Family support and disability among Filipino older people

Grace T. Cruz
University of the Philippines Population Institute

Studies on older people in the Asian contexts like the Philippines is of significance because this field of study is relatively new in the country. While the Philippines has yet to achieve significant aging, there is a need to further explore the conditions surrounding the situations of the older people because of the sheer of volume involved. The most recent census taken in 2010 counted at least 6.2 million older people ages 60 years and over. There is particular need to understand the condition of this population sector particularly as it pertains their living conditions, family support, living arrangements, social security and other support systems that can serve as a basis for a more informed policy and program intervention for this population sector.

To a large extent the collection of nationally representative sample of older people in the country in recent years have generated interest in local research on aging. Of particular significance are studies focusing on their health and economic well given the increasing probability of falling into ill health as well as declining economic ability with advancing age. It is in this context that this study examines the health status of older Filipinos, the nature of family support received and the extent to which they are interrelated with each other.

Particularly, the study has the following objectives:

- Describe the older Filipinos in terms of their level of functional disability, the severity of the disability experienced and if assistance is needed by those with functional disability.
- Describe the nature and level of family support including material and non-material forms of support for the older Filipinos.
- Examine the relationship between family support and the experience of disability.

The study defines functional ability in terms of the Activities of Daily Living (ADL) which is one of the more widely used measures in the study of disability among older population (Crimmins, 1996; Katz et al., 1963; Lawton and Brody, 1969; Verbrugge and Jette, 1994). ADL measures the ability to do self care and personal hygiene to evaluate the functional independence or dependence in bathing, dressing, going to toilet, transferring, continence and feeding (Katz, Sidney, Ford, A. B. Moskowitz, R.W., Jackson, B.A., & Jaffe, M.W. 1983). ADLs are indicators of disability since they measure ability to function independently in everyday life.

The study employs the most recent national survey on older people in the country: the 2007 Philippine Longitudinal Study on Aging (PLSOA). PLSOA is a nationally-representative sample of older persons (age 60 and higher) conducted in collaboration with the Nihon University Population Research Institute and the National University of Singapore using a common survey instrument with the end in view of doing cross-country comparison on various aspects of health among the older people in these three countries. The 2007 PLSOA covered a nationally representative sample of 3,105 respondents aged 60 years and over. The survey was designed primarily to investigate the
health status and well-being of the Filipino elderly and its possible correlates and determinants of health status and transitions in health status.

One of the many health information on disability collected in the PLSOA are the Activities of Daily Living (ADL) which asked if the respondent has difficulty in performing the following personal care activities due to health or the person’s physical state: Take a bath/shower by yourself, Dress, Eat, Stand up from a bed or chair/Sit down on a chair, Walk (around the house), Go outside (leave the house), Using the toilet. The respondents were also asked questions aimed to measure the degree of difficulty experienced and if there is any need of assistance in performing self-care and other activities needed for independent living. Particularly, the experience of functional disability was established using the following series of questions:

Q1. Do you find it difficult to ____ due to your health or physical state?
   Difficult, Not difficult, Not sure

Q2. (for those who said Yes in Q1) How difficult do you find it to ____ by yourself?
   Somewhat difficult, Very difficult, Unable to perform activity, Not sure

Q3. (for those who answered somewhat difficult or very difficult in Q2)
   Do you need assistance to ____?
   Yes, No, Not sure

Q1 was used to measure the global measure the level of disability. Respondents were considered with disability if they reported that they experience difficulty in performing any of the seven ADL indicators (take a bath/shower by yourself; dress; eat; stand up/sit down from a bed or chair; walk around the house). A healthy or active state means no difficulty in performing all the ADL indicators.

Q2 and Q3 were used to generate a more refined measure of disability. Particularly, those who said they found it difficult to perform a particular task due to health or physical state were asked about the severity of the difficulty (somewhat difficult, very difficult and unable to perform the activity). Those who answered that they found it very or somewhat difficult to perform the task were further asked if they would need assistance to be able to carry out the said function. Based on the foregoing series of activities, a composite index of disability was formulated with the following 5 categories:

- Unable to perform activity
- Very difficult, requires assistance
- Somewhat difficult, requires assistance
- Very difficult, no assistance required
- Somewhat difficult, no assistance required

Family support is measured in terms of the nature and level of support from children of the older person which may include both monetary and non-monetary types of support. The support includes remittances coming from children who are working or living abroad. Family support is also indicated by the living arrangement of the older person i.e. whether living alone, living with spouse or living with children.

Results
Initial study findings show at least 15 percent of older people reported at least one ADL difficulty. This is higher among the females than males (Figure 1). A clear age pattern is noted with the level of disability significantly increasing with advancing age with a dramatic increase noted at age 80 years and over. An inverse pattern is also noted by educational attainment with higher level of disability associated with lower educational attainment. About a third (32%) among those with no education reported at least one disability as compared to about a tenth (10%) among those with at least some college education.

Those who experienced some form of functional disability reported an average of 3 ADL difficulties with those in the extreme old age group reporting the most number of difficulty. While a higher proportion of females experienced functional difficulty, they reported a lower number of ADL difficulties relative to the males. In terms of educational attainment those with the highest education attainment who reported the most number of functional disability.

Figure 1: Percentage of older people with at least one ADL difficulty by selected background characteristics

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Among the seven ADL activities examined, older people found it most difficult standing up or sitting down (10.1%) and going outside/leaving the house (9.6%). These are trailed by walking (6.3%), bathing (6.2%), using the toilet (5.5%) and dressing (5%). Feeding self was found to be least strenuous among the older people (2.1%). Cross classification by background characteristics also show the expected pattern with the females, the oldest and those with the lowest education reporting the highest level of difficulty.

Results show various levels of severity and need of assistance across different ADL tasks. For instance, from among the 10.1 percent who found it difficult to stand up or sit on a chair or bed, only 1.2 percent cannot perform the activity by themselves. Another 2.3 and 1.7 percent found it very difficult and somewhat difficult and need assistance to perform the task, respectively. Almost half of those who said they found it difficult to stand up or sit on a chair can actually perform the task independently (i.e. without assistance) albeit with some or a lot of difficulty. Among the other ADL tasks, about thirty percent of those who experienced difficulty in walking around the house (30.2%) and going out of the
house (28.1%) are in no need of assistance. The levels are lower for toileting (20.8%), bathing (19%) and eating (13.9%). Those who expressed difficulty dressing up actually are most in need of assistance with only 12.4 percent among them saying they are in no need of help when performing the activity.

In terms of family support for the older Filipinos, findings show a significant amount of support from children to their aging parents either financially or other forms such as companionship (living together). At least 87 percent of older people received financial support from their noncoresident children. About two thirds received non-monetary support from their noncoresident children. Support also flows from children living abroad. About one in five older Filipinos receiving money from children living or working outside the country. Among those with at least one child living abroad, about seven out of 10 received remittances with no significant difference across gender.

Older people expect their children to care for them in their old age with nine out of 10 expecting children to support and take care of their aged parents. Another 43 percent plan to rely on their children for financial support with the proportion increasing with increasing age.

In terms of living arrangements coresidence with a child is the most common form of living arrangement with 74 percent reporting living with their children. Less than 5 percent live alone, with the proportion slightly higher among women than men (5% vs. 3%). Eight percent live with their spouse only, more so among men than women (10% vs. 7%). About 14 percent have other living arrangements such as living with spouse and other persons. Many older couples would actually prefer to live independently. Results show one out of three think that living with the spouse only would be the best living arrangement for older couples, with the proportion higher among those aged 60-69 than among their older counterparts (34% vs. 28% among those aged 80 and over). Nearly one-third (31%) also said that it would be best for older couples to live alone but near one or more children. The third most preferred living arrangement for couples is coresidence with children (28%). Among those who said it would be best to live with children, majority prefer to live with a daughter rather than a son (72% vs. 23%).

Study findings point to a clear link between functional health status and the level of family support received by older people. Particularly, significantly more of those who are unable to perform or would require assistance in performing certain ADL activities were found to coreside with family members. They also receive more non-financial types of support from noncoresident children compared to their counterparts with no functional disability. Non-financial types of support include help with food/meals, material goods, companionship, shopping for errands and other types of personal care assistance. Such kinds of support are easily available given that most of their non coresident children live close to the elderly. At least 36 percent live within the neighborhood or the same village and 13 percent within the same municipality or city.

Study findings show that significantly less among those who have difficulty bathing as well as standing up/sitting down on chair or bed are living alone. Most of them were either coresiding with spouse or children. Moreover, those who said they were unable or need assistance to bathe, dress, go to the toilet or go out of the house received significantly more non-monetary support from their noncoresident children. Although those who experienced functional disability expressed their plan to depend on their children for financial support, no significant monetary transfers were given to those with functional disability. Findings show no significant difference in financial transfers across disability level.