

Care Work among the Elderly and Division of Labor among the Family when Market And State are not available.

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The rapid growth of the elderly in developing countries creates a dearth of market and state supply of care services such as those that exist in developed countries. Costa Rica a rapid aging society with below replacement fertility (TFR: 1.92) and high life expectancy (79.2 years for both sexes) is experiencing an increase in the population of ages 65 and above and an even more rapid increase of the population of those 80 and above.

Several unique characteristics of Costa Rica, point to the fact that families have to adopt different coping strategies to provide for care. Even though transfers to the elderly in the form of contributive and non-contributive pensions are quite extensive in the country, poverty rates among households with elderly members are higher than average. Among Latin American countries, this is a unique characteristic of Costa Rica. In addition to this reliance on the elderly resources, one out of every five persons 65 and older said they provide care to an elderly person or to children. This is the experience of those living alone, with their spouse or with immediate family. On the other hand, approximately 45% of the elderly said they require assistance with one or more activities of daily living or with instrumental activities of daily living, but only 35% said they were receiving such assistance.

The virtually nonexistence of private care or state programs means that transfers in the form of provision of services from the family cannot be substituted for financial transfers to purchase for privately provided care services. The very few state programs that exist have very little coverage whether they are in the form of direct services or subsidies. Care is therefore provided in the form inter vivos transfers in time and money. We hypothesize that in the absence of the possibility of substituting different types of transfers, availability of kin and resources of the elderly generate different types of transfers within the family. In other words, when the need for care arises, there is an implicit contract within family members to exchange different types of care work.

We examine the extent to which availability of kin and income and assets of the elderly determine the type of living arrangements and inter vivos transfers. Taking into account different measures of health and functional status, we estimate the relative importance of availability of kin and income and assets of the elderly in determining the type of care they receive or give.

Data come from first wave of the Costa Rican Study on Longevity and Healthy Aging., an ongoing longitudinal study of a nationally representative sample of persons 60 and older. The survey collects information on health outcomes, nutritional and functional

status, lifetime behavior regarding health and disability risk factors, socioeconomic status, lifestyles, family composition and support, health care, use access and expenditures and different biomarkers. The data was collected between November 2004 and September 2006.

In the analysis we examine three different living arrangements, those living alone (12%), living with spouse (19%) and living with other family members (69%). Those living alone have less income and assets as well as a lower availability of kin. Those living with spouse or with other family members have a higher socioeconomic status. The main difference among the latter two groups is that among couples still living together, men are usually still in the labor force.

Need of care and provision of care also varies. Couples still living together report a lower need of assistance. As expected, provision of care is mostly given by those living with other family members. However it is also frequent among those not living with other family members; almost 18% of those living alone or with their spouse reported providing care for children and to another elderly person.

Results show that care is provided mostly by the spouse or by daughters whether the latter live in the household or not. Those that live in the household are predominantly single and those that not are married. In both cases, however, more than 75% of daughters are between the ages of 30 and 59.

The amount of care received differs whether it is instrumental activities of daily living or activities of daily living for which assistance is needed. It is very high for the former (above 95%) and much lower for the latter (approximately 60%).

Preliminary multivariate results show that availability of kin is important on the type of care received and on whether care to other family members is provided or not. There is also a strong interaction between availability of kin and income and assets of the elderly in determining whether they receive or provide assistance.