separated or never married	2	2	4	1	2	2	2
Number of living children (including step children and adopted children)							
0	1	3	3	2	2	3	2
1	7	14	8	11	11	7	10
2	9	14	11	11	11	11	11
3-4	39	37	39	37	41	33	38
5-6	35	25	30	32	29	34	31
7+	9	7	8	8	6	12	8
Living arrangements							
Alone	9	16	11	13	10	14	12
With spouse only	21	20	23	19	19	23	21
With children only	18	38	13	36	23	30	26
With others only	0	1	1	1	1	0	1
With spouse and children	48	19	49	26	42	28	36
With spouse and others	1	0	1	0	1	0	1
With children and others	1	5	1	4	2	3	2
With spouse, children and others	3	1	2	2	3	1	2
Household size							
1	9	16	11	13	10	14	12
2	24	23	25	23	22	26	24
3-4	30	20	27	25	29	21	25
5-6	28	32	28	31	32	27	30
7+	9	9	9	8	7	12	9
Non-family ties							
Employment (including farming)							
Not working	58	83	54	80	75	58	68
Working part-							

time/seasonal	14	8	15	9	9	15	12
Working full time	28	9	32	11	16	27	21
Number of neighbours known well							
0	33	37	38	32	39	28	35
1-2	32	37	31	36	30	40	34
3-4	22	17	19	21	19	22	20
5-6	8	6	8	7	7	7	7
7+	5	3	4	4	5	3	4
Number or organizational memberships							
0	76	91	71	91	75	91	82
1	16	8	20	7	16	7	13
2+	8	2	9	2	8	2	5
Social participation							
Visits with children not living together							
At least once a week	66	56	64	61	65	60	62
2-3 times a month	18	16	17	17	18	18	17
Once a month or less	9	16	11	12	9	16	12
Not applicable <a href="#">b/</a>	7	12	8	9	10	8	9
Visits with friends							
At least once a week	67	70	64	72	55	89	69
2-3 times a month	10	7	10	8	11	5	9
Once a month or less	22	22	26	18	33	6	21
Not applicable <a href="#">b/</a>	1	2	1	1	2	0	1
Organizational participation							
Once a week	6	3	6	4	7	2	5
1-3 times a month	9	3	11	3	10	2	7
Less than once a month	8	3	11	2	7	5	6
Not applicable <a href="#">b/</a>	76	91	71	92	76	91	82

Notes: a/ Percentages may not add to 100 due to rounding.

b/ Includes those with no living children and those with no non-coresident children.

Table 1 presents the cross-tabulations involving socio-economic characteristics and social embeddedness. In comparison with the elderly populations in developed countries, the sample exhibited a relatively young age composition. Over 60 per cent of them were between 60 and 69 years of age, 34 per cent were in their 70s, and only 6 per cent were in their 80s. Consistent with the observed sex difference in mortality, 55 per cent of the respondents were women. Owing to the nature of the sample, 59 per cent of the respondents resided in the urban area. This level of urbanization is much higher than that for China as a whole (26 per cent) (State Statistical Bureau of the People's Republic of China, 1991).

The Chinese elderly generally have very little education. Close to 60 per cent of the respondents were illiterate, whereas only 22 per cent of the population aged 15 years and older were illiterate in 1990 (State Statistical Bureau of the People's Republic of China, 1991). The rates of illiteracy were particularly high among those 70 years of age or older (68 per cent), older women (81 per cent) and rural residents (72 per cent).

Social embeddedness was assessed in terms of family and non-family relations and social participation. In terms of family ties, the respondents exhibited a profile of marital status similar to those of elderly in other countries. Specifically, 62 per cent of them were married, 37 per cent were widowed; very few were separated, divorced, or never married. There were however major age, gender and urban/rural differences in marital status. The old-old, women and rural residents were substantially more likely to be widowed. The medium number of children borne by the respondents was three, and medium household size was four. Little difference in the number of living children and household size was observed across different age, sex and residence groups, with the exception that one-person-households were more prevalent among the old-old, women and rural residents.

With reference to living arrangements, "children" are defined as including step-children and grandchildren, and "others" refers to unrelated individuals and relatives other than those of the immediate family. About 87 per cent of the elderly in Wuhan lived with their immediate family, whereas 12 per cent lived alone. The statistics on living arrangements are consistent with those on family ties. The old-old, women and rural residents were more likely to live alone or with children only, and they were less likely to live with spouse only or with spouse and children in the same household.

With regard to non-family ties, only 32 per cent of the respondents were still employed outside the home. The young-old, men and rural residents were more likely to be working. Whereas nearly two-thirds of the respondents reported having at least one neighbour known well enough to visit, 82 per cent of the respondents did not belong to any organization. The young-old, women and rural residents were more likely to know their neighbours well. On the other hand, the young-old, men and urban residents belonged to more organizations.

In terms of social participation, the majority of the respondents reported extensive social interactions involving children not living with them and friends, but only 18 per cent of the respondents reported any organizational attendance. The profile of social participation also differs across age, gender and residence groups. For instance, the young-old, male and urban residents were more likely than others to visit frequently with children, to interact less often with friends and to be more involved in organizations.

Table 2: Percentage distribution of measures of interpersonal exchanges (N= 2,762)a/

	Age		Sex		Residence		Total
	60-69	70+	Male	Female	Urban	Rural	
<b>Enacted support received</b>							
During the past year, how much did those close to you take care of you when you were sick?							
No one to rely on	6	8	7	6	7	6	7
Very much cared/cared	67	65	64	68	66	66	66
Average	9	9	8	9	7	12	9
Somewhat cared/not at all cared	5	6	6	4	4	7	5
Did not get sick	14	13	15	12	17	9	14
During the past year, how much did those close to you help with your finances?							
No one to rely on	22	18	29	14	26	12	20
Always helpful /often helpful	29	38	22	42	27	40	32
Sometimes helpful	19	21	18	21	13	29	20
Rarely helpful /not at all helpful	8	6	7	8	6	8	7
Did not need help	23	16	25	16	28	10	20
<b>Enacted support given</b>							
During the past year did you and/or your spouse help those close to you in the following areas?							
Household chores							
Often	47	37	35	50	42	46	43
Sometimes	21	22	24	20	18	28	22
Not at all	24	31	31	23	31	21	27
No need	7	10	10	7	10	6	8
Finance							
Often	13	6	14	8	14	4	10
Sometimes	25	15	28	15	24	15	21



Not at all	50	62	46	62	45	68	55
No need	12	18	13	16	16	12	14
Everyday necessities (i.e., food, clothing)							
Often	11	5	11	7	11	5	9
Sometimes	27	15	26	19	26	17	22
Not at all	49	62	49	59	47	66	54
No need	13	18	14	15	16	13	15
Managing business or farming							
Often	9	5	8	6	3	13	7
Sometimes	11	9	13	9	5	18	10
Not at all	52	57	50	57	54	54	54
No need	28	29	29	58	38	15	29
<b>Negative relations</b>							
Do you feel that those close to you are too demanding?							
Very much/a bit too much	7	5	7	5	6	6	7
Average	15	11	13	14	13	14	14
Not much/not at all	78	84	80	80	81	80	80
Do you feel that those close to you are too critical of you?							
Very much/a bit too much	4	4	3	4	3	3	3
Average	9	7	10	7	7	11	8
Not much/not at all	88	89	87	89	90	85	88
Do you feel that those close to you are financially burdensome to you?							
Very much/a bit too much	7	3	8	2	5	6	5
Average	7	3	7	4	5	5	5
Not much/not at all	86	94	87	93	90	90	90
<b>Perceived support received</b>							
Do you have anyone close to you who is willing to listen to you concerning your personal problems and feelings? If yes, how willing is this person?							
No one available	16	26	20	21	21	19	20
Very willing	21	16	20	18	23	13	19
Willing	50	47	48	49	46	53	49
Average/not very willing	13	11	13	13	11	15	13
Do you have anyone close to you who cares about your well-being? If yes, how much does this person care?							
No one available	4	7	6	5	5	5	5
Very much	41	35	42	35	44	31	38
Average	41	42	37	45	38	46	41
Not very much	15	15	15	15	13	18	15
Do you have anyone close to you who respects you? If yes, how much does this person respect you?							
No one available	6	8	8	7	7	7	7
Very respectful	35	33	37	31	39	28	34
Respectful	44	43	40	46	40	49	44
Average	14	17	15	16	14	17	15
Do you have anyone close who would take care of you when you are sick? If yes, how much can you depend on this person?							
No one available	6	8	8	6	7	6	7
Very dependable	40	37	40	38	45	30	39
Dependable	40	40	39	40	35	46	40
Average/somewhat dependable	15	16	14	16	14	17	15
<div> <div>Age</div> <div>Sex</div> <div>Residence</div> <div>Total</div> </div> <div>60-69 70+ Male Female Urban Rural</div>							
Do you have anyone close to you who can help you financially? If yes, how dependable is							

this person?

No one available	22	18	29	14	26	12	20
Very dependable	27	29	24	31	30	24	28
Dependable	34	34	31	36	27	43	34
Average/somewhat dependable	18	20	16	20	17	21	18

Do you have anyone close to you who can help you with everyday affairs? If yes, how helpful is this person?

No one available	13	15	14	13	15	12	14
Very helpful	32	28	33	29	37	22	31
Helpful	37	40	35	41	35	43	38
Average/not very helpful	18	18	18	18	14	23	18

### Perceived support given

How willing are you to listen to those close to you regarding their personal problems and feelings?

Very willing/willing	84	78	83	81	81	82	82
Average	10	14	11	11	11	12	11
Not very willing/not at all willing	7	8	7	8	8	7	7

How often do you encourage and comfort those close to you when they are in distress?

Always/most of the time	67	54	63	61	64	58	61
Sometimes	21	22	23	21	20	24	22
Rarely/Never	12	23	14	18	16	18	16

How much do you help out those close to you?

Very much/somewhat	54	38	49	46	50	44	47
Average	15	16	16	15	16	15	16
A little/not at all	31	47	35	39	35	41	37

Sources of emotional support [a/](#)

No one	2	3	3	2	2	2	2
Spouse	47	21	52	24	40	32	37
Son	68	64	63	69	63	71	66
Daughter	67	58	62	64	66	60	63
Son-in-law	5	7	6	6	7	6	6
Daughter-in-law	10	15	7	17	10	15	12
Grandchild	2	12	4	8	5	8	6
Other relatives	19	17	20	17	21	14	18
Neighbours	9	11	6	12	9	10	10
Others	9	6	11	5	11	3	8

Sources of instrumental support [b/](#)

No one	3	3	3	3	4	2	3
Spouse	43	19	42	26	37	28	33
Son	75	73	71	76	69	81	74
Daughter	65	59	62	63	65	59	63
Son-in-law	8	9	8	8	10	5	8
Daughter-in-law	12	18	8	19	11	19	15
Grandchild	2	11	4	7	5	7	6
Other relatives	12	11	14	19	13	10	12
Neighbours	4	6	5	4	4	5	5
Others	4	3	6	2	4	3	4

### Satisfaction with support received

How satisfied are you with the amount of care you have received from those close to you?

Very satisfied	29	29	31	28	33	25	29
Satisfied	63	60	60	63	60	65	62
Not satisfied	4	5	4	4	3	6	4

	4	6	5	4	5	4	4
How satisfied are you with the amount of assistance you have received from those close to you?							
Very satisfied	26	27	26	26	30	20	26
Satisfied	67	64	65	66	62	71	66
Not satisfied	7	9	8	8	7	9	8
Don't want to tell	0	1	0	1	1	0	0
<b>Satisfaction with support given</b>							
Do you consider that you are sufficiently caring to those close to you?							
Very much	37	36	35	38	41	31	37
Average	48	47	50	45	46	49	47
Not sufficient	15	17	15	16	13	20	16
Do you think that you have provided those close to you with sufficient assistance?							
More than enough	21	17	20	19	23	15	19
Average	48	44	48	45	46	46	46
Not enough	31	39	32	36	31	39	34

Notes: a/ Percentages may not add to 100 due to rounding.

b/ Since multiple choices were allowed, the proportions do not sum up to 100.

Table 2 includes the cross-tabulations of measures of interpersonal exchanges. Several important findings emerge from the table. First, the Chinese elderly not only are recipients of support, but also provide a substantial amount of help to their significant others. Specifically, 75 per cent of the respondents received much, or an average amount of, sick care during a 12-month period, whereas only 7 per cent had no one to rely upon for this purpose. During the same period, helpful financial assistance was given to 52 per cent of the elderly respondents, whereas 20 per cent felt that they had no one to turn to for this kind of support. Although the sick care received did not vary much across age, gender and residence, the old-old, women and rural residents tended to receive more helpful financial assistance.

On the other hand, 65 per cent of the respondents and/or their spouses helped out with household chores, and 31 per cent provided financial assistance to others. Nearly one-third also furnished everyday necessities to others, and some 17 per cent assisted in managing business or farming. The young-old were more likely to help those close to them. Men and/or their spouses were more likely to provide support in finance, everyday necessities, and managing business or farming. Rural residents were more likely to provide support in household chores and in managing business or farming.

Social support is not always needed by the elderly or those close to them: 13 and 20 per cent of the elderly, respectively, did not need support with sick care or finances within a 12-month period. This was particularly the case among the young-old, men and urban residents. Eight to 29 per cent of the elderly reported that there was no need for them to help their significant others in terms of household chores, finances, everyday necessities and managing business or farming.

Even when explicitly queried about the negative aspects of their relations with those close to them, the overwhelming majority of the respondents provided a very positive portrait of such relationships. Less than 7 per cent of the respondents considered people close to them too demanding, critical, or financially burdensome. The old-old, women and urban residents appeared to have slightly less negative relations with those close to them.

Perceived support was assessed in terms of emotional and instrumental support. Only a small proportion of the respondents considered the support available to them lacking. With regard to emotional support, 20 per cent of the respondents had no one to turn to for personal problems or feelings, whereas only 5 and 7 per cent of them reported that no one cared about their well-being or respected them. As for instrumental support, 20 per cent of the respondents did not have anyone to help them with finances, 14 per cent had no one to assist with everyday affairs, and nearly 7 per cent had no one to depend on for sick care. Overall, the old-old, men and urban residents were more likely to report no one available to turn to for social support.

With respect to each of the perceived emotional and instrumental types of support received, the respondents were requested to name two individuals who provided the support. Summing across three different types of emotional and instrumental support, the sources of support were identified. As indicated in table 2, social support for the Chinese elderly was almost all provided by members of the immediate and

extended family. In particular, the respondents obtained emotional support primarily from their sons (66 per cent), daughters (63 per cent), spouses (37 per cent), other relatives (18 per cent) and daughters-in-law (12 per cent). Similarly, they received instrumental support mainly from their sons (74 per cent), daughters (63 per cent), spouses (33 per cent), daughters-in-law (15 per cent) and other relatives (12 per cent). Sons-in-law, grandchildren, neighbours and others were mentioned by less than 10 per cent of the respondents as sources of support. Few if any of the respondents (i.e. 2 per cent and 3 per cent, respectively) reported that they had no one who would provide emotional or instrumental support. There are substantial age, gender and community differences in terms of sources of support. The young-old, men and urban residents were more likely to rely more on their spouses but less on daughters-in-law for social support. These may reflect differences in life course and sex difference in mortality and marital status.

Similar to the findings on enacted social support, the majority of the respondents perceived themselves to be helpful to others. Only between 7 and 16 per cent of the elderly characterized themselves as not supportive emotionally or instrumentally to others. The young-old, male and urban residents perceived themselves to be more helpful to their significant others.

Satisfaction with social support is a function of not only the quantity and quality of available support but also the individual's need for assistance. Hence, measures of satisfaction may lead to additional insights concerning the social support among the elderly. Over 90 per cent of the respondents were satisfied with the emotional and instrumental support which they received. In contrast, some 66 to 85 per cent of the respondents believed that they provided sufficient support to others. The old-old, women and rural residents were slightly less contented with the amount of social support received and given by themselves.

#### Multivariate analysis

Table 3 : Regression analysis of social relations

Explanatory variables	Dependent variables					
	Employment status	Number of neighbours	Organizational memberships	Marital status	Number of children	Household size
Age	-.039 *** (-.290)	-.030 (-.037)	-.015 *** (-.121)	-.025 *** (-.310)	-.058 *** (-.188)	.010 *** (.028)
Sex	-.468 *** (-.286)	.383 (.040)	-.171 *** (-.111)	-.218 *** (-.221)		.073 (.018)
Urban/rural	-.281 *** (-.169)	-.133 (-.136)	.167 *** (.107)	.076 *** (.076)	-.286 *** (-.075)	.045 (.011)
Education	-.013 *** (-.063)	.039 (.032)	.057 *** (.295)	.010 *** (.080)	-.065 *** (-.138)	-.019 (-.037)
Marital status						.432 *** (.105)
Number of children						-.005 (-.004)
Constant	3.680 ***	3.946 **	1.189	2.376 ***	8.303 ***	2.869 ***
Adjusted R <sup>2</sup>	.195 ***	.002	.180 ***	.197 ***	.055 ***	.007 ***

Notes: N = 2,732. Standardized regression coefficients are enclosed in parentheses.

\*\*\* indicates  $p < .001$ , \*\* indicates  $p < .01$  and \* indicates  $p < .05$ .

Because of the multi-dimensional nature of social support, it is more appropriate to assess the relationships between socio-economic characteristics and social support by using multivariate analyses. Table 3 presents the results concerning the effects of socio-economic variables on social relations. In general, socio-economic variables tend to have moderately large effects on employment status, organizational membership and marital status, in which some 18 to 20 per cent of the variance was explained. Explaining only 6 per cent of the variance, socio-economic characteristics have relatively minor effects on the total number of children. Finally, the number of neighbours known well enough to visit and household size are less affected by socio-economic variables.

When socio-economic variables make a significant difference, the old-old and women tend to have fewer social relations in terms of employment, organizational membership and marital status. Urban/rural residence and education exhibit differential effects depending on the specific social relations. Urban residents and those better educated are less likely to be employed and have fewer children than rural residents and those with less education. On the other hand, urban residents and those better educated are

more likely to be members of organizations and married.

Table 4 : Regression analysis of social participation

Explanatory variables	Dependent variables		
	Visit with children	Visit with friends	Organizational participation
Age	-.028 (-.026)	-.000 (-.000)	-.002 (-.003)
Sex	.098 (.007)	.934 * * (.071)	.212 * (.036)
Urban/rural	-.031 (-.002)	-4.562 * * * (.341)	.184 (.030)
Education	.000 (.000)	-.125 * * * (-.075)	.030 * (.039)
Marital status	1.180 * * * (.089)	.314 (.023)	.095 (.016)
Number of children	1.374 * * * (.392)	.145 * (.041)	.008 (.005)
Household size	-.476 * * * (-.148)	.011 (.004)	.028 (.019)
Employment	.141 (.018)	.183 (.023)	.024 (.006)
Number of neighbours	.004 (.003)	.174 * * * (.127)	.002 (.003)
Organizational memberships	.416 * (.049)	-.030 (-.003)	2.423 * * * (.627)
Constant	7.170 * * *	12.211 * * *	-.129
Adjusted R <sup>2</sup>	.196 * * *	.165 * * *	.417 * * *

Notes: N = 2,732. Standardized regression coefficients are enclosed in parentheses.

Table 4 contains the findings from the regression analyses of social participation in terms of visits with children, visits with friends and organizational participation. First, it is interesting to note that visitation with children is directly influenced by social relations but not directly by socio-economic variables. It is primarily influenced by total number of living children (beta = .392) and by household size (beta = -.148). To a lesser extent, visitation with children is also affected by marital status (beta = .089) and organizational membership (beta = .049). Elderly people who are married and members of organizations visit more frequently with their children.

In contrast, both socio-economic characteristics and social relations are significantly correlated with interactions with friends and organizational participation. Major correlates of the frequency of visitation with friends include urban/rural residence (beta = .341) and number of neighbours known well (beta = .174). On the other hand, organizational participation is primarily a function of organizational memberships (beta = .627).

Table 5 : Regression analysis of interpersonal exchanges

Explanatory variables	Dependent variables						
	Enacted support rcvd	Enacted support gvn	Perceived support rcvd	Perceived support gvn	Negative relations	Support rcvd	Support stfn gvn
Age	.031 * (.063)	-.052 * * (-.182)	-.025 (-.030)	-.043 * * * (-.100)	-.043 * * (-.135)	.004 (.026)	.011 * * (.058)
Sex	.772 * * * (.131)	.199 * (.058)	.315 (.031)	.316 * * (.060)	-.162 (-.043)	-.106 * * (-.053)	.113 * (.048)
Urban/rural	-.922 * * *	.004 (.001)	1.383 * * * *	.343 * * * (.065)	-.174 * (-.045)	.170 * * *	.173 * * *

	(-.155)		(.135)			(.084)	(.073)
Education	-.036 *	.045 * * *	.147 * * *	.095 * * *	.018	-.012 * *	.009
	(-.049)	(.103)	(.115)	(.144)	(.038)	(-.046)	(.030)
Employment	-.305 * *	.359 * * *	.344 * *	.094	.186	.038	.040
	(-.085)	(.169)	(.056)	(.029)	(.080)	(.031)	(.028)
Number of neighbours	.024 *	-.005	.040 *	.020 *	-.012	.001	.003
	(.039)	(-.013)	(.038)	(.038)	(.030)	(.004)	(.012)
Organizational memberships	-.044	.071	.480 * * *	.202 *	.075	-.058 *	-.017
	(-.011)	(.032)	(.073)	(.060)	(-.030)	(-.045)	(-.010)
Marital status	.026	.145 *	.649 * * *	.174	.039	-.006	-.021
	(.004)	(.041)	(.063)	(.033)	(.010)	(-.003)	(-.009)
Number of children	.106 * *	-.011	.160 * * *	.002	-.017	.006	-.003
	(.068)	(.012)	(.059)	(.002)	(-.017)	(.011)	(-.005)
Household size	.160 * * *	-.227 * *	.161 * * *	.015	.075 * *	-.010	.012
	(.111)	(.266)	(.065)	(.011)	(.080)	(-.021)	(.021)
Visit children	.029 *	.008	.021	.001	.004	-.003	-.001
	(.065)	(.029)	(.027)	(.003)	(.013)	(-.020)	(-.001)
Visit friend	.030 * *	.011 *	.067 * * *	.032 * * *	-.003	-.004 * *	-.007 *
	(.068)	(.041)	(.088)	(.081)	(-.010)	(-.026)	(-.038)
Organizational participation	-.001	.008	.037	.013	-.001	.011	.008
	(-.001)	(.014)	(.022)	(.014)	(-.001)	(.032)	(.020)
Enacted support received			.882 * * *			-.001	-.023 * *
			(.512)			(-.003)	(-.058)
Enacted support given				.467 * * *		-.008	.061 * *
				(.310)		(-.014)	(.090)
Negative relations						-.040 * *	.030 * *
						(-.076)	(.048)
Perceived support received						.124 * *	.027 * *
						(.628)	(.115)
Perceived support given						.039 * *	.184 * *
						(.102)	(.409)
Constant	2.026 * *	8.188 * *	9.250 * * *	9.439 * * *	7.307 * *	1.905 * *	.351 * *
	*	*	*	*	*	*	*
Adjusted R <sup>2</sup>	.114 * * *	.176 * * *	.308 * * *	.201 * * *	.050 * *	.470 * *	.266 * *
	*	*	*	*	*	*	*

Notes: N = 2,732. Standardized regression coefficients are enclosed in parentheses; rcvd = received; gvn = given; stfn = satisfaction.

\* \* \* indicates  $p < .001$ , \* \* indicates  $p < .01$  and \* indicates  $p < .05$ .

Estimated linkages among the dimensions of interpersonal exchanges are included in table 5. Enacted social support is largely influenced by socio-economic variables and social relations, while the effects of social participation are relatively minor. Major predictors of enacted support received include urban/rural residence (beta = -.155), sex (beta = .131) and household size (beta = .111). Rural residents, women and those in a large household receive more support. Other significant but minor predictors of enacted support received include age, education, employment, number of children and interactions involving children and friends.

As for enacted support given, the major determinants are household size (beta = .266), age (beta = -.182), employment status (beta = .169) and education (beta = .103). Those living in a large household, the young-old and the better educated provide more support to others. Other less important predictors include sex,

marital status and interaction with friends.

The proposed specifications regarding the linkages among the dimensions of interpersonal exchanges (see figure 1) are largely supported by the empirical results. In particular, enacted support received has a substantial and positive effect ( $\beta = .512$ ) on perceived social support received. A similar but somewhat more moderate effect of enacted support given ( $\beta = .310$ ) on perceived support given is observed. With reference to satisfaction with support received and given, perceived support received ( $\beta = .628$ ) and given ( $\beta = .409$ ) are respectively the most important determinants. Although negative relations have statistically significant effects on satisfaction with support received ( $\beta = -.076$ ) and support given ( $\beta = .048$ ), these effects are rather modest.

What are the effects of socio-economic characteristics and social embeddedness on perceived support, negative relations and satisfaction with support? Although there are many significant effects of social embeddedness, all of them are rather modest (i.e.  $\beta = .100$ ). The effects of socio-economic characteristics are moderately important. In contrast with the earlier findings that urban residents and those better educated received less enacted support, they reported higher levels of perceived social support received and given. In addition, the young-old tend to have more negative relations with persons close to them.

### Discussion and conclusions

This study contributes to the research on social support for the Chinese elderly in two respects. First, it provides a comprehensive enumeration of social embeddedness and interpersonal exchanges in a probability sample of elderly people in Wuhan. The Chinese elderly were found to be actively engaged in exchanges of social support with their families and kin. The elderly not only receive but also provide a substantial amount of help to others. Social support for the elderly in Wuhan was almost all provided by members of the immediate and extended family, with their children and spouse being the primary sources. These supportive ties were characterized as highly positive in terms of the lack of negative relations and being satisfactory for the great majority of the respondents.

Second, a multi-dimensional structure of social support for the Chinese elderly was proposed, and this formulation is consistent with findings from empirical analysis. Only moderate correlations were found among enacted support, perceived support and satisfaction with support. Furthermore, the effects of social embeddedness on interpersonal exchanges were modest (table 5). These results underscore the multi-dimensional nature of social support and suggest that caution needs to be exercised in extrapolating interpersonal exchanges from social embeddedness.

This research also provides useful insights regarding the conceptualization and measurement of social support in general. Although numerous investigators have suggested that social support has a major impact on the health and well-being of the elderly, it is less clear how this effect might operate (George, 1989). More importantly, there is no clear consensus concerning the conceptual properties and operationalization of social support. Published reports differ on which sets of indicators are used, the number of dimensions posited, whether interrelationships among the dimensions are examined, and how the construct of social support is treated in the empirical analysis. Consequently, studies often emphasize only certain aspects of social support. For instance, family ties, living arrangements and enacted social support received by the elderly have often been the focus of social demographers and economists (Knodel, Chayovan and Siriboon, 1991; Hermalin, Ofstedal and Chang, 1992), whereas researchers of social psychological orientation tend to stress perceived support (Krause, 1986). In addition, there has been very little research concerning the linkages among the various dimensions of social support. Given this lack of consensus, it is not surprising that the substantive findings in the literature are equivocal. This also creates difficulties with reference to (a) the ability to generalize findings and (b) the accumulation of knowledge. By explicating the multi-dimensional structure of social support among the Chinese elderly, the present research offers some initial clues regarding the multi-dimensional structure of social support and its properties, and will facilitate standardization in the conceptualization and measurement of supportive social relations.

Socio-economic variables such as age, sex, urban/rural residence and education influence interpersonal exchanges both directly and indirectly. As there are significant socio-economic differences in employment status, organizational membership, marital status and number of children, these differences in turn cause variations in household size and interpersonal exchanges. For example, in addition to its direct effect on enacted support received, age also exerts indirect effects through its impact on employment status and number of children.

What are the policy implications of the findings? According to the descriptive and multivariate analyses, there are clearly demographic and socio-economic differences in terms of social integration and social support. In general, those who are more privileged socio-economically (i.e. the young-old, men and urban



residents) tend to have more supportive social relations and exchanges. However, those less advantaged, such as the old-old, women and rural residents, are more dependent on the family for support. Accordingly, greater efforts may be directed to the less advantaged groups in the enhancement of social support.

Because of the rapid social and economic developments in China during recent years, the structure of the Chinese family will undergo substantial change. As suggested by Tu and his associates (1989), the average size of the Chinese family has been becoming smaller and the joint survival of parents and children has been increasing substantially. It is, therefore, critical to reinforce the supportive functions of the family as well as to develop non-family-based mechanisms of old-age support. On the other hand, as a result of economic development, the well-being of future cohorts of older people is likely to be substantially improved in terms of education, occupation and income which in turn will have a favourable effect on old-age support in the future.

A major lesson one may derive from this research is that a much broader perspective towards social support should be adapted in assessing the needs of the elderly and in making policy analysis. Thus, the emphasis should not be solely centred on living arrangements and enacted instrumental support. Instead, proper emphasis should also be given to various other aspects of interpersonal exchanges and their interrelationships. Such a perspective is likely to lead to a more balanced view of social support, and is certainly more informative when policy decisions are to be made.

As the present research involved a probability sample of the elderly only in Wuhan, the extent to which our findings can be generalized for the total elderly population in China needs to be addressed. The differences between the Wuhan sample and the total elderly population in China can be assessed by contrasting their socio-economic characteristics. Whereas the Wuhan sample is similar to the Chinese elderly in general in terms of age structure and marital status, it differs from the total elderly population in several ways (Population Research Institute, CASS, 1988; State Statistical Bureau of the People's Republic of China, 1991). First, the Wuhan sample contains a substantially higher proportion of urban elderly population (59 per cent) than the country as a whole (26 per cent). As a consequence, the respondents in the Wuhan sample are likely to be better educated. Second, the sex ratio associated with the Wuhan sample (83.6) is lower than that for the total elderly Chinese population (89.2). Although such differences may render the frequency distributions derived from the Wuhan sample less representative of the Chinese elderly as a whole, this is less of a problem with the results of multivariate analyses because population heterogeneity has been controlled. However, this does not eliminate the need to replicate the survey in other sites in China or to undertake a national probability sample survey of the Chinese elderly.

Third, a sensible analysis of social support for the Chinese elderly requires a keen awareness of the unique social, political and demographic characteristics which include a centralized policy-making system, a large rural population and a rapidly growing private sector. In addition, population ageing in China coincides with other processes, such as increased industrialization, urbanization, political reform and epidemiological transformation. During the past decade, China has undergone major changes in areas of economic development, community organization, bureaucracy and social stratification (Walder, 1989). The interrelationships among these societal trends, old-age support and the well-being of the elderly in China are critical research and policy issues yet to be addressed.

## References

- Banister, Judith (1987). *China's changing population* (Stanford, CA, Stanford University Press).
- \_\_\_\_\_ (1988). *Implications of the aging of China's population*. Center for International Research Staff Paper No. 44, U.S. Bureau of Census, Washington, D.C.
- Barrera, M. (1986). "Distinctions between social support concepts, measures, and models", *American Journal of Community Psychology*, 14, pp. 413-455.
- Cleary, Paul and Ron Angel (1984). "The analysis of relationships involving dichotomous dependent variables", *Journal of Health and Social Behavior*, 25, pp. 334-348.
- Coale, Ansely J. (1984). *Rapid population change in China, 1952-1982* (Washington, D.C., National Academy Press).
- Davis-Freidmann, Deborah (1983). *Long lives: Chinese elderly and the communist revolution* (Cambridge, MA, Harvard University Press).
- George, Linda (1989). "Stress, social support, and depression over the life course". In: K. Markides and C.

Cooper (eds.), *Aging, stress, social support, and health* (New York, Wiley).

Grigsby, Jill S. and S. Jay Olshansky (1989). "The demographic components of population aging in China", *Journal of Cross-Cultural Gerontology*, 4, pp. 307-334.

Gu, Shengzu and Jinwu Guo (1989). *A comprehensive study of the urban elderly* (Wuhan, China, Wuhan University Press).

Gu, Shengzu and Bing Wang (1989). *International comparison of the health and social life of the elderly* (Wuhan, China, Wuhan University Press).

International Assistance Group on Family Planning (1989). *Chartbook of population aging in Asia* (Tokyo, Japan).

Jaing, Z., W. Zhang and L. Zhu (1984). "A preliminary examination of life expectancy in China", *Ren Kou Yu Jing Ji* (Population and Economics), 3, pp. 14-17.

Hermalin, Albert I., Mary B. Ofstedal and Ming-Cheng Chang (1992). *Types of supports for the aged and their providers in Taiwan. Comparative Study of the Elderly in Asia Research Reports No. 92-14.* University of Michigan Population Studies Center.

House, James (1981). *Work stress and social support* (Reading, MA, Addison-Wesley).

\_\_\_\_\_ and Robert Kahn (1985). "Measures and concepts of social support". In: S. Cohen and S. Syme (eds.), *Social support and health* (New York, Academic Press), pp. 83-103.

Knodel, John, Napaporn Chayovan and Siriwan Siriboon (1991). *Familial support and the life course of Thai elderly and their children. Comparative Study of the Elderly in Asia Research Reports No. 91-12.* University of Michigan Population Studies Center.

Krause, Neal (1986). "Social support, stress, and well-being among older adults", *Journal of Gerontology*, 41, pp. 512-519.

\_\_\_\_\_, Jersey Liang and N. Yatomi (1989). "Satisfaction with social support and depressive symptoms: A panel analysis", *Psychology and Aging*, 4, pp. 88-97.

Liang, Jersey, Edward Jow-Ching, Tu and Xiangming Chen (1986). "Population aging in the People's Republic of China", *Social Science and Medicine*, 23, pp. 1353-1362.

Liang, Jersey and Shengzu Gu (1989). "Long-term care for the elderly in the People's Republic of China". In: Teresa Schwab (ed.), *Caring for an aging world*, (New York, McGraw-Hill), pp. 265-287.

Population Research Institute, Chinese Academy of Social Sciences (1988). *The 1987 sample survey of population 60 years and over in China. Population Science of China. Special Issue No. 1.*

Rook, K. (1984). "The negative side of social interaction: Impact on psychological well-being", *Journal of Personality and Social Psychology*, 52, pp. 813-832.

Siegel, Jacob S. and Sally L. Hoover (1984). *International trends and perspectives: Aging. International research document No. 12*, U.S. Bureau of the Census.

State Statistical Bureau of the People's Republic of China (1991). *China statistical yearbook, 1991* (Beijing, International Center for the Advancement of Sciences and Technology Ltd., and China Statistical Information and Consultancy Services Center).

Tu, Edward Jow-Ching, Jersey Liang and Shaomin Li (1989). "Mortality decline and Chinese family structure: Implications for old age support", *Journal of Gerontology*, 44, pp. 157-168.

Walder, Andrew G. (1989). "Social change in post-revolution China", *Annual Review of Sociology*, 15, pp. 405-424.

Wethington, Elaine and Ronald Kessler (1986). "Perceived support, received support, and adjustment to stressful life events", *Journal of Health and Social Behavior*, 27, pp. 78-89.

Yang, Haiou (1989). The family support system for the elderly in rural China. Unpublished doctoral dissertation.

---

*Asia-Pacific Population Journal*, [www.unescap.org/appj.asp](http://www.unescap.org/appj.asp)

## Living Arrangements of the Filipino Elderly

By Lita J. Domingo and John B. Casterline \*

\* The authors of this article are Lita J. Domingo, Associate Professor at the Population Institute (PI) of the University of the Philippines, and John B. Casterline, Associate Professor of Sociology at Brown University and Visiting Associate Research Scientist at the Population Studies Center, University of Michigan. They would like to acknowledge with gratitude the research assistance provided by Midea Kabamalan and Corazon Jose of PI and the useful comments on an earlier draft made by John Knodel.

If rapid social changes result in changes in living arrangements, how will they affect the relations between generations?

Living arrangements are an important component of the overall well-being of the elderly. In the absence of well-developed systems for providing social services to the elderly, the elderly must rely on those with whom they live in close proximity for economic, social and physical support as their economic productivity and health decline. This is certainly the case in the Philippines, where historically co-resident kin have borne primary responsibility for the care of elderly dependents (Lopez, 1991).

There is a danger, of course, of exaggerating the significance of co-residence per se as a determinant of the well-being of the elderly. There is ample evidence, from the Philippines and elsewhere in Asia, of substantial economic contributions to households by non-co-resident kin, for example, remittances of young adults who have migrated away from their parents to work (e.g. Peterson, 1990). Even for the frail elderly, day-to-day social and economic interaction is not confined to the household. Nevertheless, because of their more limited economic productivity and because of their need for assistance in routine daily activities as their health declines, the domestic unit takes on special significance for the elderly. It is those with whom they co-reside that the elderly most rely on, and, in turn, to whom they offer the most services.

This article makes use of survey data to describe the households of the Filipino elderly. It considers the size of households containing elderly people, their age structure and their kin composition, with particular attention to the presence in the household of children of the elderly. Although some previous reports have examined simple measures of household structure (Morada et al., 1988; Domingo et al., 1990), we believe this to be the first comprehensive description of the living arrangements of the Filipino elderly based on nationally representative data.

The primary data source for the analysis is the 1988 National Demographic Survey (NDS). Detailed tabulations are presented for 4,445 households containing persons aged 60 years and over, a total of 5,970 elderly persons.<sup>1/</sup> With little effort, the NDS data can be used to characterize the households of the elderly in terms of their size and age-structure. The NDS also obtained information for each individual on relationship to household head and family relationship. With this information it is possible to classify most members of the household in terms of their specific kin relationship to elderly members.<sup>2/</sup> It should be emphasized that the NDS data provide only a "snapshot" of living arrangements as of one historical date. It is possible that this snapshot offers an unbiased portrait of the co-residence patterns typifying persons aged 60+ years over a much longer period of time. But because the 1988 NDS contains no measures of the permanence or fragility of households, the portrait we develop in this article can be assumed to apply to one time-point only. There is qualitative evidence that at least some Filipino elderly are quite mobile, circulating among the households of their children (Lopez, 1991).

A secondary data source for this analysis is the 1984 ASEAN (Association of South-East Asian Nations) Survey of the Elderly. This survey did not use a national probability sample, and hence does not yield national estimates. The survey does, however, contain information on the degree of interaction between the elderly and their kin, which is used in this article to augment the co-residence information provided by the census. A final source of data are focus group discussion sessions conducted with elderly and with younger adults in 1990 and 1991.<sup>3/</sup>

### Size and age-structure of the households of the elderly

Table 1: Size of the households of the Philippine elderly: mean household size and percentage in households of certain sizes, by characteristics of the elderly in persons aged 60+, 1988

Characteristics of elderly	Mean household size	Percentage living:			(N)
		Alone	W/spouse only	With 4+ persons	

Total	5.14	4	10	53	(5,970)
Male	5.24	3	11	55	(2,796)
Female	5.05	5	8	52	(3,174)
Never married	4.75	10	-	48	(317)
Formerly married	5.10	9	-	54	(1,849)
Currently married	5.19	1	15	54	(3,801)
Male					
Never married	5.31	13	-	53	(60)
Formerly married	5.08	12	-	55	(453)
Currently married	5.27	1	14	55	(2,282)
Female					
Never married	4.62	9	-	46	(257)
Formerly married	5.10	8	-	54	(1,397)
Currently married	5.07	1	18	51	(1,519)
60-64 years	5.35	2	8	57	(2,032)
65-69 years	5.00	4	11	52	(1,513)
70-74 years	4.91	5	11	50	(1,097)
75+ years	5.16	5	11	52	(1,327)
Male					
60-69 years	5.39	2	9	58	(1,698)
70+ years	5.02	3	14	51	(1,098)
Female					
60-69 years	5.03	3	9	52	(1,847)
70+ years	5.08	7	8	51	(1,327)
Urban	5.57	3	6	60	(2,063)
Rural	4.91	4	12	50	(3,907)
Male					
Urban	5.66	2	8	63	(918)
Rural	5.04	3	13	52	(1,878)
Female					
Urban	5.49	3	5	58	(1,145)
Rural	4.80	6	10	48	(2,029)

Source: Original tabulations from the 1988 National Demographic Survey.

Household size is the most fundamental indicator of the extent to which the elderly reside in isolation or in a dense social setting. Everything else being equal, larger households offer more social interaction and more support for the elderly. Social isolation is viewed as a very negative condition in Filipino society; as Lopez (1991) points out, there is no word in any of the Filipino languages for "privacy". It is not surprising, then, that overall only 4 per cent of the elderly live alone (table 1). The percentage living alone is 5 per cent or below for both sexes, all age groups, and both urban and rural residents. Among the never married and formerly married, however, the percentage living alone is higher (10 per cent and 9 per cent, respectively). Never married and formerly married males are especially likely to live alone, with about one out of eight (13 per cent) living alone. Never married persons and formerly married males constitute a small fraction (8 per cent) of the Filipino elderly, however.

At the other extreme, over half (53 per cent) of the Filipino elderly co-reside with four or more persons (i.e. a household of five or more persons). This percentage is highest among the "youngest old" (persons aged 60-64) and urban residents. It follows that these are the strata with the largest average household size, 5.57 for urban elderly as against 4.91 for rural elderly. Overall, households of the Filipino elderly average 5.14 persons, i.e. they contain 4.14 other household members.

The living arrangements of the currently married are distinct in one crucial aspect from those not currently married. Virtually all currently married individuals co-reside with their spouse; 15 per cent co-reside with their spouse only. Obviously this has a direct bearing on household size.

Table 2: Age structure of the households of the Philippine elderly: percentage of persons aged 60+ co-residing with persons of certain ages, by sex of elderly, 1988

#### Percentage co-residing

with persons aged: (years)	All elderly			Excludes elderly living alone		
	Male	Female	Total	Male	Female	Total
60+	51	51	51	52	53	53
70+	17	26	22	18	28	23
60-69	35	26	30	36	28	32
15-59	83	80	82	86	84	85
35-59	56	46	51	58	49	53
15-34	72	67	69	74	70	72
0-14	56	55	56	57	58	58
5-14	46	45	46	47	48	47
0-4	28	28	28	29	30	29
(N)	(2,796)	(3,174)	(5,970)	(2,719)	(3,025)	(5,744)

Source: Original tabulations from the 1988 National Demographic Survey.

Because the households of the Filipino elderly are large on average, there is ample scope for the elderly to co-reside with a diversity of types of individuals, as characterized, for example, by age, sex and kin relationship. The age-structure of the households of the elderly is examined in table 2. Other household members are classified into three broad age groups (0-14, 15-59 and 60+) and six subgroups. Note that each cell entry in table 2 refers to the percentage of elderly co-residing with a person in the specified age group; these percentages do not add up to 100 because elderly may co-reside with persons from two or more age-groups.

In general, one is impressed by the extent to which the Filipino elderly are exposed, on a day-to-day basis through their living arrangements, to persons of other ages. A large percentage of the Filipino elderly (83 per cent of males, 80 per cent of females) co-reside with someone aged 15-59. This is indicative of the significance of inter-generational support systems in Filipino society. It would probably be incorrect to conclude from these high percentages that Filipino elderly are simply dependent on these younger adults, since the elderly are more likely to co-reside with persons aged 15-34 than with persons aged 35-59. It is likely that many of the younger adults are children who have not yet left home, and therefore are, to a greater or lesser degree, reliant on their elderly parents or grandparents. This hypothesis is supported by the focus group discussions and is discussed at length in the next section of this article.

Finally, we note that slightly more than one half of Filipino elderly persons (56 per cent of males, 55 per cent of females) co-reside with a child, i.e. a person under age 15. Most of these very young household members are the grandchildren of the elderly. Grandchildren are mentioned often in the focus group discussions:

(I am not living alone) ... because I forced my grandchildren to stay with me.

(Pinong-M, Bulacan-R).

This is the case of my grandfather's brother. When he became a widower, his grandchildren took care of him. He used to 'borrow' his grandchildren because he no longer had any companion.

(Jun-M, Las Pinas-UM)

I prefer that my grandchildren live with me. I have five of them in our household...it would be good to have somebody run errands for you... to get things you need: 'Get me this, get me that'.

(Gerry, Doro-M, Pasig-UL)

While most of the respondents believe that the elderly are generally happy in the company of their grandchildren and that the grandchildren are able to provide some service to the elderly, there are costs involved:

My pension helps but we are still financially short, especially now that the children of my own children are often entrusted to us.

(Fidel-M, Las Pinas-UM)

## Co-residence with kin

### Kin composition of households

As elsewhere, Filipino households tend to be composed of individuals related by kinship, close kin (spouses, parents and children, siblings) in particular. It is generally assumed that exchanges (economic and social) among close kin are more reliable and intensive than with distant kin or non-kin. For the elderly, many of whom need various kinds of assistance on a daily basis, it may be especially important to co-reside with close kin. Decisions not to leave the parental home, or to invite parents to live with married children, may have been motivated by the children's concern for their elderly parents' welfare.

We are the ones living with her because my husband does not want to leave her. He pities his mother...I can't ask my husband to leave her because she is his mother...she has other children, but her children-in-law don't like her.

(Meann-F, Las Pinas-UM)

In-laws form an important source of assistance in old age. While there are reports of jealousy between daughters-in-law and mothers-in-law, several accounts of daughters-in-law serving their parents-in-law attest to the positive relationship between women. Respondents state that they treat their in-laws like their own parents. A daughter-in-law describes her experience as follows:

When I got married, we first stayed with my in-laws. When my mother-in-law got old, she needed a lot of care. She did not want to live alone ... only after two years (subsequent to) her death (did we live separately) as a sign of respect for the brothers and sisters of my husband who were staying with us.

(Ely-F, Bohol-R)

As may be expected, those elderly with no children and those living with non-relatives expressed most concern over their future health care. Furthermore, in most of the focus group discussion sessions, the elderly expressed extreme concern at the idea of growing old, frail and bed-ridden; many stated that they wish for a quick death to avoid being a burden to their children.

Table 3: Kin composition of the households of the Philippine elderly: percentage distribution of persons aged 60+, by co-residence with spouse and children, by age and sex of elderly, 1988

Presence of kin in household	Males			Females		
	60-69	75+	Total	60-69	75+	Total
Alone	2	4	3	3	7	5
Spouse only	9	14	11	9	8	9
Children only	3	3	3	8	7	7
Others only	4	6	5	12	20	16
Spouse, children	30	14	24	12	4	9
Spouse, others	8	12	10	8	6	7
Children, others	7	18	11	23	36	28
Spouse, children, others	37	30	34	25	12	20
Total	100	100	100	100	100	100
(N)	(1,698)	(1,098)	(2,796)	(1,847)	(1,327)	(3,174)
Total co-residing with:						
Spouse	84	70	79	54	30	45
Children	77	65	72	68	59	64
Others	56	66	60	68	74	71

Source: Original tabulations from the 1988 National Demographic Survey.

A general classification of the kin composition of the households of the Filipino elderly is presented in table 3.2/ This classification focuses on co-residence with a spouse and/or with children, showing each of the various combinations of these two as well as co-residence with other individuals. As already evident in table 1, a very small percentage of the elderly live alone; this percentage increases slightly with age, ranging from 2 per cent for males aged 60-69 to 7 per cent for females aged 70+. The modal living



arrangement for males is to live with a wife, children and others (34 per cent). A further 24 per cent live with a wife and children, so that more than one half (58 per cent) of males live with a wife and at least one child. Among females, on the other hand, the modal living arrangement is to live with children and other individuals (28 per cent), followed by co-residence with the husband, at least one child and other individuals (20 per cent).

The fundamental sex differences in living arrangements are more apparent in the total percentages living with each type of individual:

<b>Percentage living with:</b>	<b>Males</b>	<b>Females</b>	<b>Total</b>
Spouse	79	45	60
Children	72	64	68
Others	60	71	66

Source: Table 3.

Males are much more likely than females to co-reside with a spouse, and less likely to co-reside with other individuals (i.e. other types of kin, or unrelated individuals). Males are also slightly more likely to co-reside with at least one child. These major differences in the living arrangements of males and females reflect the workings of two factors: firstly, and of greatest importance, the much larger percentage of females than males whose spouse has died; secondly, the older average age of the children of elderly females as compared with the children of elderly males (reflecting spousal age differences).

There are also important age-patterns in household kin composition evident in table 3: the likelihood of co-residing with a spouse declines with age owing, of course, to the death of the spouse; co-residence with children declines with age (more sharply for males than for females), reflecting the process of children leaving home to establish their own households; and co-residence with "others" increases with age, offsetting the decreasing likelihood of co-residing with spouse and/or children.

#### Co-residence with children

For the elderly, co-residence with their children is of particular interest because under traditional norms children are expected to support elderly parents. A pervasive concept in Filipino society is *utang na loob* ("debt of gratitude"), a debt incurred through social relationships that can never fully be repaid. Children are said to incur an *utang na loob* to their parents, and recognition of this underlies traditional systems of support for the elderly (Lopez, 1991). The expectation, or hope, that children will provide significant support in old-age is evident in quantitative and qualitative research on the Philippines. In Bulatao's (1975) study of the value of children in the Philippines, the most frequently mentioned advantage of children is the economic benefits and economic security that they are expected to provide (42 per cent); 33 per cent specifically mentioned assistance in old age.

Additional insights into this concept can be derived from the focus group discussions, in which the respondents were asked to respond to the question on whether or not children are obliged to support their elderly parents. While some respondents candidly stated that they thought children should support their parents in their old age, the majority said that they would much rather leave this decision to the children. Some even added that it would be humiliating to have to ask for support. While there is some ambivalence about the expectation of support from children when the intended beneficiaries are the elderly themselves, when the point of reference is shifted to their own parents having been the beneficiaries of their support, the elderly respondents are more in agreement. A typical answer was as follows:

Parents should be supported because they gave us our home, our lives, and they were the ones who brought us up in the eyes of society. Naturally, if they are already weak, then it would be our turn to help.

(Loleng-F, Las Pinas-UM)

This attitude is consistent with some comments made by the adult children, such as the following:

Oh, yes. You should look back to where you came from and feel obliged to help your elderlies because I don't think you would reach this age if not for them.

(Pining-F, Quezon City-UL)

Debt of gratitude, obligation and love - they go together.

(Sides-F, Bohol-R)

Table 4: Co-residence of Philippine elderly with their children: percentage distribution of persons aged 60+ according to number of co-residing children, by characteristics of the elderly, 1988

Characteristics of elderly	Number of co-residing children				Total	(N)
	0	1	2	3+		
Total	32	37	15	16	100	(5,970)
Male	28	32	17	23	100	(2,796)
Female	36	41	13	10	100	(3,174)
Never married	94	4	2	0	100	(317)
Formerly married	27	52	13	8	100	(1,849)
Currently married	30	32	17	22	100	(3,801)
Male						
Never married	86	10	2	2	100	(60)
Formerly married	28	48	15	9	100	(453)
Currently married	27	29	18	26	100	(2,282)
Female						
Never married	95	3	2	-	100	(257)
Formerly married	26	54	12	7	100	(1,519)
Currently married	34	35	16	15	100	(1,397)
60-64 years	24	29	20	27	100	(2,032)
65-69 years	33	36	16	16	100	(1,513)
70-74 years	39	38	13	10	100	(1,097)
75+ years	39	48	8	6	100	(1,327)
Male						
60-69 years	23	27	19	30	100	(1,698)
70+ years	36	40	13	11	100	(1,098)
Female						
60-69 years	32	37	17	15	100	(1,847)
70+ years	41	47	8	4	100	(1,327)
Urban	27	37	16	19	100	(2,063)
Rural	35	36	14	15	100	(3,907)
Male						
Urban	23	32	17	28	100	(918)
Rural	31	32	17	21	100	(1,878)
Female						
Urban	30	41	16	12	100	(1,145)
Rural	39	40	12	9	100	(2,029)

Source: Original tabulations from the 1988 National Demographic Survey.

Given the strong norms that appear to prevail in Filipino society about the obligations of children to their elderly parents, the percentage of elderly co-residing with children is surprisingly low: 68 per cent of all elderly (table 4). This figure appears to be 5-10 points lower than comparable figures for elsewhere in East Asia and South-East Asia (see Casterline et al., 1991, and Knodel et al., this Journal). This feature of Filipino co-residence patterns raises a series of questions. Are the Filipino elderly more isolated from their children than the elderly in other nearby Asian countries, and, if so, why? Or do the lower rates of co-residence reflect cross-national measurement differences (e.g. the definition of "household")? Or, despite genuine cross-national differences in co-residence, is the intensity of exchanges and support relationships between the elderly and their children roughly the same throughout East and South-East Asia?

One possible explanation for the relatively lower co-residence rates among Filipino elderly is the physical limitation of small dwellings of poor Filipino households: the 1980 census showed 56 per cent of Filipino

households living in dwellings with an average floor area of less than 30 square metres. Respondents from the rural as well as urban low-income areas described some of their strategies for accommodating children. These include building extensions or making several independent units in one structure by building doors and walls. With this degree of proximity, the absence of co-residence is not an obstacle to exchanges between parents and children:

Since they are living beside you, you will know whether they are in need and if the children are hungry.

(Genio-M, Bulacan-R)

Subnational differentials in the propensity to live with at least one child are also evident in table 4: males are slightly more likely to live with a child (i.e. less likely to have no co-residing children); co-residence with a child is slightly more likely in urban areas; and, as noted above in the discussion of table 3, co-residence with a child declines with age.

The latter differential raises the question of the nature of the dependency characterizing the relationships between the elderly parents and their co-residing children. If parental need for support and daily assistance were the primary determinants of parent-child co-residence, one would expect co-residence to increase with age rather than decrease. The differential by parental age in parent-child co-residence almost certainly reflects the life-course stage of the children rather than the needs of the elderly parent. Many of these children have not yet left home and established their independence, and therefore might be regarded as being more dependent on their elderly parent than vice versa. It is important to keep in mind that, on average, these cohorts of elderly have large numbers of surviving children (a mean of 4.35 for the women, according to the 1980 census) and that their child-bearing did not end until they reached about age 40 (for women, and thus somewhat later for men).

The presence of "dependent" children was mentioned repeatedly in the focus group discussions. Maxima, a resident of an urban low-income barangay (village) in Quezon City, stated that she has "five children who are still single and are still living with me". Some of the elderly parents are supporting children who are still in school. An example is Celina from rural Bohol who has a 14-year-old son in the first year of high school. Some of the children in school are past what might be regarded as their dependent years, such as the son of Genia from Quezon City who "... seems to have been influenced by the times. He is already 29 years old and is back in school. I don't know if he will be able to finish his studies". The son of a rural participant shows ambition as "... he is going to law school" (while being supported by his parents). But children do not automatically leave the parental home after completing their schooling:

We operated our own shop for 10 years. We were able to send all our children to school. All, except one, have finished their studies. They are all married and still living with me.

(Terry-M, UL)

A common point that emerged during the focus group discussions is that many of the married children are still living with the elderly parents because they are not yet able to afford to live independently.

Since my house is a little bit spacious and I was still feeling strong, I used to let the newlywed couples stay in a room reserved for them until such time that they have found jobs and can stand on their own. I did that for all of my children. All of them started there so that I had to build many rooms inside the house. Some of them have been able to buy their own houses. Now my wife and I are left in the house. They say that "mine" is different from "ours". Children prefer to put up their own rather than depend on us.

(Gerry-M, Pasig-UL)

An insightful observation about this arrangement comes from a rural respondent from Bohol who declares:

The children who are living with their parents are in a way still dependent on them because the land that they are tilling still belongs to their parents. The parents still have the authority or the power because he is just tilling their land. He cannot say that the land he is tilling is already his.

(Lesting-M, Bohol-R)

Control over family resources often may not be the primary issue, however. Poverty among the adult children may necessitate their continued co-residence with their parents.

I don't have any problems in life. My youngest who is married, is the only one who lives with me. But he is also a farmer and has no steady income. We manage though. We survive through God's help.

(Genia-F, Bohol-R)

Almost every day, I give my grandchildren some money. Because they are poor, their parents cannot support me.

(Doro-M, Pasig-UL)

The concern and feeling of frustration of some of the elderly parents over the plight of their children are clearly articulated by this respondent:

My problem is feeling bad seeing my children having difficulties with their work ... (their earnings are) not even enough to meet their needs .... I can no longer help them. That is what I consider as my frustration, my failure. I pity my grandchildren. I was not able to prepare well. I feel guilty, I was neglectful.

(Jim-M, Las Pinas-UM)

Some elderly regard the dependency of their children as a new phenomenon, reflecting present-day economic stresses. An urban middle-class woman commented that in the past her mother did not have problems like this (accommodating married children) since:

"once a child gets married ... they live separately".

(Norma-F, Las Pinas-UM)

Others took the view that married children should be encouraged to live independently so they:

"can learn some lessons about life and also learn to relate with other people".

(Gerry-M, Pasig-UL)

While the dependency of the younger co-residents is clearly depicted by these reports, the younger adults who participated in other focus group sessions did not tend to confirm this image of dependency. It is possible that the parents of the younger adult focus group discussion participants, who served as their points of reference during the discussion, are much older than the elderly focus group discussion participants and hence less likely to be economically active. Mutual assistance is suggested by the following statements from the younger respondents:

The house is hers (mother-in-law), but we are the ones who handle the expenses. It would be a shame if she were the one who will pay for the telephone and electric bills.

(Meann-F, Las Pinas-UM)

I am the one who is living with my parents but I also work. My older siblings in Mindanao (island in the south) send us money to help us, but my parents do not really depend on them. I am the one tilling the land.

(Loloy-M, Bohol-R)

Although less than 70 per cent of the Filipino elderly co-reside with a child, among those co-residing with a child a substantial fraction co-reside with two or more children (table 4). The relatively high density of co-residing children of the elderly distinguishes the Philippines and other Asian societies from the West, where the elderly are likely to live with one child only. Thirty-one per cent of the Filipino elderly live with two or more children, and 16 per cent with three or more children. The latter indicator shows sharp variation by subgroup. Subgroups that are particularly likely to live with three or more children are males (23 per cent), the currently married (22 per cent) and currently married males in particular (26 per cent), and younger-elderly (27 per cent of those aged 60-64). Once again, one must be cautious in making assumptions about the types of exchanges that are occurring between the co-residing elderly and their children. In those instances where three or more children co-reside with an elderly parent, it may well be the children who are the more dependent of the two parties, e.g. for economic livelihood. This is likely to be the case for the younger elderly, whose co-residing children may not yet have established their economic independence.

## Characteristics of co-residing children

The co-residing children are clearly a subgroup of all available children. It is interesting to consider whether the co-residing children are selective with respect to their demographic and other characteristics (age, sex, status, economic activity).

In table 5, the percentage of elderly living with children of specified sex and marital status is presented.<sup>4/</sup> The figures in table 5 are very suggestive of the selection criteria that operate. For elderly in all subgroups, the numbers of surviving sons and daughters are roughly equal; that is, the "pool of eligible children" contains roughly equal numbers of males and females. Therefore, the fact that the co-residing children consist of roughly equal numbers of males and females suggests that no strong gender preferences exist in the Philippines with respect to which children co-reside with elderly parents. Note, however, that the elderly are slightly more likely to co-reside with a son than a daughter. The main exception to this generalization is formerly married females, who are more likely to reside with a daughter than a son (32 per cent vs. 27 per cent). Similarly, formerly married males who co-reside with two or more children are more likely to live with a daughter than a son. That is, there is a general pattern of widowed elderly Filipinos co-residing with daughters.

Table 5: Sex and marital status of children co-residing with Philippine elderly: percentage of persons aged 60+ co-residing with children according to sex and marital status \* of the children, by number of co-residing children, sex and marital status, 1988

Nuber and characteristics of co-residing children m	Males			Females		
	Formerly married	Currently married	Total	Formerly married	Currently married	Total
One co-residing child						
Unmarried son	15	34	29	17	27	21
Unmarried daughter	18	27	25	18	25	21
Married son	36	21	25	31	26	29
Married daughter	31	17	20	34	22	29
Two co-residing children						
Unmarried sons	65	72	71	73	65	68
Unmarried daughters	62	58	58	53	59	56
Married sons	26	17	19	16	21	19
Married daughters	16	15	15	27	18	22
Three or more co-residing children						
Unmarried sons	80	92	91	89	88	88
Unmarried daughters	86	85	52	80	78	38
Married sons	22	14	15	22	18	19
Married daughters	29	16	17	22	21	21
One or more co-residing children						
Unmarried sons	34	64	59	33	50	41
Unmarried daughters	35	55	52	30	45	38
Married sons	32	18	20	27	23	25
Married daughters	28	16	18	32	21	26
(N)	(324)	(1,672)	(1,997)	(1,030)	(996)	(2,026)

Source: Original tabulations from the 1988 National Demographic Survey.

Note: \* "Married" refers to currently married.

Overall, the Filipino elderly are much more likely to co-reside with an unmarried (never married, or formerly married) child than a married child. This pattern does not hold for those living with only one child, particularly for the formerly married elderly - the formerly married males are more likely to live with a married son (36 per cent) than an unmarried son or daughter; widows, on the other hand, are more likely to live with a married daughter and married son (34 per cent and 31 per cent, respectively) than their unmarried children. The NDS data show that, on average, the elderly living with only one child are older

than those co-residing with two or more children (70.4 vs. 65.2 years old) and thus are more likely to be in need of assistance and care. It may be inferred from this that the differentials by marital status of the elderly in table 5 may actually be indicative of a preference for living with one who can provide care for the elderly - the daughter of the widow or the daughter-in-law of the widower.

The apparent preference for the unmarried child is not a function of supply factors, i.e. the greater availability of unmarried children: 66 per cent of the living children of the elderly in the 1984 ASEAN Survey<sup>5/</sup> were currently married (30 per cent married sons, 36 per cent married daughters). Thus, the differentials by marital status of the children in the propensity to co-reside with an elderly parent is even greater than the distributions in table 5 suggest. The data in table 5 also indicate that the tendency to co-reside with an unmarried child is greater for the male elderly than for the female elderly. This differential does reflect, in part at least, supply factors: in the 1984 ASEAN Survey, 60 per cent of the children of elderly males were married, as against 76 per cent of the children of females. The type of child in least supply is "unmarried daughter": in 1984, unmarried daughters constituted 16 per cent of the children of the elderly overall, 20 per cent of the children of elderly males and 12 per cent of the children of elderly females. Yet unmarried daughters are relatively common among the children co-residing with the elderly: in 1988, 50 per cent of the elderly males and 38 per cent of the elderly females co-resided with unmarried daughters (table 5). These findings suggest a decided propensity to co-reside with unmarried females.

There was consensus in the focus group discussions that daughters are the preferred care-givers, especially for the bed-ridden elderly. Modesty appears to be a more important consideration for the female elderly. A typical comment of female respondents is as follows:

It will be better if our daughters will take care of us, because for example when we're already bed-ridden and we need to be given a sponge bath ... of course, the girls will know what to do ... I cannot imagine the males doing those intimate things a woma can do.

(Anita-F, Pasig-UL)

While the desire of an elderly mother to have her daughter care for her does not require elaboration, the seemingly acceptable arrangement between the daughters-in-law and their fathers-in-law needs to be explored further. Some insight may be drawn from the following excerpts from the focus group discussions. One paints a picture of a woman who feels that taking care of her father-in-law is part of her role as a wife and the devotion she shows in fulfilling the obligation is due to the nature of the relationship she has with her father-in-law:

He (father-in-law) prefers to stay with us instead of living in places where his needs will be better provided for, where he will have no problems with food. The way I care for him is like the way I would have cared for my father, knowing that he is the father of my husband. I consider him as my real father. Even if he spat everywhere, I would clean up after him. So it's not only a matter of gender which guides the elderly in choosing (who he wants to live with) but also who will be able to take greater care of him.

(Pining-F, Quezon City-UL)

With my father-in-law, if he were still alive, I would have had no problem with him ... ordinarily there are no problems with fathers-in-law ... men are not so talkative. If they notice something, they just don't criticize. They will just let it be (todo pasa). ... Also among women, there seems to be competition or jealousy.

(Ruby, Nena, Mea-ann, Eden, Las Pinas-UM)

Birth order of the child is not examined in table 5, but is mentioned occasionally in the focus group discussions:

When I got married, being the youngest, I was left in our house. My unmarried siblings built a house and got my mother to live with them. So we are neighbours.

(Cesar-M, Pasig-UL)

To sum up, the figures in table 5, in combination with supplemental data from the 1984 ASEAN Survey on the availability of children of different types, suggest that some preferences do exist concerning which children (in terms of sex and marital status) should reside with elderly parents. Despite expressed preferences for females to care for the elderly in poor health, overall differentials by sex of the child are

weak, especially if the Philippine patterns are compared with those prevailing in patrilineal societies in Asia. When asked explicitly about sex preferences for co-residing children, the elderly and the younger adult participants in the focus group discussions rarely cited the sex of the child, instead mentioning the order of the child (youngest or eldest), the economic circumstances of the child, and the congeniality of the parent-child relationship. In contrast, selection in terms of the marital status of the children is powerful, with unmarried children much more likely to co-reside with elderly Filipinos. This pattern may reflect the preferences of the elderly or the young adults, or it may reflect resource constraints, since married children have other near-kin (spouse, children) with whom to co-reside. The desire to avoid conflicts given these resource constraints is suggested by the following comments:

With married children who already have their own children, we must realize that we have a different sort of 'law' now - the 'law of the spouse', even if your child is male or female, more so for females. The spouse gets angry if your child gives you much attention.

(Alud-F, Quezon City-UL)

For me, they are the same (married son and married daughter), because they are both kind, plus I don't want to hear them fighting - that is what I can't endure ... if you are a burden, the relationship won't be a good one ... if you are with a daughter-in-law, and you ask for things and you don't help them, they will get irritated with you.

(Loleng-F, Las Pinas-UM)

Your son/daughter-in-law will get angry if your child gives you support.

(Rose-F, Quezon City-UL)

Supposing that you were sick, the decision on who is going to take care of you might pose a problem, especially when your daughter's husband works outside their home. Your daughter might really want to visit you and attend to your needs every now and then. But by doing so, she'll have to leave her small children. We often hear such situations becoming the source of conflicts among couples.

(Binong-M, Bulacan-R)

Contact with non-coresident children

Table 6: Contact of the Philippine elderly with their children: percentage distribution of persons aged 60+ according to recency of contact a/ with one of their children, by characteristics of the elderly, 1984

Characteristics of elderly	Co-resident with a child	Not co-resident		Total	(N <sup>b/</sup> )
		Contact within last week	Else		
Total	72	19	9	100	(530)
Male	72	18	10	100	(242)
Female	73	20	7	100	(288)
Formerly married	72	19	9	100	(326)
Currently married	72	19	9	100	(204)
Female					
Formerly married	71	20	9	100	(158)
Currently married	74	20	6	100	(130)
60-69	75	17	8	100	(349)
70+	65	24	11	100	(181)
Urban (Manila)	78	14	8	100	(274)
Rural	66	24	10	100	(256)
Male					
Urban (Manila)	80	10	10	100	(113)
Rural	65	25	10	100	(129)
Female					

Urban (Manila)	77	17	6	100	(161)
Rural	68	23	9	100	(127)

Source: 1984 ASEAN Survey

Notes: a/ Elderly respondents were asked: "When did you last see any of your children who are not living with you in this household?" [Item C9a].

b/ Sample restricted to elderly with at least one living child and to "type B" respondents, i.e. those selected without a requirement of co-residence with an ever married woman of reproductive age or an adolescent (see Domingo and Feranil, 1990). Elderly co-residing with a spouse are assigned a weight of 2, while other respondents are assigned a weight of 1. The weights are normalized so that unweighted and weighted sample sizes are equal.

Thus far the analysis of inter-generational relationships has been restricted to co-residence. While co-residence is of great significance to the daily life of the elderly, to obtain a balanced perspective on the degree of social integration or isolation of the Filipino elderly some account should be taken of extra-household interaction and exchanges. The 1984 ASEAN Survey inquired directly about contact between the elderly and children with whom they do not co-reside. Restricting the analysis to those elderly who had at least one living child, it is clear from table 6 that a very large proportion of the Filipino elderly either co-resided with one of their children or had had contact with one of them within the previous week. Overall, only 9 per cent of the elderly parents neither co-resided with one of their children nor had contact with one of them within the previous week. (Obviously this percentage is higher for all the elderly, including those with no living children.) The percentage with no recent contact with one of their children does not exceed 11 per cent in any of the subgroups considered in table 6. The 1984 figures for the rural stratum are probably most representative nationally. Roughly one quarter of the rural elderly do not reside with one of their children but had contact within the previous week; only 10 per cent had no recent contact with one of their children. Other data from the 1984 survey indicate that a large majority of the elderly who did not co-reside with one of their children had at least one child living in the same barangay. We suspect that many of the elderly, in rural areas in particular, who do not live with one of their children, have one of them living in very close proximity, perhaps in an adjacent dwelling.

Such arrangements were mentioned frequently in the focus group discussions. Both elderly and younger adults cited special arrangements that tend to compensate for not sharing residences.

I live alone, but during daytime I am not totally alone because my nephews and nieces come to my house. They cannot stay with me during the night because I usually go out very early in the morning to deal pigs (butcher), and they are still very young to be left by themselves.

(Siding-M, Bohol-R)

As for me, I don't have a child with me at home. Our children know that we are poor. Sometimes, the one who lives near us does the marketing for us, or gives us money.

(Jim-M, Las Pinas-UM)

We invited our mother-in-law to stay with us but she refused because she did not want to leave her house. So, we just respected her decision. When the time will come that she is no longer capable, then I will force her to stay with us. But at present we are supervising her, her food, and I let my kids fetch water for her.

(Ellen-F, Bohol-R)

Visits may go in either direction, i.e. parents visiting children or children visiting parents. One of the main motivations for the elderly in visiting their children is to spend time with their grandchildren, whereas children often visit their parents to check on their well-being. As an elderly parent reports:

For me, if I don't get to visit them, say for a month, they would come and visit me. They'd say: 'Maybe she's sick, that's why she wasn't able to visit'.

(Tuning-F, Bulacan-R)

It would be misleading, therefore, to conclude from the analysis of tables 3-5 that a surprisingly high fraction of Filipino elderly are isolated from their children. Using co-residence in the same household as the criterion, this conclusion has an empirical basis. But clearly a full assessment of intergenerational



relationships involving the elderly must not be limited to living arrangements only.

Finally, in those instances where the elderly have no children nearby and/or have infrequent contact with their children, the elderly do not necessarily regard this as counter to their interests or as unjustified desertion. The absence of children is often the result of their emigration in search of greater economic opportunities. The following describes the typical motivations of the young rural out-migrant:

...to seek better means of living, because if they will stay here they won't find jobs, and they won't till the land because they go to school. In my own observation, there are young people who have gone to high school - especially if they reached college - they do not want to hold a bolo (big knife) anymore and till the land.

(Saroy-M, Bohol-R)

It is very clear from the focus group discussions that, although many elderly are lonely because of separation from their children and grandchildren, migration to other places has improved the lot of their children, who then are able to send money to their parents. Remittances have become an important form of economic support for the elderly. This is especially the case for some of the urban-middle-class elderly whose children have gone abroad to work.

#### Concluding comments

Our analysis of the size, structure and composition of the households of the elderly shows that a small fraction of the Filipino elderly live alone and a large proportion live with kin, a spouse and/or children in particular. Co-residence with children would appear to be less common than in other East and South-East Asian countries. But survey data and the qualitative assessments of focus group participants indicate that most of the elderly not living with a child are by no means isolated from their children. Rather, most of them have children living nearby and/or are in frequent contact with children. We speculate that limited dwelling space, itself reflecting the prevalence of poverty, partly accounts for the division of households. Nevertheless, many families seem to have devised creative solutions in which proximity and independence are both maintained. For those who are more distant, data on frequency of contact reveals the continued interaction between the generations. To repeat, the picture that emerges is that only a tiny fraction of the Filipino elderly are isolated from close kin.

A positive interpretation of these findings would be that the living arrangements of the Filipino elderly are favourable for their overall well-being, since co-resident and nearby kin are assumed to be reliable sources of assistance and support. Several considerations steer us away from such a rosy conclusion, however. First of all, differentials apparent in the quantitative analysis combined with qualitative data from focus group discussions raise questions about who benefits from co-residence. The fact that the younger elderly are more likely to co-reside with children and that the flow of support is from the elderly parents to their children, as described in the focus group accounts, both suggest that many elderly continue to play a parental role of providing economic (and other) support to dependent children. Apparently this includes married as well as unmarried children. Indeed, the quantitative evidence shows a distinct preference for living with unmarried children, and, to the degree that these children remain with their parents because they are not yet capable of economic independence, the presence of these children puts pressure on the elderly to maintain economic productivity. At the same time, because married children will often have other kin to support (spouse, children, in-laws), they too may not be an optimum source of support for their elderly parents. Economically productive unmarried children would seem to be the best source of support.

A second reason for reservations about the adequacy of the living arrangements of the Filipino elderly is the level of economic distress that characterizes the population as a whole. This factor is not addressed in this study, but there is every reason to assume that the conditions of poverty in the country - in rural areas and among the urban poor - severely affect the quality of life of the elderly and other members of their households. Or, put differently, there is no reason to assume that practices of intra-household distribution of resources so favour the elderly as to compensate for the extent of poverty that exists at the household level. In short, we can have no assurance that living arrangements that in social terms would seem to guard the well-being of the Filipino elderly are in fact successful in guaranteeing their well-being. As a footnote to this discussion, we recommend that future empirical research on the Filipino elderly make a systematic effort to measure the economic and non-economic well-being of the elderly. This will require the development of data collection instruments that go beyond those employed in research to date on the Filipino elderly.

A final question about which to speculate is how long the current pattern of living arrangements will persist. Will values of *utang na loob* and the affection that pervades most Filipino homes be sustained in the

face of rapid social change? We refer to the greater educational attainment of younger generations, increased rates of migration to urban areas and overseas, higher levels of participation of women in work outside the home, and the continuation of economic distress. If these changes result in changes in living arrangements, how will they affect the relations between generations? These are essential questions to address in future research on the Filipino elderly.

#### Footnotes

1. The 1988 National Demographic Survey was conducted using a stratified two-stage random sampling design. It involved visits and interviews in about 19,000 households in over 2,000 barangays (villages). The subfile used in this analysis contained households with at least one person aged 60+. A total of 4,422 households were identified as such, containing 5,970 persons aged 60+ (weighted figures).

2. Relationship to the elderly was derived on the basis of two variables: relationship to household head and relationship to family. The former consists of a two-digit code, while the latter consists of a three-digit code. The first two digits of the three-digit code follow the same coding scheme as the two-digit code (but only represent codes 01 to 04, referring to head, spouse of head, son and daughter) while the third digit refers to the number of the family nucleus.

If the elderly person is the head of the household or the spouse of the head, then relationship to the elderly person is obvious, and children can be readily identified using the relationship to household head variable. (Note that included among children are step-children and adopted children.) If the elderly person is the father or mother of the household head, the household head and those coded as brothers and sisters of the head are children of the elderly, determined again through the relationship to the household head variable. But if an indirect relationship exists between the elderly and the household head, the variable on relationship to the family must also be used - otherwise, following the same logic as just described, persons who do not fall into any of the above categories are classified as other relatives of the elderly.

3. A total of 18 focus group discussion sessions were conducted. The 18 groups were defined according to the following characteristics: generation (elderly and adult children), sex, income (middle and low), and type of residence (urban and rural). Separate sessions were conducted for males and females after pre-tests showed that males tended to dominate discussions in which both males and females were present. Urban respondents were residents of Quezon City (low income), Pasig (low income) and Las Pinas (middle income); all of these sites are in the metropolitan Manila area. The rural venues were two municipalities in Bulacan Province (Central Luzon) and one municipality in Bohol Province (Central Visayas); all the rural sites were primarily agricultural. All rural respondents, however, belonged to the low-income category.

4. The prevalence of particular combinations of sons/daughters and unmarried/married children cannot be derived from table 5, except for the elderly co-residing with one child for which the entries in the first panel of the table constitute the four possible combinations. For those elderly co-residing with two or more children, the combinations become so numerous that it would be cumbersome to consider every one of them, and thus we opted for the rather simplified lay-out of table 5.

5. Type B respondents (see Domingo and Feranil, 1990).

#### References

Bulatao, R. (1975). *The Value of Children: A Cross-national Study*, (Honolulu, Hawaii, East-West Center).

Casterline, J.B., L. Williams, A. Hermalin, M.C. Chang, N. Chayovan, P. Cheung, L. Domingo, J. Knodel, M. Ofstedal (1991). Differences in the living arrangements of the elderly in four Asian countries: the interplay of constraints and preferences, *Comparative Study of the Elderly in Asia*, Research Reports No. 91-10, (Ann Arbor, Population Studies Center, University of Michigan).

Domingo, L.J., I.Z. Feranil and Associates (1990). *Socio-economic Consequences of the Aging Population: Insights from the Philippine Experience* (Manila, Demographic Research and Development Foundation, Inc.).

Lopez, M.E. (1991). The Filipino family as home for the aged. *Comparative Study of the Elderly in Asia*, Research Reports No. 91-7 (Ann Arbor, Population Studies Center, University of Michigan).

Morado, M.P, H.B. Morada and E.T. de Guzman (1986). "The elderly population of the Philippines, 1980: characteristics and concerns", *Philippine Population Journal*, vol. 2 Nos. 1-4, pp. 115-134.

Peterson, J.T. (1990). "Sibling exchange and complementarity in the Philippine highlands", *Journal of Marriage and the Family*, vol. 52, No. 2, pp. 441-451.

---

*Asia-Pacific Population Journal*, [www.unescap.org/appj.asp](http://www.unescap.org/appj.asp)

## Support Exchange Patterns of the Elderly in the Republic of Korea

By Ik Ki Kim and Ehn Hyun Choe \*

\* The authors of this article are Ik Ki Kim, Associate Professor of Sociology, Dongguk University, Seoul, and Ehn Hyun Choe, Vice President of the Korea Institute for Health and Social Affairs. The authors would like to acknowledge with gratitude the helpful comments of John Knodel on an earlier version of this article.

Most of the Korean elderly rely on support from family members, but this tradition could weaken in the future

The Republic of Korea has been very successful in reducing its mortality and fertility rates over the past few decades owing to its rapid socio-economic development and the widespread adoption of family planning (Kim, 1987). Prolonged life expectancy (over 70 years on average) and low fertility (fewer than two children per woman in her lifetime) have contributed to a large increase in both the absolute numbers and proportion of the elderly in the country's population of 43.6 million (ESCAP, 1992).

As a consequence, problems associated with the ageing of the population have emerged as one of the most serious social issues that the country will have to deal with in the near future (Bae, 1997; Choe, 1989a; Lee, 1989; Park, 1989). One of these problems is related to where the elderly live. This problem has its roots in the 1960s when the Republic of Korea began to experience rapid urbanization as a result of its industrialization process. In 1960, only 28 per cent of the population lived in cities. However, since that time the urban share of the population has continuously increased, reaching 74 per cent of the total population in 1990. In 30 years, the proportion of people living in cities to those living in rural areas has completely reversed.

Rapid urbanization owing to rural-to-urban migration has caused a severe imbalance in population distribution. Most of the out-migrants from rural areas have been young people. Thus, of the population remaining behind in rural areas, the proportion elderly has increased greatly compared with the proportion elderly living in urban areas. For example, between the 1980 and 1985 censuses, the share of the rural population that was aged 60 and older rose from 9.5 per cent to 12 per cent compared with an increase of only 4.5 per cent to 5.3 per cent for the urban population.

There is some concern that, as rapid modernization continues, the elderly in the Republic of Korea may be threatened by changes in the structure of families and social norms. Some claim that the traditional extended family system and familistic orientation in the Republic of Korea have weakened and that a nuclear family system and individualism are emerging (Eu, 1991). The worry is that care for the elderly, which has traditionally been provided by family members, may have decreased somewhat compared with what it had been in previous times.

One indicator that this assertion may have some validity is that the proportion of the elderly living alone has increased over time (Lee et al., 1989). Of course, this does not mean that the elderly living alone do not get support from family members or others, but the extent and nature of that support is different from what would be provided to the elderly if they were co-residing with their own children.

This article deals with existing patterns of support of the elderly in the Republic of Korea. It begins by describing the living arrangements of the elderly and associated trends. Then it deals with the types of support that the elderly both receive and give. The Korean elderly are not merely passive recipients of support; they also control substantial assets and exercise considerable authority within their families (Hermalin et al., 1990). In addition, older family members make substantial contributions to other family members, such as providing financial and material assistance, furnishing child-care services and tending to the personal care needs of their adult children and grandchildren (Hermalin et al., 1990). It concludes by describing some of the implications of the current situation for policy purposes.

In describing the support exchange patterns of the elderly, we use data mainly from a national survey which was conducted in 1984 by the Korean Institute of Population and Health (KIPH); the number of elderly interviewed in that survey was 3,050. We also use data from a national survey conducted by the Korean Gallup Survey in 1988; the size of that sample was 1,200.

### Demographic characteristics and living arrangements

As a result of the demographic transition from high to low fertility and mortality, the mean age of the population has been increasing during the past several decades. The mean age of the population was 23

years in 1960 and 28 years in 1990, but it is projected to reach 34 years in 2010 (Eu, 1991). The trend towards a higher mean age of the population indicates the process of population ageing occurring in the Republic of Korea.

Table 1: Trends in major demographic indices related to age structure in the Republic of Korea

Indices	1966	1970	1975	1980	1985	2000	2020
Percentage of population aged 60+	5.2	5.4	5.6	6.1	6.8	10.2	18.5
Dependency ratio of population aged 60+ <sup>a/</sup>	10.1	10.3	10.0	10.1	10.8	15.0	28.8
Ageing index of population aged 60+ <sup>b/</sup>	11.9	12.9	14.7	17.9	22.8	47.2	112.2

Source: Eu (1991, p. 14).

Notes: Population projections for the years 2000 and 2020 are based on the following assumptions: a total fertility rate of 1.7 children per woman, an annual increase of 0.4 years in the expectation of life at birth, and annual international migration of 38,800 people.

a/ The dependency ratio of the population aged 60+ = population of 60+ divided by population aged 15-64 (economically active population) multiplied by 100.

b/ The ageing index = population aged 60+ divided by the young-age population (0-14) multiplied by 100

Table 2: Age distribution of the elderly by sex and residence in the Republic of Korea

(per cent)

Age group	Total			Big cities		Medium-size cities		Rural	
	Total	Male	Female	Male	Female	Male	Female	Male	Female
60-64	37.0	52.0	30.6	59.4	33.4	55.5	31.6	48.0	29.1
65-69	25.0	22.6	26.0	21.3	26.7	21.0	31.3	23.4	24.4
70-74	17.5	12.9	19.5	11.7	18.3	16.0	17.5	12.8	20.5
75-79	11.6	7.7	13.2	4.6	12.7	5.0	13.7	9.7	13.3
80+	9.0	4.8	10.8	2.9	8.9	2.5	5.8	6.0	12.7
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N	(3,050)	(904)	(2,146)	(239)	(574)	(119)	(291)	(546)	(1,281)

Source: 1984 Korean Elderly Survey.

Table 1 shows that the proportion of the population aged 60 and older has increased continuously since the 1960s. However, it does not show notable change until the 1980s. The proportion 60 and older was 5 per cent in 1966, increasing to 7 per cent in 1985, but it is projected to reach almost 19 per cent in 2020. The dependency ratio also increased during this time. The dependency ratio of those aged 60 and older was 10 in 1966. It did not change very much up to the 1980s, but it is projected to almost triple in the future, increasing to 29 in 2020. The ageing index of those aged 60 and older also shows a drastic increase. The index was almost 12 in 1966, increasing to almost 23 in 1985, but it is projected to rise almost five-fold, exceeding 112 in 2020. The ageing index indicates that in 2020 the population aged 60 and older will be larger than the population 0-14 years of age at that time.

In view of the fact that the Republic of Korea is a rapidly ageing society, what then is the current demographic status of the Korean elderly? Table 2 shows the age distribution of the elderly by sex and residence. The proportion consistently decreases as the elderly become older. Fully one-third (35 per cent) of the population 60 or more years of age are aged 60-64 years, whereas the corresponding figure is only 8 per cent for the population aged 80 and older. As a whole, the proportion of elderly women at the older ages is more concentrated than for men, which may reflect a higher life expectancy for women, on average, than for men. The proportions of the elderly in rural areas are somewhat more concentrated at older ages, as compared with those in urban areas. This may reflect an increasing level of out-migration of young adults from rural to urban areas since the 1960s.

Table 3: Marital status of the elderly by age and sex in the Republic of Korea

(per cent)

Age group	Male			Female		
	Currently married	Formerly married	Never married	Currently married	Formerly married	Never married
60-64	92.6	7.2	.2	43.2	55.9	.9
65-69	84.8	15.2	-	29.3	69.8	.9
70-74	59.8	40.2	-	20.6	78.5	1.0
75-79	30.0	68.6	1.4	14.5	83.7	1.8
80+	9.3	90.7	-	3.0	96.5	.4
Total	77.8	22.0	0.2	27.1	71.9	1.0
N	(703)	(199)	(2)	(581)	(1,544)	(21)

Source: 1984 Korean Elderly Survey.

Table 4: Trends of living arrangements of the elderly in the Republic of Korea, 1981 to 1988

Living arrangements	1981 (%)	1988 (%)	Rate of increase
Living alone	4.3	7.7	3.4
Living with spouse	52.7	53.4	.7
Living with married sons	54.7	41.8	-12.9
Living with married daughters	4.5	4.3	-.2
Living with sons-in-law or daughters-in-law	52.7	37.5	-15.2
Living with unmarried children	31.5	26.6	-4.9
Living with grandchildren	58.0	47.0	-11.0
Living with relatives	2.3	1.8	-.5
Living with others	.8	.5	-.3

Source: Korean Gallup, Life Style and Value System of the Aged in Korea (based on surveys in 1981 and 1988), 1990.

Table 3 illustrates the current marital status of the elderly by age and sex. The proportion of the currently married elderly decreases as the elderly become older. The proportion of currently married elderly males aged 60-64 years is 93 per cent, but that of males aged 80 and older is only 9 per cent. The proportion of females aged 60-64 is 43 per cent, whereas that of females aged 80 and older is only 3 per cent. This table shows that marital status is very different for the male elderly compared with the female elderly. Nonetheless, very few of the elderly -- whether male or female -- never marry.

Modernization and urbanization in the Republic of Korea have brought about changes in the patterns of living arrangements. Table 4 shows the trends of living arrangements of the elderly from 1981 to 1988. Two major features of the changes during this period are the increased proportion of those living alone and the decreased proportion of those living with family members. The proportion of the elderly living alone was 4 per cent in 1981, but it increased to 8 per cent in 1988. The proportion of the elderly living with their spouse does not show any significant change; however, the patterns of living with married sons, sons-in-law or daughters-in-law and grandchildren have changed significantly. The proportion of the elderly living with married sons decreased from 55 per cent in 1981 to 42 per cent in 1988. During the same period, the proportion of the elderly living with sons-in-law or daughters-in-law decreased from 53 per cent to 37.5 per cent and that of the elderly living with grandchildren from 58 to 47 per cent. The proportions in all these types of living arrangements decreased by more than 10 per cent during a period of less than a decade, whereas the proportion living with unmarried children decreased by only 5 per cent. The proportions of the elderly living with married daughters, relatives and others decreased, but only by very little, i.e. less than 1 per cent.

For the elderly, living alone does not necessarily mean a lack of support from family members. Types of support for the elderly vary: they include financial support, emotional support, assistance in activities of daily living, and social security systems, among others. Elderly living alone or with their spouse only have access normally to one or more of these types of support. However, co-residence with family members

would seem to be the best way for supporting the elderly because most of these types of support are possible with co-residence. Thus, the increased proportion of the elderly living alone combined with the lower proportion of those living with family members may be expected more as a consequence of the country's transformation from a rural, agrarian society to an urban, industrialized society rather than being an indication that the tradition of family support of the elderly has weakened in the Republic of Korea.

Table 5: Patterns of living arrangements of the elderly by sex and residence in the Republic of Korea

Living arrangements	Total	Sex		Residence		
		Male	Female	Big cities	Medium-size cities	Rural
Living alone or with spouse only	20.9	22.6	20.2	15.4	18.9	23.9
Living with any child *	77.7	76.7	78.3	83.3	80.0	74.8
Living with any ever-married child *	56.0	36.4	64.5	52.1	55.9	57.4

Source: 1984 Korean Elderly Survey.

Notes: \* Includes step-children and adopted children. Results refer to all elderly including those with no living children.

Table 6: Patterns of living arrangements of the elderly by age group in the Republic of Korea (per cent)

Living arrangements	Age				
	60-64	65-69	70-74	75-79	80+
Living alone or with spouse only	23.4	25.5	20.8	13.7	6.0
Living with any child *	76.2	73.5	78.2	83.9	88.8
Living with any ever-married child *	39.2	52.9	68.4	78.2	85.6

Source: 1984 Korean Elderly Survey.

Notes: \* Includes step-children and adopted children. Results refer to all elderly including those with no living children.

Table 5 shows the patterns of living arrangements of the elderly by sex and residence. Although the tradition of family support for the elderly has changed somewhat over time, co-residence of the elderly with their children is still higher (78 per cent) than in the Philippines (68 per cent) (Domingo and Casterline, 1992) and in Thailand (77 per cent) (Knodel et al., 1992).

According to the 1984 Korean Elderly Survey, over three-fourths of both male and female elderly live with at least one child. However, elderly females are more likely to live with a married child than are elderly males. In addition, there are differences by residence of the elderly. The proportion living alone or with their spouse only is lowest in big cities and highest in rural areas. Correspondingly, co-residence with any child is highest in the big cities and lowest in the countryside. However, co-residence with a married child shows the reverse pattern with the highest levels being found in the rural areas and the lowest in the big cities.

Table 6 shows that living arrangements are clearly related to the age of the elderly person. According to results from the 1984 Korean Elderly Survey, the proportion living alone or with their spouse only generally declines with advancing age, whereas the proportion living with a child, and especially with a married child, increases with the age of the elderly respondent. The vast majority of the oldest elderly, those aged 80 years or older, live with a married child.

Patterns of support the elderly receive

Table 7: Sources of support for the living expenses of the elderly by sex and residence in the Republic of Korea

Sources of support for	Total	Sex		Residence	
		Male	Female	Big	Medium-size

<b>expenses</b>	<b>Male</b>	<b>Female</b>	<b>cities</b>	<b>cities</b>	<b>Rural</b>
Self-support (working)	32.0	42.6	22.3	22.0	28.0 48.9
Wealth, savings	11.4	16.1	7.0	14.1	13.5 5.8
Family support	72.8	64.2	80.6	79.3	72.4 63.9
Pension	1.9	2.1	1.6	2.1	2.1 1.4
Government services	1.8	1.8	1.9	1.2	3.5 1.4
Others	.3	.4	.2	.1	.3 .6

Source: 1988 Korean Gallup Survey.

Table 7 shows the sources of living expenses of the elderly by sex and residence. It indicates that 32 per cent of the elderly contribute to some of their own living expenses through their earnings from work. A smaller portion of the elderly (11 per cent) do so through accumulated wealth or savings. Overall, 73 per cent of the elderly receive financial support from family members. Other forms of support (pension, government services and social services) are very limited.

The sources of support for living expenses are different for male elderly and for female elderly. The proportion working and/or with wealth or savings (i.e. having means of self-support) is much higher for men than for women. At the same time, the proportion of the elderly receiving financial support from family members is much higher for women (81 per cent) than for men (64 per cent).

The sources of support for living expenses also fluctuate depending on the residence of the elderly. The proportion of the elderly economically active is higher with residence in big cities compared with that in rural areas. The proportion working in rural areas is 49 per cent, whereas that in big cities is 22 per cent and that in medium-size cities is 28 per cent. The reason for the higher proportion of the elderly working in rural areas is because of the high level of self-employment in agriculture. On the other hand, the proportion of the elderly providing for their living expenses through wealth or savings is higher in urban areas than in rural areas. The proportion of the elderly receiving financial support from family members increases if they reside in the bigger cities.

Table 8: Relationship of the main financial supporter for out-of pocket expenses by sex and residence in the Republic of Korea

(per cent)

	<b>Total</b>	<b>Sex</b>		<b>Residence</b>		
		<b>Male</b>	<b>Female</b>	<b>Big cities</b>	<b>Medium-size cities</b>	<b>Rural</b>
Spouse	7.3	9.3	6.0	5.7	7.7	9.6
Sons, daughters-in-law	78.4	77.7	78.8	77.1	80.1	79.1
Daughters, sons-in-law	11.1	10.9	11.2	14.4	11.7	4.7
Grandchildren	1.7	.6	2.4	1.6	-	3.3
Relatives	1.1	1.4	.9	1.0	-	2.3
Others	.4	-	.8	.2	.4	.8
Total	100.0	100.0	100.0	100.0	100.0	100.0

Source: 1988 Korean Gallup Survey.

Note: Results exclude elderly who receive no financial support for out-of-pocket expenses.

Who then is the main source of financial support among family members? Table 8 indicates that the most important source of support for out-of-pocket expenses incurred by the elderly is the son or the daughter-in-law (78 per cent). The next most important source of support is the daughter or the son-in-law (11 per cent). This table shows that the spouse is counted as the third most important source of support. It also shows the relationship by sex and residence of the main financial source of support for out-of-pocket expenses of the elderly. But the relationship of those sources of support does not differ much according to the sex or residence of the source of support.

Another survey on sources of financial support for the elderly indicates that the majority (57 per cent) of the elderly who receive financial support obtain it from their first-born son, whether or not they live with that son (Choe, 1989b). The fact that the elderly are heavily dependent on their first-born sons would seem to imply that Koreans still definitely maintain the patriarchal family system, which has been traditional for



ages in the Republic of Korea. This situation is apparent from the 1984 Korean Elderly Survey, which indicates that an average of 73 per cent of the respondents want to receive financial support from their first-born son, with 62 per cent of the elderly in urban areas and 80 per cent of those in rural areas wanting to maintain this source of support (Lim et al., 1985).

The 1989 study of the Korean elderly population sponsored by the ESCAP secretariat indicated that 41 per cent of the Korean elderly perceive themselves as not being healthy (Choe, 1989b). This segment of the elderly population may therefore have difficulty in carrying out activities of daily living. Although not all of the elderly may need assistance, many of them want to have access to care-givers who can help them, if necessary, in performing such activities.

Table 9: Main care-givers for the elderly by living arrangement in the Republic of Korea

(per cent)

Care providers	Living alone or living with spouse	Living with unmarried children	Living with married children	Other	Total
None	8.5	1.1	.2	-	1.7
Spouse	25.0	28.0	3.8	3.8	10.5
Daughters-in-law	1.3	.5	54.8	26.9	38.4
Daughters	5.4	9.9	5.9	-	6.3
Sons	6.7	28.6	18.8	-	17.8
Relatives	.9	.5	.2	7.7	.5
Others	52.2	31.3	16.2	61.5	25.0
Total	100.0	100.0	100.0	100.0	100.0
N	(224)	(182)	(942)	(26)	(1,374)

Source: 1984 Korean Elderly Survey.

Table 9 shows the patterns of care for the elderly by living arrangements. As a whole, the highest proportion of care is provided by daughters-in-law (38 per cent), followed by that provided by others, including employees working for the elderly (25 per cent), followed by sons (18 per cent) and spouses (11 per cent). The table shows that the patterns of care differ significantly depending on the living arrangements. In the case of the elderly living alone or with their spouse only, the highest proportion of care is provided by others (52 per cent), followed by spouse (25 per cent) and sons (7 per cent). In the case of the elderly living with unmarried children, the highest proportion of care is provided by others (31 per cent), followed by sons (29 per cent) and spouse (28 per cent). For the elderly living with married children, the highest proportion of care is provided by daughters-in-law (55 per cent), followed by sons (19 per cent) and others (16 per cent).

These data show that most support for the elderly is still being provided by family members, but the pattern of co-residence with the elderly has started to change owing to the rapid transformations occurring in Korean society. Thus, the role of the Government and social services may have to be expanded in the future in order to ensure better care for the elderly.

In 1981, the Korean Government passed the "Law for the Welfare of the Aged" in order to promote better living standards for the elderly and improve their health (Choe, 1989b). The major provisions of the law call for the following: (a) developing social policies for family welfare, (b) developing social policies for old-age welfare, (c) extending job opportunities to the elderly, (d) studying the Korean family system, (e) managing and developing facilities for the elderly and (f) examining social problems related to old-age welfare. In addition to the social policies emerging from this law, the Korean social security system may be considered as having three components: (a) social and autonomous welfare for the elderly, (b) a public assistance system, and (c) social and health insurance systems (Choe, 1989b). Table 10 summarizes the social services for the elderly available in the Republic of Korea.

Despite the availability of various kinds of government services, however, very few Korean elderly receive them. Table 11 shows that only 7 per cent of the respondents in the 1984 survey received some form of government service. On the whole, the proportion of the elderly receiving public assistance is less than 2 per cent of the total, and those receiving medical insurance and pension benefits account for only 3 per cent

and 2 per cent, respectively, of the total. The types of government service do not differ significantly according to the type of residence and age group.

Table 10: Summary of social services for old-age welfare in the Republic of Korea

	Social insurance			
	Public assistance	Pension	Medical insurance	Social work
Related laws	-Life Care Act (1961) -Medical Care Act (1977)	-National Pension Act (1986) -Official Pension Act (1960)	-Medical Insurance Act (1976)	-Old-age Welfare Act (1981) -Social Welfare Work Act (1970)
Target population	-Elderly with low income (about 10 per cent of the elderly)	-All people	-All the elderly	-All the elderly (especially those with low income)
Types of benefit	-Monetary care  -Medical care -Support for dependent's education	-Income maintenance through retirement pension and widow's pension etc.	-Health care  -Maternity care	-Institutional care  -Home care (1970)
Delivery system	-Ministry of Health and Social Affairs (HSA): policy-making -Local government	-Ministry of HSA: policy-making and controlling the system -National Pension Corporation	-Ministry of HSA: policy-making and controlling the system -Medical Insurance Corporation	-Ministry of HSA: policy-making -Local government
Fiscal resources	-Grants from Government	-Contributions by employers and employees -Grants from Government	-Contributions by beneficiaries -Contributions by employers -Grants from Government	-Contributions by beneficiaries -Contributions by corporation -Grants from Government

Source: Choe ( ESCAP ), Population Aging in the Republic of Korea, 198

Table 11: Types of government services for the elderly by residence and age groups in the Republic of Korea

(per cent)

	Residence				Age				
	Total	Big cities	Medium-size cities	Rural areas	60-64	65-69	70-74	75-79	80+
None	92.9	93.7	93.2	92.6	96.3	92.0	89.1	87.4	90.4
Public assistance	1.5	1.7	1.7	1.4	.8	1.9	2.4	2.1	1.5
Medical insurance	3.2	3.1	3.1	3.2	1.9	3.8	5.0	4.0	5.1
Pension	2.4	1.5	2.0	2.8	1.0	2.2	3.6	6.4	3.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Table 12: Types of support the elderly give to the family, by sex, Republic of Korea

(per cent)

Types of support	Total	Males	Females
House-work	51.9	47.1	57.2
Child care	36.6	28.2	45.8
Family decision-making	43.2	48.7	37.0
Making money	12.7	19.7	4.9
Providing leadership	35.3	42.0	27.2
No help at all	14.9	10.9	13.9

Source: Lee et al., A study on the Support for the Elderly in Korea, 1990

#### Support from the elderly

Although most forms of support flow to the elderly, mainly owing to the Confucian tradition of filial piety, support also flows from the elderly to their children in the form of goods, labour and services. For example, elderly parents provide child-care services and finances for the needs of their adult children and for the education and other needs of their grandchildren. They may also participate in family decision-making and assume roles of leadership in the family and community.

Table 12 shows the types of support the elderly contribute to the family. Each category indicates the proportion of elderly participating in a specific activity or providing a certain type of support. On the whole, 52 per cent of the elderly perform tasks around the house or help with household chores. However, women are more likely to participate in such chores than are men. The proportion of the elderly taking care of grandchildren is 37 per cent on the whole, but the proportion of women (46 per cent) is significantly higher than that of men (28 per cent). Forty-three per cent of the elderly are still involved in the process of family decision-making. In this case, the proportion for men (49 per cent) is greater than that for women (37 per cent). The proportion of those earning money among the elderly is 13 per cent. In this case, the proportion is much greater for men (20 per cent) than for women (5 per cent). Traditionally, the leadership role played by the elderly in the Republic of Korea has been very important with regard to their self-esteem. The proportion of the elderly indicating that they played a leadership role in the family was 35 per cent, with the proportion being much greater for men (42 per cent) than for women (27 per cent).

#### Concluding remarks

This article described the living arrangements of the elderly in the Republic of Korea in the context of population ageing, and the exchange patterns of support in which the elderly both receive and give support. Living arrangements are important in terms of providing support for the elderly and enabling them to participate fully in the activities of daily living.

With respect to providing support, co-residence with their married children is especially important for the elderly. The 1984 Korean Elderly Survey reports that the majority (78 per cent) of the Korean elderly still live with at least one of their children. The proportion of the elderly living with at least one married child is 56 per cent. However, the proportion of the elderly living alone or with their spouse only is 21 per cent, which is about twice the proportion of the Thai elderly living alone or with their spouse only (Knodel et al., 1992).

Also, it should be mentioned that the proportion of Korean elderly living alone increased during the period 1981-1989, which could indicate that the tradition of strong family support may be changing owing to the country's rapid socio-economic transformation in recent decades.

The 1984 survey reported that a majority of the Korean elderly rely on support from family members in the form of financial or physical assistance. The greatest portion of support still comes from family members. However, as mentioned previously, that strong tradition of support for elderly family members could weaken in the future.

As a consequence of both social and economic changes in the Republic of Korea, and in view of the fact that there will be a rapid increase in the absolute size of the elderly population, a measure of responsibility for the welfare of the elderly may shift from the family to the Government. Although the Government recently established various types of services that can be accessed by the elderly, the scope of those services is quite limited, and this implies the need for a broader array of services and better access to them by a larger segment of the elderly population than is currently the case.

## References

- Bae, Hwa Ock (1987). "Changing Family Structure and Aging Issues", *Journal of Population and Health Studies* 7(2): 203-223.
- Choe, Ehn Hyun (1989a). "Current Status of Research on Korean Elderly: Demographic Aspects and Social Welfare Services", *Journal of Korean Gerontological Society* 9: 113-139.
- \_\_\_\_\_ (1989b). *Population Aging in the Republic of Korea*, Asian Population Studies Series No. 97 (Bangkok, ESCAP).
- Choe, Sung Jae (1992). *Policies of Social Services for the Aged*, A paper presented at the Seminar on Elderly Welfare Policy toward the 2000s Welfare, Korea Institute for Health and Social Affairs.
- Domingo, Lita and J.B. Casterline (1992). "Living Arrangements of the Filipino Elderly", *Comparative Study of the Elderly in Asia*, Research Reports No. 92-16, (Ann Arbor, Population Studies Center, University of Michigan).
- ESCAP (1992). *1992 ESCAP Population Data Sheet*, Bangkok, United Nations Economic and Social Commission for Asia and the Pacific.
- Eu, Hongsook (1991). *The Determinants of Living Arrangements among the Korean Elderly*, Ph.D. dissertation, Brown University.
- Hermalin Albert et al. (1990). *Patterns of Support among the Elderly in Taiwan and their Policy Implications*, paper presented at AAA, Toronto.
- Kim, Ik Ki (1987). *Socioeconomic Development and Fertility in Korea*, (Population and Development Studies Center, Seoul National University).
- Knodel, John, Napaporn Chayovan and Siriwan Siriboon (1992). "The Familial Support System of Thai Elderly: An Overview", *Asia-Pacific Population Journal*, September 1992.
- Korean Gallup Survey (1990). *A Study on the Life and Consciousness of the Korean Elderly*.
- Lee, Ga Ock (1989). *Changes in Family Structure and Problems of Elderly Support*, A Study for the Elderly Welfare Policy, edited by Park Yeon Soo, Seoul, Korean Institute for Population and Health.
- \_\_\_\_\_ et al. (1990). *A Study on the Support for the Elderly*, Seoul, Institute of Health and Social Services.
- Lim, Jong Kwon et al. (1985). *A Study on the Aged Population in Korea*, Seoul, Korean Institute for Population and Health.
- Park, Jae Gan (1989). *Short- and Long-term Plans for Elderly Income Security*, A Study on Comprehensive Measures for Elderly Problems, Seoul, Office of the Second Minister of State Affairs.

The Familial Support System of Thai Elderly: An Overview

By John Knodel, Napaporn Chayovan and Siriwan Siriboon \*

\* The authors of this article are John Knodel, Population Studies Center, University of Michigan, United States; Napaporn Chayovan and Siriwan Siriboon, both of the Institute of Population Studies, Chulalongkorn University, Bangkok, Thailand. The research on which this article is based was conducted as part of a broad project sponsored by the U.S. National Institute on Aging entitled The Comparative Study of the Elderly in Four Asian Countries (Grant No. AGO7673).

*The future of the support system for the Thai elderly is uncertain*

In Thailand, there is a widespread expectation that the elderly will be taken care of by their children and that at least one child will co-reside with them (Cowgill, 1972; Knodel, Havanon and Pramualratana, 1984; Pramualratana, 1990; Tuchrello, 1989). Results of a recent survey among rural adults in two different regions of Thailand indicate virtually universal agreement that "it is the children's responsibility to take care of their parents when the parents get old" (Wongsith, 1990). Evidence from earlier surveys makes clear that such responsibility is typically perceived to include some form of co-residence (Knodel, Chamrathirong and Debavalya, 1987). National estimates of the extent to which elderly parents actually live with children and the nature of intergenerational exchanges of types of support, however, have been lacking.

The present study is intended as an overview of the familial system of support for the elderly as it currently exists in Thailand. The focus is on living arrangements and material support of elderly Thais in relation to their children. Data come from a nationally representative survey of the elderly in private households conducted in 1986 as part of a project entitled Socio-economic Consequences of the Aging Population in Thailand (SECAPT). The project was carried out by the Institute of Population Studies, Chulalongkorn University, as part of the ASEAN (Association of South-East Asian Nations) Population Programme. Following the usual definition of elderly used in Thailand, the survey focused on respondents 60 or more years of age. In total, 3,252 elderly respondents were successfully interviewed.<sup>1</sup> In addition, limited reference is made to qualitative data collected during 1990 and 1991 by the Institute of Population Studies through a series of focus group discussions with Thai elderly and their adult children throughout Thailand (Knodel, Saengtienchai and Sittitai, 1992).

#### Living arrangements

The most prominent feature of the living arrangements of the Thai elderly and the most crucial aspect of the familial system of support and assistance as it currently exists in Thailand is co-residence with an adult child. There is unlikely to be any other arrangement that can meet the wide range of needs of the elderly as fully as shared residence in a household with adult children. Traditionally the elderly continue to live in the residence they have occupied since early in marriage and at least one child remains co-resident. During much of the period of co-residence, an interdependent relationship is likely to exist with forms of support and assistance going in both directions between parents and children. Eventually, however, as the health and physical ability of the elderly deteriorate with age, the balance of services presumably flows increasingly from the younger to the older generation.

The norm of living with children during old age is clearly evident in focus group discussions. Participants point out that children have a moral obligation to care for parents later in life and view this as a form of repayment for the fact that parents brought the children into the world and reared them. This obligation generally includes having at least one child live with the parents.

- Mr. Kaew: *We are old. If we don't stay with our children, with whom can we stay? They have to take care of us as we have done for them.*

(Northern elderly focus group participant)

- Mr. Jai: *Children have to take care of their parents who brought them up.... They must not forget parents' meritorious acts....*
- Mr. Chote: *They can't complain about us living with them because we have looked after them since they were little.*

(Central elderly focus group participants)

## General patterns

Results from the SECAPT survey verify the pervasiveness of familial living arrangements of the elderly, particularly with their children. <sup>2/</sup> Only 4 per cent of the population aged 60 and over were found to live in single-person households and an additional 7 per cent to live only with a spouse (Knodel, Chayovan and Siriboon, 1991). As table 1 indicates, over three-quarters of the elderly overall (77 per cent) live with at least one child (including step-children and adopted children) and, if only the elderly who have a living child are considered, fully four-fifths (80 per cent) co-reside with one or more of their children. <sup>3/</sup>

One limitation of household surveys and censuses in Thailand is the general convention of treating dwelling units with separate addresses (house numbers) as separate households in accordance with the Government's household registration system. As a result, co-residence in the same household is of necessity defined rather narrowly to mean living together in the same dwelling unit. Situations where elderly parents and children live in separate dwelling units but belong to a common cluster of dwellings that are in some degree interdependent clearly occur in Thailand, especially in rural areas, and can serve many of the same functional purposes as more narrowly defined co-residence for meeting the needs of the elderly (Cowgill, 1972; Tuchrello, 1989). Thus, defining co-residence as living together within the same officially designated household (i.e. dwelling unit) is likely to understate somewhat the extent to which the living arrangements of the elderly and their families are intertwined.

While no direct information was collected in the SECAPT survey on whether an elderly respondent lived in a house adjacent to or very near that of a child, some insight into the prevalence of such arrangements can be gained from responses to the frequency of contact that the elderly have with non-coresident children. Results (not shown here) indicate that about half of those elderly with at least one non-coresident child and almost three-fourths of those with a non-coresident child in the same village or town, see a non-coresident child daily. Daily contact no doubt reflects a close proximity of residences and affords the adult child the opportunity to provide a variety of services to the elderly parent (and vice versa). In many cases, it probably reflects the fact that the elderly and their children live in related dwelling units that in some sense form a type of broader multiple household in which various responsibilities are shared to some extent. Indeed, in many cases, there may be little qualitative difference in the nature of support received from children by elderly parents who co-reside in the same dwelling unit and the elderly who appear to live in separate households but are in daily contact with one or more adult children. As table 1 shows, 88 per cent of all elderly and 91 per cent of the elderly with at least one child either live together with a child or are in daily contact with at least one of their children.

Table 1: Selected indicators of living arrangements of the elderly (aged 60 and above), by sex and urban-rural residence, Thailand, 1986

(per cent)

	Total elderly	Sex		Residence	
		Male	Female	Urban	Rural
Co-resident with a child					
All elderly	77	77	77	77	77
Elderly with living children	80	79	80	82	79
Co-resident or in daily contact with a child					
All elderly	88	87	88	82	89
Elderly with living children	91	88	92	88	92
Co-resident with a child or younger generation relative					
All elderly	88	86	90	90	88
Co-resident with a child or younger-generation relative or in daily contact with a child					
All elderly	94	93	96	93	95

Source: SECAPT survey.

Co-residence between older and younger generations need not necessarily involve parents and children. In Thailand, grandchildren or nephews and nieces may live with their elderly relatives and, if they are old enough, provide the same assistance and support that adult children of the elderly do. Table 1 indicates that the percentage of elderly who are co-resident with at least one younger generation relative (including the elderly person's own children) reaches 88 per cent overall when grandchildren, nephews and nieces are counted. In a substantial proportion of cases where a grandchild, nephew or niece but not a child of their own is co-resident, however, the younger-generation relative will still be quite young and probably be

taken care of by the elderly person rather than vice versa. Unfortunately the coded data from the SECAPT survey does not distinguish such cases from those where the co-resident relative has already reached adulthood.<sup>4/</sup>

The final row of results in [table 1](#) shows that 94 per cent of the Thai elderly overall either live in the same dwelling unit as their own child, are in daily contact with one of their children, or live with a younger-generation relative other than their own child. While such a combined indicator exaggerates somewhat the extent to which living arrangements provide a means for adult children and other younger-generation relatives to assist elderly Thais, it serves to point out that a broader concept of the term "household" would undoubtedly reveal higher levels of such support than co-residence defined strictly in terms of living in the same dwelling unit with one's own children. In any event, the results of the SECAPT survey make clear that most of the Thai elderly are involved in living arrangements that are integrally linked to a familial system of support.

Regardless of the indicator considered, little difference is evident between elderly men and women in the extent of co-residence. Even more interesting is the apparent lack of pronounced differences between the urban or rural elderly in terms of co-residence, contrary to what might be expected concerning a detrimental role of urbanization on support for the elderly (United Nations, 1991).<sup>5/</sup> Indeed, based on the strictest definition (i.e. living with one's own children within the same dwelling unit), co-residence is slightly more common among urban than among rural elderly. This is more than compensated for, however, by the higher percentage of rural elderly who have daily contact with their children. Thus, the combined measure of co-residence and/or daily contact is slightly higher for rural than urban elderly. These findings probably reflect differences in land availability and housing styles between urban and rural areas. Having separate dwelling units either within the same compound or nearby is undoubtedly more feasible in rural villages than in towns or cities where land and housing prices make such arrangements prohibitive for many.

#### Preferences by sex of children

In many East Asian societies as well as in most of South Asia, there is a distinct and, in some cases, a relatively inflexible preference among the elderly to co-reside with one or more adult sons (Mason, 1991). In contrast, anthropological studies as well as considerable survey evidence indicate that the ethnic Thai majority prefer to co-reside with daughters and that such a preference is particularly pronounced in the north-eastern and upper northern part of the country (Tuchello, 1989; Cowgill, 1972; Keyes, 1987; and Limanonda, 1989). Equally noteworthy about the Thai situation, however, is that even where this preference for a co-resident daughter is strongest, there is still considerable flexibility enabling individual families to adapt to their particular situations.

Table 2: Percentage distribution of the elderly (aged 60 and above) who co-reside with a child according to the sex composition of the co-resident children, among elderly with living children of each sex, Thailand, 1986

Sex of co-resident children	All co-resident children *		Ever-married co-resident children *	
	National	North and North-East	National	North and North-East
Sons only	28	26	33	27
Daughters only	45	51	59	66
Both sexes	27	23	8	7
Total	100	100	100	100

Source: SECAPT survey.

Notes: \* = Refers to elderly with at least one living child of each sex regardless of the marital status of the children.

\*\* = Refers to elderly with at least one living ever-married child of each sex.

[Table 2](#) illustrates the preference for co-residing with daughters. The results shown are limited to those elderly who potentially have a choice with respect to the sex of co-resident children, i.e. those elderly who have a living child of each sex (or, when ever-married co-resident children are considered, have at least one ever-married child of each sex). When all co-resident children are considered, regardless of their marital status, elderly Thais are substantially more likely to live with daughters than with sons. This tendency can be seen to be even more pronounced when the sex of only ever-married co-resident children is considered.

In both cases, the results also indicate that the tendency favouring daughters for co-residence is stronger in the northern and north-eastern regions than in the country as a whole.

Table 3: Indicators of living arrangements among the elderly (aged 60 and above) with children of only one sex, Thailand, 1986

(per cent)

Sex composition of living children	Co-resident with child		Co-resident or in daily contact with a child	
	National	North and North-East	National	North and North-East
Sex of children of the elderly whose children are all the same sex				
Sons only	66	72	79	89
Daughters only	67	65	85	87
Sex of children of the elderly whose children are all the same sex and are all ever-married				
Sons only	59	66	75	87
Daughters only	63	60	83	85

Source: SECAPT survey.

That the system is quite flexible is indicated by the results shown in [table 3](#) comparing the prevalence of co-residence among those elderly whose living children are all the same sex. Nationally, two-thirds of the elderly whose children are all the same sex co-reside with a child regardless of whether the children are all sons or all daughters.<sup>6/</sup> Moreover, in the North and the North-East, where the preference for co-residing with a daughter is the strongest, those with all sons are actually slightly more likely to co-reside than those with all daughters. Limiting the consideration to the elderly whose children have all been married reveals a similar pattern. Likewise, if daily contact with a child is considered together with co-residing in the same dwelling unit, the elderly with all sons are only at a very slight disadvantage compared with the elderly with all daughters and in the North and North-East this slight difference is actually reversed. Clearly, for the Thai elderly, the desire to co-reside with a child takes precedence over any preference that the child be of a specific sex, underscoring the flexibility of the support system. As with many other aspects of Thai social and economic life, in practice a substantial degree of pragmatism appears to characterize the living arrangements of the elderly (Mole, 1973).

Both the general preference for living with a daughter and the fact that the choice is flexible are amply evident in the comments made by focus group participants. The discussions also bring out the rationale for preferring daughters. Daughters are typically perceived to be closer emotionally to parents, to be more dependable, and to be better and more appropriate for providing personal care. Moreover, living with a daughter is supported by tradition. Nevertheless, it is clear that practical considerations can override the tradition

- Mr. Pramote: *Most (elderly) prefer (to live with) daughters....*
- Mr. Somchai: Daughters are closer. They take better care of parents....
- Mr. Win: They don't mind washing whatever piece of clothes for parents.
- (Southern adult focus group participants)
- Moderator: Does it matter if you live with a son or a daughter?
- Mr. Lorm: You have to consider the children's personality first. Maybe you can live with this one or that one. You can't live with one who doesn't take care of you, so you live with the other...

(Southern adult focus group participant)

- Moderator: Usually with whom do old people want to be?
- Ms. Boonthum: Most of them are with the youngest daughter.... If there are no daughters, it's necessary for them to be with a son.

(Northern adult focus group participant)

#### Relation to life course

The elderly age-span, especially when defined as starting at age 60, is sufficiently broad as to include



elderly people who themselves are at quite different stages of their own lives. Important life-course transitions including marital dissolution, disengagement from economic activities, and the onset of chronic health problems and functional impairments often occur during this period of life. Moreover, as parents grow older, their children also proceed through different life-course stages, completing school, entering the labour force and forming families of their own. Each of these changes has an important bearing on the costs and benefits of co-residing with parents, the need for different types of assistance from the parents, and the ability to provide different types of support to the parents. In addition, normative expectations associated with co-residence and support exchanges typically change with these transitions. Thus, explorations of living arrangements requires recognition that co-residence of the elderly parents with their children is likely to change over the elderly age-span as they are affected by the life-course transitions experienced by both.<sup>7</sup>

Table 4: Percentage co-resident among children of elderly parents (aged 60 and above), by age, sex and marital status of the child, Thailand, 1986

Age of child	Total			Single			Ever-married		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Under 15	92	94	93	87	94	90	-	-	-
15-19	75	69	72	81	74	78	26	49	41
20-29	36	43	46	61	66	63	20	32	26
30+	14	20	17	55	67	61	10	15	13
Total	23	27	25	63	68	66	12	19	16

Source: SECAPT survey.

Table 5: Indicators of availability of children and living arrangements of elderly (aged 60 and above), by age of the elderly, Thailand, 1986

	Age of elderly person				
	60-64	65-69	70-74	75+	Total
<b>% With at least one</b>					
Living child	97	96	96	97	97
Child 25 years or older	93	95	95	96	95
Ever-married child	94	95	94	96	95
Child under 25 years	65	36	14	8	36
Single child	63	45	34	22	44
<b>% Co-resident with</b>					
Any child	81	77	74	72	77
A child 25 years or older	58	64	70	69	64
An ever-married child	55	58	60	63	59
<b>Number co-resident</b>					
All children	1.6	1.3	1.0	0.9	1.2
Ever-married children	0.7	0.7	0.6	0.7	0.7

Source: SECAPT survey.

Results in table 4, referring to the children of the elderly interviewed in the SECAPT survey, illustrates clearly that the age and marital status of the child are related to co-residence in the parental household.<sup>8</sup> Co-residence with elderly parents decreases rapidly with the age of the child, declining from over 90 per cent of those under 15 years of age to only 17 per cent of those 30 or more years of age. In addition, at every age, single children are far more likely to co-reside with elderly parents than their married siblings, whereas sex differences are relatively more pronounced for married than for single children. These patterns reflect customary practices regarding post-nuptial residence whereby newlyweds typically co-reside with one set of parents, preferably the wife's, for a temporary period and then move to their own house, often nearby or even in the same compound. Only the last child (or last daughter) to marry is likely to remain co-resident indefinitely (Limanonda, 1989). Thus, differences in the life-course stages of children are likely to exert an important influence on the living arrangements of elderly parents at different stages of the elderly's life course.

As table 5 shows, almost all Thai elderly regardless of age have at least one child and in most cases this

includes at least one child aged 25 or older (thus clearly past the dependent ages) and/or at least one ever-married child. Thus, the vast majority of the elderly at all ages have an adult and/or married child potentially available for co-residence. The younger elderly, however, are considerably more likely to also have younger and single children available than are the older elderly. This reflects the fact that as elderly parents become older so do their children who in turn then marry.

The fact that co-residence, when defined in terms of living with any child, declines with the age of the elderly is largely a reflection of children leaving the household as they get older and seek jobs or education away from their parental home or as they marry and establish their own households. These same developments account for the decline in the mean overall number of co-resident children. In contrast, co-residence with at least one child aged 25 years or older or with at least one ever-married child generally increases with the age of the elderly. The mean number of co-resident ever-married children varies little with the age of the elderly respondent, reflecting the stem-family nature of co-residence that ultimately characterizes the Thai familial support system.

The key concern among most of the elderly is that at least one adult child reside in the household with them. This child typically is married, at least after some point, and brings his or her spouse to live in the parental household as well. In some cases, the parents may move to join children, or a child may move back into the parental household. But probably most commonly, the child who co-resides with the parent(s) at the end of the elderly person's life-span has remained in the parental home most of the time since childhood. Thus, although many parents start out their elderly years with several children co-resident, over time children move out until typically only one is left. Once this child marries and has children, a stem-family structure results, with the elderly parents, a married adult child with spouse and grandchildren all living together. This is reflected in the fact (not shown) that over 90 per cent of co-resident elderly respondents whose children have all married live with only one of their adult children.

The evolution of the elderly parents' household into a stem-family structure and its relation to the life course is also evident from the focus group discussions.

- Mr. Loar: *If there are many children, each goes to live separately but one of them must remain with the parents. It could be anyone. Usually the youngest daughter stays. However, if there is only one child, parents have no choice.*

*(Central elderly focus group participant)*

- Mr. Paitoon: With either many or few (children), there must be one child left to care for parents... With only two of them, one will move out and have his own family and one lives with the parents.

*(North-eastern adult focus group participant)*

### Childless elderly

In a society such as Thailand where the normatively prescribed living arrangement for the elderly is with their adult children, the childless elderly are of particular interest. Only a small proportion of current Thai elderly (6 per cent) have no living biological child. In the past, however, this proportion was probably greater owing to higher mortality levels and consequently the higher chances of children dying before the parents reached old age. One solution for arranging care during old age among persons who have no biological children of their own is to adopt children or to rely on step-children acquired through marriage. Among present day elderly, a substantial proportion (44 per cent) of those who have no natural child of their own have at least one step-child or adopted child, further reducing to 3.5 per cent the proportion with no child available for potential co-residence.

Table 6: Percentage distribution of the elderly (aged 60 and above) who have no living children according to living arrangements, by sex and age, Thailand, 1986

Living arrangement (living with whom)	Sex			Age	
	Total	Male	Female	60-69	70+
Alone	13	14	13	17	8
Spouse only	20	27	15	22	17
Younger-generation relative	35	40	32	27	48
With sibling	20	11	25	25	11

Other relative	6	4	7	4	8
Other *	6	5	7	5	8
Total	100	100	100	100	100

Source: 1986 SECAPT survey.

Notes: Based on information in the household schedule, unless respondent is living alone or with spouse only, the classification does not take into account whether or not a spouse is present. In addition, the last four categories are hierarchical with each previous category taking precedence over subsequent categories.

\* Includes two weighted cases in which inconsistent information has been coded with respect to co-residence with child.

Table 6 shows that few (13 per cent) of the childless elderly interviewed in the SECAPT survey live alone and that only a modest proportion (20 per cent) live with their spouse only. The latter arrangement is substantially more common among men than women, however, reflecting the fact that elderly men are more likely to be currently married. In the majority of cases, the childless elderly live in households which include relatives; in over a third of the cases (35 per cent), they live with a younger-generation relative, typically a niece or nephew. As noted previously, the younger-generation relative may be a dependent youngster, but even so might be being reared as a quasi-adopted child who will be expected eventually to care for the elderly.

Overall, the results give the impression that even for the childless elderly, the familial system of care operates in Thailand and that most of the elderly with no children are incorporated into households with other family members. This impression merits some qualification in light of the fact that the SECAPT survey excluded the elderly in collective households and that the childless elderly are likely disproportionately represented among collective households. Results from the 1980 census indicate that only 1.7 per cent of the Thai population aged 60 and over live in such households, primarily in temples where they live a celibate life presumably as Buddhist monks or nuns (Chayovan, Knodel and Siriboon, 1990). Virtually no elderly reside in nursing homes or special homes for the elderly (Pichyangkura and Singhajend, 1991). Indeed, those elderly who have been life-long monks or nuns, having entered the monastery as young adults or even earlier, are likely to have no children precisely for this reason. In other cases, the childless elderly may have joined or moved to the monastery at a later stage in their lives, in part, seeking a refuge for themselves in old age. Nevertheless, as some focus group participants make clear, the norm is for the family to be responsible even for the childless elderly.

- Moderator: *If you have no children when you are old, on whom can you depend?*
- Ms. Tui: *Are there siblings? Siblings won't desert us.... If the siblings are good, they won't abandon each other.*

(Central elderly focus group participant)

- Ms. Pim: *If (old people) don't have children, they will have brothers and sisters who have children. They expect to depend on one of them.... If we can't depend on relatives, on whom can we depend?*

(Central adult focus group participant)

### ***Material support from non-coresident children***

While co-residence undoubtedly involves the most comprehensive type of support exchange arrangement between elderly parents and their adult children in Thailand, non-coresident children are also typically expected to share in the support of their parents. Such support can be critical for the parents' well-being in cases where the parents are not living with others who help in the upkeep of the household and, even where the elderly parent is co-resident with one or more children, material support from non-co-resident children presumably eases the burden of their siblings who are co-resident.

The SECAPT survey provides some limited information on the support provided by children from outside the household. Respondents were asked whether or not each of their children had ever provided regular support and, if so, what kind of support was provided during the past year. Based on this information, some determination can be made about the extent to which elderly parents received material support from non-coresident children. Given the open-ended nature of the question and lack of systematic probes about types of support not spontaneously mentioned, the results are likely to understate the extent to which non-coresident children provide such support to their parents. Nevertheless, the information should serve at least as a rough indication of material assistance from children outside the immediate household.

Table 7: Selected indicators of material support received by the elderly (aged 60 and above) from non-coresident children, by sex and urban-rural residence of the elderly, Thailand, 1986

(per cent)

	Total elderly	Sex		Residence	
		Male	Female	Urban	Rural
Received food and/or clothes					
All elderly	56	56	56	31	61
Elderly with non-coresident children	63	62	63	38	68
Received money					
All elderly	58	57	59	57	58
Elderly with non-coresident children	65	63	66	69	64

Source: SECAPT survey.

Note: Results in this table are based on questions regarding the receipt of regular support during the previous year.

Two types of material support from outside the household can be distinguished from the SECAPT data: the provision of food and/or clothes and the provision of money.<sup>9/</sup> As shown in table 7, over half of the elderly parents (56 per cent) indicated that they received regular support in the form of food and/or clothes from non-coresident children and a similar proportion (58 per cent) indicated that non-coresident children provided money on a regular basis.<sup>10/</sup> If only elderly parents with at least one non-coresident child are considered, the results suggest that almost two-thirds received each of these types of support from children outside the household.

Elderly men and women are about equally likely to receive material assistance from non-coresident children. There is also little difference between rural and urban elderly with respect to receiving money from children living outside the household. However, the rural elderly are almost twice as likely as those in urban areas to receive food and/or clothes from non-coresident children. This probably reflects in part differences in living arrangements, with the rural elderly more likely to live adjacent to or near a non-coresident child than the urban elderly.<sup>11/</sup> As previously noted, in some cases, particularly in rural areas, a cluster of related dwelling units in which elderly parents and married children reside may function in ways similar to a single household with a substantial amount of sharing of food and resources, especially with the elderly parents.

Table 8: Percentage of non-coresident children who are reported to have provided material support to their elderly parents during the prior year, by residence relative to their parents, sex and marital status, Thailand, 1986

Residence relative to parents and marital status of child	Provided food and/or clothes			Provided money		
	Total	Sons	Daughters	Total	Sons	Daughters
<b>Live in same place as elderly parents</b>						
Total	55	50	59	32	31	34
Ever-married	56	51	60	33	31	34
Single	26	25	27	27	21	34
<b>Live in other place</b>						
Total	30	28	33	41	39	42
Ever-married	32	29	34	40	39	41
Single	17	15	20	48	42	57
Total	39	35	43	38	36	39

Source: SECAPT survey.

Whether or not a child provides material support to an elderly parent from outside the household is clearly

associated with the life course of the child. Obviously, such support can be provided only after the child moves out of the household. In addition, as the results presented in table 8 show, the type and probability of such support is influenced by whether or not the non-coresident child lives nearby (defined as in the same village, or the same town, or the same district of Bangkok) and whether or not the child has married. The provision of food and/or clothes is far more likely from non-coresident children who have married than those who are still single, and it is far more common from those who live in the same locality as the parents than from those who live further away. The provision of money, on the other hand, is more likely from children who live away from home. Among the children living away from home, single children are somewhat more likely to provide money than married ones. Although single non-coresident children who live in the same locality as their parents are less likely than their married counterparts to provide money, they constitute a very small group as most non-coresident single children live away from the parents' locality. While daughters are more likely to provide either type of support than sons, in general the same pattern in relation to marital status and residence relative to the parents characterizes both sexes.

The focus group participants are well aware of the help provided by non-coresident children and that it can be an important supplement to the support which elderly parents receive. They also know that whether or not children have families of their own makes a difference in their ability to contribute such support.

- Mr. Plaeng: *The married ones have to pay attention first to their children. The single ones pay attention only to us.*
- Ms. Kum: *When they are married, they pay us only half of the attention.*

(Central elderly focus group participant)

- Mr. Suchart: *Children who live with parents may not have money to spend on them when they are taken ill. Those who are not with parents may be able to provide the sum. They have different advantages.*
- Mr. Somjit: *But we can get more money from a single child. He will give us what he can earn. We won't get any from children who are just married because they have to provide what they need for their family first.*

(Bangkok adult focus group participant)

## Conclusions

Despite rapid and substantial social and economic change over recent decades, the familial system of support for the Thai elderly appears still to be largely intact. This is evidenced both by the high levels of co-residence of elderly parents with their adult children and the relatively common receipt of material support from children living outside the household. Whether this familial system of support will be undermined by the on-going process of social change associated with economic development remains an open question with important implications both for the future elderly themselves and the Government under which they live.

Given the rapid increase in the absolute size of the elderly population that is certain to occur in the coming decades, any meaningful shift of responsibility for their welfare from the family to the State will require massive outlays of government funds. Undoubtedly in recognition of this, the current Seventh Five-Year Economic and Social Development Plan (1992-1996) of the Thai Government and the latest draft of the Long-Term Policies and Plans for the Elderly (covering the period 1992-2011) appear to rely on and emphasize the responsibility of the family for providing welfare for elderly members. One government programme being publicized as being actively undertaken under the current five-year plan is the provision of free health care for the elderly. It is too early, however, to evaluate the effectiveness of this programme or the persistence with which it will be pursued. In addition, while social security schemes to provide old-age financial assistance are scheduled to be implemented by the end of the decade, details of such schemes are still under discussion. Thus, the future role of the Government in providing support for the elderly in Thailand is still quite uncertain.

Not all changes in the current support system need be viewed with alarm, however. The current system of co-residence and material support from non-coresident children, while normatively ingrained in Thai culture, is also rooted in the economic poverty and limited financial resources that traditionally have characterized the majority of the population. Under such circumstances, co-residence can be in part an economic necessity. That co-residence is considered by many of the elderly as a mixed blessing is evident from qualitative data from the focus groups (Knodel, Saengtienchai and Sittitrai, 1992). The most common complaints refer to the lack of peace and quiet and difficulties of interfering with each other when living in close quarters with others of different generations, including grandchildren. To the extent that the

substantial economic growth of recent decades persists and translates into increased per capita income for broader segments of the Thai population, future elderly may become more self-supporting and in some cases may choose to purchase with their increased wealth greater privacy in living arrangements.

In brief, the future of the support system for the Thai elderly is uncertain. The fact that adequate descriptive data documenting the support system has only recently been available makes it difficult to judge how and to what extent change has already taken place. The pervasiveness of co-residence with adult children and of material support from non-coresident children that is still apparent, even after several decades of rapid and substantial socio-economic change, clearly indicates, however, that a familial system of support for the elderly is still largely intact. Thus, it is not a simple matter to predict the shifts that are likely to occur in the system in the foreseeable future.

Continued monitoring will be necessary to determine the nature and extent to which changes in living arrangements and other forms of familial support occur as well as their implications for the elderly's welfare. To the extent that a decline in co-residence becomes evident, careful scrutiny will be needed to determine how much such a trend reflects increased financial independence of the future generations of elderly rather than a breakdown of the familial system of support. This distinction will have obvious implications for the need for government intervention and assistance. At a minimum, the data provided by the SECAPT survey provide a relatively sound base from which future change can be better assessed.

#### Footnotes

1. Overall non-response was 25 per cent, almost half of which was attributable to hearing problems or illness. Thus the sample over-represents the elderly who are in better physical and mental health. Although the sample was intended to be representative and self-weighting, circumstances affecting field-work resulted in a disproportionately urban sample. A set of case-weights (normalized to 1.00) are applied to obtain representative results (Chayovan, Wongsith and Saengtienchai, 1988).
2. Unless specifically stated to the contrary, children of the elderly include both step-children and adopted children as well as biological children.
3. Given that the elderly age-range is defined as starting at age 60 in the SECAPT survey, a small proportion of the children of the elderly respondents, especially children of younger elderly males whose wives were often below age 60, were non-economically active minors dependent entirely on their parents rather than providing support or sharing household expenses. Nevertheless, in 98 per cent of the cases where an elderly respondent was co-resident with a child, there was at least one child aged 18 or over in the household and, in 99 per cent of the cases, there was a child aged 15 or over present.
4. Since the Thai word *laan* means grandchild, nephew or niece, it is not possible to distinguish between them. Moreover, since the term tends to be used rather generically for younger relatives, on occasion it encompasses more distant relatives such as younger-generation cousins. A spot-check of the household schedules of elderly who co-reside with a younger generation relative, other than their own child, indicates that in approximately half of the cases the younger-generation relative was still in a childhood age group (under 18) and not yet economically active.
5. Urban residence refers to municipal areas including the Bangkok Metropolis and rural refers to the remaining areas.
6. The fact that co-residence is lower among the elderly with all children of the same sex than the elderly in general reflects in large part the fact that such elderly people are self-selected for having small numbers of living children, which in turn is associated with a lower probability of co-residence.
7. Given that the SECAPT survey refers to a cross-section of the elderly and their children at one point in time, it is not possible to trace actual changes in living arrangements over the life course of the respondents. However, the relationship between living arrangements and age of the elderly respondent or their children can serve as an indication of how such arrangements are likely to evolve over the life course.
8. Information was collected from each elderly respondent about each of their children resulting in information for a total of approximately 16,000 offspring. However, since all the elderly in each sample household were interviewed, in cases where both a husband and wife were included, their children are represented twice in the data set.
9. Although the question on types of support provided was open-ended, it is not possible to distinguish

provision of food from provision of clothes, since they were coded as a single item. In cases where the elderly respondent indicated that the child "provided everything", we assume that food, clothes and money are involved.

10. It appears that despite the reference in the question to "regular support", this was occasionally interpreted as including support provided as infrequently as once a year.

11. The rural elderly are almost twice as likely as the urban elderly to have at least one non-coresident child living in the same locality: 68 per cent of the rural elderly have at least one non-coresident child living in the same village compared with 35 per cent of the urban elderly who have at least one non-coresident child in the same town or city.

## References

Chayovan, Napaporn, John Knodel and Siriwan Siriboon (1990). Thailand's Elderly Population: A Demographic and Social Profile Based on Official Statistical Sources. *Comparative Study of the Elderly in Asia, Research Reports* No. 90-2, (Ann Arbor, Population Studies Center, University of Michigan).

Chayovan, Napaporn, Malinee Wongsith and Chanpen Saengtienchai (1988). *Socio-Economic Consequences of the Ageing of the Population in Thailand: Survey Findings* (Bangkok, Institute of Population Studies, Chulalongkorn University).

Cowgill, Donald O. (1972). "The Role and Status of the Aged in Thailand", in: D.O.Cowgill and L.D.Holmes (eds.), *Aging and Modernization* (New York, Appleton-Century-Crofts), pp. 91-101.

Keyes, Charles F. (1987). *Thailand, Buddhist Kingdom as Modern Nation-State* (Boulder, Westview Press).

Knodel, John, Aphichat Chamrathirong and Nibhon Debavalya (1987). *Thailand's Reproductive Revolution* (Madison, University of Wisconsin Press).

Knodel, John, Napaporn Chayovan and Siriwan Siriboon (1991). "Familial Support and the Life Course of Thai Elderly and Their Children", *Comparative Study of the Elderly in Asia, Research Reports*, No. 91-12 (Ann Arbor, Population Studies Center, University of Michigan).

Knodel, John, Napaporn Havanon and Anthony Pramualratana (1984). "Fertility Transition in Thailand: A Qualitative Analysis", *Population and Development Review* 10, pp. 297-328.

Knodel, John, Chanpen Saengtienchai and Werasit Sittitrai (1992). "The Living Arrangements of Thai Elderly: Views of the Populace", *Comparative Study of the Elderly in Asia, Research Reports*, No. 92-20 (Ann Arbor, Population Studies Center, University of Michigan).

Limanonda, Bhassorn (1989). "Analysis of Postnuptial Residence Patterns of Thai Women", in: Institute of Population Studies, Health and Population Studies Based on the 1987 Thailand Demographic and Health Survey. Demographic and Health Surveys Further Analysis Series, No. 1. (New York, Population Council and Institute for Resource Development).

Mason, Karen Oppenheim (1991). Family Change and the Support of the Elderly in Asia. Paper presented at the Workshop on Population Aging, ESCAP, Bangkok, Thailand, 15-22 July.

Mole, Robert L. (1973). *Thai Values and Behavior* (Rutland, Vermont, Charles E. Tuttle).

Pichyangkura, Chart and Morakut Singhajend (1991). Thailand National Review on the Elderly. Paper presented at the Workshop on Population Aging, ESCAP, Bangkok, Thailand, 15-22 July.

Pramualratana, Anthony (1990). Support Systems of the Old in a Rural Community in Thailand. Ph.D. thesis. Australian National University, Canberra, Australia.

Tuchrello, William P. (1989). "The Society and Its Environment", in: Barbara Leitch LePoer (ed.), *Thailand: A Country Study*, sixth edition, Area Handbook Series (Washington, U.S. Government Printing Office), pp. 55-120.

Wongsith, Malinee (1990). Attitudes towards Family Values in Thai Society. Paper presented at the Nihon University International Symposium on Family and the Contemporary Japanese Culture: An International Perspective, Tokyo, 20-24 October.

United Nations (1991). *Ageing and Urbanization* (New York, United Nations).

---

*Asia-Pacific Population Journal*, [www.unescap.org/appj.asp](http://www.unescap.org/appj.asp)



The Circumstances and Contributions of Older Persons in Three Asian Countries: Preliminary Results of a Cross-national Study

By Gary R. Andrews and Monique M. Hennink \*

\* The authors of this article are Gary R. Andrews, Director, and Monique M. Hennink, Research Officer, Centre for Ageing Studies, Flinders University of South Australia. The authors would like to acknowledge with gratitude the support of the WHO South-East Asian Regional Office, particularly Dr. Z. Jadamba, and the country investigators who carried out the field surveys: Dr. Raden Boedhi-Darmojo, Diponegoro University, Jakarta; Dr. Dulitha Fernando and Dr. Rohini Seneviratna, University of Colombo, Colombo; and Dr. Dusit Sundarano, The Princess Mother's Medical Volunteer Foundation, Bangkok.

There is a need for greater recognition of older persons' contributions and for policies to be formulated which will be conducive to developing their potential

This article examines some of the findings from surveys carried out in Indonesia, Sri Lanka and Thailand as a part of a cross-national study of ageing sponsored by the World Health Organization (WHO).<sup>1</sup> The country data have been analysed to examine some aspects of social integration and support of older people within their families and communities.

Kendig (1989) pointed out that social integration refers to ways in which older people can be fully and satisfactorily engaged in the social and cultural life of their families and communities and that the important question is the impact which integration or isolation has on the quality and meaning of older people's lives. Support and care involve two-way interdependencies in which older people provide as well as receive assistance.

The results which are reported here touch upon these critical issues and provide some useful pointers for future policy development and planning in meeting the challenge of the growing numbers and proportion of older people in the populations of these and other countries in the Asian and Pacific region. In the interest of space, the methods used are outlined only briefly below. Detailed methodology will be provided in the WHO South East Asian Region report on the study to be completed later this year (WHO/SEARO, 1992).

The surveys were modelled on previous studies which had been carried out in the Western Pacific Region of WHO (Andrews *et al.*, 1986). Standardised questionnaire items were developed to cover all of the agreed areas to be covered by the surveys and were subsequently translated for application in each of the countries. The items included in the questionnaire covered demographics, living arrangements, physical health and function, mental health and cognition, health behaviours, social activities, work and occupation, education, housing, social support, intergenerational exchange and economic circumstances. An "informant" (most commonly a spouse or daughter) was also interviewed and his or her responses recorded in a section of the questionnaire. The informant provided information in response to a series of specific questions on their perspectives of the respondent's social and economic resources, mental health and behaviour, physical health and, where the informant was a care-giver, an indication of the care provided and the perceived burdens of the care-giver.

Where subjects were unable to respond to questions because of physical or mental infirmity, a proxy was allowed -- usually the informant when this was appropriate. In spite of careful translation, cultural and language variations between countries may lead to differences in interpretation of some questions in the field. It is likely that some cross-country differences in results will reflect this. Where there are unexplained country differences further study seems warranted.

In each of the countries, a randomly selected sample of 1,200 individuals 60 or more years of age was obtained. The surveys were all carried out towards the end of 1990 and were, in all three instances, community samples excluding the small proportion of individuals living in institutions. The methods used to obtain random samples varied in each of the countries according to the logistics and available sampling frames.

In Indonesia, the sample was drawn from Central Java Province, which has a total population of 29 million people. Districts were selected from a city (Semarang) and two rural areas (Semarang regency and Jepara regency) so that a variety of locations could be sampled. Stratified random samples were then taken from official village registers. Ten people were not able to be contacted and substitute respondents were obtained; there were no refusals.

In Sri Lanka, a three-stage sampling procedure was employed. Three districts comprising the Western

Province of Sri Lanka, namely Colombo, Kalutan and Gampaha, were sampled. Census data were used to identify 10 urban and 10 rural districts using the probability-proportional-to-size technique. Clusters were then identified randomly from electoral wards in urban districts and *Grama Sevaka* (lowest administrative unit) divisions in the rural units. Using the electoral register, subjects were then randomly selected. The refusal rate was negligible.

In Thailand, Bangkok and four geographical regions representative of the country as a whole were chosen. From each region, one municipal area and two to three province were randomly selected according to census data. In Bangkok, three districts and one or two sub-districts were randomly chosen and in the provinces districts and villages were similarly randomly identified. Subjects were then selected at random from official population registers. There was only one refusal.

In all three countries, the sample was stratified to obtain approximately equal numbers of subjects by sex and age groups 60-64, 65-69 and 70 years and older. Urban and rural areas were included in the study to provide approximately equal numbers of subjects from each. Prior to analysis, data were weighted to provide information which was more reasonably representative overall of the countries as a whole. In all tables, the N data provided are weighted numbers.

### Living arrangements

The living arrangements of elderly persons provide some indication of the amount of potential support available to the elderly and the degree to which they may experience loneliness and social isolation. In all three countries, most respondents did not live alone, but lived with their spouse and/or other family members.

Table 1: Percentage of males and females living with their spouse, by age

Country	Sex	Age group					Total
		60-64	65-69	70-74	75-79	80+	
Indonesia	Male	93	91	80	79	59	85.6
	Female	61	38	30	18	11	41.1
Sri Lanka	Male	83	84	78	80	65	81.7
	Female	26	20	8	2	1	16.8
Thailand	Male	82	77	71	60	42	74.2
	Female	43	25	20	17	2	29.5

Note: Indonesia: N = 1,201; Sri Lanka: N = 1,200; Thailand: N = 1,199.

Table 2: Living arrangements of the elderly

Country	Sex	Living with children	Living alone	Living with four or more people *	N (weighted)
		%	%	%	
Indonesia	Male	75.0	1.6	52.9	(556)
	Female	60.0	9.2	50.0	(644)
Sri Lanka	Male	86.0	1.3	67.5	(613)
	Female	81.2	4.7	61.0	(588)
Thailand	Male	78.0	1.8	54.4	(598)
	Female	75.5	5.6	48.7	(601)

Note: \* These figures exclude the elderly respondent.

Table 1 shows the percentage of males and females in Indonesia, Sri Lanka and Thailand who are living with their spouse. In general, more males than females live with their spouse, and this proportion decreases with age. Females are less likely to reside with their spouse, which is a reflection of the greater incidence of widows, particularly in the extreme older ages, the higher life expectancy of women and the tendency for men to marry younger women. The proportion of females living with their spouse declines more rapidly with age than for males: for example, 61 per cent of Indonesian women aged between 60 and 64 years lived with their spouse; this figure declines to 11 per cent for those aged over 80 years -- a decline of 50 per cent.

The equivalent decrease for Indonesian males is 34 per cent. Similar figures are seen for Thailand and Sri Lanka.

Significant proportions of the elderly reside with their children. Overall, there is a greater tendency for elderly males than females to live with their children (see [table 2](#)). Sri Lanka showed higher proportions of male and female elderly persons living with their children than either Indonesia or Thailand. It is interesting to note the gender differences in Indonesian elderly living with their children.

Relatively smaller proportions of the elderly were living alone. The incidence of males living alone was extremely small, which reinforces their tendency to reside with their spouse or other family members (see [table 2](#)).

If elderly persons reside in households of four or more occupants, this arrangement usually represents a multi-generational household. In general, a greater proportion of males than females resided in this type of household (see [table 2](#)). Approximately 50 per cent of the elderly respondents in Indonesia and Thailand lived with four or more people. Sri Lanka showed an even higher proportion.

#### Household ownership

In general, the majority of elderly respondents own their own home; few pay rent. Of those respondents who neither owned their home nor paid rent, it was predominantly their children or other relatives who paid the rent for them. Males were generally more likely to report that they lived in a house that they or their spouse owned, and females were more likely to live in a house owned by their children if they did not own or pay rent for the house in which they live.

#### Social activities

#### Social organizations

Table 3: Number and percentage of people in each country who belong to a social (non-religious) organization, and number of days attended in one month \*

Country/No. of days attended	N (weighted)	%	Percentage belonging to a group for the elderly
<b>Indonesia</b>			
Did not attend	(8)	0.7	
1	(241)	20.3	
2 or more	(190)	16.4	
Total	(439)	36.8	26.4
<b>Sri Lanka</b>			
Did not attend	(101)	8.5	
1	(117)	9.8	
2 or more	(48)	4.0	
Total	(266)	22.3	6.3
<b>Thailand</b>			
Did not attend	(186)	15.8	
1	(81)	6.9	
2 or more	(31)	2.6	
Total	(299)	25.4	14.3

Note: \* Percentage of total study population.

All respondents were asked whether they belonged to a social organization and their frequency of attendance at that organization. [Table 3](#) shows the frequency of attendance for members of social organizations for each country.

One-third of the Indonesian elderly, one-fourth of the Thai elderly and one-fifth of the Sri Lankan elderly respondents belonged to a social (non-religious) organization. The frequency of attendance, however, was low. The majority of Sri Lankan and Thai elderly members did not attend social group activities or attended only once a month. Indonesian elderly members showed a higher attendance rate, the majority

attending social groups once a month. A greater proportion of Indonesian elderly (26 per cent) were also members of a social group specifically for the elderly.

There were no significant age, sex or urban/rural differences in attendance patterns; however, in Thailand and Indonesia, the urban and "young" elderly were more likely to become involved in social organizations than those in Sri Lanka.

#### Family involvement

The degree of contact the elderly have with their family, their involvement in family activities and family and community decisions are strong indicators of social well-being and social interaction of elderly persons in community and family life.

Table 4: Percentage of elderly who visit and are visited by relatives at least once per month

Country	Visit relatives at least once per month %	Visited by relatives at least once per month %	N (weighted)
Indonesia	64.2	71.3	(1,201)
Sri Lanka	43.6	46.9	(1,200)
Thailand	51.4	54.6	(1,199)

Table 5: Percentage of the elderly who attended family functions in the previous six months

Country	Age Group					Total
	60-64	65-69	70-74	75-79	80+	
Indonesia	92.2	92.8	82.1	75.0	47.4	83.6
Sri Lanka	88.5	85.9	76.9	71.1	52.3	81.2
Thailand	91.6	90.3	86.2	76.3	50.0	85.5

Table 4 shows the proportion of elderly who take part in visits with their relatives at least once a month. In all three countries, there is a greater likelihood of the elderly receiving visits from their relatives than the reciprocal of elderly persons visiting relatives. Sixty-four per cent of Indonesian respondents visit relatives at least once a month and 71 per cent receive visits from relatives. At least half the Thai respondents received or visited relatives and lower proportions of Sri Lankan elderly took part in visits with relatives.

Only Indonesian respondents showed significant differences between rural and urban areas. Those who live in rural areas were more likely to visit relatives once a month than their urban counterparts, i.e. 75 per cent compared with 54 per cent, respectively.

All subjects were asked whether they attended a wedding party, funeral, family event or birthday in the previous six months. Attendance at these functions was particularly high for the "young-old" aged between 60 and 64 years; it dropped dramatically to half that figure once the elderly exceeded 80 years of age. This pattern is consistent for all three countries as seen in table 5.

In all three countries, most respondents were satisfied with the amount of contact they had with relatives and friends. In Sri Lanka, Thailand and Indonesia, 72, 78 and 90 per cent of the respondents, respectively, were satisfied with the amount of contact they had with family and friends. This declined with increasing age, particularly in Indonesia, where satisfaction decreased from 95 per cent in the 60-64 age group to 66 per cent in the 80+ age group. There were no sex or urban/rural differences in levels of satisfaction, with the exception of Thailand where the responses of the urban elderly showed that they were more satisfied than the rural elderly.

#### Family and community decisions

The survey included a number of questions on whether respondents were consulted or requested to participate in making family decisions. The decisions ranged from "food that will be cooked that day" to "clothes to be bought for the children". Eighty-nine per cent of the respondents in Thailand were included in such decisions, 84 per cent of Indonesian respondents and 50 per cent of Sri Lankan respondents were

involved in making family decisions. In general, a greater number of males than females were consulted on these issues.

Although most Indonesian elderly participated in family decision-making at all ages, men were more likely than women to report involvement in decision-making. Overall, there was a decrease in participation with age, from 94 per cent for those aged 60-64 years to 55 per cent for those aged over 79 years.

In Sri Lanka, the involvement of men in family decision-making decreased only after 80 years of age. A more consistent decrease was noted for women, from 89 per cent in the youngest age group to 65 per cent among women over 79 years of age. There were no urban/rural differences in Indonesia or Sri Lanka.

A similar picture emerged for Thailand. For both men and women, a consistent decline in decision-making was noted with age and, at all ages, men were more likely to participate in family decision-making than women. Slightly more rural elderly were consulted for family decisions than urban residents.

In all three countries, men were also consulted more frequently than women on community problems; this trend also declined with age. Overall, a greater proportion of Sri Lankan elderly were consulted on community problems (64 per cent) than Thai (39 per cent) or Indonesian elderly (22 per cent).

### Loneliness

Small percentages of the elderly in all three countries reported that they often felt lonely; in Indonesia, Sri Lanka and Thailand the percentages were 8, 12 and 9, respectively. More females reported feeling lonely than males and the proportion increased with age, so that females aged over 80 years were most likely to experience loneliness. More than one quarter (26 per cent) of Thailand's females aged over 80 years often felt lonely, while 19 per cent of Sri Lankan and 13 per cent of Indonesia elderly women often felt lonely.

Table 6: Percentage of elderly who often feel lonely, by selected variables

Variables	Indonesia		Sri Lanka		Thailand	
	%	N	%	N	%	N
Married	5.3	(725)	7.3	(760)	5.8	(639)
Not married	11.2	(477)	19.1	(441)	13.3	(560)
Works full or part time	5.8	(439)	6.0	(181)	9.9	(333)
Does not work	8.6	(762)	12.7	(1,006)	9.2	(861)
Sees family and friends enough	5.9	(962)	8.4	(747)	6.3	(839)
Does not see them enough	24.3	(112)	19.7	(298)	20.6	(242)
Enough money	6.6	(1,100)	6.9	(633)	6.9	(1,055)
Not enough money	22.6	(85)	17.1	(556)	26.1	(144)
Health good	5.5	(1,005)	6.1	(513)	6.5	(708)
Health not good	19.0	(192)	15.9	(672)	13.7	(484)
Living alone	20.3	(68)	36.1	(37)	27.3	(45)
Living with four or more people	5.3	(615)	7.4	(774)	7.6	(617)
Performs all ADL *	6.0	(707)	8.7	(215)	6.2	(369)
Cannot perform all ADL *	10.1	(393)	12.4	(957)	20.2	(823)

Notes: \* ADL = activities of daily living. The N data are weighted.

Table 6 allows a closer examination of the factors which contribute to loneliness. Marital status, economic situation, social functioning, socio-economic status, living arrangements, and physical health and functioning are all highly correlated with loneliness. The elderly who are not married (the widowed), live alone, do not see their family and friends regularly, think they do not have enough money, reported poor health and experience difficulties with the activities of daily living, all showed a relatively high incidence of loneliness. These patterns are consistent for all three countries. The most extreme differences can be seen in Thailand where those who did not have enough money were almost four times more likely to experience loneliness than those who had enough money. Also in Indonesia, those who did not see their family enough were six times more likely to feel lonely than those who saw their family enough, and respondents in poor health were three times more likely to feel lonely than healthy respondents. Large differences were also seen in living arrangements, where in each country respondents who lived alone were

more than four or five times more likely to feel lonely often than those living with four or more other people.

#### Care and support

Table 7: Percentage of elderly reporting children as their main source of income, by age and sex

Sex/Country	Age group					Total	N (weighted)
	60-64	65-69	70-74	75-79	80+		
Males							
Indonesia	1.7	9.6	18.2	27.1	30.6	11.1	(557)
Sri Lanka	22.3	32.7	38.8	50.0	62.5	34.8	(613)
Thailand	11.5	23.9	39.3	37.5	59.1	25.4	(598)
Females							
Indonesia	13.0	26.5	25.7	37.1	54.3	27.1	(644)
Sri Lanka	49.1	57.3	44.8	50.9	65.9	52.1	(588)
Thailand	25.4	45.2	55.9	62.1	76.1	44.9	(601)

*Note:* Indonesia: N = 1,201; Sri Lanka: N = 1,200 and Thailand: N = 1,199

Care and support of the elderly is of major concern in countries where there are no formal means of support and few public care institutions. In general, the families of the elderly provide a significant amount of support in all three countries, which is a consistent trend in many Asian countries. Children of the elderly are often their main source of income, particularly for elderly women. The reliance on children for income increases with age so that the greatest amount of financial support, from child to parent, is seen in those aged over 80 years (see [table 7](#)).

Paid employment is the main source of income for 26 per cent of men and 8 per cent of women in Sri Lanka. Dependence on this source decreased with age for both sexes. In the male population, the decrease in paid employment was replaced by increasing dependence on their children. Sri Lanka showed the greatest dependence on children for financial support, with 35 per cent of males and 52 per cent of females receiving their main income from their children. Indonesian elderly relied least on their children for their main income; 26 per cent of Indonesian men and 17 per cent of Indonesian women derived most of their income from paid employment. In Thailand, 33 per cent of men and 45 per cent of women were paid workers, while 25 per cent of men and 45 per cent of women relied on their children for income.

Respondents were requested to identify whether they received any non-monetary support on a regular or ad hoc basis, and from whom they received this support. The non-monetary support identified included the provision of food, clothing, shelter, medication and transport. Food and clothing are received by over 83 per cent of those elderly receiving non-monetary assistance.

Children of the elderly are overwhelmingly the main providers of this type of support. In Thailand, children provide 93 per cent of non-monetary support and, in Sri Lanka and Indonesia, 85 per cent and 94 per cent of support is provided by children, respectively. Other relatives are also the providers of non-monetary support, but to a lesser degree than children.

Table 8: Percentage of elderly receiving non-monetary support on a regular or ad hoc basis

Country	Receiving regular support	Receiving ad hoc support	Receiving no support
	%	%	%
Indonesia	80.0	19.1	0.1
Sri Lanka	38.4	44.7	16.7
Thailand	17.4	53.7	28.8

Table 9: Major helper with activities in daily living

(per cent)

<b>Married</b>	<b>Not married</b>
----------------	--------------------

	Male	Female	Male	Female
<b>Indonesia</b>				
Spouse	82.9	44.4	-	-
Daughter	6.4	31.5	34.2	46.9
Son	3.6	4.2	18.6	4.4
Daughter-in-law	2.0	4.6	11.7	12.4
Hired help	1.6	4.8	7.2	6.6
<b>Sri Lanka</b>				
Spouse	76.1	18.0	-	-
Daughter	15.5	48.1	43.9	48.7
Son	5.1	21.9	8.9	21.0
Daughter-in-law	1.2	5.9	5.0	12.5
Hired help	0.2	-	1.5	5.0
<b>Thailand</b>				
Spouse	66.3	19.1	-	-
Daughter	23.5	58.0	60.3	57.0
Son	4.7	13.2	11.9	12.3
Daughter-in-law	1.7	2.1	6.2	4.3
Hired help	0.2	3.4	2.4	4.6

Table 8 shows that in Thailand and Sri Lanka more elderly receive support on an ad hoc basis than on a regular basis. More Indonesian elderly, however, receive regular support; few receive no support in Indonesia.

Respondents were asked about their ability to carry out 11 activities of daily living ranging from shopping, meal preparation and bathing to their ability to handle their own finances. In Thailand and Sri Lanka, the majority of the elderly received assistance with these activities: 69 and 81 per cent, respectively; in Indonesia, 36 per cent received assistance with daily activities. Table 9 identifies the main person identified by the elderly who assists the elderly with these activities and is separated for marital status. Of married men in all three countries, the main helper was overwhelming their spouse. This was also true of married females in Indonesia. However, in Sri Lanka and Thailand, a daughter was the major helper in almost 50 per cent of the cases. In Sri Lanka, 22 per cent of the elderly married women identified their son as their major helper.

Of the unmarried elderly (usually widowed), both males and females received the greatest amount of support from their daughters. Again in Sri Lanka, 21 per cent of unmarried females identified their sons as their major helper.

Table 10: Percentage of informants who indicated they or their spouse provide care, by sex of subject

Country	Sex	Informant provides care	Needs help			Care is burden
			No	Some	Lot	
Indonesia	Male	84.7	33.6	60.2	6.2	14.8
	Female	83.8	31.9	56.7	11.5	15.6
Sri Lanka	Male	95.6	32.2	47.5	20.3	n.a.
	Female	92.4	23.9	51.4	24.7	n.a.
Thailand	Male	92.2	22.1	70.5	7.3	18.5
	Female	87.9	16.1	77.8	6.1	17.3

Note: n.a. = not available.

Table 11: Reasons given by informants for providing care to elderly

(per cent)

Country	Sex	Wishes to do so	Family responsibility	Cultural responsibility
---------	-----	-----------------	-----------------------	-------------------------



Indonesia	Male	3.5	86.1	10.4
	Female	3.2	80.4	16.4
Sri Lanka	Male	32.8	59.5	7.6
	Female	33.2	55.7	10.9
Thailand	Male	42.1	42.2	15.7
	Female	38.4	42.1	19.6

In each household, an "informant" was identified and requested to answer a number of questions regarding the elderly respondent. In many cases, the informants were either the spouse of the respondent or his or her daughter. Table 10 shows that over 80 per cent of informants were care-givers themselves, and in most cases they reported that the elderly needed some help in carrying out normal daily activities. In Thailand, a greater proportion of males (71 per cent) and females (78 per cent) required some help. Few informants in Indonesia and Thailand reported that a lot of help was required; however, in Sri Lanka a greater proportion of respondents reported that a lot of help was required to care for the elderly respondent.

There was some indication in Indonesia and Thailand that care of the respondent was a burden; data for Sri Lanka on this variable were unavailable.

In the majority of cases, informants reported that their main reason for caring for the elderly person was that it is their family and cultural responsibility (see table 11). In Indonesia, this was extremely high with 97 per cent of male informants and 97 per cent of female informants giving this as their main reason for providing care. Few Indonesians reported that they simply wished to provide care for the respondent. Greater proportions of Sri Lankan and Thai informants said that they provided care because they wished to do so.

Table 12: Informants' opinions on question: If elderly need substantial care, where should care be given?

(per cent)

Country	Sex	Family home	Own home	Hospital	Other institution
Indonesia	Male	32.2	66.9	0.4	0.5
	Female	44.4	54.7	0.1	0.6
Sri Lanka	Male	50.5	45.6	0.7	3.2
	Female	51.9	44.5	1.1	2.3
Thailand	Male	33.3	38.7	25.9	2.4
	Female	33.3	41.0	23.2	2.7

Informants were asked where they thought elderly people should be cared for when they become dependent and require a substantial amount of assistance. Table 12 shows that the majority of informants thought that the elderly should be cared for in the family home or the home of the elderly person. In Indonesia, 99 per cent of male and female informants thought this. To some extent, this finding correlates with the Indonesians' strong feelings of family and cultural responsibility (see table 11). Sri Lankan informants showed similarly high proportions, with a slightly greater tendency to think that such care should be given in the family home. In Thailand, lower figures for care in the family home or the home of the elderly person can be seen. Few informants in Indonesia or Sri Lanka thought that care in a hospital or other institution was appropriate; however, approximately one-fourth of male and female informants from Thailand thought that hospital care was appropriate.

#### Contributions of the elderly

One aspect of ageing which is often overlooked in many studies is the contributions the elderly make to their families in care-giving, household tasks and other daily activities. Most elderly respondents performed at least one or two household tasks on a regular basis: this was true for 85 per cent of the Indonesian elderly, 82 per cent of the Sri Lankan elderly and 78 per cent of the Thai elderly.

Table 13: Contributions of the elderly (A) Taking care of grandchildren regularly

(per cent)



Sex/Country	Age groups					Total
	60-64	65-69	70-74	75-79	80+	
Male						
Indonesia	18.1	16.8	22.5	11.7	7.8	17.1
Sri Lanka	25.6	31.4	37.2	28.8	35.0	30.5
Thailand	36.8	26.7	26.5	25.8	9.1	29.4
Female						
Indonesia	23.8	31.7	32.7	33.9	15.3	27.6
Sri Lanka	43.8	45.1	33.0	40.0	29.5	40.5
Thailand	52.4	43.5	34.9	17.5	13.6	39.5

(B) Other activities undertaken regularly in the household

Country	Sex	Food preparation	Cleaning house	Sewing/ mending	Washing dishes	Washing/ ironing clothes	Helping to garden
Indonesia	Male	4.0	22.8	1.9	2.7	5.6	5.7
	Female	58.6	59.3	18.3	53.1	42.6	11.3
Sri Lanka	Male	14.9	33.6	2.3	8.9	16.7	33.2
	Female	66.9	66.5	17.1	59.2	52.3	18.8
Thailand	Male	22.2	28.5	7.3	20.0	17.0	34.3
	Female	49.8	51.4	30.0	48.3	43.1	22.7

Table 13 details the extent to which elderly persons assist with care of grandchildren and a range of household tasks. In all three countries, the regular care of grandchildren is predominantly the domain of elderly women, and tends to decrease after age 79. However, about a third of Thai and Sri Lankan males regularly care for grandchildren. In Thailand, the child-minding function provided by the elderly decreased with age for both the male and female elderly, but in Indonesia there was an increase, to age 79, in the proportion of elderly females caring for grandchildren.

Again, women tend to provide greater assistance than men in the range of household tasks outlined in table 13, with the exception of gardening. The greatest contributions made by the elderly, mostly women, are seen in food preparation, house-cleaning and washing the dishes, and washing and ironing clothes. Men gave the most assistance in the garden and cleaning the house. Indonesian men provided the least amount of assistance with all household tasks.

Significant proportions of elderly males and females in all three countries performed at least one household activity throughout their elderly life; however, the proportions decline somewhat for the very old, particularly for women (see table 14). Greater numbers of women performed three or more household tasks, and there is a significant decline after 75 years of age.

Table 14: Percentage who regularly perform at least one household activity, by age and sex

Country	Sex	Age group					Total
		60-64	65-69	70-74	75-79	80+	
Indonesia	Male	81.9	88.2	80.2	82.5	65.5	82.3
	Female	97.0	97.7	97.3	86.6	73.2	87.6
Sri Lanka	Male	84.2	82.8	76.9	60.3	60.0	77.6
	Female	94.1	91.8	86.5	76.3	61.7	87.1
Thailand	Male	93.0	92.4	78.6	81.3	78.7	88.2
	Female	94.4	97.0	91.6	87.1	62.5	82.0

## Discussion

The studies reported in this article are illustrative of the extent to which the elderly in countries of the Asian and Pacific region generally remain closely integrated with their families and communities. There is no evidence from these data of erosion of traditional family relations. There are, however, many known

pressures on families in providing support and care, such as migration of younger relatives from rural to urban areas, rising labour force participation among middle-aged women, which reduces their ability to provide care, and the increasing numbers of older people who are in need of support and care. These and other factors operating in the context of social development make the question of development of family-oriented policies for care of the elderly a central issue.

The majority of the elderly in the countries studied live in households with their children and in many cases also their grandchildren. This is especially true of males (see [table 2](#)). At the same time, there is a small but significant proportion of older women who live alone. As a result of longer life expectancy for females and the tendency in the past for men to marry younger women, the males are much more likely to have the benefit of a surviving spouse than their female counterparts. At very advanced ages, the needs of widowed older women emerge strikingly as an area of priority for future policy consideration.

The importance of the family is illustrated by the extent to which children are the main source of income and provide help when needed in activities of daily living, the provision of housing when the older person is not the head of the household and the provision of other forms of support such as food, clothing and medical care (see [tables 7, 8 and 9](#)). In general, in these studies those providing care to older persons identified family and cultural responsibilities as the main factors influencing them in meeting this need. They expressed the opinion that, even if substantial care was needed, it should be provided in the older persons' own home or the family home (see [tables 11 and 12](#)). Perhaps because of greater availability, a higher proportion of care-givers in Thailand thought that if substantial care was needed, it should be provided in a hospital.

High levels of home ownership by older people was evident and there was generally a substantial involvement of older persons in family decision-making. The older people were also quite often involved in community decision-making processes, although this varied somewhat between countries.

In the three countries, the presence of a small but significant proportion of people reporting that they often felt lonely illustrates some of the negative factors which may influence the quality of life for the elderly.

Poverty, social isolation, poor health and disability were all associated significantly with feelings of loneliness (see [table 6](#)). Women, especially very old women, were the most likely to report loneliness.

The findings in these surveys illustrate the extent to which older persons contribute directly to household activities and that some level of participation in various chores is maintained generally to a very advanced age. Women in particular are responsible for regular household work (see [tables 13 and 14](#)).

Overall the preliminary descriptive data presented in this article illustrate the extent to which older people are deeply embedded in family networks in the countries studied. The family "burden" of providing care and support for the elderly is, however, seen as just beginning to emerge and the widely expressed need for some level of help in this undertaking should be noted by policy makers. There will be increasing numbers of very old women in the future and it is apparent that they will have special needs which will have to be taken into account and which it may be increasingly difficult for their middle-aged and older children to meet without assistance.

The data also illustrate the extent to which the elderly continue, through intergenerational exchange processes, to make significant, though often unheralded, contributions in economic, family and societal terms. There is a need for the efforts of older persons in these respects to be given greater recognition and for policies to be formulated which will be further conducive to maintaining and developing their actual and potential contributions.

#### Footnote

1. The first author was appointed by the WHO Regional Office for South East Asia to provide direction on the study design, documentation and implementation of the surveys and to be responsible for the data entry, analysis and reporting of the cross-national findings. This work was undertaken at the Centre for Ageing Studies in Adelaide, Australia, which received the data in agreed format from each of the Principal Investigators in the participating countries.

#### References

Andrews G.R., A.J. Esterman, A.J. Braunack-Mayer, and C.M. Rungie (1986). *Ageing in the Western Pacific - A Four Country Study* (Manila, World Health Organization, Regional Office for the Western Pacific).

Kendig H. (1989). "Integration of the Aging into Society". In: *Emerging Issues of the Aging of Population in Selected ESCAP Countries: Report of the Asian and Pacific Seminar on Population Aging* held at Kuala Lumpur, Malaysia, organized by ESCAP/CSDHA/NPFDB from 17 to 21 July 1989, Asian Population Studies Series No. 99 (Bangkok, United Nations ESCAP).

World Health Organization, South East Asian Regional Office. ( forthcoming ). Report of the Five Country Epidemiological Study of the Elderly.

---

*Asia-Pacific Population Journal*, [www.unescap.org/appj.asp](http://www.unescap.org/appj.asp)

## Conference considers ageing (Demographers' Notebook)

Population Ageing and its Economic and Social Implications was one of the agenda items considered at the Fourth Asian and Pacific Population Conference, which was held in Bali, Indonesia, from 19 to 27 August 1992.

The report of the Conference observed that more than 80 per cent of the elderly population in the developing world would be in Asia by the beginning of the twenty-first century. The level and pace of ageing, the social systems and stage of economic development, however, differ considerably across countries. Owing to the size of the elderly population and the growing proportion of "old old" (75 or more years of age) in the population and the consequent lower level of economic development, ageing issues in developing countries are considered as having more serious social and economic implications than in the developed countries.

The Conference recommended that integral economic and social policies and programmes on ageing should be promoted, and advantage should be taken of the period prior to the onset of rapid population ageing to prepare for greater participation by the elderly in the national development process.

It emphasized the need for policies and programmes to create awareness of ageing issues and provide the necessary incentives, including the availability of housing, to encourage families to continue providing support in the care and welfare of the elderly. It also emphasized the need to create the necessary conditions that would enable the elderly to continue to participate actively in the labour force, recommending that appropriate home industries which allowed the elderly to work at their own pace should be set up in cooperation with relevant agencies in the public and private sectors.

The Conference reiterated the need for appropriate policies and programmes to continually improve services for the care and welfare of the elderly, especially for women in view of their greater life expectancy.

---

*Asia-Pacific Population Journal*, [www.unescap.org/appj.asp](http://www.unescap.org/appj.asp)