

Disability and Wellbeing of Older Chinese: Evidence from CHARLS

China is undergoing a rapid demographic transition. Longer life expectancy coupled with sharp decline in the number of children has resulted in a rapid aging of the population. The number of elderly is projected to increase from under 10% of the total population in 2000 to 30% in 2050. This sharp demographic transition is likely to place stress on China's ability to take care of the elderly in need. It has been estimated that the number of disabled elderly reached 33 million by the end of 2010 and is expected to reach 44 million in 2015 (Chinese Ageing Committee, 2011).

The sharp increase in elder care burdens is likely to challenge the traditional gender role assignment, which gives sons preferential treatment as young children and at the same time the primary responsibility for eldercare when parents become old (Guo & Zhang, 1996; Zhan & Montgomery, 2003).

The overall goal of this paper is to explore the current caring patterns of the disabled elderly in China. We focus on the disabled elderly as defined by having difficulties in activities of daily living (ADL) or in instrumental activities of daily living (IADL). We pursue four specific objectives. First, we estimate the size of the disabled elderly in China. Secondly, we describe the availability of family care resources to disabled elderly. Thirdly, we look at the current care arrangement, i.e., who receive care and who are the care givers. Finally, we examine the job division within the family, specifically, whether daughters or sons are more likely to provide care to the disabled parent.

There have been many studies that examine the living arrangement of the

Chinese elderly and transfer behavior from children to parents. Due to data limitations, there has been little research that looks at the caring pattern of disabled elderly in need of care. In this paper we use the national baseline data of the China Health and Retirement Longitudinal Study (CHARLS), which was fielded in late 2011 and early 2012. China Health and Retirement Longitudinal Study (CHARLS) is a nationally representative longitudinal survey of the middle-aged and elderly population (45+) in China, run by the National School for Development (Chinese Center for Economic Research) at Peking University, in conjunction with the Chinese Center for Disease Control and Prevention (CDC) with funds from the National Institute on Aging, Natural Science Foundation of China, the World Bank and Peking University. It attempts to set up a high quality public micro-database, which can provide a wide range of information to serve the needs of scientific research on the aging issues. The national baseline wave of CHARLS covers 17,705 individuals in 10,029 households, 450 village level units and 150 counties. It followed strictly random sampling procedures with multi-stage (counties-villages-households) PPS sampling. All counties in China excluding those in Tibet were included in the sampling frame; 28 provinces are represented in the sampled counties.

As a sister survey of HRS (Health and Retirement Study), CHARLS has rich information on health conditions and socio-economic status of the respondents, as well as detailed information on their family members. Standard questions on activities of daily living (ADL, dressing, bathing, eating, getting into or out of bed, toilet, controlling urination or defecation) or instrumental activities of daily living (IADL, household chores, cooking, shopping, managing money, taking medication) are bases for our construction of the disability indicator. The respondent is asked to choose one

answer from four options: (1) I don't have any difficulty; (2) I have difficulty but can still do it; (3) I have difficulty and need help; (4) I can not do it. And he/she also reports who care for them when they have difficulty in any of these activities.

If someone answered (3) or (4) in any of the ADL or IADL items, then he/she is defined as disabled. Our results show that about 23% of the elderly (≥ 60 years old) in China are disabled with care needs. Using this rate and the size of the elderly population (178 million from the 2010 Chinese census), we estimate that about 40 million Chinese elderly are disabled and need care.

If a respondent was disabled and needed care, CHARLS asked who provided care. Our data show that of the disabled elderly needing care, 86% actually received care. Men are more likely to receive care than women. Regression results show that whether or not care is provided is significantly associated with wellbeing of the elderly measured by life satisfaction and CESD depression scale.

Spouse is the most important care giver, accounting for 56% of all care provision. Children are the next important care giver, accounting for 36% of the care provision. Men received more spousal care than women and women are more likely to receive care from children.

Of those who received care from children, 73% reported care from their son or daughter-in-law. This shows that sons are still the dominant provider of elderly care, which is different from the Western culture where daughters are the primary care givers. Nevertheless, 27% of all disabled elderly parents are cared for by daughters. This ratio is high in the Chinese context where the tradition excuses daughters from

the responsibility of taking care of parents when sons are around. Interestingly, when we run family fixed effect model using a sub-sample of disabled and widowed parents who have both sons and daughters, there is no evidence that sons are more likely to provide care for their disabled parent than daughters.

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