

# Chapter 13

## Children of Older Persons

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When people get older, they lose working capacity and cognitive function. They also suffer from social isolation and loneliness, which result from inadequate social and family support and are associated with a higher risk of disability, illness, and mortality (Lubben and Gironde, 2003). The parent–child dyad can help older persons (OPs) overcome those problems by creating a pool of possible caregivers for OPs at the later stages of life (Ingersoll-Dayton and Antonucci, 1988). The relationship between parent and child may be pivotal in ensuring positive health outcomes amongst OPs. As discussed in chapter 11, the mutual relationship between old parents and their children takes an important role in successful ageing (Cheng et al., 2015).

Furthermore, the association between intergenerational relationships and cognitive decline of OPs is complex. Several studies had demonstrated that most OPs possess considerable ‘reserve capacity’ (Baltes and Baltes, 1990). This reserve capacity with sufficient guidance and support from family allows OPs to continue functioning later in life like they did in their earlier years. OPs with adequate family support have higher scores of cognitive functioning as well (Pillemer and Holtzer, 2016; Zhu et al., 2012). Hence, the loss or depletion of this support (e.g. through widowhood or the migration of children) corresponds to a significant impairment in healthy cognitive functioning in advanced ages. This fact underscores the significance of examining the relationship between parent and child across several dimensions, namely, living arrangements, relationships, exchanges of support, and attitudes and beliefs.

Limitations on research on intergenerational relationships still exist. Firstly, not many studies have assessed intergenerational relations from the perspective of both generations. Secondly, no systematic review has been done on the different reports of other dimensions of intergenerational relationships (Shapiro et al., 2004).

Fortunately, the multifactor design of the Longitudinal Study of Ageing and Health in Viet Nam (LSAHV) provides a nationally representative sample that can be used to examine both the relationship of Vietnamese older parents and their adult children and reports the multiple dimensions of intergenerational solidarity. In this regard, the LSAHV hopes to contribute to the understanding of parent–child dyads in Viet Nam substantially.

This chapter presents LSAHV findings on adult children by the OPs' sex and age. It aims to describe the parent–child relationship from the adult children's perspective. This chapter also helps gain a deeper understanding of the nature of the parent–child relationship, support provision, and expectations regarding filial piety. The baseline survey interviewed 2,898 children of the OP respondents. Children who are caregivers of the OP respondents were interviewed using the caregiver questionnaire and not the adult child questionnaire. Similar to the caregivers, adult children are defined as the OPs' children who are 18 years old and above.

## Profile of Older Persons' Adult Children

Table 13.1 shows the profile of the interviewed adult children of OP respondents. Males slightly outnumber females (56% vs 44%). A higher proportion of male OPs have female adult children (51.5%), whereas more female OPs have male adult children (61.6%).

**Table 13.1. Characteristics of Children by Sex and Age of Older Persons**

Characteristics of Children	SEX		AGE GROUP			TOTAL
	Male	Female	60-69	70-79	80+	
<b>Age</b>						
Below 20	0.3	0.5	0.3	0.9	0.1	0.4
20-29	13.1	10.4	18.8	4.5	2.4	11.3
30-39	49.3	41.5	60.1	42.3	10.7	44.3
40-49	24.2	29.6	20.3	34.9	35.9	27.6
50-59	10.3	14.1	0.6	16.6	35.8	12.7
60-69	2.1	3.5	0.0	0.9	12.2	3.0
70-79	0.8	0.5	0.0	0.0	2.9	0.6
Mean age	40.1	42.3	34.8	41.7	49.3	41.6
<b>Sex</b>						
Male	48.5	61.6	59.0	54.4	50.4	56.2
Female	51.5	38.4	41.0	45.6	49.6	43.8

Characteristics of Children	SEX		AGE GROUP			TOTAL
	Male	Female	60-69	70-79	80+	
<b>Marital status</b>						
Never married	9.6	17.9	16.7	10.4	13.2	14.4
Currently married	85.0	85.0	78.5	83.6	78.4	79.8
Live-in	3.0	3.0	3.0	1.3	1.5	2.3
Separated/Divorced/Annulled	1.8	2.7	1.3	3.4	3.7	2.3
Widowed	0.5	1.6	0.4	1.3	3.3	1.1
<b>Education</b>						
No schooling/Preschool	49.4	55.3	50.5	55.1	56.6	52.8
Elementary/High School	39.1	30.5	33.3	34.5	35.5	34.0
Vocational Education	6.7	11.6	10.8	8.4	7.5	9.6
College+	4.9	2.6	5.4	2.0	0.4	3.6
% currently working	71.2	76.6	77.5	70.2	70.9	74.4
N	1,165	1,733	1,158	975	765	2,898

Source: Calculated by PHAD using original LSAHV data.

The findings showed that most adult children of OPs are in their 30s (44.3%) and 40s (26.7%), with a mean age of 41.6 years. There is no significant gender differential in the mean age, with female OPs having older adult children relative to their male counterparts (42.3 years compared to 40.1 years). As expected, when the OP respondents become older, the mean age of their adult children increases (34.8 years for the 60–69 group and 49.3 years for the 80+ group).

A high proportion (79.8%) of OPs' children are currently married. About 14% of their adult children are never married. Only a small proportion of their adult children are co-habiting (2.3%), separated/divorced (2.3%), and widowed (1.1%). Female OPs are more likely than male OPs to have children who are never married (17.9% vs 9.6%).

Overall, OPs' adult children have low educational profiles. More than half of the children (52.8%) have no schooling or reached only the elementary level, and 34% of them reported having secondary and high school education. There is no clear pattern of low educational profiles by age. Children of the youngest OP cohort have a higher education attainment than children of the oldest OP cohort. For instance, the percentage of adult children having college education is 5.4% for the 60–69 OP cohort and only 0.4% for the 80+ OP group. Because the mean age of adult children is 41.6, 74.4% of them are currently working. More female OPs than male OPs have working children (76.6% compared to 71.2%).

## Living Arrangement

Living arrangements directly affect the relationship of children and OPs, thus it is important to understand intergenerational living arrangements. Furthermore, a growing body of literature on the subject emphasises the changing directions of dependence over the life cycle (Choi, 2003; Crimmins and Ingegneri, 1990; Wiemers et al., 2016).

Table 13.2 and Figure 13.1 show the distribution of living arrangements of adult children by the OPs' sex and age group. Similar to the result shown in Table 3.4 in chapter 3, OP respondents are most likely to be currently living with an adult child. Co-residence with the OP (73%) is the most common living arrangement of the adult children, slightly more for males than for females (74.9% vs 71.7%). Especially, the number of the oldest OP co-habiting with children is the largest (77.3%). The next most common living arrangement of the children of OP is next door (12.8%). This type of living arrangement becomes more common nowadays, especially in urban areas. The distance is not only close enough for children to take care of the OP but also gives the adult children the freedom to raise their own modern nuclear family. Only a small percentage of adult children live in the same village, city, and province with the OP (less than 5% in total). As the age of the OP increases, so do the proportions of children who live in the same house and next door.

**Table 13.2. Relationship to Older Persons by Sex and Age of Older Persons**

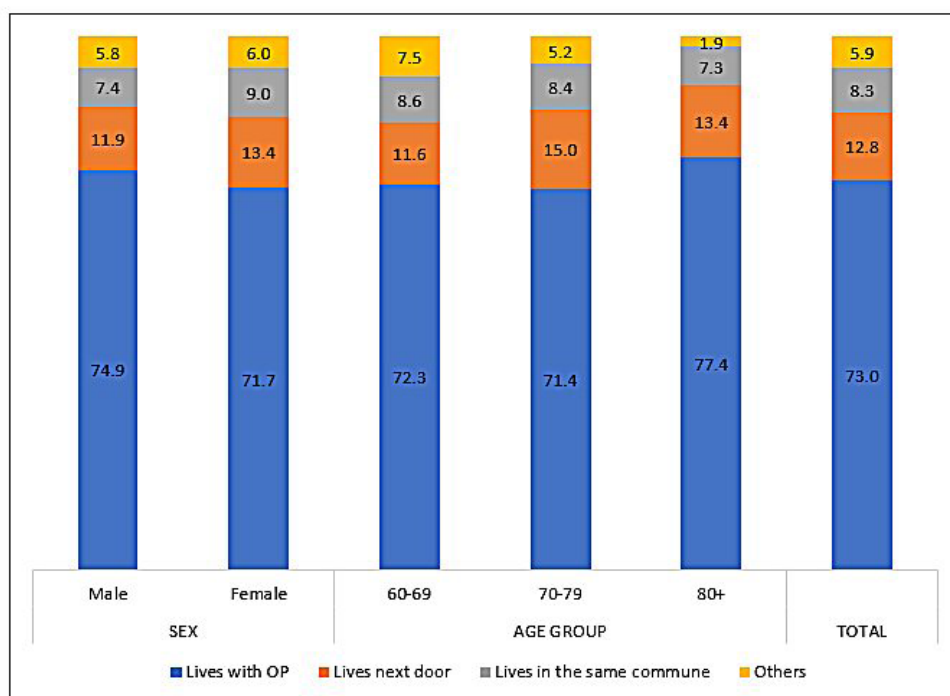
Relationship of Children to Older Person	SEX		AGE GROUP			TOTAL
	Male	Female	60-69	70-79	80+	
Living arrangement						
Lives with Older Person	74.9	71.7	72.3	71.4	77.3	73.0
Lives next door	11.9	13.4	11.6	15.0	13.4	12.8
Lives in same commune	7.4	9.0	8.6	8.4	7.3	8.3
Lives in same city/municipality	2.5	1.5	2.1	2.4	0.5	1.9
Lives in same province	0.5	2.8	2.6	1.1	0.6	1.8
Lives in a different province	2.9	1.7	2.8	1.8	0.8	2.2
<i>N</i>	1,165	1,733	1,158	975	765	2,898
Mean number of months child lived separately from Older Person						
	79.40	95.91	69.40	102.66	102.42	89.36
<i>N</i>	263	400	264	246	153	663

Relationship of Children to Older Person	SEX		AGE GROUP			TOTAL
	Male	Female	60-69	70-79	80+	
Frequency of visits in the past 12 months (visited Older Person)						
Not at all	2.4	2.6	2.8	0.8	4.8	2.5
Everyday	49.1	50.2	45.6	55.7	54.5	49.8
Every few days	19.8	20.4	19.7	18.9	24.2	20.2
Every week	11.6	11.2	12.1	12.4	6.6	11.4
Every month	5.2	7.5	7.3	6.1	5.2	6.6
Every few months	5.9	5.4	7.1	4.3	2.4	5.6
Once a year	3.4	0.9	2.8	0.8	0.0	1.8
On special occasion	2.3	1.2	2.3	0.2	1.8	1.6
As the need arises	0.4	0.5	0.3	0.7	0.6	0.5
Frequency of visits in the past 12 months (visited by Older Person)						
Not at all	14.4	10.8	10.0	11.7	21.3	12.2
Everyday	40.4	39.3	37.1	46.8	36.7	39.7
Every few days	14.7	17.0	17.4	13.8	15.7	16.1
Every week	7.9	11.9	13.5	6.6	5.6	10.4
Every month	5.6	6.3	5.6	7.7	4.4	6.0
Every few months	5.7	6.4	6.5	5.1	6.7	6.1
Once a year	3.0	1.1	2.5	1.1	0.4	1.8
On special occasion	4.8	4.0	4.6	3.9	3.7	4.3
As the need arises	3.6	3.2	2.8	3.5	5.7	3.4
Frequency of talking/chatting with Older Person (through phone, FB, etc.) in the past month						
Not at all	24.9	25.4	19.8	30.2	37.2	25.2
Everyday	32.9	30.8	33.9	31.8	22.5	31.7
Every few days	21.8	25.4	26.2	23.2	16.2	23.9
Every week	12.2	10.2	11.7	8.5	13.3	11.0
Once	0.5	0.4	0.8	0.0	0.0	0.4
As the need arises	7.7	7.8	7.7	6.4	10.8	7.8
N	282	434	276	268	172	716
Type of relationship with Older Person growing up (from birth to age 15)						
Get along well all the time	73.1	74.3	74.3	71.1	76.1	73.8
Get along well most of the time	18.0	17.7	16.6	20.9	17.2	17.9
Get along well sometimes	6.9	5.6	6.8	5.3	5.2	6.1
We don't get along well at all	2.0	2.4	2.2	2.7	1.6	2.2
N	1,163	1,731	1,157	973	764	2,894
Type of relationship with Older Person at present						
Get along well all the time	59.9	62.4	62.2	59.3	61.9	61.4
Get along well most of the time	28.0	27.4	26.7	30.5	26.2	27.6
Get along well sometimes	11.1	9.5	10.1	9.4	11.1	10.1
We don't get along well at all	1.1	0.7	1.0	0.8	0.7	0.9
N	1,163	1,731	1,157	973	764	2,894

Source: Calculated by PHAD using original LSAHV data.

Of the 2,898 adult children sample, 663 people lived separately from the OPs for an average of 89 months (about 7.4 years). Females lived away from their parents longer at an average of 96 months compared to 79 months for their male counterparts. The average duration increases with the OPs' age (69 months for the 60–69 OP group and 102 months for older groups).

**Figure 13.1. Living Arrangement with Older Persons, by Sex and Age of Older Persons (%)**



Source: Calculated by PHAD using original LSAHV data.

## Relationship to Older Persons

The relationship between adult children and their parents is one of the most important relationships of adult children (Shapiro, 2004). The definition of child–parent relationship may vary as the relationship intersects in multiple dimensions. For instance, in the context of the ageing process, the relationship is mostly social in nature.

Table 13.2 summarises the dynamics of the relationship between adult children and their ageing parents. Results indicated that about 50% of non-co-resident adult children visited their parents daily in the past 12 months, with no significant difference in the elderly parent's sex. Children with parents in their 70s have the highest percentage of visiting their parents daily. About one in five children visited their ageing parents at least once every few days.

The LSAHV also asked the frequency of visits made by the OPs to their children; the findings showed that the visits are reciprocated. About 40% and 16% of the adult children were visited daily and every few days, respectively, by their ageing parents in the past 12 months. As expected, children reported a decreasing number of visits by OPs of advancing age. More female OPs visited their children every few days (17%) compared to male OPs (14.7%). About 12.2% of children were never visited by their ageing parents in the year before the survey. This percentage increased with age, such as 10% for the 60–69 group and 21.3% for the 80+ group.

We also asked the adult children about their communication with their parents by phone, social networking sites like Facebook, and other social media platforms. About 25% of adult children had not talked or chatted with their parents on the phone or on social media in the past month. About 32% of children communicated with their parents daily, with slightly more to male OPs (32.9%) compared to female OPs (30.8%). The levels of daily communication with the OPs also decline as the parents' age advances. Adult children communicated with their parents every few days (23.9%) and every week (11%). Generally, the proportion of children who communicate with their parents declines, independent of the frequency, as the OPs age.

Adult child respondents were also asked about the type of relationship they had with their parents whilst growing up (from birth to age 15) and at present. Adult children reported similar relationships with their ageing parents whilst growing up and at present. Generally, they had very good relationships with their parents whilst growing up; only about 10% reported not-so-good or poor relationships. There are no gender and age differences in the relationship that the children had whilst they were growing up. A high proportion (73.8%) of the adult child respondents reported favourable relationships with their ageing parents from birth to age 15. Children of OPs aged 80+ reported the highest level of good relations with their parents whilst they were



growing up (76.1%), compared to 71.1% for parents in their 70s and 74.3% for parents in their 60s.

Similar to the quality of the relationship whilst growing up, adult child respondents seem to have a more favourable relationship with female OPs. This is not surprising as females mainly stay home and take care of the household and their young children. There are no apparent gender and age differences in the reported quality of the current relationship between the adult children and their parents. However, the present relationships of children with their parents aged 70–79 were reported to be slightly less congenial than those with parents in the other age groups. For example, 59.3% of the children of OPs aged 70–79 said they get along well with their parents all the time, compared to 62.2% and 61.9% for those whose parents are aged 60–69 and 80+, respectively.

## Support Provided by Children

The investigation of older parent–adult child relationships concentrated on the equivalence and/or asymmetry in their exchanges. These exchanges require the transfer of time, labour, and financial assets across generations (Silverstein et al., 2002). In Viet Nam, adult children are expected to provide support and assistance to their ageing parents. However, certain circumstances allow older parents to continue extending help to their children in some ways. The LSAHV explored both the support provided by adult children to their parents and the support provided by the OPs to their children.

Table 13.3 summarises the financial and other types of support provided by adult children to the OP respondents. Results show that more than half of adult children financially supported their parents in the month before the interview. Female OPs received more financial support from their children compared to their male counterparts (57.4% vs 46.6%, respectively). Amongst the children who provided financial support to their ageing parents in the month before the survey, 66.2% gave such support every month, with a slightly higher percentage for female OPs than male OPs (68.7% compared to 61.8%). Regular monthly support received by OPs was higher amongst the 70s cohort relative to the other OP cohorts. Children who financially supported their parents every month give a median monthly amount of one million Vietnamese dong (D) (about US\$43); the same amount of money were given to OPs regardless of sex and age.

**Table 13.3. Support Given to Older Persons by Sex and Age of Older Persons**

Support from Children	SEX		AGE GROUP			TOTAL
	Male	Female	60-69	70-79	80+	
% who provided financial support to Older Person in the past month	46.6	57.4	51.3	51.8	59.5	52.9
N	1,161	1,732	1,155	974	764	2,893
% who provide financial support to Older Person every month	61.8	68.7	65.5	68.0	65.8	66.2
N	595	1,027	623	542	457	1,622
Median monthly financial support given to Older Person (Vietnamese Dong)	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000
N	331	614	359	322	264	945
Financial support to Older Person provided by siblings						
All siblings provide	46.2	41.9	44.9	40.9	42.4	43.3
Some siblings provide	34.1	28.5	25.1	40.1	31.7	30.4
I alone provide help	17.5	25.0	25.9	15.8	22.1	22.5
I am an only child	2.3	4.6	4.1	3.2	3.8	3.8
N	371	691	404	359	299	1,062
Other forms of support provided to Older Person in the past 12 months						
None	18.2	19.2	20.3	20.0	12.6	18.8
Material support	18.6	23.3	21.9	19.6	22.4	21.4
Help in household chores	24.9	22.0	23.4	24.1	21.2	23.2
Help in transportation	2.1	3.9	3.0	2.2	5.1	3.2
Manage financial transactions	0.1	0.3	0.3	0.1	0.3	0.2
Manage business	0.3	0.1	0.2	0.1	0.2	0.2
Personal care	6.6	6.4	4.1	4.8	16.0	6.5
Emotional support	28.7	24.3	26.2	29.0	21.5	26.1
Others (spiritual support; company during visits to the doctor, etc.)	0.4	0.5	0.7	0.0	0.7	0.5
N	1,164	1,732	1,156	975	765	2,896

Source: Calculated by PHAD using original LSAHV data.

The LSAHV data revealed that children share responsibility in financially supporting their ageing parents. Adult children were asked if their siblings give financial support to their parents; 43.3% reported that all siblings do, whilst 30.4% said only some siblings do. About one in five of child respondents said they are the sole providers of financial help to their ageing parents. In addition, 3.8% of child respondents are the only child, with no siblings to share the responsibility with for their parents. More children of male OPs, compared to those of female OPs, reported that all and some siblings provide support to their parents. On the other hand, the proportion who reported other arrangements (i.e. the respondent child alone and those in the 'only child group' provide support) is higher amongst children of female OPs than those of male OPs.

Adult child respondents reported a wide range of support in other forms they gave their ageing parents in the past 12 months. These mainly include emotional support (26.1%), help in household chores (23.2%), and material help (21.4%), in descending order of importance. The level of support varies by the OP's age and sex for all the aforementioned types of support. Other less common forms of support provided include help in managing their business (0.2%) and assistance in financial management (0.2%). A relatively big proportion of adult children (18.8%) did not give any type of support in the past 12 months.

A gender pattern exists in some forms of support provided by the children of OPs. In particular, more children of female OPs (23.3%) reported giving material support compared to children of male OPs (18.6%). On the other hand, a higher proportion of children provided emotional support to their fathers (28.7%) than to their mothers (24.3%). A similar gender pattern was observed in providing help in household chores. The provision of personal care increased with the OP's age (from 4.1% for the 60–69 group to 16% for the 80+ group). Oppositely, when the age of OPs increases, the proportion of those who did not receive any other forms of support in last 12 months declines (20.3% for the 60–69 group and 12.6% for the 80+ group).

## Support Provided by Older Persons

The LSAHV explored the support flows from adult children to their parents and vice versa. Adult child respondents were asked if they received financial and other forms of support from their ageing parents (Table 13.4). Generally, results revealed a mutual albeit unequal exchange of support, with more support coming from children than from parents.

Only 16.9% of adult children received financial support from their parents in the month before the interview, whereas 52.9% of OPs received financial support from their children. More male than female OPs provided financial support to their adult children (18.1% vs 16.1%, respectively). Such support decreases as the OPs age (19% for the 60–69 group and 11.9% for the 80+ group). About 35% of adult children receive financial support from their parents every month, with a higher proportion from their fathers. The median monthly financial support provided by OP respondents was VND 1 million (about US\$43), the same as the amount received by OPs from their children. The 60s and 70s groups give VND 2 million (US\$86) to their adult children monthly, which is double the amount given by the 80+ group.

**Table 13.4. Support Received from Older Persons  
by Sex and Age of Older Persons**

Support from Older Person	SEX		AGE GROUP			TOTAL
	Male	Female	60-69	70-79	80+	
% who received financial support from Older Person in the past month	18.1	16.1	19.0	16.0	11.9	16.9
N	1,162	1,729	1,156	974	761	2,891
% who received financial support from Older Person every month	40.0	30.3	37.3	28.9	32.3	34.6
N	214	273	229	150	108	487
Median monthly financial support received from Older Person (Vietnamese Dong)	1,000,000	1,000,000	2,000,000	2,000,000	1,000,000	1,000,000
N	19	16	15	9	11	35
Other forms of support received from Older Person in the past 12 months						
None	37.7	39.9	34.7	40.8	49.5	39.0
Material support	8.0	7.9	9.1	8.1	4.4	8.0
Help in household chores	15.6	16.3	17.7	15.8	11.2	16.0
Help in transportation	1.4	0.6	1.0	1.0	0.7	0.9
Manage financial transactions	0.0	0.0	0.0	0.0	0.0	0.0
Manage business	0.8	0.1	0.6	0.2	0.0	0.4
Personal care	1.5	0.9	0.6	1.5	2.4	1.1
Emotional support	34.9	34.0	36.2	32.3	31.6	34.4
Others (spiritual support, etc.)	0.0	0.4	0.2	0.3	0.3	0.3
N	1,163	1,731	1,154	975	765	2,894

Source: Calculated by PHAD using original LSAHV data.

Besides financial support, adult children also received other forms of support from OPs in the past 12 months. These included emotional support (34.4%), help in household chores (16.0%), and material support (8.0%). No apparent gender differential patterns are observed. However, the proportion of children who received these three types of support decreases dramatically as the OPs age. For example, the proportion of children who received material support decreases from 9.1% for children whose parents belong to the 60–69 group to 4.4% for those whose parents are 80+. The results reflect a decline in the OPs' capacity to support to their adult children. Because of very old age, a high proportion of OPs do not provide other forms of support to their adult children (39%). This proportion is much higher than the proportion of adult children who do not provide support to their parents (18.8%).

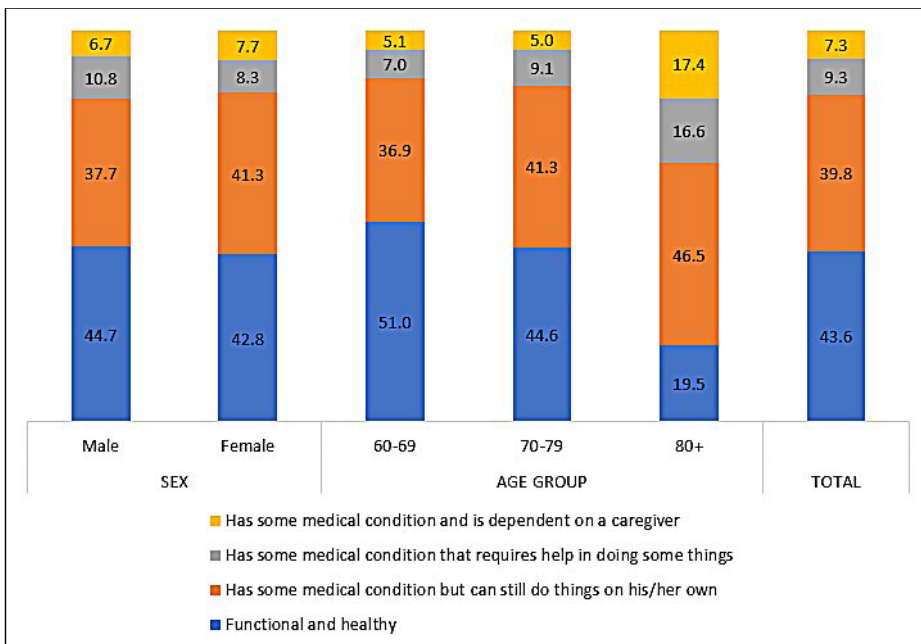
## Functional Difficulties and Caregiving

When the adult children were asked to describe the functional abilities of their parents, 43.6% of them reported that their parents are still functional, although the proportion reduces as their parents age. About 40% of the adult children said their parents have some medical conditions but are still functional and healthy; only 7.3% perceived their parents as having medical conditions and need the assistance of a caregiver (Figure 13.2).

The health and functioning of OPs decline with advancing age. The proportion of children who claimed their parents are functional and healthy decreases from 51% for those with parents in the youngest cohort (aged 60–69) to 19.5% for those with parents in the oldest cohort (aged 80+).

We asked adult children who mainly help OPs who are perceived to require help in doing some things or who need a caregiver. Findings showed that care for OPs was mainly provided by respondents (55%) and about 20% by other family members.

**Figure 13.2. Perception of Children on the Health Status of Older Persons by Sex and Age of Older Persons (%)**



Source: Calculated by PHAD using original LSAHV data.

About 10% of respondents said that the OP's grandchildren were the main providers of assistance (Table 13.5). Only 0.3% of OPs was assisted by paid help. More female than male adult children helped their ageing parents (69.2% compared to 36.5%). More male than female OPs were receiving care from their grandchildren (15.5% compared to 5.4%).

The level of caregiving varies with the age of the OP. For example, the proportion of respondents who take care of their ageing parents increases as the OPs reach their 80s. In contrast, caregiving provided by the OPs' spouse to the OP decreases with the advancing age of OPs. This may be explained by the declining physiological condition of OPs and their spouse as they age. On the other hand, the levels of caregiving provided by grandchildren and other family members decrease with advancing age.

**Table 13.5. Perception of Children on the Health Status of Older Persons by Sex and Age of Older Persons**

Health Status	SEX		AGE GROUP			TOTAL
	Male	Female	60-69	70-79	80+	
Health status of Older Person						
Functional and healthy	44.7	42.8	51.0	44.6	19.5	43.6
Has some medical condition but can still do things on his/her own	37.7	41.3	36.9	41.3	46.5	39.8
Has some medical condition that requires help in doing some things	10.8	8.3	7.0	9.1	16.6	9.3
Has some medical condition and is dependent on a caregiver	6.7	7.7	5.1	5.0	17.4	7.3
<i>N</i>	1,162	1,731	1,158	973	762	2,893
Person who mainly provides assistance to Older Person						
Mainly self	36.5	69.2	46.6	50.2	66.9	55.0
Mother/Father	17.4	1.4	10.9	3.0	2.9	8.4
Sister	0.7	3.0	1.4	1.5	3.0	2.0
Brother	6.1	1.8	3.9	3.7	3.3	3.6
My children	15.5	5.4	11.7	9.9	7.8	9.8
Other family members	21.8	18.9	25.5	21.3	13.8	20.2
Paid help	0.4	0.2	0.0	0.5	0.4	0.3
Others (daughter-in-law, etc.)	1.7	0.1	0.0	0.0	2.1	0.8
<i>N</i>	198	314	108	135	269	512

Source: Calculated by PHAD using original LSAHV data.

## Cognitive Decline of Older Persons

We asked the adult child respondents to assess their parents' cognitive decline in the 2 years preceding the interview using the short form of the Informant Questionnaire on Cognitive Decline in the Elderly (IQCODE). The IQCODE measures cognitive decline from a premorbid level in the older population through the reports of informants, such as friends or family members (Jorm, 2004). The short version was developed by Jorm in 1994 from the original 26-item version, covering two aspects of memory (acquisition of new information and retrieval of existing knowledge), as well as verbal and performance intelligence over a certain period (Jorm, 2004; Jorm and Korten, 1988).

In the LSAHV, the adult child respondents were asked to describe how their parents fare in terms of remembering conversations and personal information, operating household machinery, applying reasoning and knowledge, and handling financial matters. In particular, we asked the adult children the list of questions provided in Table 13.6 (e.g. 'Compared with 24 months ago, how is \_\_\_\_ [name of OP respondent] at remembering things about family and friends, such as occupations, birthdays, and addresses? Has it improved, remained the same (no change), or worsened?'). The results for those who said their parents' memory had worsened are shown in the same table.

Based on the adult children's assessment, OPs appear to struggle the least in making decisions on everyday matters, handling money for shopping, and managing financial matters. Regardless of the OPs' sex, spatial memory deteriorated the most in the 2 years before the survey. There are 33.6% and 30.9% of adult children claiming that their parents struggle with recalling conversations a few days later and remembering things about family and friends, respectively. The proportion reported that their parents have problems with remembering things that have happened recently and remembering where things are usually kept are 30.5%. About 30% of adult children said their parents have difficulty learning to use a new gadget or machine around the house.

Overall, the adult children reported that their mothers had suffered greater deterioration in the past 2 years compared to their fathers for all the items listed in Table 13.6. As expected, the adult children perceived a decline in their parents' cognitive functioning with advancing age.

**Table 13.6. Perception of Children on the Cognitive Decline of Older Persons by Sex and Age of Older Persons**

Perception of Children on Cognitive Decline of Older Person	SEX		AGE GROUP			TOTAL
	Male	Female	60-69	70-79	80+	
Percent of children who think that the following cognitive functions of Older Person worsened in the past two years:						
Remembering things about family and friends, such as occupations, birthdays, and addresses	29.1	32.1	24.8	29.2	51.8	30.9
Remembering things that have happened recently	28.0	31.1	23.6	28.0	51.1	29.8
Recalling conversations a few days later	29.4	31.3	24.4	29.8	50.0	30.5
Remembering [his/her] address and telephone number	30.8	35.6	28.5	32.4	50.8	33.6
Remembering what day and month it is	26.8	28.8	21.8	26.7	48.8	28.0
Remembering where things are usually kept	26.3	27.6	20.2	28.0	46.6	27.0
Remembering where to find things which have been put in a different place from usual	27.9	32.3	23.9	31.1	49.6	30.5
Knowing how to work familiar machines around the house	22.9	24.6	18.5	23.1	41.6	23.9
Learning to use a new gadget or machine around house	24.8	26.5	20.8	25.3	41.6	25.8
Learning new things in general	28.4	30.2	24.8	30.7	42.0	29.5
Following a story in a book or on TV	21.6	22.8	17.5	20.7	39.3	22.3
Making decisions on everyday matters	17.7	20.8	13.4	21.1	35.8	19.5
Handling money for shopping	18.2	18.4	12.8	17.4	35.7	18.3
Handling financial matters; for example, the pension, or dealing with the bank	17.4	20.6	14.3	20.4	32.8	19.3
Handling other everyday arithmetic problems	23.9	27.1	21.1	25.6	40.4	25.8
Using his/her intelligence to understand what's going on and to reason things through	24.2	27.7	20.5	26.4	43.4	26.2
N	1,165	1,733	1,158	975	765	2,898

Source: Calculated by PHAD using original LSAHV data.

## Attitudes and Beliefs of Children

Adult children's perceptions of a range of issues on ageing, such as gender equality, filial concerns, and living arrangements, were assessed in the study. The adult children of OP respondents were asked if they agree or disagree with the set of statements listed in Table 13.7. The table presents the results for those who agreed with the statements provided.



Generally, adult children have a universally positive opinion that children are obliged to take care of their ageing parents (98.1%), regardless of their parents' sex and age. They also have a strong opinion about parents' responsibility to their children, with 87.4% agreeing that it is the parents' duty to do their best for their children even at the expense of their own well-being. Traditional beliefs on gender roles still remain amongst children of OPs. About 57% of the adult children agree with the traditional division of labour (i.e. men are the breadwinners whilst women take care of the household), and less than half of them (43.6%) agree that co-residence with a daughter as opposed to a son is a more suitable living arrangement for ageing parents.

**Table 13.7. Attitudes and Beliefs of Children by Sex and Age of Older Persons**

Attitudes and Beliefs of Children	SEX		AGE GROUP			TOTAL
	Male	Female	60-69	70-79	80+	
% of children who agree with the following statements:						
A child is expected to support and take care of his/her aged parents	98.3	97.9	97.8	99.1	97.4	98.1
It is acceptable for someone in their 60's or older to fall in love.	76.8	73.2	77.9	71.5	69.6	74.7
It is acceptable for someone in their 60's or older to (re)marry if they find a suitable partner.	68.6	63.0	68.5	61.6	61.0	65.3
It is acceptable for children who looked after their parents to inherit larger portions of their estate when they pass away	84.3	83.0	83.2	83.7	84.5	83.6
It is better for the elderly parent to live with a daughter than with a son.	42.1	44.7	40.6	46.6	48.6	43.6
Men should work for the family, and women should stay home and take care of the household.	52.6	60.4	54.3	62.7	57.9	57.2
It is the parents' duty to do their best for their children even at the expense of their own wellbeing.	87.7	87.3	88.1	87.7	84.9	87.4
<i>N</i>	1,164	1,729	1,156	973	764	2,893

Source: Calculated by PHAD using original LSAHV data.

Adult children appear to agree with OPs on issues relating to inheritance (chapter 8). About 84% of adult children agree that it is acceptable for children who looked after their parents to inherit larger portions of their estate when their parents die. Adult children also support the romantic involvement of their parents. A high proportion of adult children (74.7%) think it is acceptable for people above the age of 60 to fall in love, and 65.3% believe it is acceptable for those in their 60s and over to (re)marry if they find a suitable partner.

However, the adult children's opinions on issues of ageing vary slightly depending on whether their fathers or mothers are concerned. For example, more adult children are open to the idea of their fathers rather than their mothers falling in love and (re)marrying in their old age. However, the number of children decreases with the increase of their parents' age. Compared to children of female OPs, more children of male OPs agree that it is their parents' responsibility to care of their children. Less than 50% of the child respondents think it is better for ageing parents to live with a daughter than with a son, and the numbers increase as the OPs age.

## Summary, Conclusions, and Recommendations

This chapter provided an overview of OPs' characteristics, relationships, support provision, and attitudes and beliefs from the perspective of their adult children, unlike the previous chapters, which showed findings from the point of view of the OP respondents. This summary highlights one of the strengths of the LSAHV: it collected common data from both the OPs and their adult children, allowing for a cross-validation of findings. Future analyses can explore and examine the parent-child dyad more deeply by assessing the intergenerational relations from the perspective of both the OPs and their adult children.

Results indicated a high proportion of adult children who are co-residing with their ageing parents and those not living with their parents but reside next door. These results are consistent with the findings reported by OPs regarding their current living arrangement, as discussed in chapter 3, which showed that co-residence with children is their most common living arrangement. Co-residence with children and living next door increase with the advancing age of the OPs.

High levels of intergenerational exchange of support, visits, and communication observed in the study are probably related to the close proximity of adult children and their parents. There is also an active albeit disproportional exchange of instrumental, emotional, and/or financial assistance, with the flow from adult children to their parents exceeding the reverse flow. The familial net of relationships is multigenerational, going beyond the OPs' children to include the grandchildren. Our findings showed a higher proportion of OPs receive financial and emotional support from their adult children compared to other support. About 10% of grandchildren are mainly in charge of helping OPs with difficulties in health and functioning.

Most adult children perceive their parents are capable of living independently despite some medical conditions. Adult children and other family members mainly provide care to OPs who require assistance. An almost-universal proportion of adult children expressed positive views regarding filial expectations for adult children to care for and support their ageing parents, and this is reflected in their considerable share in providing care for their ageing parents. Further analysis could uncover some factors that may prevent adult children from assuming caregiving roles, particularly with the findings indicating that a considerable proportion of OPs had been suffering from cognitive decline in the years preceding the survey. Future studies could also look into how the persistence of gender bias in adult children's perceptions of OP roles and functions may affect the attainment of more equitable conditions for the older sector in general.

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