



Changes in living arrangements and mortality among older people in China

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ABSTRACT

Living arrangements in later life are dynamic, with changes associated with life events such as widowhood or moves into an institution. Previous research has found particular changes in living arrangements to be associated with an elevated risk of mortality. However, research in this area within the context of China is limited, despite China being home to the world's largest population of older people. This study investigates the impact of changes in living arrangements on older persons' survival using the Chinese Longitudinal Healthy Longevity Survey from 2002 to 2011. The original sample was 16,064 in 2002, and this study includes 6191 individuals who survived in 2005 and had complete information of track record in later waves. Changes in living arrangements are examined between 2002 and 2005. Cox-proportional hazards models are then used to investigate the association between the dynamics of living arrangements and respondents' survival status from 2005 to 2011. Results show that men and women who lived in an institution in both 2002 and 2005, or who moved into an institution from living with family faced a greater risk of dying compared to those continuing to live with family. By contrast, continuing to live with family or alone, or moving between living with family and living alone, were not associated with an increased mortality risk, although there were some differences by gender. The institutional care sector in China is still in its infancy, with provision based on ability to pay market fees rather than need associated with age-related function impairment. The findings show that living in, or moving into, an institution is associated with a high mortality risk therefore requires further investigation in the context of a rapidly changing Chinese society.

1. Introduction

The living arrangements of older people are an important determinant of their health as well as their mortality (e.g. Feng, Jones & Wang, 2015; Gu, Dupre & Liu, 2007a; Lysack, Neufeld, Macneil & Lichtenberg, 2001; Zhang, 2015). In the context of rapid population ageing and decreasing family sizes, such arrangements are especially dynamic, particularly following changes in one's marital status (Freedman, 1996; Liang, Brown, Krause & Ofstedal, 2005), socio-economic status (Martikainen, Nihtila & Moustgaard, 2008) or health status (mental or physical) (Kasper, Pezzin & Rice, 2010; Miller and Weissert, 2000; Wang, Zheng, Kurosawa, Inaba & Kato, 2009). This is especially the case in China where the traditional family system of co-residence with adult children has come under pressure both as a result of rapid declines in fertility since the 1970s (Zhao and Guo, 2010) and high levels of rural-urban migration throughout the last decade,

resulting in an increasing number of older people living separately from their adult children (He and Ye, 2014). Living arrangements play a vital role in individuals' capacity to provide support, and by extension they can also affect one's ability to meet their physical and social needs with the resources available to them, particularly as older people's physical or care needs often escalate, and their socioeconomic resources often decline, with age (Hays, 2002; Waite & Hugfies, 1999).

Previous research has revealed mortality differences depending on individuals' living arrangements. For example, older people living with other household members have a lower mortality rate than those living alone due to receiving support with their daily care, as well as physical and emotional support (Lund, Due, Modvig, Holstein & Damsgaard, 2002). Conversely, living with other household members may encourage dependence and speed up the age-related loss of physical ability, while conflicts between older people and family/household members may increase the risk of poor health and mortality (Sereny and Gu,

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2011; Zhou and Qian, 2008; Li, Zhang & Liang, 2009). Older people living in institutions may receive professional personal care which may reduce the mortality risk, however such a living arrangement is associated with higher mortality rates than other living arrangements (Herm, Poulain & Anson, 2013), which may be due to the older person's poorer functional status (Gu et al., 2007a). The causal relationship between living arrangements transitions and mortality remains poorly understood, reflecting in part the lack of longitudinal data. At the same time, endogeneity is a challenge which is difficult to avoid when using cross-sectional data. Moreover, very few studies have compared the mortality risk between home and community residents on the one hand, with that faced by individuals living in institutions. The limited number of studies which have been conducted have been primarily in the USA and Europe, where institutional care is quite different compared to China and other emerging economies. To the best of our knowledge, there have been no such studies in China, despite China being home to the largest population of older people in the world.

More importantly, as social and family structures have changed rapidly, the living arrangements of older people are perceived as a dynamic process rather than a static status, which in turn may influence the adaptability to new circumstances, and thereby upon older people's mortality (Li and Li, 2015; Kasper et al., 2010). However, the association between changes in living arrangements and older people's mortality remains under-studied. This study aims to fill this gap, using unique longitudinal data stretching over a 10-year period in order to examine the effects of living arrangement transitions on the mortality of elderly persons in China in the first decade of the twenty-first century.

1.1. Living arrangements transition and mortality

The living arrangements of elderly people are subject to change, often in order to cater for their changing needs (Kasper et al., 2010). In certain cases, older people's living arrangements and their need for care are intertwined; for instance, when one's functional status deteriorates, an older person might move from living alone to living in an institution or joining their adult child's family (Korinek, Zimmer & Gu, 2011). In other instances, changes in living arrangements may be linked to one's own life events such as widowhood, or changes in the household composition (Korinek et al., 2011; Hays, 2002). Living alone has been shown to double one's odds of being admitted into an institution compared with living with one's spouse (Gaugler, Duval & Anderson, 2007).

Living arrangements, especially the change from a familiar environment to an unfamiliar one can have an impact on the risk of mortality in later life. For instance, Robards et al. (2014) found that a move into residential housing in the UK was associated with a higher risk of mortality within 1–2 years of the move, even after controlling for health status at the time of the move. The mortality risk also depends on the relationship between the carer and the older person, as older people who were cared for by a spouse, children or other relatives had a lower risk, compared to those with unrelated caregivers (Wang et al., 2009).

1.2. Living arrangements transition in China

The changing living arrangements among older people is an issue of increasing policy concern in China, where the world's largest ageing population resides. In 2013 there were 131 million people aged 65 and over, accounting for 9.7% of the total population (National Bureau of Statistics (NBS), 2014). Living with family members remains the traditional living arrangement for older people so that they can receive care from their adult children or extended family (Gu et al., 2007a; Zimmer, 2005). However, due to rapid socioeconomic development, urbanization, and the one-child family policy, the structure of the

family has been fundamentally altered recently (Wang, Cheng & Han, 2014), with implications for the availability of support towards older people. On the one hand, economic development may facilitate older individuals with a higher socioeconomic status to live independently, avoiding potential intergenerational conflict with family and enjoying a better quality of life compared to those living with children (Sereny and Gu, 2011; Zhou and Qian, 2008). On the other hand, such development may also enhance younger adults' preference for independent living, leading to migration to urban areas or cities with higher economic development in order to find work and a better life, and resulting in the separation of older people from their adult children (Zeng and Wang, 2003; Phillips and Feng, 2015). Recent social and economic changes in China are reflected in the rapid increase in empty-nest elderly households; elders living alone or only with their spouse accounted for more than 38 percent of the total older population according to 5th China's Census in 2000; however, in just a decade this had risen to nearly 50 percent or around 100 million Chinese elders (the 6th China's Census) (Sun, 2013).

Recent research shows that with increased age, individuals tend to make a transition into coresidence with children or within multi-generational households (Gu et al., 2009); at the same time older individuals find it difficult to care for themselves, and are more likely to co-reside with adult children (Ren & Treiman, 2015; Sereny, 2011). With rising life expectancy, more older people are surviving into their 80s and older; according to recent projections, the annual growth rate of the number of disabled elders will be more than one-third higher than that of the total elderly population between 2010–2050 (Zeng et al., 2015). On the other hand, living in an institution has increased slowly in China due to strong cultural norms encouraging familial care, and a limited provision of institutional care system (Gu et al., 2007a). In 2013, there were only 24.39 beds in elderly care institutions per 1000 senior citizens (NBS, 2014). Indeed, a key difference from western patterns is the provision of public institutional care for older people in rural China under the "Five Guarantees" scheme, and for older individuals in urban areas who face a "triple jeopardy" (also called the "three-no" category) of having no living family members; little or no income; and no physical ability to work. In such cases, the government has a responsibility for welfare provision in the form of food, clothing, fuel, education and burial expenses. As a result, public institutional care is targeted at the most disadvantaged older people, who face a triple jeopardy of poor health, inadequate income levels and weak social support networks, as well as a lower life expectancy (Phillips et al., 2010 p.218). In reality, the other side of the coin relates to healthy and young-old individuals living in urban well-facilitated nursing homes, where their needs are well catered for (Chu and Chi, 2008). Such older adults have a better health status rather than individuals with poor health who are in need. In addition, residential care in China is increasingly being extended to elderly parents of children who are unable to provide care but who can afford to purchase it. Elders in this category often wish to avoid causing trouble to their children and seek better institutional care than what could be provided at home, albeit at a high market price (Wong and Leung, 2012). Thus in the Chinese context, it is not clear-cut whether moving into (or out of) institutional care is associated with an elevated or reduced mortality risk.

1.3. 1.3 Research question and theoretical framework

To-date, there are few studies on the impact of changing living arrangements among older people in China on their mortality risk, despite the clear policy implications of the issuer. This paper examines whether changes in living arrangements are associated with subsequent mortality risk for Chinese elders after controlling for other demographic, socio-economic and health status variables.

Fig. 1 illustrates the paper's theoretical framework of the linkage between changes in living arrangements and the mortality risk.

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