LIVING ARRANGEMENTS OF OLDER ADULTS IN CHINA: THE INTERPLAY AMONG PREFERENCES, REALITIES, AND HEALTH

Melanie Dawn Sereny[1]

Much of the recent research on population aging in China focuses on living arrangements and family support for older adults (Gu, Dupre et al. 2007; Chen and Short 2008; Song, Li et al. 2008; Wu and Schimmele 2008; Zhang 2008; Zimmer 2008; Li, Zhang et al. 2009). Living arrangements are important to the health and well-being of the elderly because the household is a major factor in determining social roles by providing support and interactions (or not) to older adults (Waite and Hughes 1999). Studies of living arrangements often discuss coresidence preferences but rarely measure them, instead assuming that actual living arrangements are a partial consequence of preference (Wilmoth 2001). Utilizing the 2005 wave of the Chinese Longitudinal Healthy Longevity Survey (CLHLS), this paper seeks to add understanding to the dynamics of living arrangements among community-residing elderly in China by exploring not only actual living arrangements but also preferences regarding them, and what factors influence "living arrangement concordance" – having a match between preferred and actual living arrangements. Furthermore, I investigate whether living arrangement concordance influences the health of older adults.

The extent of fit between an individual's competence, needs, personality and their environment may be relevant to life quality, well-being, and mental health (Carp and Carp 1984). The congruence theory of person-environment fit argues that an individual often strives to maximize concordance between environment and needs, either by changing environments or altering her perception of needs (Kahana 1975; Kahana, Liang et al. 1980). Studies have shown that elders with congruence (concordance) between needs and environment have higher morale (Lawton 1976). Having a 'match' between preferences and realities also elevates sense of control, which has long been recognized as critical to well-being for people at any age.

We have a limited understanding of the relationships, both direct and indirect, between health and living arrangements, but scholars are interested in elucidating them (Liang, Brown et al. 2005). When thinking about the health of older adults, it is important to consider not only objective measures of health, such as the incidence of chronic disease or functional disability, but also psychological health and measures of well-being, which may include concordance.

Living arrangements in China carry added significance stemming from Confucian ideals of filial piety, which consider serving one's parents to be the highest virtue (Whyte 2003). A deep-seated tradition of coresidence with one or more married children, usually the eldest son, arose from these ideals and continues into the current era (Zimmer 2005). Both before 1949 (Yan, Chen, *et al*.

1 Department of Sociology, Duke University

2003) and today (Zeng and George 2002), the elderly in China coresided with family members and relied on them for support, especially in the countryside. Coresidence with children, however, has declined over time as family sizes have decreased due to the one-child policy and other social and economic changes. It is not yet clear, however, how a decline in coresidence will affect financial and instrumental intergenerational support more generally.

The data for this paper come from the 2005 wave of the Chinese Longitudinal Healthy Longevity Survey (CLHLS), which was launched in 1998 in China with a focus on the oldest-old, though later waves included younger elderly. The 2005 wave had 15,638 respondents ranging from ages 65 to 112 (Zeng 2008). The current study makes use of an item that was first added in 2005, "Which living arrangement setting do you prefer?" Respondents were given a choice of five possible responses: (1) living alone (or with spouse only) regardless of residential distance of children; (2) living alone (or with spouse only) but children living nearby; (3) coresidence with children; (4) living in an institution; and (5) do not know. I focus on those elders who responded with choice 1, 2, or 3. Concordance of living arrangement is defined as living in a given living arrangement and preferring to do so —having a 'match' — otherwise the respondent has discordance. For ease of analysis, categories 1 and 2 have been combined. The analysis is limited to older adults who either live independently (live alone or live with a spouse only) or coreside with children, and who also prefer one of these two living arrangements.

The majority of the elderly in the sample coreside with their children, which is similar to 2000 Chinese census data (He, Sengupta et al. 2007). In addition, more than half of respondents chose coresidence with children as their preferred living arrangement. Concordance of living arrangements is also high, with 80% of the sub-sample (N=14,547) having a match between preferred and actual living arrangements. In terms of health, mean self-rated health and the percentage of the sample self-rating health as poor are roughly similar across living arrangement types, around 2.6 ("fair") and 50% respectively. However, only 11% of those who live independently have functional disability ("activities of daily living" disability) compared with 30% of those who coreside with children. Furthermore, I find that those who have independent-living concordance are healthier — statistically better (lower) SRH, smaller percentage in self-rated poor health and lower prevalence of ADL (activities of daily living) disability— whereas among elders who coreside with children it is the opposite. Nearly one-third of the elderly who have coresidence concordance have difficulty with one or more activities of daily living, compared to only 21% of elders who do not have coresidence concordance. For elders who coreside with children, concordance does not seem to influence self-rated health.

This study investigates the interactions among living arrangement preferences, actual living arrangements, and health status of older adults in China. One of the major findings of this study is that actual living arrangement has a strong influence on preference to coreside with children,

but other factors are also at play, including age, gender, ethnicity, socio-economic status, and marital status. Additionally, different factors influence coresidence concordance than independent living concordance. I find some support for the congruence model of person-environment fit, with concordance of living arrangements predicting better health among some groups, but also evidence that preference itself may be a strong predictor of health. In addition, the survey data on preference of living arrangements also indicates the growing acceptance of living separately from children, something that was also found in an earlier study of Chinese elderly in urban settings (Logan and Bian 1999).

Older adults and people with lower socio-economic standing are more likely to prefer coresidence with children, while older adults with better socio-economic status and more family care resources are less likely to prefer coresidence. This could mean that people with lower socio-economic status have more traditional attitudes towards intergenerational coresidence or that greater resources enable elders to live independently. There is some indication that if individual finances were sufficient, independent living would be preferred. This goes against traditional attitudes that value intergenerational coresidence.

Coresidence concordance predicts better self-rated health even after controlling for other health problems and positive attitude, thus giving support to the congruence model of person-environment fit. Having satisfaction through a match between preferred and actual living arrangements may improve the well-being of older adults in China. The congruence model of person-environment fit may also pertain to ADL disability among elders with independent living concordance, as they have lower odds of functional disability.

Coresidence concordance, however, predicts greater odds of ADL disability. This is not in line with my hypothesis but is still a very interesting finding. I can only conjecture, because the cross-sectional nature of the data does not allow me to verify this, but it is possible that disability preceded coresidence (or coresidence preference) and that older adults with functional disability may self-select into coresidence with children. Their lower functioning makes them need and prefer coresidence with children, and thus having concordance predicts ADL disability.

Because studying living arrangement concordance is a relatively unexplored area, there are many directions for the research to expand. If other surveys of older adults also contained a question about preference we could see what factors influence concordance and how concordance influences health in different settings. In addition, longitudinal data on living arrangement preference would enable researchers to see how preferences change over time, and whether actual living arrangement and preference influence each other.

In Western societies intergenerational coresidence has declined during the 20th century

(Ruggles 1994; Grundy 1999), but it is yet unclear to what extent coresidence will decline in China and other parts of East Asia. Family sizes and numbers of adult children will decline, and rural to urban migration will also influence coresidence and living arrangement options for older adults. Future state support for social security and senior homes could also play a major role. If attitudes are indeed changing and parents do not expect the same level of support as they did in the past then perhaps we do not have to worry about negative psychological outcomes for Chinese elderly. These results show that studying living arrangement concordance among the elderly is important, because for some, concordance may lead to higher well-being, and for others, preference may actually be a proxy for health problems and need for care. Future surveys of the elderly should include questions about living arrangement preferences: we should not assume that there is a one-size fits all model in more developed or developing countries, but instead elders should have a choice of living arrangement, as 'concordance' may improve quality of life and overall well-being.

REFERENCES

Beydoun, M. A. and B. M. Popkin (2005). "The impact of socio-economic factors on functional status decline among community-dwelling older adults in China." Social Science & Medicine **60**(9): 2045-2057.

Brown, J. W., J. Liang, et al. (2002). "Transitions in Living Arrangements Among Elders in Japan Does Health Make a Difference?" Journals of Gerontology Series B: Psychological Sciences and Social Sciences **57**(4): 209-220.

Carp, F. M. and A. Carp (1984). A complementary/congruence model of well-being or mental health for the community elderly. Elderly People and the Environment. I. Altman, M. P. Lawton and J. F. Wohlwill. New York and London, Plenum Press**:** 279-328.

Chen, F. (2005). "Residential patterns of parents and their married children in contemporary China: A life course approach." Population research and policy review **24**(2): 125-148.

Chen, F. and S. E. Short (2008). "Household Context and Subjective Well-Being Among the Oldest Old in China." Journal of Family Issues **29**(10): 1379-1403.

Chen, X. and M. Silverstein (2000). „Intergenerational social support and the psychological well-being of older parents in China." Research on aging **22**(1): 43.

Grundy, E. (1999). „Intergenerational perspectives on family and household change in mid-and later life in England and Wales." Changing Britain: families and households in the 1990s: 201-228.

Gu, D., M. E. Dupre, et al. (2007). „Characteristics of the institutionalized and community-residing oldest-old in China." Social Science & Medicine **64**(4): 871-883.

He, W., M. Sengupta, et al. (2007). Health and Health Care of the Older Population in Urban and Rural China: 2000, US Dept. of Commerce, Economics and Statistics Administration, US Census Bureau.

Hermalin, A. and L.-S. Yang (2004). „Levels of Support from Children in Taiwan : Expectations versus Reality, 1965-99." Population and development review **30**(3): 417-448.

Idler, E. L. and Y. Benyamini (1997). „Self-rated health and mortality: a review of twenty-seven community studies.“ Journal of health & social behavior **38**(1): 21-37.
Kahana, E. (1975). A congruence model of person-environment interaction. Theory Development in Environment and Aging. P. G. Windley and G. Ernst. Washington, D.C, Gerontological Society.
Kahana, E., J. Liang, et al. (1980). «Alternative models of person-environment fit: Prediction of morale in three homes for the aged.» Journal of Gerontology **35**(4): 584.
Knodel, J. and M. B. Ofstedal (2002). Patterns and Determinants of Living Arrangements. The Well-Being of the Elderly in Asia: A Four-Country Comparative Study. A. I. Hermalin. Ann Arbor, University of Michigan Press**:** 143-184.
Lawton, M. P. (1976). The impact of the environment on aging and behavior. Handbook of the Psychology of Aging. J. E. Birren and K. W. Schaie. New York, Van Nostrand Reinhold.
Li, L. W., J. Zhang, et al. (2009). «Health among the oldest-old in China: Which living arrangements make a difference?» Social Science & Medicine **68**(2): 220-227.
Li, Q. and Y. Liu (2008). Mortality Predictability of Self-Rated Health Among the Chinese Oldest Old: A Time-Varying Covariate Analysis. Healthy Longevity in China: Demographic, Socioeconomic, and Psychological Dimensions. Y. Zeng, D. L. Poston, Jr., D. A. Vlosky and D. Gu. Dordrecht, the Netherlands, Springer Publisher**:** 376-396.
Liang, J., J. W. Brown, et al. (2005). «Health and Living Arrangements Among Older Americans: Does Marriage Matter?» Journal of Aging and Health **17**(3): 305.
Liu, G. and Z. Zhang (2004). «Sociodemographic differentials of the self-rated health of the oldest-old Chinese.» Population research and policy review **23**(2): 117-133.
Logan, J. R. and F. Bian (1999). «Family values and coresidence with married children in urban China.» Social Forces: 1253-1282.
Ruggles, S. (1994). «The transformation of American family structure.» The American Historical Review: 103-128.
Song, L., S. Li, et al. (2008). Intergenerational Support and Self-Rated Health of the Eldelry in Rural China: An Investigation in Chaohu, Anhui Province. Healthy Longevity in China: Demographic, Socioeconomic, and Psychological Dimensions. Y. Zeng, D. L. Poston, Jr., D. A. Vlosky and D. Gu. Dordrecht, the Netherlands, Springer Publisher.
Waite, L. J. and M. E. Hughes (1999). «At risk on the cusp of old age: Living arrangements and functional status among black, white and Hispanic adults.» Journals ofGerontology: Social Sciences **54**: 136-144.
Wilmoth, J. M. (2001). «Living arrangements among older immigrants in the United States.» The Gerontologist **41**(2): 228-238.
Wilmoth, J. M., G. F. De Jong, et al. (1997). «Immigrant and non-immigrant living arrangements among America’s White, Hispanic, and Asian elderly population.» International Journal of Sociology and Social Policy **17**(9-10): 57-82.
Wu, Z. and C. M. Schimmele (2006). «Psychological disposition and self-reported health among the ‘oldest-old’in China.» Ageing and Society **26**(01): 135-151.

Wu, Z. and C. M. Schimmele (2008). Living Arrangements and Psychological Disposition of the Oldest Old Population in China. Healthy Longevity in China: Demographic, Socioeconomic, and Psychological Dimensions. Y. Zeng, D. L. Poston, Jr., D. A. Vlosky and D. Gu. Dordrecht, The Netherlands, Springer Publisher**:** 397-418.

Yount, K. M. and Z. Khadr (2008). «Gender, Social Change, and Living Arrangements Among Older Egyptians During the 1990s.» Population Research and Policy Review **27**(2): 201-225.

Zeng, Y. (2008). Introduction to the Chinese Longitudinal Healthy Longevity Survey (CLHLS). Healthy Longevity in China: Demographic, Socioeconomic, and Psychological Dimensions. Y. Zeng, D. L. Poston, D. A. Vlosky and D. Gu. Dordrecht, The Netherlands, Springer Publishing.

Zhang, Z. (2008). The Effects of Adult Children's Caregiving on the Health Status of Their Elderly Parents: Protection or Selection? Healthy Longevity in China: Demographic, Socioeconomic, and Psychological Dimensions. Y. Zeng, D. L. Poston, Jr., D. A. Vlosky and D. Gu. Dordrecht, the Netherlands, Springer Publisher**:** 251-268.

Zhu, H. and Y. Xie (2007). «Socioeconomic Differentials in Mortality Among the Oldest Old in China.» Research on aging **29**(125): 125-143.

Zimmer, Z. (2008). Health and Living Arrangement Transitions among China's Oldest-old. Healthy Longevity in China: Demographic, Socioeconomic, and Psychological Dimensions. Y. Zeng, D. L. Poston, Jr., D. A. Vlosky and D. Gu. Dordrecht, The Netherlands, Springer Publisher**:** 215-234.

Zimmer, Z., J. Kwong, et al. (2007). Child Coresidence Among Older Adults Living in Beijing, China: Trends, Determinants and Transitions. New Perspectives on China and Aging. I. G. Cook and J. L. Powell, Nova Science**:** 5-28.