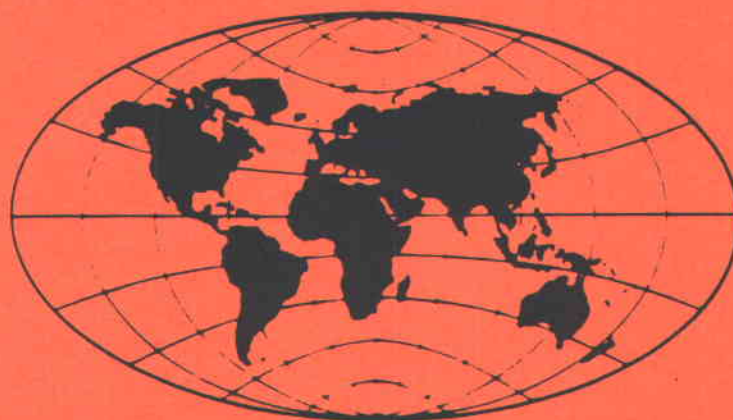


**LIVING ARRANGEMENTS OF THE ELDERLY  
AND SOCIAL POLICY:  
A CROSS-NATIONAL PERSPECTIVE**

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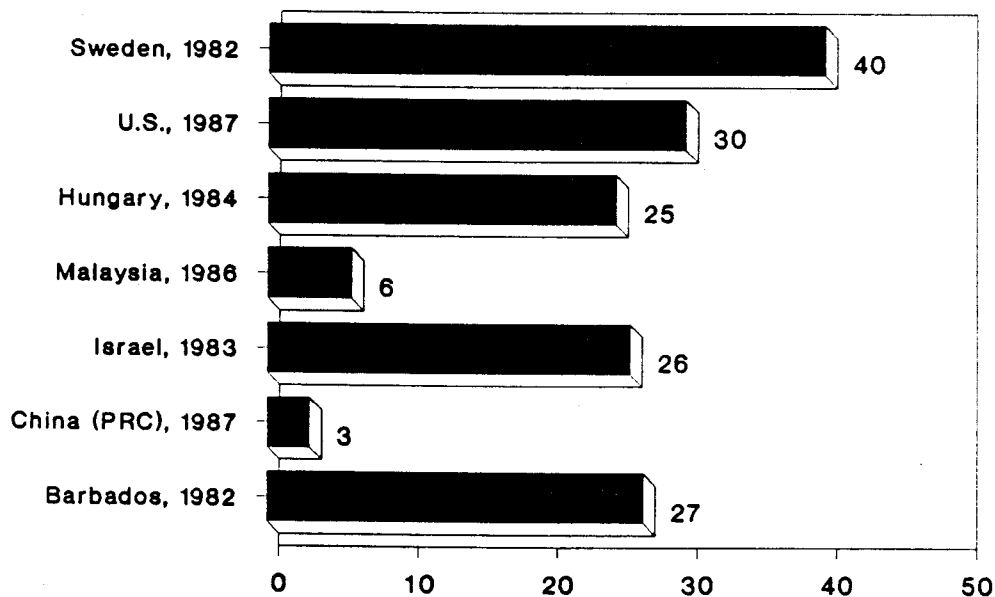
## SUMMARY

Although living arrangements play an integral role in the well-being of older persons, residence patterns among the elderly are one of the least-studied aspects of population aging. This paper seeks to draw together existing statistics on living arrangements of the elderly in different societies, to consider some of the basic demographic characteristics associated with residential patterns, and to explore changes in living arrangements over time. Data on housing and amenities also are examined, as are various national policies with regard to living arrangements of older citizens.

### Living Alone

The percentage of elderly population living alone varies enormously among nations (figure A). In developed countries, percentages generally are high and increasing; proportions range from a low of 9 percent in Japan to 40 percent in Sweden, with other notably high figures seen in the Federal Republic of Germany (39 percent) and Denmark (38 percent). Among older citizens, living alone is most often the result of having outlived a spouse and even children or siblings. Consequently, the likelihood of living alone increases with age, although there may be a decline at the oldest ages, especially among women.

Figure A. Percent of Elderly Living Alone in Selected Countries



Because women outlive men on average, and because women tend to be younger than their spouses, the percentage of elderly women living alone is usually much higher than that of elderly men; for example, the latest Australian figures are 34 percent and 15 percent, respectively. It has become a truism that, in most developed countries, women must anticipate a period of living alone at some point during their older years.

Both numbers and proportions of elderly living alone have risen sharply during the past three decades, although recent data suggest that the rise in proportions living alone might be leveling off in North America. Everywhere, however, the absolute numbers are increasing. The number of elderly residing alone in the United Kingdom more than doubled between 1961 and 1981, while the number in the United States nearly tripled from 1960 (fewer than 3 million) to 1987 (8.5 million). Much of the observed increase is due to trends among women; in Canada, the number of elderly women living alone grew at an average annual rate of 6.3 percent from 1961 to 1986.

It is widely believed that few elderly in developing countries live alone, but available data suggest major regional differences. In the Caribbean, which is the "oldest" of the world's developing regions, between one-fifth and one-third of many elderly populations live alone. Proportions are much lower in Southeast Asia (2 percent to 8 percent), with intermediate rates found in Latin America. The relationship between age, gender, and living alone in developing countries is much less uniform than in the more-industrialized nations.

### **Living With Others**

In spite of the frequently high percentages of elderly who live alone in developed countries, the fact remains that a majority of those aged 65 years and over live with other persons. The proportion of elderly in Western and Southern European nations that live with one other elderly person (usually a spouse) is higher than the proportion that lives alone, except in the Federal Republic of Germany. The third most common household arrangement in these nations comprises one elderly person living with one other person under age 65 years; many of these elderly are likely either to be men living with younger spouses, or widowed/divorced individuals living with a child. Japan is unique among developed countries in that roughly two-thirds of older adults reside with one or more of their offspring.

The primary living arrangement for elderly persons in most developing regions of the world is with children and/or grandchildren: 70 percent to 80 percent of many elderly Asian populations reside with children, with a 50-60 percent range observed in Latin America. Cultural differences in family and household structure complicate direct comparisons of residential patterns, but research has shown that kin availability is often paramount in determining living arrangements of older individuals. Evidence from the Caribbean suggests that the predominance of living with children may be giving way to the developed-country characteristics of solitary and spouse-only arrangements.

## **Institutional Residence**

Relatively small proportions--usually 4 percent to 9 percent--of elderly populations in developed countries reside in institutions (medical and non-medical) at any given time. Since a majority of persons entering institutions have reached very advanced age, women and the oldest old are disproportionately represented. Canadian data for 1986 typify the current situation in many developed countries; of all persons aged 65 years and over in hospitals and special care homes for the elderly and chronically ill, 70 percent were women and 82 percent were aged 75 years or over.

Rates of institutionalization are low or negligible in most developing countries, but homes for the aged have become commonplace in some countries where population aging has emerged as a concern, particularly in Southeast Asia.

## **Housing and Amenities**

Documents presented to the 1982 World Assembly on Aging asserted that, at least in industrialized countries, the elderly reside disproportionately in older and more dilapidated housing. Housing conditions are almost universally worse in rural than in urban areas, even though the urban elderly tend to be concentrated in inner cities where the housing stock is usually inferior to that in other urban locales.

This bleak picture of residential quality may be brightened somewhat by several factors. In a number of developed nations (for example, Australia, Japan, and the United States), the elderly are more likely than the population as a whole to own their homes, although the opposite occurs elsewhere (United Kingdom and the Netherlands). Because the typical elderly person in developed countries lives with fewer coresidents than the population as a whole, she/he enjoys better than average amounts of living space. And while information on household amenities indicates that the elderly are less well off than the general populace, available trend data imply that the gap is narrowing rapidly.

## **Social Policy**

Three broad issues circumscribe national policy choices regarding living arrangements of the elderly. The first is the question of social equity, where the particular needs of the elderly are weighed against competing needs of other population subgroups within budgetary boundaries. A second consideration is the possibility that age-targeted programs "may undermine society's acceptance of the aged as a class" [Lawton, 1985] by erroneously stigmatizing the older population as weak and dependent. A third issue, and one which has become especially relevant to developing countries, is whether increased social and/or institutional services for the elderly function to undercut traditional family-care activities.

Most, if not all, developed countries now emphasize the desire to allow their elderly citizens to maintain independent living arrangements for as long as possible, through: improvement of and increases in housing stock; housing subsidies; and in-home provision of services. Policies toward and practices of institutionalization have changed over the past half-century, moving from "welfare/hospital" models financed by local agencies toward federally-funded, less-institutional (that is, nursing home) models. A similar transition has been noted in certain developing countries (Taiwan and Singapore).

Countries such as Finland, Austria, and both Germanies may become leaders in social policy regarding living arrangements of the elderly, due to historical events and demographic trends that have resulted in large numbers of elderly persons (especially women) without spouse and/or children. The major question today in these and other industrialized societies is whether the observed trends in living arrangements (particularly the rise in single residency) will continue, and whether expanded service provision can reduce the propensity toward institutional residence. In less-industrial nations, the overriding question is whether the basic family unit will continue to provide for elderly members directly, or whether the processes of modernization and urbanization will weaken existing social support structures and result in "Western" reactions to issues of housing and welfare.

## PREFACE

The Center for International Research conducts economic and demographic studies, some of which are issued as Staff Papers. A complete list of these papers is included at the end of this report. However, the use of data not generated by the U.S. Bureau of the Census precludes performing the same statistical reviews the Bureau does on its own data.

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## INTRODUCTION

Living arrangements play an integral role in the well-being of older persons. Residential quality and satisfaction have long been among the indicators of "quality of life," in the same category as satisfaction with family, work, and marriage [Lawton, 1980]. As individuals move toward later life, they often retire from employment, see their families disperse, and suffer the loss of spouse and other kin. It may well be that the relative importance of living arrangements to personal happiness increases as persons age.

On the individual level, living arrangements are a dynamic aspect of an elderly person's situation, representing both a result of prior events and an antecedent to other outcomes [Soldo, 1981; Lawton, 1981]. Similarly, on the societal level, patterns of living arrangements among the elderly reflect other characteristics--demographic, economic, cultural--which influence the current composition and robustness of older citizens, and which have implications for future social needs.

Societal changes over time in living arrangements appear as responses to changes in other spheres of life. Demographic trends in fertility, mortality, and migration have an impact on family size and household structure, especially as these trends interact with changing gender roles, increased education, and expanding employment opportunities. In "older", industrialized nations, current elderly cohorts have lived through a complexity of twentieth-century changes, and this is reflected in the patterns and diversity of living arrangements that have emerged. The major question today in industrialized societies is whether the observed trends in living arrangements will (and, in a qualitative sense, "should") continue. In less-industrialized nations, many of the social changes associated with modern economic development are fairly recent phenomena: the predominant question in these countries is whether the basic family unit will continue to provide for elderly members directly, or whether social support structures will come to resemble those of the so-called Western model. These questions have important policy implications as government and other agencies grapple with how best to plan for the inevitable growth in older population.

Given the importance of living arrangements to elderly well-being, it may seem surprising that residence patterns are one of the least studied aspects of aging populations. This is due in large part to a lack of relevant data; until recently, relatively few countries were aware of how living arrangements have changed over time. In the past 5 years, several comparative compilations and studies of industrialized countries have begun to shed light on temporal trends, and other crossnational data-gathering efforts are now beginning to bear fruit [Hashimoto, 1988; Wolf, 1989; United Nations, forthcoming Demographic Yearbook, 1987]. Moreover, recent census tabulations for many nations show an increased sensitivity to the need for better living arrangement data, not only for the elderly, but for entire populations. Nevertheless, adequate information on residence patterns for a majority of the world's countries has yet to be collected and/or analyzed.

This paper has several purposes: to take stock of existing statistics on living arrangements of the elderly in different societies; to consider the basic demographic characteristics associated with residence patterns; and to examine changes in living arrangements over time. This will be an initial attempt at a global compilation, one which will have shortcomings and can undoubtedly be improved upon via informational exchanges with other researchers and national/international organizations. To the extent possible, this paper also will consider the physical attributes of living accommodations for the elderly, relative to those of younger population groups. We then look at social policies concerning living arrangements of the elderly; what policies and programs have emerged in industrialized societies, and what is the current policy status in both the developed and developing world. Finally, we explore some existing information on the preferred living arrangements of the elderly, and their implications for future policy.

### CONCEPTUAL CONSIDERATIONS

The paramount problem in any crossnational study is one of comparative categories. With regard to the concept of "the elderly," we now realize that this term is an inadequate generalization that obscures the heterogeneous nature of a population group that spans more than 40 years of life. And given the wide variation in life expectancy among disparate societies, the chronological notion of elderly also varies. Nations likewise choose to aggregate and report their statistics in different manners, thus rendering precise comparisons difficult, if not impossible. For purposes herein, the term "elderly" is used to refer to persons aged 65 years and over, with deviations from this category duly noted.

The major stumbling block in the analysis of living arrangements of the elderly has to do with categories of reported information, and in particular, an emphasis on "household" as the unit of investigation. Data-collection instruments are generally designed to "give particular significance to the position of the head of family, around which all or nearly all classifications are obliged to revolve. This is a by no means negligible drawback nowadays, as the structure of the families is tending to change in such a way as to render the figure of the head of family less prominent, with the result that his position is less relevant for the purposes of defining the characteristics of family structure" [Statistical Office of the European Communities, 1982].

In the statistical publications of many countries, a fair number of population characteristics may be crosstabulated by age of the household head. However, many elderly (especially women) are not heads of household, and many live in households where the reported head is younger than 60 or 65 years. There usually is no way of ferreting out the characteristics of elderly non-heads, who may well constitute a majority of the world's elderly population (regardless of the age criterion used). Consequently, discussions of living arrangements based on head-of-household information cannot properly account for a large portion of older population and hence may be seriously distorted.

Therefore, this paper focuses on tabulations of older individuals rather than of households. In some cases, it is possible to fully discern the age composition of household members, and useful comparisons can be drawn. But due to the relative scarcity of data on living arrangements for many countries, the availability and/or categories of information as reported by individual nations varies widely, and comparisons suffer accordingly.

## LIVING ARRANGEMENTS OF THE ELDERLY

Popular opinion on living arrangements of the elderly could be briefly summarized as follows: in developed countries, growing proportions of older persons are living alone and in institutions (primarily nursing homes); in developing countries, the overwhelming majority of older persons live with one of more of their children in an extended family situation. To examine the accuracy of these and other impressions, a variety of data have been investigated. Sources of information include primary tabulations found in census and survey volumes; regional and international compendia such as those issued by the United Nations and the Statistical Office of the European Communities; and secondary analyses published in professional journals and by international organizations.

### Living Alone

#### Developed Countries

Table 1 presents the most recent data on proportions of older persons (aged 65 years and over, unless otherwise noted) who live alone. These figures refer to persons living in what are typically considered to be private (that is, non-institutional) households. In developed countries, the proportions range from a low of 9 percent in Japan to a high of 40 percent in Sweden, with other remarkably high figures seen in the Federal Republic of Germany and Denmark. There is considerable variation within Europe, with the younger (in terms of percent of total population aged 65 years and over) countries--Spain, Portugal, Ireland, and to a lesser extent Greece--exhibiting the lowest rates of single habitation.

Among older citizens, living alone is most often the result of having outlived a spouse and even children or siblings [Kasper, 1988]. Consequently, the likelihood of living alone increases with age, although there may be a decline at the oldest ages, especially among women (table 2). Such a decline may be explained by the fact that some of the oldest old must seek care within institutions, while others might seek additional income and/or assistance in maintaining a home by taking in a companion or boarder [New Zealand Department of Statistics, 1985].

Table 1. Percent of Household Population Aged 65 Years and Over (unless noted) Living Alone, for Selected Countries: Most Recent Date

EUROPE		OTHER DEVELOPED	
Austria, 1980 (60+)	30.9	Australia, 1981	26.2
Belgium, 1981	31.9	Canada, 1986	27.7
Czechoslovakia, 1983 (60+)	32.4	Japan, 1980	8.6
Denmark, 1981	38.3	New Zealand, 1981	26.4
Finland, 1975	32.9	United States, 1987	30.4
France, 1982	32.6		
Germany (FR), 1982	38.9	CENTRAL/SOUTH AMERICA	
Greece, 1981	14.7	Brazil, 1980	9.8
Hungary, 1984	24.8	Colombia, 1976 (60+)	5.0
Ireland, 1981	20.1	Costa Rica, 1985/86	6.9
Italy, 1981	25.0	Dom. Rep., 1975 (60+)	9.0
Luxembourg, 1981	22.6	Fr. Guiana, 1982	40.0
Malta, 1980 (60+)	10.5	Mexico, 1981 (60+)	6.4
Netherlands, 1982	31.3	Panama, 1976 (60+)	11.0
Portugal, 1981	17.7	Peru, 1977 (60+)	8.0
Spain, 1981	14.1		
Sweden, 1982	40.0	ASIA	
United Kingdom, 1981	30.3	China (PRC), 1987 (60+)	3.4
		Indonesia, 1986 (60+)	8.0
CARIBBEAN		Israel, 1983	26.1
Barbados, 1982	27.1	Korea, Rep., 1984 (60+)	2.2
Br. Virgin Is., 1980	20.4	Malaysia, 1986 (60+)	6.4
Cuba, 1981	10.0	Philippines, 1984 (60+)	3.0
Dominica, 1980	18.6	Singapore, 1986 (60+)	2.3
Grenada, 1981	21.0		
Guadeloupe, 1982	32.4	OTHER	
Jamaica, 1984 (urban)	23.0	Fiji, 1984 (60+)	2.0
Martinique, 1982	30.6	Kenya, 1983 (50+)	16.1
Montserrat, 1980	25.2	Reunion, 1982	23.3
St. Lucia, 1980	19.7		
St. Vincent, 1980	16.5		
Turks & Caicos, 1980	17.9		

Notes: Czechoslovakia--refers to urban areas; rural percentage is 24.5. Hungary--refers to pensioners and persons of retirement age. Sweden--refers to pensioners, with usual pension age being 65 years. United Kingdom--refers to men 65 years and over, women 60 years and over. Costa Rica--refers to two cantons only. Mexico--refers to urban and suburban elderly in four states. Jamaica--refers to a single urban community of Kingston. Indonesia--refers to the island of Java. Malaysia--refers to three Peninsular states. Kenya--refers to three districts only (Nairobi, Kakamega, Machakos).

Source: Compiled at the U.S. Bureau of the Census from primary census and survey volumes, international compendia, and published research.

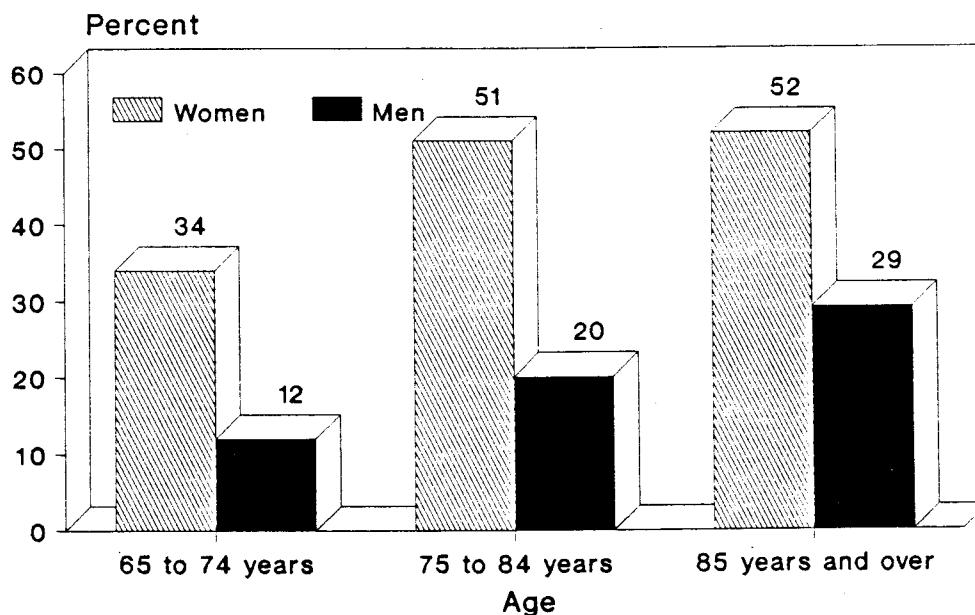
Table 2. Percentage of Elderly Living Alone, by Age and Sex, for Selected Developed Countries: Most Recent Date

Country, year, and age group	Males	Females
United States, 1987		
65 to 74 years	12	34
75 to 84 years	20	51
85 years and over	29	52
Canada, 1986		
65 to 69 years	11	26
70 to 74 years	13	35
75 to 79 years	16	42
80 to 84 years	19	42
85 years and over	18	28
New Zealand, 1981		
65 to 69 years	11	29
70 to 74 years	15	37
75 to 79 years	18	45
80 years and over	19	39
Hungary, 1984		
65 to 69 years	9	30
70 to 74 years	11	33
75 to 79 years	16	36
80 to 84 years	17	34
85 years and over	20	26

Sources: Kasper, 1988, p. 27; Stone and Frenken, 1988, table 6; New Zealand Department of Statistics, 1985, table 2.23; and Hungarian Central Statistical Office, 1986b, table 1.1.1.

In virtually all countries of the world, women on average outlive men. Since women also tend to be younger than their spouses, it is not surprising to find that in all older age groups the percentage of women living alone is usually much higher than that of men. This age/gender relationship, depicted for the United States in figure 1, has been observed to hold in a variety of cultural settings, most notably in a study of selected communities in 11 different countries [Heikkinen, et al., 1983]; although the levels of sole residence varied greatly, the patterns by age and sex were nearly universal. Hence, it has become a truism that in most developed countries, women must anticipate a period of living alone at some point during their older years.

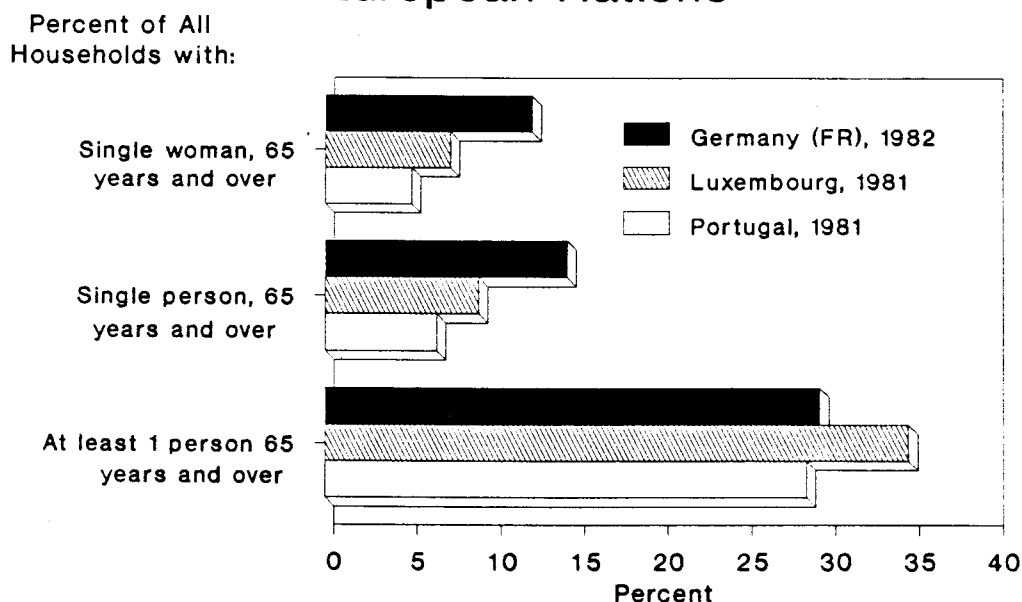
Figure 1. Percent of Elderly Living Alone in the United States: 1987



The importance of elderly citizens to overall national household profiles is illustrated in figure 2. Nearly 15 percent of all households in the entire Federal Republic of Germany consists of a solitary individual aged 65 years or over; the bulk (85 percent) of these persons are women. While this figure varies widely throughout Europe, several other large nations have proportions in excess of 10 percent, such that the average of all 12 countries in table 3 is 11 percent. A related calculation reveals that three out of every ten households in the 12-nation aggregate contains at least one elderly persons, ranging from 22 percent in the Netherlands to 35 percent in Luxembourg.

Cross-tabulations of marital status and living arrangements are not commonplace, but data from New Zealand reinforce the intuitive impression that most elderly women living alone are widows: 80 percent aged 65 years and over have lost their spouse. In the United States, the figures are 75 percent between the ages of 65 and 74 years, rising to nearly 90 percent for ages 75 years and over. Corresponding figures for U.S. men living alone are 45 percent and 69 percent, respectively [U.S. Bureau of the Census, 1988].

Figure 2. Percentage of Selected Elderly Household Types in 3 European Nations



It should be noted that aggregate national figures on living alone may mask significant differences between ethnic or racial groups. In the United States, White and Black elderly live alone more often than do Hispanic elderly. In New Zealand, elderly of Pacific Island Polynesian origin are much less likely to live singly than are elderly Maoris or the elderly population in general. Older Israelis who had lived in Africa or other parts of Asia before coming to Israel tend to live with their children, while Israelis of European origin are likely to reflect the Western pattern of maintaining households separate from their children [Hannah Wehl, cited in Cowgill, 1986].

#### Developing Countries

It is widely believed that, in developing countries, few elderly live alone. While this appears true in numerous cases, available information in table 1 suggests major regional differences. In the Caribbean, which in total is the "oldest" of the world's developing regions, between one-fifth and one-third of many elderly populations live alone. Reported data for French Guiana indicate that four in ten elderly live alone, a percentage that, along with Sweden's, is the highest of the 50 countries in table 1. In Southeast Asia, the proportions living alone are much lower, ranging from 2 to 8 percent.



Table 3. Selected Elderly Household Types as a Percentage of All Households, for Twelve European Nations and Israel: Most Recent Date

Country	Percent of all households with:			
	Single male, 65 years and over	Single female, 65 years and over	One single person, 65 years and over	At least one person, 65 years and over
Belgium, 1981	2.7	9.2	11.9	28.3
Denmark, 1981	3.0	9.8	12.8	26.0
France, 1982	2.3	9.2	11.4	26.9
Germany (FR), 1982	2.1	12.4	14.5	29.6
Greece, 1981	1.5	4.3	5.8	29.0
Ireland, 1981	2.6	4.8	7.5	29.0
Italy, 1981	2.1	7.7	9.8	30.1
Luxembourg, 1981	1.7	7.5	9.2	34.9
Netherlands, 1982	1.8	7.3	9.1	21.7
Portugal, 1981	1.5	5.2	6.7	28.8
Spain, 1981	1.1	4.5	5.6	29.4
United Kingdom, 1981	2.6	10.0	12.7	34.7
All of above, 1981-82 <sup>1</sup>	2.1	9.1	11.2	29.6
Israel, 1983	1.8	6.3	8.1	23.4

<sup>1</sup> Weighted average of twelve countries.

Note: Figures for the United Kingdom refer to men aged 65 years and over, women aged 60 years and over.

Source: Statistical Office of the European Communities, 1988, table 17.2; Israel Central Bureau of Statistics, 1986, table 22.

Recent figures for much of Latin America are difficult to come by, but in the region's largest country, Brazil, the latest census data reveal that in 1980, one out of every ten persons aged 65 years and over lived in a single-person household. Other available figures for Latin America suggest a range of 5-11 percent, although most of these data are more than a decade old, and do not include the relatively older nations of the Southern Cone. Very little information was found for African nations, although recently-published results from a three-district survey in Kenya [Khasiani, 1987] imply that a surprisingly high 16 percent of respondents (who were disproportionately male) live alone.

Data on gender and age differences in living alone are most prevalent for East/Southeast Asia and the Caribbean, and show a major difference between the regions. The five Asian countries in table 4, with the exception of the Philippines, have higher proportions of older women than men living alone. The same distinction is observed in Fiji. In the Caribbean, however, older men are more likely than older women to live alone in 7 out of 11 countries, although the relative differences are much less than in Asia or in more-industrialized nations (figure 3). The Caribbean data might be considered unusual in light of the fact that life expectancy and pension/social security coverage--perhaps the two most important factors associated with the high propensity of elderly women to live alone in developed countries--are greater than in most Asian countries, especially among women. This apparent anomaly may be related to patterns of migration and marital status unique to parts of the Caribbean region and is deserving of further investigation.

With regard to age, 1984 World Health Organization surveys in four countries found that living alone did not increase with age in the Philippines, the Republic of Korea, or Fiji. Only in Malaysia did the pattern resemble that of European and North American countries. In the English-speaking Caribbean, on the other hand, living alone does increase as a function of older age, although the available data for many countries are not disaggregated beyond the "65 and over" category. Likewise, statistics for Francophone Guadeloupe, Martinique, French Guiana, and the Indian Ocean nation of Reunion mirror the industrialized-nation pattern: the percentage of both elderly men and women living alone rises with age, with a decline observed for the female "oldest old" aged 80 years and over (figure 4).

## Living With Others

### Developed Countries

In spite of the frequently high proportions of elderly who live alone in developed countries, the fact remains that a majority of those aged 65 years and over live with other persons. Actually, the proportion of elderly in Western and Southern European nations that live with one other elderly person only (in most cases a spouse) is higher than the proportion that lives singly; the one exception is found in the Federal Republic of Germany (table 5). The share of elderly population residing with one other elderly person only varies widely, from just under 22 percent in Ireland to 41 percent in the United Kingdom.

Between 10 and 15 percent of the elderly in the 12 European nations in table 5 live with one other person who is less than 65 years of age; many of these elderly are likely to be either men living with younger spouses, or widowed/divorced individuals living with a child. The next most common household arrangement is a single elderly person residing with two or three other persons under age 65 years; this group ranges from only 3 or 4 percent in Denmark and the Netherlands to 14 percent in Greece.

Table 4. Percentage of Elderly Living Alone, by Sex, for Selected Developing Countries: Most Recent Date

Country and year	Total	Men	Women
Indonesia, 1986	8.0	1.9	13.5
Korea, Republic of, 1984	2.2	1.2	3.1
Malaysia, 1986	6.4	3.8	8.7
Philippines, 1984	3.0	2.0	3.7
Singapore, 1986	2.3	1.7	2.8
Barbados, 1980	24.7	25.1	24.3
British Virgin Islands, 1980	20.4	21.2	19.5
Cuba, 1981	10.0	10.7	9.3
Dominica, 1980	18.6	19.0	18.3
Grenada, 1981	21.0	22.9	19.8
Guadeloupe, 1982	32.4	25.3	37.7
Martinique, 1982	30.6	24.2	35.2
Montserrat, 1980	25.2	24.4	25.8
St. Lucia, 1980	19.7	21.0	18.9
St. Vincent, 1980	16.5	20.1	14.1
Turks and Caicos, 1980	17.9	15.8	19.3
Fiji, 1984	2.0	1.3	2.8
Mexico, 1981	6.4	3.6	8.3
Reunion, 1982	23.3	12.7	30.0

Notes: Data refer to persons aged 65 years and over except for the following countries, which refer to ages 60 years and over: Indonesia, Republic of Korea, Malaysia, Philippines, Singapore, Fiji, and Mexico. Data for Mexico refer to urban and suburban elderly in four states.

Sources: ASEAN, 1988, table 4.4; Andrews, et al., 1986, table 42; Alvarez Gutierrez and Brown, 1983, table 13; and national census publications.

Small proportions of elderly (under 3 percent) live in three-person households where all members are age 65 years or over. This arrangement is least common in Germany, but considerably more so in Luxembourg and Ireland. While the percentages are small, private multiple-elderly arrangements accommodated more than 100,000 elderly Italians and nearly 150,000 elderly in the United Kingdom in 1981, and are thought to be growing in popularity.

Figure 3. Percent of Elderly Living Alone, by Sex, in Selected Countries

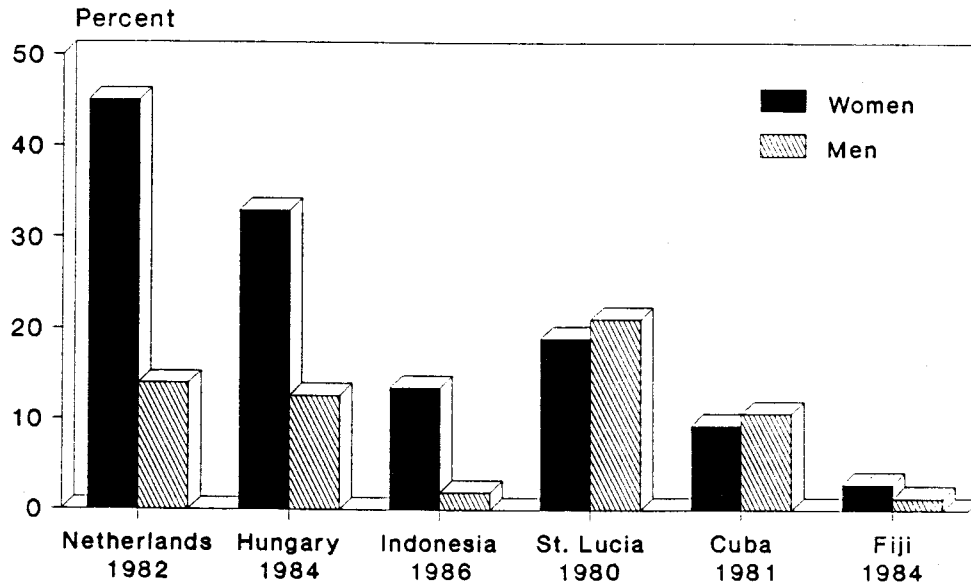


Figure 4. Percent of Elderly Living Alone, by Age and Sex, in Guadeloupe and Reunion: 1982

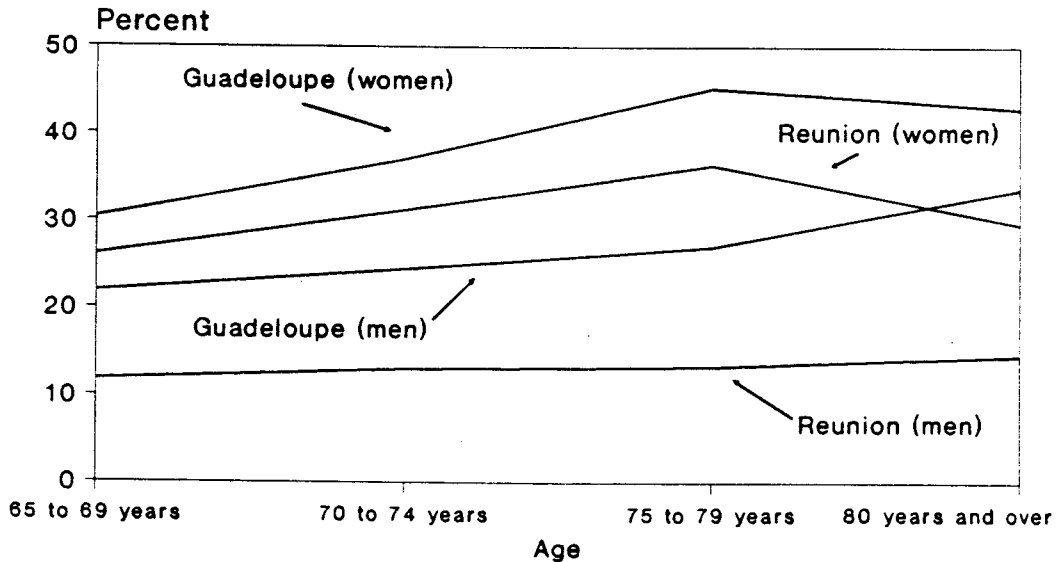


Table 5. Composition of Private Households with Elderly Members, for Twelve European Countries: 1981 or 1982

Country	Percent of elderly in households (HH) with:					Other Arrangement
	One person, 65 years and over (1-person HH)	Another person, 65 years and over (2-person HH)	Two other persons, 65 years and over (3-person HH)	Another person, less than 65 years (2-person HH)	Two or three other persons, less than 65 years (3 or 4-person HH)	
Germany, FR	38.9	35.3	0.4	12.0	5.2	8.2
France	32.6	36.8	1.1	12.0	6.7	10.8
Italy	25.0	30.0	1.2	13.4	10.5	19.9
Netherlands	31.3	45.0	0.6	12.0	4.3	6.8
Belgium	31.9	37.9	1.2	11.1	6.8	11.1
Luxembourg	22.6	35.0	2.3	10.4	9.0	20.7
United Kingdom	30.3	41.0	1.5	12.2	5.3	9.7
Ireland	20.1	21.8	2.5	14.0	12.0	29.6
Denmark	38.3	39.4	0.6	13.5	3.3	4.9
Greece	14.7	25.0	0.8	14.6	14.2	30.7
Spain	14.1	27.1	1.9	12.2	12.2	32.5
Portugal	17.7	29.8	1.4	12.5	12.1	26.5

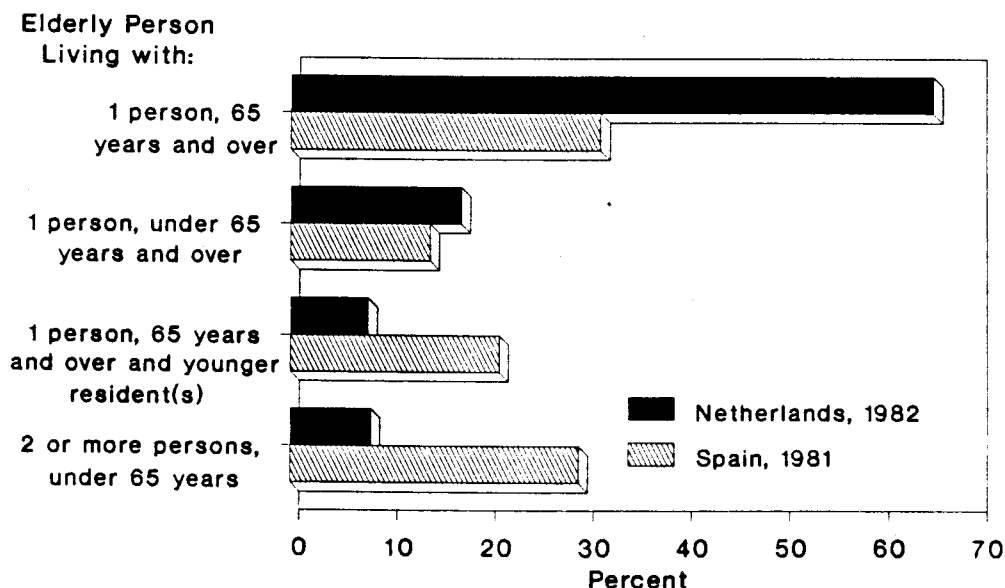
Note: Figures for the United Kingdom refer to men aged 65 years and over, women aged 60 years and over.

Source: Statistical Office of the European Communities, 1982, tables 16 and 17.2.

Ireland and Southern European countries are more likely than others to have large numbers of elderly persons living in "other" types of arrangements. Most often these households consist of one elderly person residing with four or five persons under age 65 years; a significant share of these arrangements are likely to be three-generation households. The next most common arrangement is two persons aged 65 years or over living with one person under age 65 years.

Figure 5 shows that patterns of coresidence in Europe can vary widely. In the Netherlands, nearly two-thirds of those elderly who live with one or more persons reside with one other elderly person only, most likely a spouse. Only 8 percent live with another elderly person and one or more younger household members, while another 8 percent live with two or more persons, each under age 65 years. This distribution contrasts sharply with that in Spain, where fewer than one-third of non-solitary elderly live with another elderly person only. More than half of non-solitary elderly Spaniards live with at least two other persons, compared with 16 percent of their counterparts in the Netherlands.

Figure 5. Elderly Living with Others, by Type of Living Arrangement, in the Netherlands and Spain



Precise comparisons of the European situation with those in other developed countries are clouded by different tabulation schemes, but several similarities can be found. In the United States, 1984 survey data reveal that 45 percent of elderly individuals live with their spouse only, while another 8.4 percent reside with both spouse and one or more other persons (most likely, a child or children). Fourteen percent live with a relative or relatives other than a spouse, while 2 percent share homes with one or more unrelated individuals. In Canada, 1986 census data show that 60 percent of the elderly live either in households with their spouses (with or without children) or as single parents with one or more never-married children. Slightly more than 9 percent live with relatives only, excluding the single-parent-with-never-married-children group.

Data from the 1981 census of Australia show that more than half of all men aged 65 years and over lived with their spouse only. Less than 3 percent of elderly men were heads of families that consisted of husband, wife, and dependent children. Approximately 4 percent of all Australian-born persons aged 60 years and over lived in a household where they were the ancestor of the head of household [Hugo, 1988].

In Austria, it has been reported that of all older persons with children, at least 40 percent live in the same household as their children. Piecemeal information for Eastern European countries--Bulgaria, Czechoslovakia, and Hungary--indicates that approximately one-third of the elderly live with their children [UNDIESA, 1985].

Japan is unique among developed countries insofar as a high proportion--69 percent in 1980--of older adults reside with one or more of their offspring. Three national sample surveys taken during the 1980's show that roughly one-half of those persons aged 60 years and over live with married children, while another 20 percent live with unmarried children. Twenty percent reside with spouse only, while the remaining 10 percent live alone. The high incidence of cohabitation with married children is an indication of Japan's traditional "stem family," which in classic form consists of a married couple living with their unmarried children, the eldest son, his wife, and their grandchildren. In rural areas, such an arrangement is still considered normal [Kamo, 1988].

### **Developing Countries**

In all developing regions of the world, with the possible exception of the Caribbean, the paramount living arrangement for elderly persons is with children and/or grandchildren. Naturally, this broad category encompasses a plethora of specific family and household types, differing not only among nations, but among ethnic groups within nations.

In Latin America, two main dimensions of household organization are said to be the relative independence of the conjugal unit and the importance of the extended family. In order to explore how these potentially conflicting dimensions are expressed in terms of older peoples' living arrangements, De Vos [1986] analyzed data for six countries from the World Fertility Survey (table 6). In each country examined, a majority of persons aged 60 years and

over lived in "complex family" households consisting of members who belong to more than one conjugal unit (for example, an older couple, a married child, and grandchildren). Roughly one-fourth to one-fifth of older persons lived in "simple family" households (a married couple or unmarried individual living with unmarried child(ren)), with another 7 to 16 percent in "empty nest" situations.

Table 6. Percent Distribution of Persons Aged 60 Years and Over, by Household Type, for Selected Countries: 1975-77

Type of household	Colombia	Costa Rica	Dominican Republic	Mexico	Panama	Peru
Solitary (living	5	6	9	7	11	8
Other non-family	1	1	1	1	1	0
Empty nest	9	9	7	16	14	10
Simple family	25	26	17	24	17	22
Complex family						
Extended	52	48	59	39	51	40
Multiple	8	10	6	13	6	20

Notes: Empty nest refers to couple-only households. Simple family refers to an older person or couple living with their child(ren). Data are based on tabulations from the World Fertility Survey.

Source: De Vos, 1986, table A1.

With regard to determinants of living arrangements, the World Fertility Survey (WFS) data from Latin America suggest that marital status is the strongest demographic determinant of whether an older person lives in a complex family household. About 70 percent of unmarried older people were seen to live in complex family households, versus half of married older persons. Controlling for age and sex, "the estimated likelihood that a married older person lives in a complex family household is only half that of an unmarried person" [De Vos, 1986]. The effects of other variables--age, sex, urban/rural residence, and education--on living arrangements were much more ambiguous with no clear trend among countries. The study notes that Panama and the Dominican Republic tend to have the least "nuclear family" system (the lowest incidence of husband-wife-children or single-parent households), while Costa Rica and Mexico have the most "conjugal" systems. Information from a 1985/86 two-canton survey in Costa Rica [Garcia and Ortega, 1988] implies that the percentage of single and spouse-only households (7 percent and 12 percent, respectively) might be on the rise; conversely, the



proportion of elderly living with children appears to be considerably lower than found in the earlier WFS data.

Fragmentary information from the English-speaking Caribbean suggests that this region may differ from others in terms of having a majority of elderly living with children. Data for 1982 from Barbados show that more than 27 percent and 32 percent of the elderly (65 years and over) live alone and in two-person households, respectively. If the latter group consists largely of elderly persons living with other elderly as opposed to younger persons, a majority of all elderly would not live with one or more of their children. A study in a single urban community in Kingston, Jamaica [Sinha, 1988] discovered that 55 percent of persons aged 65 years and over lived in households with children (not necessarily their own children).

Recent surveys in Asia and the Pacific show aggregate residence patterns similar to those observed in Latin America in the 1970's. Between 72 and 79 percent of older (60 years and over) respondents in 1984 World Health Organization (WHO) surveys in Malaysia, the Philippines, Fiji, and the Republic of Korea lived with children [Andrews, et al., 1986]. These figures for Malaysia and the Philippines were reconfirmed in later ASEAN surveys, with similar results observed in two other countries, Indonesia and Singapore. The percentage living with spouse only ranged from 6 percent in the Philippines to 15 percent in Indonesia [ASEAN, 1988].

Analysis of the 1984 WHO data suggests that, as expected, kin availability is paramount in determining living arrangements [Martin, 1988]. Survival of spouse reduces living with children, and availability of children reduces the likelihood of spouse-only arrangements. Of more interest are associations involving age, sex, and urban/rural residence. Males and the young-old were generally more likely to live with their children than females or the old-old. This is surprising in view of the commonly-held notion that the latter two categories of elderly population tend to be the most vulnerable in terms of spousal availability and economic resources and, therefore, most in need of support from offspring (unless other relatives provide support). Another finding that runs contrary to expectations is that where urban residence was seen to influence living arrangements, it did so by increasing coresidence with children. This has been observed in other studies [Khasiani, 1987 re: Kenya; UNDIESA, 1985 re: India, Jamaica, and the Republic of Korea], and may be related to shortages and high costs of housing in urban areas of developing countries.

Scattered evidence from other Asian nations is in general agreement with the overall trends mentioned above. Various surveys in the People's Republic of China show that at least 70 percent of the elderly live with their children, with higher percentages in rural than in urban areas [Yang, 1988]. A 1972 survey in the city of Madras, India, found that three-quarters of persons aged 60 years and over were living with their children; of these, half lived with a married son, about a quarter resided with a married daughter, another 20 percent lived with an unmarried child, and the rest lived with both a married son and a married daughter [Bose, 1982, cited in Martin, 1987]. Figures from a 1985 national survey in the Republic of Korea reveal that of the 79 percent of elderly (60 years and over) living with children, nearly 70

percent lived with a married son, while only 4 percent lived with a married daughter; 14 percent resided with an unmarried child, while an equal proportion "circulated" between children and other relatives [Choi, 1985].

Such figures hint at the diversity of living arrangements found throughout the developing world. A more dramatic portrayal of these differences emerges from a recent comparison of communities in seven countries, part of a United Nations University project (Social Support Systems in Transition) which seeks to assemble comparative data on living arrangements in disparate contexts. Although the data refer only to single communities in each nation, the sites are at different stages of urbanization, and are said to reveal differences in patterns of adaptation to the urbanization process as a result of differing social and historical conditions [Hashimoto, 1988].

Several interesting observations arise from a comparative view of the seven communities (table 7). Again, the importance of coresidence with family members is obvious, in both urban and rural settings. But the proportion of elderly (60 years and over) who live with some family members of direct descent is highest in the four Asian countries, more so than in Egypt, Zimbabwe, and Brazil. The stem family predominates in the Asian communities, while in Zimbabwe the "skip-generation" arrangement (elderly without children but with grandchildren) is most common. By way of contrast, nuclear households predominate in the urban Egyptian and Brazilian communities, and the relatively high share of single and conjugal (spouse-only) households in the Brazilian case indicates a pattern very different from the other samples. As might be expected, the likelihood of residing with a married child increases with age in all seven communities. Not as expectedly, the percent of elderly living alone also increases with age.

### **Institutional Residence**

A number of studies [Rice, 1984; Liu and Manton, 1985; Doty, 1985] have documented the direct relationship between population age-sex structure, age-sex-specific rates of chronic disease and disability, and the need for long-term care. The confluence of several macro trends in developed countries--older population age structures, higher incidence of non-communicable disease, lowered fertility, increased geographical mobility, rapid advances in medical technology--has encouraged the formation of an "institutionalized response" to population aging. The highest rates of institutional use are found in many of the world's oldest countries, and the absolute numbers of users are expanding in spite of efforts to enhance community-based services and avoid or greatly reduce levels of institutionalization.

There has been dramatic growth in the number of institutional facilities for the elderly in many developed countries during the past several decades, often accompanied by vigorous public debate and concern over the quality of such residences. In spite of the intense media scrutiny of and controversy surrounding institutional residence, two important facts get short shrift: relatively small proportions of elderly populations reside in institutions at any given time; and there are precious few comparative crossnational data on institutionalized populations.

Table 7. Living Arrangements in Two Elderly Age Groups, by Urban and Rural Residence, for Selected Countries: Circa 1986

(Percent of total in each category)

Category	Rural				Urban									
	Thailand 60 to 69 years and over	Zimbabwe 60 to 69 years and over	India 60 to 69 years and over	Republic of Korea 60 to 69 years and over	Egypt 60 to 69 years and over	Singapore 60 to 69 years and over	Brazil 60 to 69 years and over							
Alone	3	4	2	8	2	6	4	11	8	15	1	3	24	29
Spouse only	9	7	3	2	1	1	11	12	13	13	2	3	18	19
Unmarried child(ren)	25	8	13	7	13	2	37	10	52	23	43	19	33	20
Married child(ren)	39	52	22	23	80	81	43	62	17	43	42	69	9	13
Other	24	29	60	60	4	10	5	5	11	6	12	6	16	20

Notes: Data refer to a single community in each nation, surveyed as part of the United Nations University project, "Social Support Systems in Transition." A majority of the large "other" category for Zimbabwe consists of "skip-generation" households wherein the aged live with grandchildren.

Source: Hashimoto, 1988, table 2.

Part of the problem is that, just as crossnational comparisons of non-institutional living arrangements are clouded by the many different types of family and household structure, comparisons of institutional arrangements are also imprecise. For purposes of this report, institutional living generally refers to receiving long-term care and services in either a medically-oriented residential facility (nursing home, rehabilitation or other hospital) or a non-medical residential facility (home for the aged, frail ambulant home, etc.). Long-term care can be and is provided in a variety of other contexts, but these usually do not fall under the purview of institutional residence.

Drawing on a combination of published documents and questionnaire responses from government agencies, Doty [1985] assembled roughly comparable data for 15 countries; these figures have been supplemented with others from various sources and are presented in table 8. The approximate nature of these data should be borne in mind. Based on the loose definition of institutional residence mentioned in the preceding paragraph, it is possible that certain total-country levels may be somewhat overstated, to the extent that additional residents (e.g., of retirement homes or specially-equipped homes for disabled elderly) are included. On the other hand, there appears to be in some countries a tendency to omit from consideration a portion of the elderly who receive long-term care in hospitals and mental institutions.

The reported total-usage rates in table 8 range from about 2 percent in Hungary to nearly 11 percent in the Netherlands. Among industrialized countries, European nations (with the exception of France) appear to emphasize non-medically-oriented residential care while other developed nations rely more on medical facilities. Whether this is primarily a function of social policy (i.e., greater European-government assistance with the economic costs of non-medical residence) or of other factors is not yet clear.

Data for Eastern European nations are not readily available, but related information suggests that institutional usage may be increasing. In Hungary, between 1960 and 1987, the number of social welfare homes for the aged expanded from 214 to 289. More importantly, the number of persons cared for in these homes increased 78 percent during the period, compared with 52 percent growth in the total population aged 65 years and over. In Poland, the number of persons in social welfare houses for patients with chronic diseases (all ages) and for mentally deficient adults grew 41 percent from 1970 to 1983, again outpacing elderly population growth (31 percent) during this period.

A majority of persons entering institutions or other types of collective dwellings have reached very advanced age. Those who enter at less-advanced ages tend to be drawn from the ranks of those who are either single or widowed and childless, i.e., people who are unlikely to have young family members to rely upon for support [Fletcher and Stone, 1982]. Therefore, women and the oldest old are disproportionately represented among the institutionalized elderly. Canadian data for 1986 show that of all persons aged 65 years and over in hospitals and special care homes for the elderly and chronically ill, 70 percent are women and 82 percent are aged 75 years or over. Of the latter group, 73 percent are women.

Table 8. Rates of Institutional Use for Persons Aged 65 Years and Over, for Selected Countries: Most Recent Date

Country	Year	Total	Medical facilities	Non-medical facilities
United States	1985	5.7	4.5	1.2
Canada	@1980	8.7	7.1	1.6
Belgium	1982	6.3	2.6	3.7
Denmark	@1984	7.0	n/a	n/a
France	1982	6.3	5.3	1.0
Germany, FR	1980	4.1	2.4	1.7
Great Britain	1981	4.0	n/a	n/a
Greece	1982	n/a	n/a	0.5
Hungary	1984	1.9	n/a	n/a
Ireland	1982	3.6	n/a	n/a
Netherlands	1982/83	10.9	2.9	8.0
Spain	1982	n/a	n/a	2.0
Sweden	1980	9.6	4.6	5.0
Switzerland	1982	8.9	2.8	6.1
Australia	1981	6.4	4.9	1.5
New Zealand	1984	n/a	n/a	2.8
Japan	1981	3.9	3.1	0.8
Israel	1981	4.0	1.4	2.6
Costa Rica	1980	n/a	n/a	1.8
Hong Kong	@1981	n/a	n/a	1.8
Taiwan	@1985	n/a	n/a	5.0
Singapore	@1985	n/a	n/a	2.5

@ = Approximate date. n/a = Not available.

Notes: For reasons of definition, coverage, and temporal reference, rates of institutional usage may not be well suited to comparison across nations. Hence, differences between figures in this table should be taken as roughly indicative of different national propensities toward institutional use. Generally, a national usage rate reflects the percentage of all elderly persons resident in institutional settings at a particular point in time.

Great Britain: 1981 census data indicate 3 percent of the elderly were "usually resident" in communal establishments (mainly homes for the elderly, but also including hospitals, hostels, and hotels); another 1 percent were present in such places (usually hospitals) though not usually resident.

Ireland: excludes elderly in general hospitals.

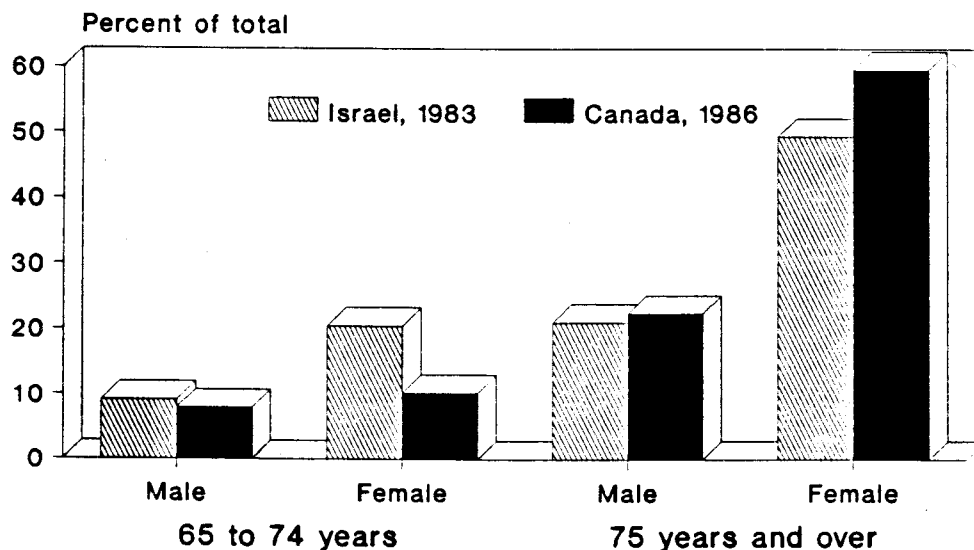
Hong Kong: includes elderly in religious homes, monasteries, etc.

Sources: Doty, 1985; UNDIESA, 1985; Laquian, 1988; Hugo, 1988; United Kingdom Office of Population Censuses and Surveys and the Central Office of Information, 1984; Hungarian Central Statistical Office, 1986b.

Data on the U.S. nursing-home population aged 65 years and over in 1985 contain complementary figures: three-quarters are women, 84 percent are aged 75 years or older, and more than 80 percent of the 75-years-and-older group is female. Similar age/sex characteristics are observed in survey results from Australia, and in Japan, as well, elderly women are more apt (though only slightly) than elderly men to be in institutions [Martin, 1985].

The 1983 census of Israel gathered selected data on the institutionalized population, 18,000 of whom were aged 65 years and over. More than 91 percent of the 65-years-and-over group were in either health facilities (26 percent) or old-age institutions (65 percent). Seventy percent of the total were aged 75 years and over, while more than a fifth were aged 85 years and over. Seven out of ten institutionalized persons were women (similar to Canada; see figure 6), more than three-quarters of whom were widowed, while 13 percent were still married. The marital status of institutionalized men was considerably different: fewer than half were widowers, while more than one-third were married.

Figure 6. Percent Distribution of Institutional Population, by Age and Sex, in Israel and Canada



In the developing world, rates of institutionalization usually are very low or negligible [UNDIESA, 1985; Hugo, 1988]. Normative perceptions of residential institutions are extremely unfavorable in most developing countries, at least as expressed in international forums such as the 1982 World Assembly on Aging. At the same time, however, homes for the aged have become common in some countries where aging has emerged as a concern, particularly in Southeast Asia. In Taiwan, about 1 in 20 persons aged 65 years and over (mostly military veterans) are in homes for the aged; in Singapore, about 50 such institutions house more than 3,000 persons over age 64 years, while in Hong Kong the number of residents is around 4,000 [Laquian, 1988]. Institutional prevalence appears much lower in the Philippines, where only 17 homes for the aged were said to exist as of the mid-1980's [Domingo and Zosa-Feranil, 1987]. Only two of these were run by the government; the remainder were operated by civic or religious groups, and are essentially rehabilitative in nature.

In the People's Republic of China, institutionalization of the elderly is highly unusual as a result of constitutional mandate stipulating that the aged are to be cared for by their children, who must provide food, shelter, and medical care [Goldstein and Goldstein, 1986]. However, the state does take responsibility for the childless elderly, mainly through provision of services in "homes of respect." Such communal facilities have existed since at least 1949, and generally require that residents be retired, childless, and recommended by their previous work unit [Lewis, 1982]. As of 1983, there were more than 700 of these homes throughout the country, housing more than 22,000 older persons [Laquian, 1988].

Little is known about the characteristics of institutionalized populations in developing countries, though it seems reasonable to believe that, as in the case of China, a large proportion are childless. This was found to be the case in a 1985 survey of elderly women in Mexico [Bialik, 1988], wherein it was seen that 40 percent of institutionalized elderly women (aged 60 years and over) were also without siblings. A limited study in the Philippines noted that institutional residents were likely to be female and illiterate [Domingo and Zosa-Feranil, 1987].

### **Housing and Amenities**

Documents presented by U.N. agencies to the 1982 World Assembly on Aging assert that, at least in industrialized countries, the elderly reside disproportionately in older and more dilapidated housing which often lacks adequate sanitation. Housing conditions almost universally are worse in rural than in urban areas, even though the urban elderly tend to be concentrated in inner cities where the housing stock is usually inferior to that in other urban locales.

This rather bleak picture of residential quality may be brightened somewhat by several factors. In many developed nations, the elderly are more likely than the population as a whole to own their homes [Nusberg, 1984]. For instance, among elderly heads of household in Australia, 81 percent of married

heads and 72 percent of not-married heads owned their dwelling outright in 1980. These ownership rates greatly exceed rates for non-aged household heads (32 percent and 26 percent, respectively). In Japan, families headed by members aged 65 years and over are more likely than families in general to own their dwellings, although ownership rates decline slightly with increasing age after age 55 years [Japan Statistics Bureau, 1983]. In the United States, 71 percent of all persons aged 65 years and over own their home [Woodward, in Hancock, 1987].

On the other hand, this is apparently not universal in developed countries; data from the Netherlands show that those elderly who live independently are generally worse off compared with persons in other age groups. Not only do they own their dwellings less frequently, but they also live in older dwellings which have been renovated or improved less often [van der Wijst and van Poppel, 1986]. Likewise, "elderly-only" households (i.e., one or more persons of pensionable age) in Great Britain are less likely than households in general to own the unit in which they reside.

Secondly, because the typical elderly person in developed countries lives with fewer co-residents than the population as a whole, she/he enjoys better than average amounts of living space. This, of course, is largely a function of the high proportion of elderly that live alone, but may also be related to older, more spacious housing. For example, while the 76,000 women aged 65 years and over in New Zealand who normally lived alone in 1981 constituted just over 2 percent of the population, they commanded nearly 8 percent of the entire national housing stock, and 6 percent of the total number of rooms [New Zealand Department of Statistics, 1985]. In Sweden, persons aged 65 years and over were the least likely of any age group to live in what are considered overcrowded dwellings [Statistics Sweden, 1988]. Hungary and Czechoslovakia also have reported dwelling-size advantages for their elderly citizens [UNDIESA, 1985], although more recent information from Hungary [Hungarian Statistical Office, 1986b] now suggests that older people may live in dwellings smaller than average; more than a fifth of the 60-years-and-over population live in one-room units, versus 14 percent of the total population.

There appears to be some disagreement over the importance of the fact that the elderly are more likely than average to own their dwelling outright. Some reports mention tax, physical maintenance, and social isolation problems associated with older persons living alone in relatively large dwellings. Of course, one obvious advantage of such an asset is the ability to exchange it for alternate accommodations as desired; in Australia, where a majority of older persons own the dwelling they occupy, there is a growing tendency to "trade down" to smaller units upon or after retirement [Hugo, 1988]. But in an era of rising real estate and housing values, there are indications that housing equity for many elderly might be lower than commonly assumed. Kasper [1988] points out that for poor and near-poor elderly living alone in the United States, the typical equity value of their homes would yield what is currently estimated as the cost of one year of nursing home care.

With regard to household amenities, it is commonly acknowledged that the elderly are less well off than the general populace. Given that the former



tend to live in older housing units and have much lower incomes vis-a-vis society as a whole, some amenity disadvantage would be expected. Table 9 compares two population categories in selected countries along differing dimensions, and suggests that the elderly usually do rank below the overall population in terms of amenities. In some nations, the level of amenities appears to be inversely correlated with age. In Denmark, for example, 1977 survey data showed that while 92 percent of persons aged 62 to 66 years lived in accommodations with a bath, this percentage fell to 80 among persons aged 67 years and over [UNDIESA, 1985].

Of course, the relationship between household amenities and personal well-being is not always straightforward and varies greatly between societies. Some indicators of convenience that purportedly gauge well-being may not be entirely appropriate.<sup>1</sup> And what is seen subjectively as a necessity of living in one country could be irrelevant in another. Where data on amenities appear to be most useful is in alerting planners and policymakers to discrepancies within single or similar societies. For instance, Lawton [1980] has noted that in colder climates, a home's heating system takes precedence over all other housing attributes in its relationship to housing satisfaction. But because older people's homes are older, they are less apt to be well-insulated, and more in need of expensive storm doors and windows. Thus the targeting of weatherization programs, both financial and educational, toward the elderly may be warranted.

Available trend data from developed countries on amenities offer encouraging signs. The Great Britain figures in table 9 for "lacking bath" and "lacking WC" were 14.3 percent and 16.8 percent, respectively, just a decade earlier. In the Netherlands, the proportion of non-institutionalized elderly lacking a bath or shower declined from 22 percent in 1976 to 10 percent in 1982, while the percent without a telephone plummeted from about 27 percent to 8 percent during the same 6-year period. Likewise, in Sweden, although pensioners were the most likely of all age groups to be living in housing "without all modern conveniences," this group had posted the largest reduction in this category during the period 1975-85 [Statistics Sweden, 1988].

### **Changes in Living Arrangements Over Time**

A number of factors determine the nature of living arrangements that individuals choose: personal preference; economic resources; demographic factors (such as age and kin availability); the physical capacity to maintain a household; and availability of various types of housing. Furthermore, the housing behavior of the elderly is indicative, not only of their current status, but also of their life history [Soldo, 1981]. As the socioeconomic

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<sup>1</sup>For instance, several nations contrast household categories as to whether or not the household owns an automobile. However, the importance of an automobile may be affected by many other factors, e.g., to the extent that older citizens may have less of a need or inclination to drive, may never have been licensed, may not find it cost-effective to maintain a vehicle, etc.

Table 9. Percentage of Households with Amenities, by Type of Household and Amenity, for Selected Countries: Most Recent Date

Country, year, and amenity	Type of household		
	<u>Elderly households</u>	<u>All households</u>	
<b>Barbados, 1982</b>			
Water-borne toilet	47.2	45.1	
Gas/electric cooking facilities	63.0	70.1	
Electric lighting	81.0	85.3	
Piped water in home	68.7	66.2	
<b>Israel, 1983</b>			
Central heating	6.1	8.1	
No bath, no shower	3.7	2.8	
Oven	76.6	85.4	
Car	18.0	44.1	
<b>Sweden, 1984/85</b>			
Overcrowded dwelling	2.4	0.7	
Not all modern conveniences	1.6	3.1	
No freezer	8.4	9.7	
<b><u>Pensioners</u>      <u>Active Earners</u></b>			
<b>Hungary, 1981</b>			
No solid foundation; house of sun-dried brick	8.5	7.1	
No running water	35.1	25.8	
Automatic washing machine	5.6	11.8	
Personal car	12.7	37.2	
<b><u>Persons aged 60 years and over in:</u></b>			
	<u>1-person household</u>	<u>2-or-more-person household</u>	<u>All households</u>
<b>Austria, 1980</b>			
Without a bathroom and central heating	81.5	73.0	57.7
Without running water	12.1	5.0	n/a
<b>Great Britain, 1981</b>			
Without a bath	6.9M, 4.7F	2.7	1.9
Without WC	8.0M, 5.2F	3.9	2.7

n/a - Not available.

Notes: Elderly and pensioner households refer to households wherein at least one person (presumably the head of household) is aged 65 years and over or of pensionable age.

Reported data for Barbados have been re-calculated to exclude persons whose household characteristics were not stated.

Data for Great Britain elderly refer to men aged 65 years and over and women aged 60 years and over.

Elderly households for Sweden refer to households with pensioner(s) aged 65 to 74 years.

Sources: Brathwaite, 1986, pp. 64-69; Israel Central Bureau of Statistics, 1986, tables 33, 34, and 36; Statistics Sweden, 1988, tables 6.1 and 6.2; Andorka, in Altergott, 1988, table 4.3; UNDIESA, 1985, p. 246; and United Kingdom Office of Population Censuses and Surveys and the Central Office of Information, 1984, p. 8.

characteristics of elderly cohorts have changed over time, so have their residence patterns. Two main trends have predominated in developed nations: rapid increases in numbers of elderly individuals living alone; and large increases in institutionalized population.

Both numbers and proportions of elderly living alone have risen sharply during the past three decades--usually more so for women than for the elderly population as a whole--although recent data suggest that the rise in proportions living alone might be leveling off in North America (table 10).

Table 10. Change in Percent of All Elderly and Female Elderly Living Alone, for Selected Developed Countries: Various Years

Year	United States		Canada		Germany (FR)		Italy		Netherlands	
	Both sexes	Women	Both sexes	Women	Both sexes	Women	Both sexes	Women	Both sexes	Women
1960	18.6	25.4	12.4	15.3	24.1	32.6	13.5	17.8	16.3	23.1
1965			15.3	19.8						
1970	26.6	33.4	18.5	24.5	29.2	40.0	16.7	22.1	20.2	28.1
1975		35.1	21.6	29.1		47.9				
	29.9									34.3
1980	30.3	38.3	26.4	36.2	38.9	51.1	25.0	32.4	31.3	37.2
1985		41.1	27.7	37.7		52.2				
	30.4									

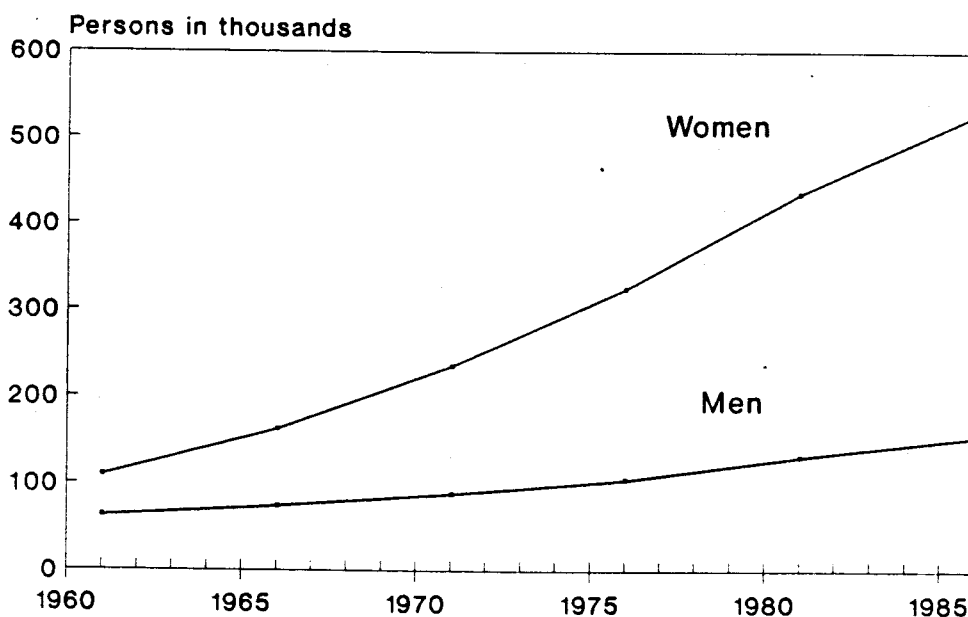
Sources: Statistical Office of the European Communities, 1982, table I.7; 1988, table 17.2; Wolf, 1989, table 1; Fletcher and Stone, 1982, p. 32; and national census publications.

Everywhere, however, the absolute numbers are increasing. The number of elderly living alone in the United Kingdom more than doubled between 1961 and 1981, with a similar increase noted in Denmark [Anderson, 1985]. While fewer than 3 million elderly lived alone in the United States in 1960, 8.5 million did so in 1987.

Figure 7 for Canada illustrates a trend common to most developed countries: the increase in absolute numbers has been largely fueled by women. The 1986 census of Canada recorded 526,000 elderly women living alone, 200,000 more than a decade earlier. Put in different terms, the number of women living alone grew at an average annual rate of 6.3 percent from 1961 to 1986 (the rate of growth for the entire Canadian population during this period was 1.3 percent).

Conversely, the likelihood of the elderly living in households with relatives other than spouse has declined at the expense of living alone. In the United States, for example, about 45 percent of noninstitutionalized persons aged 65 years and over lived in such households in 1960; by 1984, the percentage (24 percent) had been cut nearly in half.

Figure 7. Elderly Living Alone, by Sex, in Canada: 1961 to 1986



A recent study by the U.S. Congressional Budget Office [1988] analyzed the factors that have encouraged shifts in household structure in the United States since 1960, factors which pertain to other developed nations as well. Among the salient findings are:

- The importance of past declines in fertility. Most elderly who live with relatives live with their adult children, and today's elderly have, on average, fewer children than their counterparts in 1960.
- The institutionalized elderly population has grown, largely because the older population itself has been aging, and because rates of disability are directly related to increasing age. Interestingly, increases in the proportion of all elderly living alone have occurred in spite of this trend.
- Increases in real income have made independent living affordable to more elderly, and those with the highest personal incomes have been most likely to adopt it.

As seen in table 11, higher income is related to the likelihood of elderly persons of both sexes living alone or with their spouse only, a relationship that has become stronger over time. A recent crossnational study [Wolf, 1989] of the propensity of older women to live alone confirms the importance of the income-living arrangement relationship, and posits that economic factors (income per capita and housing stock per capita) are more pivotal than demographic forces in producing change in residence patterns over time.

When the aforementioned economic and demographic factors are combined with increasing rates of divorce, high rates of mobility among young adults, and increases in the labor force participation of women, the prognostication is that future elderly cohorts will have less opportunity for family support than present and previous generations of older persons [Fletcher and Stone, 1982]. It remains to be seen whether the income, educational, and health advantages of future elderly will overcome the dwindling family base and permit increases in independent living.<sup>2</sup>

Rates of institutional use among the elderly in developed countries have risen during past decades as a consequence both of older elderly populations and increased institutional space, the latter a function of social policy as discussed in more depth below. There now may be a leveling off of, or even a decline in, the rate of institutional usage in some countries, in response to changing policies and escalating costs. Nevertheless, as the United States example in figure 8 shows, a stable rate might deflect attention from ever-increasing numbers of users. Because elderly populations are often growing rapidly, the rate of institutionalization per 1,000 population in a particular age group may, in fact, be stagnant or declining while the number of

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<sup>2</sup>One ameliorating factor may be that while numbers of offspring are declining, the opportunity for sibling support may increase in many countries when baby-boom generations reach older age.

Table 11. Percent Elderly Living Alone Or Only With Spouse, by Individual or Combined Spousal Income and Sex, for the United States: 1959-1983

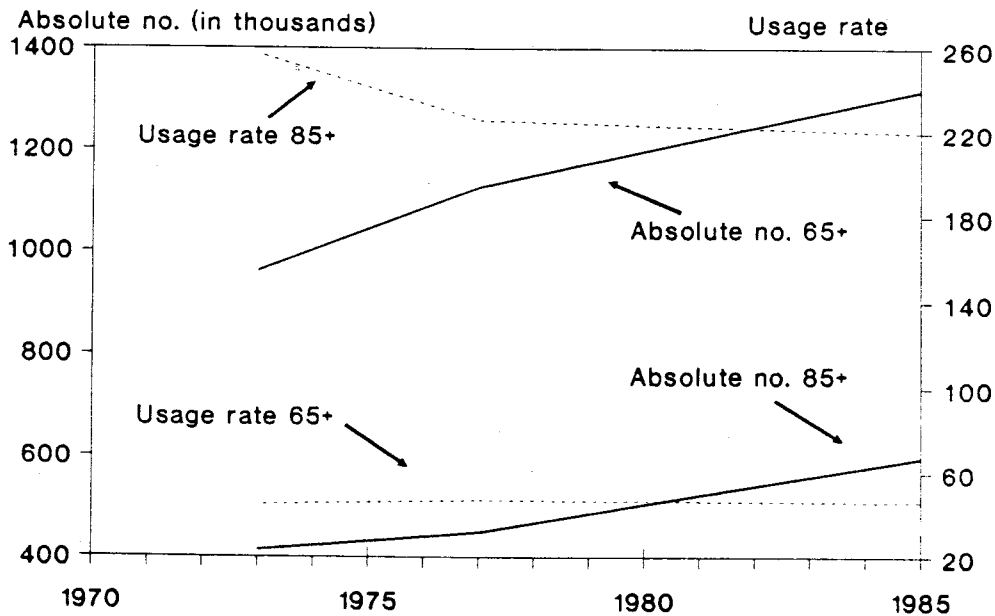
Sex and income category <sup>1</sup>	1959	1969	1979	1983
Living Alone				
Men				
Less than \$4,999	39.9	53.0	57.3	49.0
\$5,000 to \$7,499	47.2	58.8	64.6	58.5
\$7,500 to \$9,999	44.8	56.6	63.5	65.9
\$10,000 and over	46.9	65.1	72.6	72.0
Women				
Less than \$4,999	36.5	48.5	55.5	54.9
\$5,000 to \$7,499	51.9	63.9	66.2	68.2
\$7,500 to \$9,999	58.7	63.3	69.3	76.5
\$10,000 and over	53.3	66.7	74.5	78.3
Living Only With Spouse				
Men				
Less than \$4,999	64.4	74.0	73.1	72.4
\$5,000 to \$7,499	70.0	75.0	76.7	76.9
\$7,500 to \$9,999	67.9	77.8	82.9	80.3
\$10,000 and over	71.5	78.5	81.9	83.6
Women				
Less than \$4,999	67.0	76.8	77.3	79.6
\$5,000 to \$7,499	73.4	79.2	80.8	81.8
\$7,500 to \$9,999	72.7	81.4	86.9	84.7
\$10,000 and over	76.7	83.6	87.1	88.4

<sup>1</sup> In 1983 dollars.

Notes: Data based on tabulations of the 1:1000 Public Use Samples of the 1960, 1970, and 1980 censuses and the March 1984 Current Population Survey. Percentages refer to percentages of elderly people within income categories, not to percentages of households or couples.

Source: U.S. Congressional Budget Office, 1988, table 6.

Figure 8. Number and Usage Rate per 1,000 Population of Nursing Home Residents, by Age, in the United States: 1973/74-1985



institutionalized persons is growing significantly. Of particular concern in developed countries is the rapid increase in the size of the elderly widowed population in recent years, a large percentage of whom live alone. As noted earlier, women already predominate among older institutional residents, and the demographic trends portend strain on formal support organizations in upcoming decades when large numbers of solitary widows are no longer able to maintain an independent lifestyle.

In the developing world, data are generally insufficient for documenting changes over time in living arrangements of the elderly.<sup>3</sup> Existing data (as

<sup>3</sup>When national data do exist for more than one point in time, they may appear inconsistent or anomalous. For instance, the proportion of elderly living alone as recorded in the 1970 and 1980 censuses of Singapore seems to have declined from 11.6 percent to 6.5 percent, and further to slightly over 2 percent in the 1986 ASEAN survey. There also are curious differences among certain results from the WHO and ASEAN surveys of South East Asian nations, which may be due to questionnaire differences or sampling.

in table 1) tend to support the widely-held assumption that the family (in its various cultural forms) provides direct support for the vast majority of older persons. However, a commonly-voiced concern in developing nations is that the twin processes of modernization and industrialization are shaking traditional family structures and threatening to create, as a by-product, a marginalized class of older citizens. Two vectors often associated with changes in household structure--rural-to-urban migration and declining fertility--are seen as the prominent forces behind current and expected changes in the residence patterns of the elderly.

We know that in many countries, rural areas have become disproportionately "older" as young adults migrate to urban centers in search of employment [U.S. Bureau of the Census, 1988]. However, it is not yet clear what impact this has on older rural residents. Anecdotal information [AARP, 1985/86; Hampson, 1985] implies that rural elders are being economically disadvantaged by the absence of children. However, the experience of developed countries has been, contrary to claims of social "abandonment" of parents by children, that migrating kin remain in frequent contact with elderly family members and often provide physical and financial support for residence maintenance. Of course, such assistance is facilitated by an extensive, well-developed infrastructure that is not characteristic of developing societies.

The issue of kin availability will eventually have serious ramifications for living arrangements of the elderly in developing countries. In many countries today, especially those in Asia, the incidence of elderly persons living alone is usually a consequence of childlessness [Sorensen, 1986; IPSCU, 1985; Lewis, 1982]. Previous research in developed nations has demonstrated an inverse relationship between numbers of living kin (children more so than siblings) and the likelihood of living alone at older age [Singh and Williams, 1981; Fletcher and Stone, 1982; Wolf, 1984]. And an analysis of 1984 World Health Organization surveys of the aged in four Asian/Pacific nations revealed that the number of surviving children had a positive effect on coresidence with children. The future implication is that, "as survival of spouses increases and fertility decreases, less coresidence might be expected, assuming that these cross-sectional relations hold over time" [Martin, 1988].

It may be instructive to consider the case of two Asian countries where fertility has fallen considerably in past decades in conjunction with economic development. Although the case of Japan does not appear immediately relevant to the situation of developing countries, the extended family structure common to most of the latter historically has been a feature of Japanese society. Even after the rapid post-World War II period of economic development, half of today's elderly Japanese (aged 60 years and over) live with their married children, thus challenging the contention that the nuclear family may be an inevitable result of industrialization. Nevertheless, time series data clearly show that the number and proportion of extended-family households is decreasing [Way, 1984; Wada, 1988], leading one author to suggest that the effects of industrialization are so strong that the indigenous culture of Japan vis-a-vis the status of the elderly is steadily being undermined in favor of nuclear families [Kamo, 1988]. One result of this process is identified by Burgess [1986], who reports that significant numbers of elderly



lead "destitute, solitary lives. More than 900,000 women aged 65 years and over live alone in Japan, many of them scraping by on meager pensions, doing menial work, dreaming of getting into shabby government nursing homes."

A second example involves the case of Taiwan, where the total fertility rate has been below replacement level for a number of years. In an analysis of kinship structure and population aging, Tu and Liang [1988] conclude that due to decreasing family size, the family will gradually become an ineffectual institution for the resolution of problems associated with burgeoning numbers of elderly population and that other types of social structures will have to fill the void. In this light, it is interesting to note the relatively high incidence of institutional residence among the elderly in Taiwan, and also that the nature and function of institutional living has changed from one of charity to one, beginning in the 1970's, of welfare [Hsieh, 1985]. The government has improved existing homes and established new homes for the elderly, broadened the geographical base of facilities from its prior urban concentration to rural locations, and constructed specialized medical-oriented facilities. The original purpose of institutional living--to support retired and/or indigent government/military retirees--also has been redefined, such that residence is now open to anyone who chooses to pay the expense.<sup>4</sup> This pattern of institutional evolution is strikingly familiar to that observed in developed countries.

### SOCIAL POLICY

In some developed countries, social policy has orchestrated changes in living arrangements of the elderly; in others, policies and programs have emerged primarily as a response to the demographic and socioeconomic changes that have propelled changes in living arrangements. The case can be made that, in a country such as the United States, market forces have largely shaped the current living arrangement choices of the elderly, and that social policy has reacted to observed economic needs of specific population segments. In other nations, it appears that policies have been more broad-based and have anticipated or more quickly adapted to social changes, perhaps because of pronounced demographic pressures. Countries such as Finland, Austria, and both Germanies may become leaders in social policy regarding living arrangements of the elderly, due to historical events that have resulted in "unusual" current population age/sex structures [Maskova and Carlson, 1989]. Relatively high rates of childlessness from 1905 to 1920, combined with large numbers of male war deaths, have produced a situation today where large numbers of elderly women are without spouse and/or children, and to some extent dependent on the State for residential support.

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<sup>4</sup>In the Philippines, too, the ostensible demand for private institutional residence has led a number of firms to establish and maintain homes for the aged.

## Policy Issues

Three broad issues circumscribe national policy choices regarding living arrangements of the elderly. The first is the question of social equity, where the particular needs of the elderly are weighed against competing needs of other population subgroups within budgetary boundaries. A second consideration is the possibility that age-targeted programs "may undermine society's acceptance of the aged as a class" [Lawton, 1985] by erroneously stigmatizing the older population as weak and dependent. A third issue, and one which has become especially relevant to developing countries, is whether increased social and/or institutional services for the elderly function to undercut traditional family-care activities. Although evidence from Sweden, the United Kingdom, Denmark, the United States, and elsewhere suggests that these services complement rather than substitute for family care [Nusberg, 1984], this issue is still hotly debated in both developed and developing countries.

It is well beyond the scope of this paper to describe or evaluate the plethora of individual programs that different countries have designed with regard to living arrangements of the elderly. Much has been written just on U.S. efforts alone [Hancock, 1987; Struyk, 1985 and 1988; Lammers, 1983]. However, it may be useful to review the types of programs and policy goals that developed nations share, realizing that their implementation has and will take many different forms.

## Improvement of Housing Stock

As an overarching aim, most if not all industrialized countries emphasize the desire to allow their elderly citizens to maintain independent living arrangements (with or without other household members) for as long as possible. Policy programs for enhancing independent living generally fall into three categories: improvement of and increases in housing stock, including both rehabilitation of older dwellings as well as new designs in construction; housing subsidies that allow or encourage elderly persons to reside in one type of household arrangement as opposed to another; and provision of services that enable elderly residents to remain in independent quarters longer than might otherwise be possible.

As noted earlier, the elderly in many countries are more likely than other age groups to own their dwellings, although the latter are more likely to be older and in need of repair. Countries have adopted a wide range of schemes to assist their elderly constituencies, including rehabilitation grants, means-tested repair loans, and interest-free alteration loans (particularly for adapting to disabilities). An excellent discussion of the specifics of individual programs is found in Nusberg [1984, especially Chapter 7].

Likewise, a variety of programs exist to keep pace with the growing demand for housing for the elderly population. In the Netherlands, where housing for the elderly is said to have existed since the fifteenth century, the national government subsidizes local organizations that provide low-cost

housing to the elderly--the model relies on public funding of private, nonprofit initiatives [Altergott and Duncan, 1988]. Federal subsidies to local organizations and/or nonprofit associations also are used extensively in France and the United Kingdom, often with the provision that rents be kept low or that housing be designed with the needs of older residents in mind [Nusberg, 1984].

The design aspect of housing is increasingly important to aging societies, especially those that now emphasize the use of in-home, long-term care (LTC) services as alternatives to institutional care. As Newman [1985] has pointed out in the context of the United States, a significant portion of the elderly population who are the most likely targets of in-home LTC live in housing units that impede or preclude efficient service delivery. Thus, in terms of policy formulation, the characteristics of existing housing must be considered alongside those of the care recipients and providers.

One response that has been especially popular in Sweden and the United Kingdom is "sheltered housing," purpose-built facilities which fall somewhere between the individual and institutional model by offering a range of optional services and amenities that elderly residents can choose to partake of. Such housing may be an important policy choice of the immediate future for other developed nations. As Hugo [1986] has noted in the case of Australia, there is great concern about the lack of intermediate accommodation available to the elderly between two extremes: the typical detached three-bedroom house on the one hand and some form of institution on the other. Sheltered housing, which affords a large degree of privacy, represents a transitional form of residence for persons who have some difficulty in living on their own but who do not require a full range of institutional services.

### **Subsidies and Services**

In addition to programs dealing with the construction and renovation of residence are the equally important policies that allow individuals and groups to have a choice of the type of residence they occupy. Most developed countries provide some form(s) of consumer subsidies, which primarily take the form of housing allowances or rent rebates that permit older persons to live in housing they otherwise could not afford. Subsidies also have been designed to encourage families to enlarge existing dwellings in order to house older persons, usually parents; this has proved to be a viable idea in Japan, where existing homes tend to be cramped and new housing extremely expensive.<sup>5</sup> Policies affecting living arrangements of the elderly also may be directed in other areas, such as special tenancy and eviction protection for older citizens in the Federal Republic of Germany, and governmental support of collective housing for the elderly.

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<sup>5</sup>In Australia, state housing authorities encourage use of "granny annexes," pre-fabricated rental living units that can be assembled on family property to simultaneously provide elderly inhabitants an independent residence and proximity to kin. When the units are no longer needed, they can be taken down and relocated.

A third policy focus to enhance independent living arrangements among the elderly involves expanded provision of in-home services. The emphasis is on assistance with activities of daily living, with the overall objective being continued integration of elderly citizens with the population at large. Research in the United States and elsewhere suggests that elders living alone are most apt to benefit from non-family, home-care services [Cafferata, 1985; Branch and Jette, 1983], and that the latter are cost-efficient relative to institutional alternatives [Sager, 1983; Soucie, 1982]. Given the past and projected growth in numbers of elderly living alone, most countries now accord increasing importance to models and methods of home-care service delivery.

The establishment of home-care services (called "open care" in much of Europe) as a distinct aspect of social policy is most frequently seen in the so-called "welfare states" of Western Europe, and is most advanced in the Scandinavian context. Open-care workers are drawn from all age strata (including the healthy elderly), receive varying degrees of job training, and in effect are municipal employees who are paid by local municipalities. In many cases, available services cover a wide spectrum of human needs and are open to all individuals regardless of age or income, although the vast majority of users (up to 90 percent in Belgium and Sweden) are elderly individuals. In 1987, Sweden had some 165,000 professional home helpers, a rate of approximately 1,500 per 100,000 of the population in need of such aid. By way of contrast, the United States had 66 persons per 100,000 [Szulc, 1988].

### **Institutional Usage**

Policies toward and practices of institutionalization in developed countries have changed over the past half-century. In the United States and other countries, institutionalization in the earlier 1900's was generally associated with poverty and/or inability to work. The elderly were often housed with younger "welfare populations" and supported largely by local agencies. After World War II, care for many elderly became focused, at least in the United States, in mental institutions, with requisite financial funding and operational control likely to come from state government. More recently, social policy has attempted to "de-institutionalize" the elderly (especially those in mental hospitals) by encouraging a shift toward nursing-home use, with emphasis on chronic disease and physical disability needs [Doty, 1985]. Federal funding has assumed greater prominence, as have private and individual sources of financing.

The result has been, as noted earlier, a steep rise in numbers of institutionalized elderly. Not only have older citizens become better able to afford nursing home costs via their own savings and income, but governments have attempted to make such care available to more persons. For instance, the Netherlands created 64,000 places in 310 nursing homes (both medical and psychogeriatric) and 145,000 places in 650 homes for the elderly between 1950 and the early 1980's [Boekholdt, 1985]. In the United States, the introduction of Medicaid funding probably caused much of the growth in the institutionalized population [USCBO, 1988].

The rapid expansion of institutional availability and entitlement has created something of a dilemma for policy planners. Most countries now officially declare that use rates of institutional care by their elderly populations are higher than necessary and/or desirable, and many are pursuing policies to expand home- and community-based long-term care services as means of reducing the need for institutionalization. This is prompted in part by sheer economic concerns; U.S. projections show that nursing-home costs are rising at an average annual rate of 12 percent [Kovar and Harris, 1988]. At the same time, however, as elderly populations continue to age, projections also indicate a rising need for additional institutional care. Thus for the Netherlands, projections based on numbers and transition rates of institutionalized elderly in the early 1980's suggest nearly 30 percent and 50 percent more persons in nursing and old-age homes, respectively, by the year 2000 [van der Wijst and van Poppel, 1986].

Many governments now realize that existing policies vis-a-vis the institutionalized elderly require modification if usage rates are to be reduced. In Australia, financial difficulties and complaints about the quality of care in institutions have prompted reevaluation of the federal approach. The government has reduced the set standard of providing 67 beds for every 1,000 persons aged 70 years and over to a level of 40 beds per 1,000, and has created "multi-disciplinary geriatric assessment teams" to review individual cases prior to their being recommended for institutional care [Laquian, 1988]. Likewise, the projected increases in nursing home and old-age home usage mentioned earlier have prompted the Dutch government to direct its policy toward a lowering of admission rates between now and 2000 [van der Wijst and van Poppel, 1986], and a phasing out of homes for the aged in favor of sheltered housing projects and community services (also occurring in countries such as Sweden and the Federal Republic of Germany).

Outside of Europe and North America, social traditions and official decrees of filial and familial responsibility have obviated, at least until recently, debate about living arrangements of the elderly. Lately, however, a number of countries have recognized that even if the family retains much of its support function vis-a-vis the elderly, demographic and socioeconomic changes will still produce strains. Consequently, many developing nations have adopted new policies aimed at alleviating current and anticipated problems.

In the People's Republic of China (PRC), the government now proposes a "three-in-one" support system for the elderly, with the family as primary care-giver, and the collective and State as supplementary providers. The latter element will gradually increase the level of assistance to China's elderly through the establishment of an old-age insurance program in urban areas, and the extension of pension systems to rural areas [Yang, 1988].

Other countries are introducing specific measures to influence public behavior, most of which are aimed at keeping elderly persons resident in family situations. As is the case in more industrialized countries, nations such as Malaysia and Singapore now offer tax incentives to families who house and support elderly members. Argentina has instituted a policy whereby

economic support is given to "substitute" families who agree to care for a non-related elderly person [UNDIESA, 1985], and this has also been observed on a local level in the PRC [Laquian, 1988]. Both Barbados and the Federated States of Micronesia recently have initiated a home help service, and the former also assists its elderly in making housing repairs.

Such measures imply a policy decision to, as many nations have officially declared, avoid institutionalized responses to aging populations. In fact, the Malaysian government has stopped building welfare institutions for the elderly [Heisel, in Hugo, 1988], and Costa Rica's report to the 1982 World Assembly on Aging advocated the same. What these programs also imply, though, is that the notion of familial responsibility may no longer be sufficient for national needs. The question in many developing countries will be whether governments can design plans to largely circumvent the use of nursing homes and other long-term care facilities, or whether the latter will be accepted as one aspect of social policy. If such acceptance is forthcoming, the issue of social equity will force hard choices in terms of funding residential establishment.<sup>6</sup> In this regard, the private sector appears to be taking the lead in some developing countries (Barbados, Taiwan, Philippines, Mexico), although this does not bode well for the vast majority of elderly who likely would be economically precluded from this type of residential or care option.

The experience of Hong Kong may be instructive to other countries, particularly those that often are put in the category of newly-industrializing (NICs). Due to low fertility and high life expectancy, Hong Kong has a high proportion of elderly by world standards. Because many of today's older citizens arrived in Hong Kong as refugees and immigrants, many are single and have few or no relations living locally, and thus are without the social support network found throughout China. In the late 1970's, planners recognized this situation and devised a multi-tiered service system for the elderly, which incorporates several housing aspects [Phillips, 1988]. These include a priority allocation of public housing units to families with elderly members; availability of units for single elderly persons; and shared housing for unrelated elderly, much like the collective housing arrangements that are increasing in popularity in Europe. The emphasis throughout the system is on community care and integration.

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<sup>6</sup>The choice is not only one of differential design and subsidization of elderly versus other households, but whether or not to emphasize differential design. If national policy stresses the role of the family as direct caregiver for elderly members, then new housing structures need to be large enough to accommodate multigenerational living. As noted in the analysis of 1988 ASEAN surveys of the aged, this is not typically the case in urban areas of Southeast Asia today, where housing is designed with the small nuclear family in mind.

## FUTURE CONSIDERATIONS

Because of increased data collection and analytic efforts, we now have a firmer and improving picture of basic living arrangements of the elderly worldwide. While obviously much remains to be done in terms of establishing baseline indicators in many countries, it also is time to ask how we might improve upon the standard kinds of information presented in this paper. In discussions concerning the implications of living arrangement information, commentators have expressed uncertainty as to the meaning and usefulness of existing data. Two questions that arise are: what exactly do descriptive data on living arrangements tell us in terms of policy formation?; and are we, in fact, collecting and examining the right data for policy purposes?

The confusion from a policy perspective may be related to the notion of social support. Social policy with regard to the living arrangements of the elderly is essentially concerned with social support, or more directly, with economic support for those who are unable to meet the costs of living in a manner deemed acceptable by society in general. Broad policy considerations should focus on how to maximize individual satisfaction and well-being while minimizing economic costs, both to the elderly and to younger age groups. The problem arises in understanding the relationship between living arrangements and social support. The mere delineation of living arrangement patterns tells us little in terms of how well the elderly are living. For example, it is implicit in some of the literature on living arrangements that coresidence affords more support and well-being than solitary residence. But evidence can be marshalled that both supports and refutes this view, depending on the factors examined. The point is that there are numerous variables associated with types of living arrangements which affect elderly well-being: propinquity of and frequency of contact with family members; friendship networks; familial income/asset transfers; functional impairments; and so forth.

A number of studies in different cultural contexts [Fleishman and Shmueli, 1984, Israel; Sorensen, 1986, Republic of Korea; Stone, 1988, Canada; Kohen, 1983, Stoller and Earl, 1983, and Markides et al., 1986, United States; Gallin, 1986, Taiwan] have examined informal social supports and related socioeconomic correlates of older populations. Of further use will be studies that link such patterns and correlates to different residence statuses [Martin and Tsuya, 1989; Kovar, 1986]. This research might better inform policy choices regarding, for instance, whether and where to emphasize sheltered housing as opposed to maintenance of solitary residences.

While observed patterns and trends in living arrangements are essential to planners and policymakers, another important and perhaps overlooked consideration is that of residential preferences of the elderly. Ideally, the latter are reflected in actual residence patterns, but as mentioned earlier, a number of socioeconomic factors can complicate the relationship. A growing body of research on preferred living arrangements exists for North American and presumably for other industrialized nations as well, and although the

conclusions drawn are not entirely convergent, a more complete knowledge of expressed preferences should contribute to the design of policy measures in developed societies.

Inquiries into preferred living arrangements could also be very useful in developing countries. Edwards [1989] has critiqued development studies for treating people as objects to be studied rather than as subjects of their own development. Analyses of living arrangements may be especially susceptible to such reification when attempts are made to link objective measures of household size and composition to individual attributes of privacy, autonomy, and well-being. As noted elsewhere in this paper, stated attitudes of the elderly in "traditional societies" vis-a-vis living with children and age-segregated residence are not as rigid as some seem to believe. A broader understanding of actual residential preferences of older populations in the context of rapid social change would assist government and other agencies in the design of housing and tax measures.

Studies in different societies have shown that most elderly want three things: security, autonomy, and integration into family life [Rowland, 1988; USCBO, 1988; Shanas, 1968]. It has been assumed that, historically, societies have satisfied these wants within the context of the multigenerational household, as is thought to be the case today in much of the developing world. It also has been assumed that developed countries have moved away from this "normal" arrangement wherein the elderly were cared for directly by their kin. However, a number of researchers (see discussion in Nydegger, 1983) have come to challenge this conception, asserting that because of high mortality throughout the life cycle, past societies would have had difficulty achieving a high incidence of multigenerational families.

Historians now believe that, in the case of England and the United States, the multigenerational family was the least frequently recorded form of living arrangement. Furthermore, available data suggest that, at least in colonial and nineteenth-century America and nineteenth-century England, older persons preferred not to reside with their children [Laslett, 1976; Seward, 1978]. "Co-residence, although more common, apparently was determined, as it still is, by economic conditions" [Nydegger, 1983].

In the United States, survey data over the past 30-odd years have consistently shown that most older Americans prefer to live independently. This translates into living near, but not with, their children. In 1957, only a quarter of persons aged 60 years and over found the situation of "older people sharing a home with their grown children" to be "a good idea." Twenty years later, the percentage had fallen slightly [USCBO, 1988]. Among younger adults, however, an increasing percentage (more than 35 percent in 1978) favored sharing of housing. By 1983, nearly three out of five Americans indicated at least a qualified acceptance of coresidence.

Thus, there appears to be a paradoxical situation in which the number and proportion of elderly Americans living alone have steadily increased in past decades while public sentiment grows increasingly supportive of multigenerational residence [Okraqu, 1987]. This implies that, at least in recent decades, older adults have expected and been able to afford privacy in



their living arrangements; the elderly seem to view coresidence more as a necessary coping mechanism than as a preferred facet of life.<sup>7</sup> And studies document a strong preference among older persons to stay in their own homes as long as possible. But what if older persons are no longer able to live on their own? In a survey of Canadian elderly, Connidis [1983] discovered that an overwhelming majority of persons aged 65 years and over would prefer to live in a facility for seniors rather than to live with children, when forced to choose between the two. While neither choice was perceived as attractive, the problems of living with children ostensibly outweigh the negatives associated with institutional arrangements.

Beland [1984 and 1987] also has examined living arrangements in the Canadian context and found that elderly persons living alone or living as non-head of household were more likely than others to prefer a change in living arrangements. Often times the preferred change involved moving into a residence or institution.

The Canadian studies highlight two important issues. One is the potential usefulness of qualitative survey data for assessing current and transitional residential preferences of the elderly and suggesting policy choices. And, problems of attitudinal change over time notwithstanding, survey designers might also be well advised to collect information from future elderly cohorts who will "grow into" policy choices made today.

The second issue has to do with the degree of familial integration vis-a-vis living arrangements of the elderly. Connidis notes that the myth of abandonment of elders by children has led to the conclusion that the elderly would like to live with their children if they felt welcome to do so. Data from Europe and North America, however, do not support this belief, with the implication that social policies that seek to promote increasing direct filial and familial responsibility may be misguided, with little basis for success [Kamo, 1988].

A related issue involves the community-integration aspect of living arrangements. Integration of the elderly within the broader population is the linchpin of some national policy systems, and is the basis for current emphases on subsidization schemes and home-care services. At the same time, increasing numbers of elderly persons are displaying a preference for age-segregated residence, often in what are labelled as retirement communities. It is estimated that there are several thousand such communities in the United States alone, ranging in size from 100 to more than 45,000 persons [La Greca, Streib, and Folts, 1985]. There has been much debate on the relative advantages and disadvantages of age-segregated communities [Hinrichsen, 1985; Lammers, 1983], but regardless of perspective, the popularity (at least in the United States) of age-segregated living arrangements requires that they be considered as a policy option.

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<sup>7</sup>Wada [1988] notes the growing prevalence of a similar view among Japanese elderly, although a majority of the latter as of 1980 still preferred to live with children and/or grandchildren.

A common theme that underlies analyses of preferred living arrangements is that overall improvement in the economic well-being of older populations is the enabling factor that allows many elderly to realize their residential preferences. An important question for developing countries, then, is whether rising incomes will be associated with the same kinds of preferences. Future cohorts of the elderly will inevitably be better educated, have more work experience, enhanced pension and social security coverage, and fewer children as potential caregivers. As these characteristics come to more closely resemble those of the elderly in developed countries, will parallel patterns of living arrangements emerge? Existing data give rise to the tenuous claim that rates of living alone among the elderly in NIC's--e.g., Brazil, Hong Kong, Taiwan--are higher than in less industrialized nations.

A second question is whether normative structures in developing countries will preclude non-family-based responses. It is widely assumed that developing societies reject non-family support schemes, especially those involving institutions. However, the few available attitudinal data raise the possibility of a much wider latitude in feelings than might be supposed. The 1986 ASEAN surveys of the aged asked respondents if they would be willing to live in an "'old folks' home". While only 4 percent of respondents in Singapore would accept such a situation, 7, 9, and 25 percent of persons in Indonesia, Malaysia, and the Philippines, respectively, reacted favorably. Survey data from Kenya found that urban elderly respondents actually favor the notion of the government looking after the aged in institutional settings, although rural respondents oppose the idea [Khasiani, 1987]; divided opinion also is noted in a study of aging in Zimbabwe [Hampson, 1982]. Researchers in Western Samoa were surprised to find that the concept and existence of an old age home was acceptable to elderly residents [Rhoads and Holmes, 1981].

Although the notion of institutional residence of any type appears anathema to planners in developing countries--both from a financial and a quality-of-life perspective--studies increasingly mention the growing demand for such residence, a demand well in excess of existing capacity (see, for example, Hwa-Ock, 1987 (Republic of Korea); Lopez, 1988 (Panama) and Edelmire, 1988 (Jamaica), cited in Sennott-Miller, 1988; UNDIESA, 1985). One challenge for developing countries will be to meet this demand in ways that improve upon the policies of more-industrial countries in Europe and North America.

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