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This paper explores the age patterns on self reported health (health hereafter) by analyzing a data of a national representative sample consisting 35,158 respondents with 13,066 families. In addition to demographic variables, two more types of variables are included for analysis. The first set refers to the level of personal capital and is labeled as personal qualifiers. Personal qualifiers imply the ability to mobilize resources at different stages of life course for men and women. Education, employment status and personal income are deemed to be personal qualifiers. The second set of variables represents social qualifiers embedded in the immediate context of daily life, such as the household. We focus on how personal and social qualifiers mediate the observed gender-age patterns on health. The measure of health is treated as an ordinal variable, and thus ordered logistic regression is performed. The preliminary analyses achieved four major findings as follows:

- 1) Persons are more likely to report ill health as age increases. The relationship between age and health outcomes however is not linear. Persons report better health as they become older in age at a decreasing rate.
- 2) Health do vary according to gender, personal qualifiers and social status (i.e., marital status). Women, persons with fewer schooling, unemployed and low income reported significantly worse health than otherwise. The singles reported healthier than the married, while the married reported healthier than the divorced and widowed.
- 3) Persons also report different health outcomes according to the characteristics of household one dwells, such as family income, household size, number of disabled within the household, numbers of elderly and pre-school kids within the household. Persons living in larger household report better health. Persons living in the household with disabled and the elderly reported worse health than otherwise. Kids under 6 years in age are not a burden, rather an asset to reported health status. The more kids under 6 a family has, the healthier one reports.
- 4) The observed age patterns on health can not be attributable to the difference between sexes, educational levels, and employment status and income levels. Nonetheless, the positive age effect on health outcomes becomes insignificant as marital status is taken into account. To some extent, the positive age effect on health can be partially accounted by the difference on marital status.