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Factors affecting the physical and mental health of older adults in China: The importance of marital status, child proximity, and gender



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ABSTRACT

Evidence is accumulating about the association between strong family ties and the emotional and physical welfare of older adults, and researchers have identified negative consequences of being unmarried, being childless, and/or living alone. These associations have been recognized in multiple contexts, including in Asia where living with a spouse and/or grown children has been shown in some studies to improve elderly well-being. Social support, especially family support, is expected to continue to be important where populations are aging and social safety nets are weak. Using longitudinal data from the 2010 and 2012 waves of the China Family Panel Studies, we focus on the effects of marital status at times 1 and 2, changes in marital status between the two surveys, and other family-related indicators of social connectedness on ratings of depression, levels of life satisfaction, and self-reported physical health among those aged 50 and over. Our sample includes 9831 respondents who have valid data on wellbeing indicators for Wave 1 and Wave 2, as well as complete information on the other covariates controlled in our analysis. In analyses of the full sample, those who were married at both points in time reported lower *depression* scores than those who were never-married, divorced, or widowed at both time points, and those whose unions dissolved in the interval. Those who were married at both times also generally reported greater levels of *life satisfaction* than those who were never married at both time points and those who became divorced during the interval. Important underlying gender differences are observed both for life satisfaction and depression. In addition, those who were married at both time points reported being in better *physical health* than those who became widowed during the interval (significant primarily for women), and those who had never been married (significant primarily for men). Our study contributes to the literature on social ties and the wellbeing by highlighting the importance of marital status and changing marital status, net of child co-residence and proximity, in China.

1. Introduction

Evidence has long been accumulating about the association between social relationships and health and well-being at all ages (Cornwell & Waite, 2009; House, Landis, & Umberson, 1988; Kawachi & Berkman, 2001; Umberson, Crosnoe, & Reczek, 2010). Among life's most intimate relationships, being married (Kawachi & Berkman, 2001) has been found to be positively associated with better health for a number of reasons. For example, Goldman, Korenman, and Weinstein (1995:1718) argue that:

the increased social ties and networks that typically result from marriage may facilitate access to medical information and services, constrain risk-taking behavior and encourage healthy behaviour, act as a buffering mechanism in stressful situations, substitute for

formal health care, and provide economic resources that affect the frequency and quality of health care services [15–17]. In addition, departures from the married state (namely, becoming widowed or divorced) are stress-provoking crises that may result in higher risks of morbidity and mortality.

Thus resources are attained through being married and crises are incurred through marital dissolution. Among older adults, strong family ties and friendship networks are also considered to be crucial for emotional and physical welfare, and researchers have identified negative health consequences of being unmarried (never-married, divorced, or widowed), being childless, and/or living alone (Lillard & Waite, 1995; Ross, 1995; Umberson, Pudrovska, & Reczek, 2010; Waite & Gallagher, 2000; Wilcox et al., 2003; Williams & Umberson, 2004). Indeed, “[for] many older adults, becoming widowed is perhaps

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the most difficult, yet inevitable role transition” (Li, Liang, Toler, & Gu: 2005: 637).

These matters have been recognized as important in a number of geographical contexts, including locations in Asia where researchers have found that living with or near children can significantly improve elderly welfare (Knodel & Debavalya, 1997; Hermalin, 1997). In Japan, Okabayashi, Liang, Krause, Akiyama, and Sugisawa (2004) have found that among older married adults, spousal support is more important for an individual's well-being than is children's support, but help from children is particularly beneficial for welfare outcomes among those without a spouse. Family support networks and living arrangements are likely to continue to be important where populations are aging and social safety nets remain uneven (Teerawichitchainan, Pothisiri, & Long, 2015).

Despite all the positive associations identified to date between social ties and health indicators, Umberson, Crosnoe, and Reczek (2010: 143) argue that a thorough examination of the literature “yields a clear image of the double-edged nature of social ties – as a source of support and sustenance and as a source of stress and worry.” The authors detail the various pathways through which either stress or social support may result, and argue that many of the adverse effects of social ties have been observed among those at younger ages, while among the elderly, it is again often the *loss of ties* (e.g., through widowhood), and the potentially harmful health consequences of those experiences (weight loss, etc.), that are of particular concern. At the same time, it seems clear that older adults may experience diminished control over their lives as younger people assume responsibility in realms previously the domain of the older person (Tucker, Klein, & Elliott, 2004; Umberson, Pudrovska, & Reczek, 2010; Williams, 2004). Kawachi and Berkman (2001: 461) contend that both lost ties and aid from children can affect well-being:

At the opposite end of the life course, social isolation and loss of social ties are among the most potent predictors of depressive symptoms among the elderly.¹² On the other hand, social support received from children can paradoxically reinforce a sense of dependence in the elderly, thereby undermining self-esteem and leading to feelings of helplessness.¹³ We suspect that social support can either promote a sense of self-efficacy and self-esteem or become “dis-abling” by reinforcing dependence; therefore, social support can have “mixed” effects.^{4,14}

Our research focuses on physical and mental health indicators among older adults in China, the most populous nation in the world, and where, as of the year 2000, one fifth of family households had an adult aged 65 or older in residence. Both the number and percentage of elderly adults in the population are projected to rise considerably over the next several decades in China, where the family remains the principal institution for support of older adults (Yi & Wang, 2003: 98). Chinese parents continue to be held entirely accountable for the well-being of their children when they are young, and children continue to be fully responsible for their parents' physical and emotional care when parents become old (Li et al., 2005). As in much of East and Southeast Asia, however, rising rates of migration to cities, in combination with very low fertility and expanding female labor force participation have been in the spotlight, as the government expects these changes to lead to declining family support for the elderly, and as it attempts to devise plans for long term care among the oldest members of the population (ESCAP, 2015). In particular, a shortage of grown children in a context of shifting attitudes and economic conditions is expected to be important for co-residence patterns in the years ahead (Logan, Bian, & Bian, 1998; Yi & Wang, 2003). Sun, Lucas, Meng, and Zhang (2011) argue that culturally, China appears ill-prepared for what is likely to be a growing number of older empty-nest families.

Although institutional living is one obvious solution, recent research on the oldest old in China has found that, for the moment,

institutional arrangements are generally, although not uniformly, associated with negative health outcomes (Li, Zhang, & Liang, 2009). The authors conclude that being married provides the best likelihood of having reliable old age support (Li et al., 2009: 225, citing Chappell, 1991). Among those living with a spouse, living also with children appears to convey very little additional health advantage to the elderly, and in certain circumstances in their study was actually associated with negative health outcomes.

We look further at these complicated issues, foregrounding both marital status and changes in marital status in our analysis (Williams & Umberson, 2004), and looking at all those aged 50 and above instead of just at the oldest old. Marriage continues to be nearly universal in China (Ji & Yeung, 2014), and until recently divorce and remarriage rates have been very low (Wang & Zhou, 2010). Yet across much of Asia, marriage is increasingly delayed and growing proportions of women and men may never enter a formal marital union. There is reason to expect that the same may occur in China. In addition, divorce and remarriage rates are now increasing in China. Divorce, as measured by both the crude rate and the refined divorce rate has risen steadily and quite markedly since 1979 (Wang & Zhou, 2010).

Using recent national-level panel data, we assess the ways in which these circumstances may be affecting elderly well-being in China today. We examine continuity and change in marital status at two points in time because, again, marital status may affect health either because of the “greater economic resources, social support, and regulation of health behaviors that the married enjoy” (*marital resource model*) or because of “the strains of marital dissolution [that] undermine health” (*crisis model*) (Williams & Umberson, 2004:82; Goldman, Korenman, & Weinstein, 1995). To do so, we examine both physical and psychological health, including self-reported physical health, and self-reports of life satisfaction and depression. An individual's rating of his or her own health “predicts mortality over and above measures of chronic and acute disease, physician assessment made by clinical exam, physical disability, and health behaviors such as smoking; and it is a stronger predictor of mortality than is physician-assessed health” (Ross & Wu, 1996: 110). In addition to the widely accepted efficacy of self-rated health as an indicator of morbidity and mortality, subjective reports of physical health and psychological health, including measures of depression and life satisfaction, enable respondents to assess their physical and mental health in accordance with their “individual beliefs, priorities, experiences, and circumstances” (Whitley, Popham, & Benzeval, 2016: 2).

Specifically, we address the following four questions. (1) What is the effect of marital status and change in marital status over time on the health and well-being of the older adults? (2) Does the presence of children buffer the effect of not having a spouse or losing a spouse between time 1 and time 2? (3) Do these effects change once background socioeconomic factors are controlled? (4) Do the answers to these questions differ according to the gender of the respondent?

Although China is undergoing a great deal of societal change, much of the literature on aging in that country continues to emphasize the importance of assistance from family members for the well-being of older adults. We thus anticipate finding support for both the marital resource model and the crisis model, specifically that those who have never been married and those who have been divorced or widowed (either before the first interview in 2010 or during the interval between 2010 and 2012) and who have not remarried, will report worse physical and mental health outcomes compared to those who were continuously married. In addition, although some U.S.-based research has found that marriage conveys few significant advantages over cohabitation (Musick & Bumpass, 2012), we expect that it may do so for older adults living in China, where cohabitation is less normative than it is among Americans. We also anticipate that living with or near children may buffer effects of marital dissolution on physical and mental health indicators, but that, as has been found in other contexts, results may also be mixed.

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