

CHINESE ONE-CHILD PARENTS' RESOURCE MANAGEMENT AND FUTURE CARE PLANNING

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BACKGROUND AND PURPOSE: In the People's Republic of China (PRC), aged-care is typically provided by family members and, to a lesser extent, public services. Caring could be a heavy burden for adult children, given the 4-2-1 family structure (four grandparents, two parents and one child). Although the Chinese government is actively developing its aged-care policy and services, public services have failed to catch up with the rapidly growing needs. Whether Chinese one-child parents prepare for their own future care has important implications for elder services planning in the PRC.

According to Aspinwall and Taylor (1997), mobilizing resources before the onset of a stressful event may prevent or modify the event, and facilitate coping. Sörensen and Pinquart (2001) applied this model to understanding increasing care needs in old age. They hypothesize that individuals who are more capable of resource acquisition and maintenance are more likely to assume positive attitudes and embark on preparations.

This study aims to: First, determine whether the four types of resource management (financial, emotional, informational and health) affect planning attitudes and concrete planning behaviors; second, identify demographic characteristics that are associated with different types of resource management.

METHODS: Data were collected from 516 one-child's parents residing in Shanghai using a quota sampling strategy in 2013. Respondents' ages ranged from 45 to 65 (Mean=54.90, SD=5.41). Both genders were equally represented (males = 49.8%; females = 50.2%). Path analysis was used to examine the associations between resource management, planning attitudes (Care Expectation), and planning behaviors (Awareness Initiation and Information Gathering).

RESULTS: A well-fitting path model ($\chi^2(18) = 25.278, p = 0.117; RMSEA = 0.028; CFI = 0.986; TLI = 0.952; \text{and SRMR} = 0.024$) revealed that the four types of management had mutual positive interrelations except for emotional and financial management. Informational management was positively associated with Care Expectation ($\beta = 0.168, SD = 0.056, p = 0.003$), Awareness Initiation and Information Gathering ($\beta = 0.211, SD = 0.044, p < 0.001$). Better emotional management and better health management reported higher Care Expectation ($\beta = 0.101, SD = 0.051, p = 0.048$) and higher Information Gathering ($\beta = 0.045, SD = 0.013, p = 0.001$), respectively. Higher SES had greater management capability. Old age was positively associated with health management but negatively associated with other types of resource management. Self-rated health was negatively related to informational management but positively with the others.

CONCLUSIONS AND IMPLICATIONS: Better resource management of information and health is associated with more favorable planning attitudes and concrete planning behaviors. Social service sectors and lifelong learning institutions are desirable platforms for disseminating health information. To facilitate planning, however, public education should equip older persons with relevant skills. Adequate digital techniques, for instance, may facilitate access to knowledge. Resources should be allocated to ensure planning is accessible to people with lower SES and

worse health conditions. Future elder services should consider how services could accommodate older persons with different levels of future care planning and needs.