



# Rural-urban disparities in unmet long-term care needs in China: The role of the *hukou* status



Yumei Zhu, August Österle\*

Institute for Social Policy, Department of Socioeconomics, Vienna University of Economics and Business, Welthandelsplatz 1, 1020, Vienna, Austria

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## ABSTRACT

This article studies rural-urban disparities in unmet long-term care (LTC) needs in China. Firstly, it investigates the prevalence of unmet LTC needs for three populations which differ according to the extent of LTC needs. Secondly, it examines the impact of having rural or urban *hukou* registration status and rural or urban residence. The analysis is based on the China Health and Retirement Longitudinal Study (CHARLS) 2013. The broadly, intermediately and narrowly defined LTC population comprises, respectively, 3,682, 1002 and 446 functionally disabled people aged 45 and older. The role of *hukou* status and rural/urban residence on unmet needs are examined by applying four logistic regression models for each population. We find that rural *hukou* holders are significantly more likely to have unmet needs in all three populations regardless of their residency. With narrower definitions of the population in need of care, the effects of rural *hukou* status on unmet needs strengthen. In contrast to earlier studies, our results indicate that it is *hukou* status rather than place of residence which exacerbates rural-urban disparities in unmet LTC needs. Reducing unmet LTC needs and existing rural-urban disparities therefore requires not only more universal LTC coverage, but also a reduction of the specific access barriers arising from the *hukou* system.

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## 1. Introduction

Demographic changes in China have led to large increases in the number of people in need of long-term care (LTC) (Feng et al., 2012). But, parallel to these increases, families' capability for providing LTC is declining due to the former one-child policy and massive out-migration of young people (Feng et al., 2012; T. Liu and Sun, 2015; Wong and Leung, 2012). At the same time, social security benefits and institutional care are insufficient to address the needs of frail older and disabled people (Feng et al., 2012; T. Liu and Sun, 2015; Wong and Leung, 2012). Hence, LTC is increasingly being recognized as a major social problem in China (Zhu, 2015). As a response to these challenges (Feng et al., 2012; Li et al., 2013; T. Liu and Sun, 2015; Zheng et al., 2011), the Chinese government proposed to explore different models of long-term care (LTC) insurance in October 2015 (Ministry of Human Resources and Social Security of the People's Republic of China, 2016).

One of the key concerns in establishing a new LTC system is

unmet need. On the one hand, information on unmet LTC needs is required to determine the size and characteristics of the population in need of LTC that is currently not covered. On the other hand, unmet need is an important indicator for studying the distributional impacts of existing LTC policies. A large body of research on China's health care system has studied the huge rural-urban disparities in health care use, which stem not only from rural or urban residency but also the *hukou* system (a unique household registration system that originally institutionalized China's rural-urban dual society system) (Fu et al., 2014; Hesketh et al., 2008; H. Liu et al., 2015; Meng et al., 2012). There is still little information on long-term care. While there is a growing body of literature in Western countries on unmet LTC needs and inequalities in LTC use (Garcia-Gomez et al., 2015; Khan et al., 2011; Nagata et al., 2013; Quail et al., 2011), little is known about the prevalence of unmet LTC needs across different populations in China. Even less is known about the impact of residency and of the *hukou* status on rural-urban disparities in LTC. Yet this information is indispensable when working towards a more efficient and more equitable LTC system. Therefore, the first objective of this paper is to estimate the prevalence of unmet needs across three tiers of the population based on the level of identified need and including adults aged 45+,

\* Corresponding author.

E-mail addresses: [yumei.zhu@s.wu.ac.at](mailto:yumei.zhu@s.wu.ac.at) (Y. Zhu), [august.oesterle@wu.ac.at](mailto:august.oesterle@wu.ac.at) (A. Österle).

which considerably extends the range of subjects in existing research. The second aim is to explore the impact of the *hukou* policy and the place of residence on rural-urban disparities in unmet LTC needs and how these impacts change with a broader or a narrower definition of the population in need of LTC.

Measures of unmet LTC needs depend on how need is defined (Garcia-Gomez et al., 2015; Williams et al., 1997). Approaches to measuring LTC needs mostly follow the presence of functional limitations (Kaye et al., 2010; Williams et al., 1997). The most common ones are measures based on the performance of basic activities of daily living (ADLs), comprising dressing, bathing, toileting, eating, or getting in/out of bed; and of instrumental activities of daily living (IADLs) such as household chores, shopping, taking medicine, and money management (Kaye et al., 2010; Momtaz et al., 2012; Tennstedt et al., 1994; Williams et al., 1997). Using these measures, the LTC population can be defined from broadly to narrowly, with the severity of functional limitations varying from having difficulties in one or more items of ADL or IADL tasks (Desai et al., 2001; Kaye et al., 2010; LaPlante et al., 2004; Quail et al., 2011; Scanlon, 1988; Tennstedt et al., 1994). Following previous studies, we define broad, intermediate and narrow populations by the level of identified LTC need (Kaye et al., 2010; Williams et al., 1997). The broadly defined LTC population includes those who need help with one or more ADLs or IADLs. The intermediate LTC population is composed of people needing help in at least one ADL, regardless of IADLs. Finally, the narrowly defined population needs help with two or more ADLs.

The experience of countries with developed LTC systems shows that the standard of needs assessment is critical for estimating LTC needs (Kaye et al., 2010; Williams et al., 1997). Studies estimating the prevalence of unmet LTC needs have been conducted in Taiwan (Hung et al., 2002; Y.-H. Liu et al., 2012) and Hong Kong (Lam et al., 2011), but only few in mainland China. Of these, most existing studies focus on ADLs (Gu and Vlosky, 2008; Peng et al., 2015; Zhen et al., 2015; Zhu, 2015). Little data have been reported with respect to IADLs. In addition, the age range of the population at risk considered is another important factor. Age is not only used to determine the population included in social security programs but is also highly associated with need levels, average premiums and benefits (Koike and Furu, 2013). Previous studies in China focusing on populations with unmet need have mostly concentrated on older people (e.g., over 65 years of age or the oldest old) (Gu and Vlosky, 2008; Peng et al., 2015; Zhen et al., 2015; Zhu, 2015). While LTC need is likely to rise dramatically with age, it has been found that a considerable proportion of the population with care needs is under 65 (Kaye et al., 2010).

Concerns about unmet needs in Chinese LTC among scholars and policy-makers must also consider the household registration system (*hukou*). This was derived from the Soviet “*propiska*” (internal passport) and was introduced to restrict internal migration from the 1950s (Kuang and Liu, 2012). It institutionalized China's rural-urban dual society system of a population with rural *hukou* (also called agricultural *hukou*) and a population with urban *hukou* (also called non-agricultural *hukou*). Rural or urban *hukou* status is inherited from either mother or father at birth. Substantial administrative barriers, long wait times and high costs prevent most people from converting their rural *hukou* status when moving to an urban residence (Chan, 2009). Furthermore, the *hukou* is not only a simple internal passport, but for many years has also had the power to determine many important aspects of life such as job opportunities, health care, education, housing, and pension. This power of determination has been recognized by scholars as an underlying cause of exacerbating the rural-urban divide in China, with policies favoring the urban *hukou* (Chan, 2009; Z. Q. Liu, 2005). In contrast to urban *hukou* holders, those with a rural *hukou* may

have fewer years of education, limited job opportunities, lower access to health benefits and lower health-related quality of life, as well as poorer living conditions (Afridi et al., 2015; Hesketh et al., 2008; Z. Q. Liu, 2005). Since access to LTC depends primarily on personal resources in terms of education, income or the family network as well as health care, pension and LTC insurance (Jenkins, 2002), inequalities in resources arising from the *hukou* policy may severely affect frail or disabled elderly people's access to long-term care, and give rise to the rural-urban disparities in unmet needs. On the other hand, an unbalanced distribution of care resources between rural and urban regions could also have an impact on these. It is estimated that in the urban areas, 21.2% of the communities provide nursing homes and 86.6% senior activity centers, while the respective proportions are as low as 10.3% and 39.1% in rural areas (National Survey Research Center of Renmin University of China, 2016). As China is working towards reducing the rural-urban disparities in the health system and developing LTC insurance for the elderly, it is crucial to identify whether and to what extent disparities in unmet LTC needs arise from the *hukou* policy or from geographic location. If these disparities can be attributed to living in rural areas, intensifying the development of care services in these areas is urgent and necessary. Otherwise, it would be more important for the new LTC insurance models arising from local policy experiments to dissolve the institutional barriers of the *hukou* policy.

Within this context, the study of rural-urban disparities in unmet needs among different LTC populations can provide important information for health and LTC policy-makers and thus the design of new LTC programs. This study estimates the prevalence of unmet LTC needs in three differently (broadly, intermediately and narrowly) defined populations, using a national dataset expanding the age range to 45+. In addition, the study investigates the rural-urban differences in LTC. We hypothesize that both *hukou* types and rural-urban residency are associated with unmet LTC needs. Both these variables are tested. Moreover, we examine interaction effects between these two factors, following our hypothesis that they may work interactively. At the same time, we explore how the impact of the *hukou* status and the place of residence change with the definition of the population in need of LTC.

## 2. Data and methods

### 2.1. Data

We use data from the 2013 wave of the China Health and Retirement Longitudinal Study (CHARLS) conducted by the China Center for Economic Research at Peking University. The CHARLS is a high-quality, nationally representative survey of Chinese residents aged 45 and older, with face-to-face interviews in respondents' homes. It provides a rich set of information on socioeconomic and demographic characteristics, health-related behaviors and lifestyles, and health care. In addition, it includes information on the care needs of the population with functional limitations as well as self-reported unmet LTC needs. Of the 18,605 individuals in the 2013 survey, we limited our analysis to the respondents with functional limitations. The CHARLS asked whether a respondent had difficulties in any ADLs (dressing, bathing, eating, getting in/out of bed, using the toilet) and IADLs (doing household chores, preparing hot meals, shopping for groceries, making telephone calls, taking medications, and managing money) for at least three months. Respondents who answered “I have difficulty and need help” or “I cannot do it” at least for one item of ADLs or IADLs were defined as the population who had demand for LTC because of functional limitations. In accordance with the definition of broad, intermediate and narrow populations by the level of identified LTC

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