

Recipients of Old Age Assistance: Personal and Social Characteristics

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In early 1953 the Bureau of Public Assistance and the State assistance agencies cooperated in a nationwide survey of the recipients of old-age assistance in an attempt to gain a better understanding of their economic and personal characteristics. The following article continues the series of Bulletin reports on the survey findings.

FOR many persons, old-age is a period of life characterized by losses of many kinds. There are, for example, such personal losses as the death of a spouse, other family members, and friends; the loss of close contact with other family members and friends through geographical separation; and the loss of health. Perhaps one of the greatest losses, however, is that in income and resources that may follow the loss of a spouse or a job. Without money, the aged person is unable to procure the food, shelter, clothing, and medical care necessary to sustain his life.

Aged persons with incomes that are insufficient to purchase the necessities of life, and with the personal and social problems that frequently accompany inadequate income, may apply for aid under programs of old-age assistance. The States have operated these programs within the framework of the Social Security Act since 1936. Each State determines the scope of the program by formulating its own statewide standard of assistance (the quality, quantity, and cost of the essentials of living) and by establishing policies governing eligibility for assistance (for example, lien laws, residence requirements, and limitations on income and resources). The Federal Government matches State and local expenditures for assistance, including payments to the persons or institutions supplying medical care, up to a specified maximum amount for an eligible aged individual.¹

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¹ The maximum payment in which the Federal Government shares was raised from \$55 to \$60, effective October 1, 1956.

By providing recipients with money with which to buy such necessities of life as food, clothing, and shelter, the old-age assistance program aids these individuals to use their full capacities for independent living. Thus the money payment helps the needy aged person to maintain a feeling of his own worth and adequacy by letting him manage his own affairs and enabling him to continue to live in his own home as long as possible and participate in the life of the community. Through the casework process, moreover, the individual's needs, experiences, resources, and drives are explored and used to encourage the recipient to retain or achieve the maximum possible degree of self-care and self-development.

To plan effectively for appropriate financial and social services for recipients of old-age assistance, it is necessary to obtain an overall picture of what these persons are like. Accordingly, to achieve a better understanding of the requirements, incomes, resources, housing, and personal characteristics of recipients, all but four jurisdictions—Alaska, Puerto Rico, Vermont, and the Virgin Islands—conducted a sample survey² in early 1953 in accordance with a

² For study data on income, resources, and requirements, see Charles E. Hawkins, "Recipients of Old-Age Assistance: Income and Resources," *Social Security Bulletin*, April 1956, and Charles E. Hawkins, "Recipients of Old-Age Assistance: Their Requirements," *Social Security Bulletin*, February 1957. For tabular data by State and highlights from the study see *Recipients of Old-Age Assistance in Early 1953 (Part I—State Data)*, Public Assistance Report No. 26, June 1955; cross tabulations for the Nation and analysis of national data will be published in the near future as Part II of the same report.

plan of the Bureau of Public Assistance.

This article deals with the personal and social characteristics of the 2.6 million recipients then on the rolls³ and answers certain questions regarding them: How does advancing age affect the characteristics of recipients? How do the characteristics of women differ from those of men? Does place of residence affect the recipients' characteristics? What types of living arrangements do recipients have? In what respects do those who need help in caring for themselves differ from other recipients? What is the typical old-age assistance recipient like?

To answer the last question first: the typical recipient, the survey indicated, was a widow almost 75 years old, who was white and had been receiving assistance for 4 years and 8 months. She lived alone in quarters that she maintained herself in a rural-nonfarm area. The county in which she resided was nonmetropolitan—that is, it did not contain a city of 50,000 or more, nor was it closely integrated with another county containing such a city. Fortunately, she was able to take care of herself as far as the activities of daily living were concerned.

Age

Generally speaking, the older an aged person is, the greater are the chances that he will need financial aid. Perhaps the chief reasons for increased economic dependence in older years are physical inability to participate in the labor force, failure to

³ In June 1953 some 4.3 million aged persons had old-age and survivors insurance benefits, 1.3 million had income from other pension or retirement plans, and 4.0 million had earnings from employment or were the wives of earners. Most of the 2.6 million recipients of old-age assistance could not compete successfully in the labor market, however, and five-sixths of them did not have old-age and survivors insurance benefits.

attain insured status under old-age and survivors insurance, and the greater prevalence of widowhood. Changes in the old-age and survivors insurance program—such as the extension of coverage to additional occupations and the liberalization of the retirement test—were least beneficial to the oldest persons among the aged, since those with work experience were likely to have been out of the labor market for years before the changes and many elderly widows were never in the labor force. In addition, older men and women are more likely to have exhausted their savings or other resources and to need expensive medical care because of failing health.

These factors help to explain why recipients are a comparatively older group of aged persons. The survey showed that about 1 in 10 persons in the general population aged 65-69 was a recipient, compared with more than 3 in 10 persons aged 80 and over. The largest number of aged in the general population is found in the group aged 65-69, and the number declines for each succeeding 5-year group. As age increases, however, the rise in the incidence of need approximately offsets the drop in population, and recipients fall into four nearly equal age groups. About 20 percent of the recipients were aged 65-69; 30 percent, 70-74; 25 percent, 74-79; and 25 percent, 80 and over. Half the recipients were aged at least 75, compared with a median age of 71 for the entire aged population in 1950. The proportion of recipients aged 75 and over (49 percent) was half again as great as that of all aged persons in July 1953 (32 percent).

The individual States varied considerably with regard to the percentage of recipients in different age intervals but varied even more when recipients were related to the population in each of the age brackets. Out of every 1,000 persons aged 65-69 in the population the number of recipients ranged, for example, from a low of 18 in the District of Columbia to highs of 276 in Oklahoma and 399 in Louisiana. The recipient rate for this age group was less than 90, however, in about half the States. In contrast, the rate for those aged

80 and over was less than 90 only in the District of Columbia and was at least 345 in half the States. In nine States more than half the population aged 80 and over received assistance.

Age has a profound effect upon the other characteristics of recipients (table 1). As age advances, there is an increase in the proportions who are white and who are men, as well as in the proportions requiring considerable care from others because of chronic illness or infirmity, living in the home of a son or daughter or in an institution, and lacking income other than the assistance payment. At the same time there is a drop in the percentage of recipients who have income from old-age and survivors insurance or earnings and who live with their spouse in their own household.

Although all recipients are needy, the characteristics of those aged 80 and over show that they are more dependent on other persons for physical aid and on the assistance payment for financial help than recipients aged 65-69. The assistance payment was the only source of in-

come, including such noncash items as shelter provided by someone else, for almost half the oldest recipients but for only three-tenths of those aged 65-69. Old-age and survivors insurance benefits were less than one-fifth as prevalent for the older group, and earnings were one-fourth as common; only 5 percent had old-age and survivors insurance benefits and 3 percent had earnings. The median length of time on the assistance rolls was 10 years for the oldest group and 2 years for recipients under age 70, but these averages were 60 percent and 42 percent, respectively, of the maximum possible stay on the rolls for each group.

Four-fifths of the older recipients had no spouse or were not living with a spouse, compared with about three-fifths of those aged 65-69. Consequently, they lived in their own households with a spouse only half as often as the younger recipients, but they resided in the home of a son or daughter twice as frequently and in an institution more than four times as often. Moreover, relatively more of them suffered from a severe in-

Table 1.—Old-age assistance: Personal and other selected characteristics of recipients, by age, early 1953

Characteristic	All recipients	Age group			
		65-69	70-74	75-79	80 and over
Total number of recipients.....	2,570,600	543,500	768,500	638,100	616,600
Total percent.....	100.0	100.0	100.0	100.0	100.0
Race:					
White.....	82.6	81.6	81.0	83.8	84.1
Nonwhite.....	17.4	18.4	19.0	16.2	15.9
Sex:					
Male.....	40.3	37.4	40.1	41.5	42.0
Female.....	59.7	62.6	59.9	58.5	58.0
Physical and mental condition:					
Bedridden.....	3.6	2.0	2.3	3.2	7.0
Not bedridden but requiring considerable care from others.....	14.3	7.7	9.6	14.0	26.4
Able to care for self.....	82.1	90.3	88.1	82.8	66.6
With no spouse or spouse not present.....	69.1	61.3	65.2	70.3	80.0
Living arrangement:					
In own home, total.....	67.1	73.9	72.5	66.9	54.5
Alone.....	26.5	25.7	28.3	27.7	23.5
With spouse.....	29.3	37.2	33.4	27.9	18.5
Other.....	11.4	11.0	10.9	11.2	12.5
In home of son or daughter.....	15.8	11.8	12.9	16.4	22.3
In other relative's home.....	4.8	4.4	4.5	4.8	5.7
In institution.....	4.7	2.2	2.9	4.3	9.4
Other.....	7.6	7.7	7.1	7.6	8.1
With no income other than assistance.....	38.7	30.2	34.7	42.5	47.3
With old-age and survivors insurance benefits.....	17.4	28.1	22.2	14.1	5.2
With earnings of recipient or spouse.....	7.0	11.1	8.8	5.0	2.9
Recipient rate per 1,000 aged population ¹	193	105	200	274	317
Median number of years receiving old-age assistance.....	4.7	2.1	4.6	6.9	10.2

¹ Population estimate for 49 States as of July 1, 1953, based on data from the Bureau of the Census,

Current Population Reports, Population Estimates, Series P-25, No. 146, table 3.

firmity; one-third needed considerable help in caring for themselves, compared with one-tenth of the recipients under age 70. The proportion who were bedridden (7 percent) was three and one-half times that for the younger group.

Sex

Three out of every 5 recipients in the study were women. There were 48 percent more women than men among recipients compared with 14 percent more women in the aged population in July 1953; a higher dependency rate for women than for men is thus indicated. The percentage distributions of recipients and of the aged population, by sex, for each age group for which population data are available, as well as the recipient rates for each sex, are shown below.

Age	Percentage distribution				Number of recipients per 1,000 aged population	
	Recipients		Population aged 65 and over (July 1, 1953)			
	Men	Women	Men	Women	Men	Women
Total...	40	60	47	53	166	217
65-69.....	37	63	49	51	81	128
70-74.....	40	60	47	53	172	224
75-79.....	41	59	46	54	248	297
80-84.....	42	58	44	56	309	342
85 and over..	42	58	41	59	302	294

The greater longevity of women is reflected in the percentages for each age interval. This effect is apparent in the steady rise in the proportion of women in the general population with each increase in age interval, but is obscured by other factors when only the recipients are considered. The percentage of women in the population rises from 51 percent of the group aged 65-69 to 59 percent of those aged 85 and over but, among recipients, falls from 63 percent of those under age 70 to 58 percent of those aged 80 or over. If the incidence of need were the same for both men and women, the ratio of women to men in a given age interval would be the same for recipients as for the population.

The recipient rate for women, however, was greater than that for men

for all groups except those aged 85 and over; the difference was largest for the age group 65-69 and diminished with each higher age interval. For the age group 65-69 the recipient rate for women was 58 percent greater than that for men, but for those aged 85 and over it was about the same. Accordingly, the decrease in the percentage of women that takes place with an increase in age interval is due to the comparatively higher incidence of need among women than men in the younger age intervals. The recipient rate for women (217 per 1,000 aged women) was, of course, much greater than that for men (166 per 1,000).

There are many reasons why the incidence of need is greater for aged women than for aged men in general and especially in the younger age intervals. When husbands who have failed to gain protection under old-age and survivors insurance or some other retirement plan die, their widows have difficulty finding employment because they have spent their lives as housewives. In June 1953, almost 4 in every 10 aged men had income from employment, compared with 1 in 12 aged women (excluding wives of earners from the group with income). Labor-force participation for aged men declines with an increase in age, however, so that older men lose their economic advantage over women. The other major source of income for the aged—old-age and survivors insurance benefits—was likewise received by a higher proportion of men, and their benefits were larger on the average. Moreover, the incomes and resources of men are greater and therefore last longer. The effect of advanced age on the incomes of men and women is known for 1949. For the noninstitutional aged population in 1950 with income in 1949, the median income for women, excluding married women living with their husbands, was \$720 for those aged 65-74, or half that for men of the same age; and it was \$620 for those aged 75 and over, or four-fifths of that for men.

The recipient rates for both men and women reach a peak for those aged 80-84 and then decline—more sharply for women than for men.

Possibly there is less need among those aged 85 and over, or their needs are taken care of in some way other than through public assistance. Perhaps there is less need because mortality rates may be higher for assistance recipients than for those who are in better economic circumstances. If this assumption is correct, it would mean that more of those who have adequate income and resources survive to the older ages.

There is an indication, however, that relatively more potential recipients in the older ages are kept off the rolls because they are cared for either in institutions or by their children. In 1950, 4 percent of all men aged 75-84 and 8 percent of those aged 85 and over were in institutions; for women the corresponding ratios were 5 percent and 10 percent. Aged persons in institutions are not eligible for Federal aid under old-age assistance if they are in public nonmedical institutions or in private charitable institutions that provide lifetime care in exchange for a modest lump-sum payment. The proportion of aged persons living in the home of a child in 1950 rose from 15 percent of men aged 75-84 to 28 percent of those aged 85 and over, and from 29 percent of women aged 75-84 to 41 percent of the oldest group. Since many of these older persons have their needs provided for by their children, they do not need assistance. The drop in the recipient rate is greater for women than for men because the proportion of women aged 85 and over in the population who live in the home of a son or daughter is considerably higher than that for men of advanced age.

The greater prevalence of the widowed among aged women and their less favorable economic status are reflected in a comparison of the characteristics of the men and women receiving assistance. Cash income other than the assistance payment, for example, was received by 30 percent of the women but by 43 percent of the men. Thirteen percent of the women were being paid old-age and survivors insurance benefits, and 4 percent had earnings—percentages about half those for men. As shown in the accompanying chart, slightly

more than half the men were not living with a wife, but about 4 out of every 5 women did not have a spouse present. As a result, relatively twice as many women as men lived in the home of a son or daughter (20 percent compared with 10 percent), and 30 percent of the women and 21 percent of the men lived alone in quarters for which they had primary responsibility.

Data on age and length of time on the rolls indicate that women usually need assistance at an earlier age than men. Men and women had been on the assistance rolls about the same length of time (4.6 years and 4.7 years, respectively) when the study was made. The men were half a year older than the women; their median age was 75.1, compared with 74.6 for women. The median age for male recipients was about 4 years higher than that for aged men in the population, but the median age for women who were recipients was only 3 years greater.

Although the incidence of need was greater for women than men in all but one State, women recipients were in the minority in three States. In Hawaii they constituted 22 percent of the caseload and in Nevada, 44 percent; in Rhode Island, 68 percent of the recipients were women—the largest proportion in any State. The States with relatively few women recipients are chiefly Mountain States, which have the highest ratio of aged men to aged women in the Nation. States with comparatively few women recipients generally had below-average beneficiary rates for old-age and survivors insurance and above-average recipient rates for old-age assistance. Hawaii, the only jurisdiction where the recipient rate for men exceeded that for women, had a nonwhite caseload that was overwhelmingly male.

Race

Despite higher dependency rates for nonwhite persons, the recipients of old-age assistance are a predominantly white group because the aged population is largely white. In 1953, for the country as a whole, 93 percent of the aged population and 83 percent of the old-age assistance caseload

were white. The incidence of need in each 5-year age interval was about three times as great for nonwhite aged persons as for white persons. Almost half of all nonwhite aged persons were recipients of old-age assistance. The dependency rate for the nonwhite group was highest for those aged 80-84; 8 out of 10 received old-age assistance. The nonwhite population of this age represented, however, only about one-half of 1 percent of all aged persons. The percentage distribution of the aged population and of recipients of old-age assistance in 1953 by age and race is given below.

Race and age	All aged persons ¹	Old-age assistance recipients
Total.....	100.0	100.0
White.....	93.2	82.6
65-69.....	36.3	17.3
70-74.....	26.9	24.3
75-79.....	16.4	20.8
80-84.....	8.8	13.3
85 and over.....	4.8	6.9
Nonwhite.....	6.8	17.4
65-69.....	2.6	3.9
70-74.....	2.0	5.7
75-79.....	1.1	4.0
80-84.....	.6	2.6
85 and over.....	.5	1.2

¹ Data from the Bureau of the Census, *Current Population Reports, Population Estimates*, Series P-25, No. 146, table 3, p. 15.

Economic and social data show that the nonwhite group is disadvantaged. Their mortality rates are higher for all age groups under 75 than the rates for the white population—a difference reflecting not only a lower standard of living but also the fact that medical care is less accessible. Thus, fewer nonwhite persons survive to old age, and those who do are more likely to be widowed. In 1953, about 72 percent of all aged nonwhite women were widows, compared with 53 percent of the aged white women. The median income in 1949 of all aged nonwhite persons with income was \$473, or only 54 percent of the average of \$883 for aged white persons.

Nonwhite recipients in most States and in the country as a whole were predominantly Negro. Nationally, Negroes accounted for 96 percent of the nonwhite recipients, American Indians for 3 percent, and other races for 1 percent. In Hawaii persons of

"other race" made up more than 90 percent of the caseload, and American Indians outnumbered Negroes in 11 States—most of them Mountain States. In five of these States, American Indians represented 5-13 percent of all recipients. Negroes, on the other hand, formed a sizable group of recipients in some of the other States; they were in the majority in the District of Columbia, Mississippi, and South Carolina and were more than 30 percent of the caseloads of about two-thirds of the other States in the South.

Additional characteristics of nonwhite recipients will be considered in the discussions of other specific characteristics. It must be borne in mind, however, that since about three-fourths of the nonwhite recipients lived in the South the characteristics of the group are by and large those of the Negro residents of rural areas.

Tabulations of white and nonwhite recipients by place of residence were not prepared from the study, but data from the 1950 *Census of the Population* indicate that aged nonwhite persons lived predominantly in rural areas in the South and highly urban places in other regions. In the South, for example, 55 percent of all aged nonwhite persons but 52 percent of the aged white persons lived in rural areas. In the Northeastern and North Central States, in contrast, 83 percent and 74 percent, respectively, of all elderly nonwhite persons lived in urbanized areas (places with a population of 50,000 or more), compared with 62 percent and 38 percent, respectively, of aged white persons.⁴ Data for Illinois, New York, and Pennsylvania, moreover, indicate that nonwhite persons are found mostly in large cities like Chicago, New York City, Philadelphia, and Pittsburgh. The urban characteristics of nonwhite recipients who live outside the South are outweighed by those of recipients in rural areas of the South.

Residence

Recipient rates vary significantly with place of residence. Recipients

⁴ Bureau of the Census, *Special Report PE No. 5A, 1950, U. S. Census of the Population, Characteristics by Size of Place*, table 6, pp. 56-59.

living in nonmetropolitan counties outnumbered recipients in metropolitan counties 3 to 2, despite the fact that only 46 percent of the aged population lived in nonmetropolitan counties.⁵

Most recipients in nonmetropolitan counties resided in rural-nonfarm areas, but most of those in metropolitan counties lived in large cities. Of every 100 recipients, 59 resided in nonmetropolitan counties—26 in rural-nonfarm areas, (that is, small towns and villages with fewer than 2,500 persons or in the open country), 12 on farms, 11 in cities of 2,500-9,999 population, and 10 in cities with populations of 10,000-49,999. Of the 41 out of every 100 recipients who lived in metropolitan counties, 25 resided in cities of 100,000 or more population, 9 dwelt in cities of 10,000-99,999 persons, 2 lived in cities with a population of 2,500-9,999, and 5 were in rural places of fewer than 2,500 persons or on farms. All told, 56 percent of the recipients resided in cities of various sizes in metropolitan and nonmetropolitan counties, 13 percent dwelt on farms, and 31 percent lived in sparsely settled areas, although they were not living on farms.

As in the Nation as a whole, a majority of the recipients in 35 of the 49 reporting States lived in nonmetropolitan counties. The proportion of recipients who resided in nonmetropolitan counties in a given State was determined to some extent, of course, by the size and prevalence of such areas in that State. The District of Columbia, for example, is 100-percent metropolitan, and the other five jurisdictions where more than three-fourths of the recipients lived in metropolitan counties—California, Massachusetts, New Jersey, New York, and Rhode Island—were highly metropolitan. At the other extreme were five States—Idaho, Montana, Nevada,

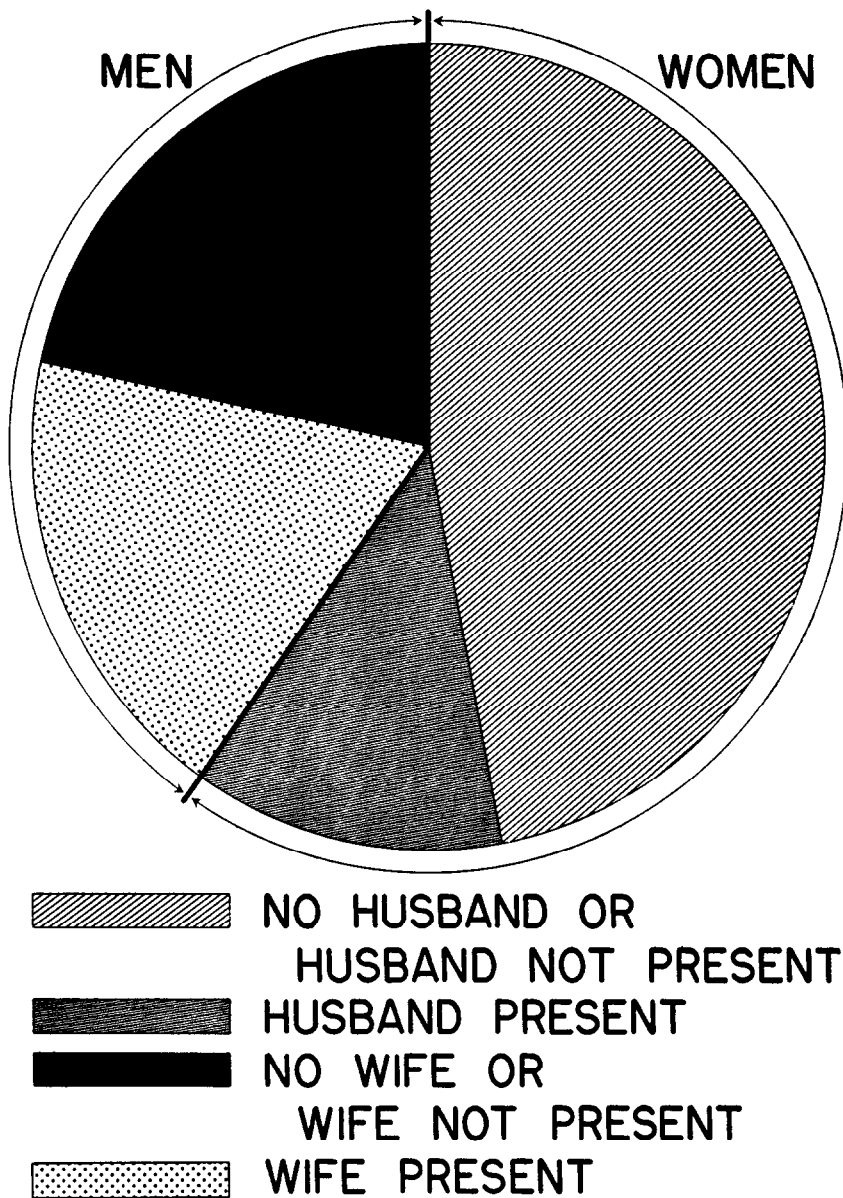
North Dakota, and Wyoming—with no metropolitan counties.

The receipt of old-age assistance was more prevalent among aged persons in nonmetropolitan counties than in metropolitan counties, and dependency rates within nonmetropolitan counties were highest in rural-nonfarm areas. Nationally, old-age assistance was received by 15 percent of the aged in metropolitan counties. In the nonmetropolitan

counties about 25 percent of all aged persons were recipients.

Among States, the greatest difference between the incidence of need in the two types of counties was found in Kentucky, where the recipient rate in nonmetropolitan counties was nearly two and one-half times that in metropolitan counties. The nonmetropolitan rate was higher in 9 out of every 10 States with both types of counties.

Old-age assistance recipients, by sex and presence or absence of spouse, early 1953



⁵ Counties (towns in New England) were classified according to the 1950 Census as metropolitan if they contained a city of 50,000 or more persons or if they were contiguous to such a county and were socially and economically integrated with the central city. Localities within each type of county were classified as farm, rural-nonfarm, or urban (2,500 or more persons).

Table 2.—Old-age assistance: Personal and other selected characteristics of recipients, by place of residence, early 1953

Characteristic	Total	Metropolitan county					Nonmetropolitan county					
		Total	City with population of—			Other	Total	City with population of—		Rural-farm	Rural-nonfarm	
			100,000 or more	10,000-99,999	2,500-9,999			10,000-49,999	2,500-9,999		Town or village, population of less than 2,500	Other rural-nonfarm
Total number of recipients.....	2,570,600	1,062,600	631,700	231,100	60,400	139,400	1,508,100	250,000	279,400	314,800	392,500	271,300
Total percent.....	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Living arrangement:												
In own home.....	67.1	58.9	58.0	57.4	57.8	65.8	72.9	67.3	71.4	66.7	79.8	77.0
Alone.....	26.5	27.1	28.5	25.7	27.0	23.6	26.0	29.8	30.2	12.8	32.4	24.2
With spouse.....	29.3	20.6	17.9	20.8	23.0	31.8	35.3	25.5	29.9	42.1	36.6	40.6
Other.....	11.3	11.2	11.7	10.9	7.8	10.4	11.5	11.9	11.3	11.7	10.9	12.1
In home of son or daughter.....	15.8	16.8	15.6	18.1	18.5	19.1	15.1	14.9	14.4	23.9	10.4	12.6
In other relative's home.....	4.8	5.5	5.5	5.7	5.7	5.3	4.3	4.0	4.1	6.4	3.3	4.0
In institution.....	4.7	6.6	6.3	6.8	9.8	6.4	3.3	5.9	4.6	.5	2.9	3.2
Other.....	7.7	12.2	14.6	12.0	8.2	3.4	4.3	8.0	5.5	2.5	3.6	3.3
With no spouse or spouse not present	69.1	77.6	80.6	77.2	75.8	65.6	63.2	73.1	69.1	55.5	62.3	58.0
Unable to care for self.....	17.9	18.7	18.0	18.9	22.2	20.0	17.4	19.0	18.7	18.1	15.8	15.9
Property ownership:												
Home.....	28.0	16.8	12.4	19.5	23.5	29.3	36.0	26.3	33.2	35.7	45.2	34.6
Cash reserve.....	17.7	25.3	25.0	30.4	23.5	18.8	12.3	17.5	13.6	8.2	13.5	9.4
Income:												
With no income other than assistance.....	38.7	43.9	45.7	42.9	42.8	37.7	35.1	40.0	41.3	18.3	42.6	32.7
With old-age and survivors insurance benefits.....	17.4	25.0	26.9	26.2	22.8	15.3	12.0	22.4	15.6	4.2	11.2	8.7
Median number of years receiving old-age assistance.....	4.7	4.5	4.5	4.4	4.4	4.5	4.8	4.8	5.2	4.3	5.4	4.7

Within nonmetropolitan counties, the incidence of need was not uniform; recipient rates were usually lowest for farm dwellers and highest for residents in rural-nonfarm areas. Thus, aged persons living in small towns and villages or in the open country were most likely to be recipients, especially in the Southern States, where frequently more than half the rural-nonfarm aged were on the assistance rolls. Except in some of the Southern States, the recipient rate for farm residents was lower than that for those who lived in cities of 2,500-49,999 population in nonmetropolitan counties.

Several economic and social factors account for the lower recipient rates of metropolitan counties and of farms in nonmetropolitan counties. A survey in 1951 showed that almost half the aged beneficiaries of old-age and survivors insurance lived in cities of 100,000 or more population and a fourth in cities of 10,000-99,999.⁶ Employment opportunities are greater,

moreover, in urban areas and on farms. Of the aged in the labor force in 1950, according to estimates of the Bureau of the Census, almost one-fifth of the men and about three-fifths of the women were in service industries—that is, they operated or worked in hotels or roominghouses, served as janitors and guards, or performed other services found typically in urban places—and three-tenths of the men worked in agriculture. Although few aged persons in rural areas had an opportunity in the past to gain protection under the old-age and survivors insurance system,⁷ those on farms have greater opportunity to work. On farms, for example, there is no forced retirement upon attaining age 65, and many farmers continue to operate their farms as long as they are able to do so. Those who are too old to work their own farms, moreover, frequently have a son or daughter run

⁷ The 1950 amendments extended old-age and survivors insurance coverage to regularly employed farm workers. The 1954 amendments covered farm owners and operators, and 1956 legislation permitted additional farm owners and operators to be covered.

it for them or hire someone for that purpose, and they thus continue to have their needs taken care of. Children who have their own farms seem to be more willing to take in their aged parents, probably because room is more readily available than in city homes and because the aged on farms have a greater chance to provide useful services in return. Census data reveal a tendency among widows to move away from farms.⁸ Since aged widows are at the bottom of the economic scale, dependency rates are probably reduced for farms and raised for the small towns and villages in the vicinity to which the widows are most likely to move.

These economic and social factors are also reflected to some extent in the differences between the characteristics of recipients in metropolitan and nonmetropolitan counties. Thus, although in 1953 only 1 out of every 6 recipients had old-age and survivors insurance benefits, the receipt of income from this source was twice as prevalent in metropolitan counties

⁸ Bureau of the Census, *Current Population Reports, Population Characteristics, Series P-20, No. 50* (December 1953).

as in nonmetropolitan counties, where only one-eighth of the recipients were beneficiaries (table 2). Farmdwellers had the smallest proportion with old-age and survivors insurance benefits (4 percent) but had the largest percent with some income in addition to the assistance payment (82 percent), chiefly because of home produce or shelter that was earned or contributed. Receipt of noncash income was almost twice as common in nonmetropolitan counties as in metropolitan counties. Some income—cash or noncash—other than the assistance payment was received by 65 percent of the recipients in nonmetropolitan counties, compared with 56 percent of those in metropolitan counties. A small cash reserve in the form of savings, insurance, and the like was held by one-fourth of the metropolitan recipients, or double the proportion in nonmetropolitan counties. On the other hand, homeownership was half as common in metropolitan counties and occurred least frequently in cities of 100,000 or more, where multiple family dwellings are typical.

Place of residence affects many of the other personal characteristics of recipients, especially living arrangements. Nonmetropolitan residents were more likely to live in their own homes, particularly with a spouse, and were less likely to live in institutions or have rooms in commercial establishments. There were fewer nonmarried recipients in nonmetropolitan counties, since 37 percent of them had a spouse present, compared with 22 percent of the metropolitan recipients. The proportion of recipients living with a spouse in their own homes in nonmetropolitan counties was three-fourths again as high as that in metropolitan areas. On the other hand, nonmetropolitan recipients had rooms in a nonrelative's home, a hotel, a roominghouse, or a boardinghouse about one-third as often as metropolitan recipients and they were in institutions half as frequently.

Recipients who were villagers or farmdwellers in nonmetropolitan counties were strikingly different with respect to certain personal characteristics from all other recipients; the two groups also differed from each

other. Among all recipients, for example, those living in small towns and villages of rural-nonfarm areas had been receiving old-age assistance the longest (half had been on the rolls 5 years or longer), were the most likely to be homeowners (45 percent), and to live alone in their own quarters (32 percent), and they were the least likely to live in their child's home (10 percent). In contrast, recipients on farms were the least likely to live alone in their own homes (13 percent). They lived more frequently than others in their child's home; almost one-fourth had this arrangement. Farmdwellers, moreover, had the highest proportion of recipients with a spouse present (45 percent).

The low proportion of recipients who rented rooms from farmers (3 percent) or lived in institutions (0.5 percent) reflects the scarcity of such facilities in rural areas. In addition, the living arrangements of recipients on farms reflect the generally greater willingness and ability of farm residents to take in their aged relatives and the impracticality for aged widows of remaining alone on their farms. Since a comparatively large proportion of the recipients on farms live in the home of a relative, there may be a greater need for services designed to strengthen family life by helping the recipient and other members of the family to make any necessary adjustments in their living patterns.

Within metropolitan counties, there likewise was variation in the characteristics of recipients in places of different sizes. Generally, the greater the degree of urbanization in metropolitan counties the larger was the percentage of recipients who lived alone in their own quarters or who lived in a room either in the home of a nonrelative or in a commercial lodging. Moreover, with increasing urbanization there were relatively more recipients who did not have a spouse present and comparatively fewer recipients who were homeowners or who lived in the home of a son or daughter. Of every 10 recipients in cities with a population of 100,000 or more, 8 were not living with a spouse.

Living Arrangements

A suitable living arrangement for an aged person depends upon his personal, social, and health needs and is therefore different for each individual and, in addition, may change for a given individual as he gets older. Older persons are the least mobile of any age group but may change their living arrangements when faced with such crises as the death of a spouse or serious illness. The dearth of low-cost housing, as well as the fact that some States do not have adequate funds to meet their need standard in full and others have comparatively low standards for shelter costs, means that assistance recipients frequently have to live in marginal or residual housing. Nevertheless, the assistance payment does enable the recipient to have some choice as to where he will live; before the advent of the program needy aged persons were relegated to the poorhouse all too frequently. The living arrangements of recipients are affected not only by their marital status, state of health, and meager income, but also by such related factors as age, sex, and place of residence.

Living in Own Home

Recipients of old-age assistance, like most elderly men and women, prefer to live in their own homes if their health permits this arrangement.⁹ Slightly more than two-thirds of the recipients lived in their own homes (table 3), compared with about three-fourths of all aged persons in April 1953. Nearly all recipients living with a spouse maintained their own households, and more than half the recipients not living with a spouse were likewise heads of households. As might be expected, the proportion of recipients who lived in their own quarters was lowest (40 percent) for those who were unable to care for themselves because of a physical or mental condition. These

⁹ A recipient (and spouse) was considered to be living in his own home if (1) he or his spouse owned the home, or (2) he had rented or free quarters with cooking facilities that were primarily for his use and the recipient (or spouse) had primary responsibility for management of the home.

recipients lived in a child's home or in an institution much more frequently than other recipients.

Living with spouse.—Although almost all recipients (94 percent) who lived with a spouse maintained their own households, fewer than 3 out of every 10 recipients had this kind of living arrangement. Since aged married men who are heads of households are far better off economically than those with other living arrangements as far as the percentage with income and the average amount of income are concerned, relatively few of them need old-age assistance. The recipient rate for aged persons living with a spouse in their own homes is less than half that for all other aged persons. In April 1953, 48 percent of all aged persons were living with a spouse in their own households, compared with 29 percent of the recipients. The difference is due partly, of course, to the fact that the assistance caseload has more older persons and has a greater proportion of women. Even if the aged population had the same sex and age distribution by broad age intervals as recipients, however, the expected proportion with this living arrangement would be 43 percent—

still significantly higher than the percentage for recipients.

Variation among groups of recipients in the percentage living with a spouse in their own homes reflects differences in the proportion with a spouse present, since those living with a spouse almost always maintained their own households. The proportion of women recipients with a spouse present was less than half that for men—a ratio that reflects the higher proportion of aged women who are widowed. About one-fifth of the women in the study but more than two-fifths of the men lived with a spouse in their own homes. About the same proportion (29 percent) of white as of nonwhite recipients were living with a spouse in their own homes. The proportion declined from 37 percent for the age group 65-69 to 18 percent for those aged 80 and over (table 1) and was highest (42 percent) for recipients on farms and lowest (18 percent) in cities of 100,000 or more population (table 2).

The proportion of recipients who lived with a spouse in their own home also varied greatly among the individual States, ranging from a high of 44 percent in Oklahoma to a

low of 9 percent in the District of Columbia. Couples living in their own quarters were found least often among recipients in the Northeast or in the adjacent sections of the South Atlantic States. These States are generally characterized by high old-age and survivors insurance beneficiary rates, per capita incomes above the average for the Nation, low recipient rates, an above-average representation of women among recipients, and a high proportion of recipients living in large cities. On the other hand, aged married men were found most often among recipients in the South Central States, which are generally below average in beneficiary rates for old-age and survivors insurance and in per capita income and above average in recipient rates for old-age assistance, in the proportion of recipients living on farms or in rural areas, and in the percentage of men among recipients.

Living with other persons.—Although a spouse was usually the only related person in the household, recipients not infrequently shared their homes with other relatives or with nonrelated persons. For the Nation as a whole, 22 percent of the recipients lived in their own homes with a spouse only and 7 percent had other persons (usually children) in their households as well as a spouse. In addition, 11 percent were heads of households but did not live with a spouse; they shared their homes with children, other relatives, and/or non-related persons. Altogether, 18 percent of all recipients lived in their own homes with someone other than a spouse. Recipients not living with a spouse shared their own quarters with others less frequently than couples (16 percent compared with 22 percent), and they constituted a larger proportion of the total caseload because they outnumbered recipients with a spouse by more than 2 to 1. Widows were more likely than widowers to have their children or other persons in their households. Men under age 75 who lived on farms and had wives under age 65 were the most likely to share their dwelling with others. Nonwhite recipients shared their households with persons other than a spouse more than half again

Table 3.—Old-age assistance: Living arrangements of recipients, by selected characteristics, early 1953

Living arrangement	All recipients	Sex		Race		No spouse or spouse not present	Spouse present	Unable to care for self because of physical or mental condition
		Men	Women	White	Non-white			
Total number of recipients	2,570,600	1,036,400	1,534,300	2,122,700	447,900	1,773,400	797,200	460,400
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
In own home	67.1	70.7	64.7	66.3	71.1	54.8	94.5	39.7
Alone	26.5	20.9	30.2	26.7	25.1	38.4	-----	7.2
With one or more related persons:								
Spouse only	22.5	31.8	16.1	23.3	18.4	-----	72.5	13.9
Spouse and children	4.7	8.1	2.4	4.4	5.9	-----	15.1	4.4
Spouse and other persons	2.1	3.4	1.2	1.6	4.9	-----	6.9	1.7
Spouse not present:								
Children	5.7	2.7	7.7	5.4	7.3	8.2	-----	7.2
Other relatives	3.7	2.1	4.8	3.2	6.2	5.4	-----	3.2
With nonrelated persons only	1.9	1.7	2.1	1.6	3.4	2.8	-----	2.1
In home of son or daughter	15.8	9.6	20.0	15.6	16.4	21.0	4.3	25.8
In other relative's home	4.8	4.0	5.4	4.7	5.1	6.8	-----	6.8
In nonrelative's home	4.0	4.7	3.4	3.8	4.9	5.6	.3	3.9
In hotel, roominghouse or boardinghouse, and other	3.7	6.3	1.9	4.1	1.6	5.2	.2	2.6
In institution:								
Public	.7	1.0	.4	.8	.2	1.0	(1)	2.9
Private	4.0	3.7	4.2	4.7	.6	5.7	.3	18.2
Nursing or convalescent home	3.1	3.0	3.2	3.7	.5	4.4	.3	15.9
Other	.9	.7	.9	1.0	.1	1.2	.1	2.3

¹ Less than 0.05 percent.

as frequently as white recipients, and they lived with someone other than their children more than twice as often.

Living alone.—One of the criteria for a good living arrangement—privacy—was met for more than one-fourth of the recipients, who lived alone in their own household. The proportion of recipients living in quarters for which they were primarily responsible was highest (38 percent) for the “single” recipients (those who had no spouse or whose spouse was absent) and lowest (7 percent) for those who needed considerable help in caring for themselves. Since 79 percent of the women but 54 percent of the men did not live with a spouse, it is not surprising that relatively many more women than men lived in their own home (30 percent in comparison with 21 percent).

There were no significant differences between white and nonwhite recipients in the proportion living alone in their own home. The variation for the different age groups was also slight; the proportion for recipients aged 70-74 was somewhat above the average for all recipients, and for those aged 65-69 and aged 80 and over it was slightly below average (table 1). For recipients aged 80 and over who had no spouse present and who were household heads living alone, the proportion was considerably less than the average for all recipients with no spouse present.

Variation by place of residence was slight within metropolitan counties but sizable in nonmetropolitan counties. The proportion living alone in their own home ranged from 13 percent of those on farms to 32 percent of the recipients in small towns and villages (table 2). Recipients lived alone in their own homes least frequently in Southern States, where a high proportion of recipients were farm dwellers who usually lived in multiperson families. This arrangement was most common in the Mountain States, where recipients frequently resided in cities, towns, and villages of nonmetropolitan counties, and in the Pacific States, where a high percentage of recipients lived in large cities of metropolitan coun-

ties. The percentage of recipients who were household heads living alone was highest (45 percent) in Wyoming and lowest (13 percent) in North Carolina.

Primary individuals, defined by the Bureau of the Census as those who are household heads living alone or with nonrelated persons only, were relatively much more numerous among assistance recipients than they were among the aged population generally. Almost as many recipients had this arrangement (28 percent) as lived with a spouse in their own households. In contrast, only 17 percent of the aged population were primary individuals in April 1953. This percentage would rise 1 point if the aged population had the same preponderance of women as the assistance caseload and the same proportion over age 75. The old-age assistance recipient rate for primary aged individuals is almost double that for all other aged persons.

Not Living in Own Home

Living in a relative's home.—Recipients who did not manage their own households generally lived in the home of a relative, usually a son or daughter. For several decades the general attitude toward the three-generation family has been changing. Nowadays both the aged person and his adult children usually prefer independent living arrangements. Nevertheless, for some persons who are emotionally dependent upon others or those who may need help to a limited extent because of physical infirmity, living with a relative may have its advantages. The aged person and his child may be prepared in advance for necessary adjustments in their way of living, and the public assistance agency may see that counseling is made available as family problems arise. This arrangement is sometimes made impossible for assistance recipients, however, by State residence requirements. These requirements interfere when a child in another State is willing to take a parent into the home but is unable to provide for his needs in full.

Aged persons who live in the home of a relative are the least well off in terms of availability of income and

the average amount of income for those who had any income, but they frequently get some help—such as shelter, food, or clothing—from the relative. Twenty-one percent of the recipients and 17 percent of all aged persons had this living arrangement. If the aged population had the same sex and age distribution as recipients, however, the proportion living in a relative's home (21 percent) would be about the same. Undoubtedly many of the aged widows with no money income who live in the home of a relative are supported in full by the relative; others may have assets in excess of the amount that renders an applicant for aid ineligible under the State plan.

The relative who shared his home with a recipient was a son or daughter in 3 out of every 4 instances of this kind. About 1 out of every 6 recipients in the entire caseload lived in a child's home. As might be expected, this arrangement occurred with above-average frequency among recipients who were aged 80 or older, who required considerable care from others because of a physical or mental condition, and who were not married or not living with a spouse. Recipients with no spouse present who live in a child's home have cash income other than assistance about half as frequently as all recipients, but they have income in kind, mostly shelter, about twice as often. Women lived in a child's home twice as frequently as men. Accordingly, recipients who live in a child's home are likely to be widows with little or no cash income. Farm dwellers had this living arrangement half again as frequently as all recipients (table 2), probably because of the scarcity of commercial lodgings and the greater willingness and ability of farmers to shelter aged relatives. Variation among groups of recipients in the proportion living in a child's home ranged from 4 percent for those living with a spouse to 26 percent for those needing considerable care from others (table 3).

Among the States the proportion living in a child's home varied from 7 percent of recipients in New York to 33 percent in North Carolina. This living arrangement was found most

often in the Southern States, which had a high proportion of recipients living on farms and a low percentage living alone in their own homes. States with the smallest proportion of recipients living in a child's home were geographically scattered. The Middle Atlantic and Pacific States had a comparatively high proportion of recipients living in cities of more than 100,000 population, in nonrelatives' homes, and in lodginghouses or institutions, and the North Central and Mountain States had a large percentage of recipients living in small towns and villages of nonmetropolitan counties and hence living alone in their own homes.

Relatively few recipients lived in the home of a relative other than a child (5 percent) or in a nonrelative's home (4 percent). Recipients with a spouse present rarely had either of these arrangements. Those who required substantial care because of a physical or mental condition and those on farms lived in the home of a relative other than a child more frequently than other recipients. A higher-than-average proportion of the recipients in cities of 10,000 or more population in metropolitan counties lived in a nonrelative's home.

Living in quasi-households.—The remaining 8 percent of the recipients lived in quasi-households—that is, in institutions or in commercial lodgings, such as hotels, roominghouses, and boardinghouses where there are four or more guests. More than half of all aged persons who lived in quasi-households were on the assistance rolls. The proportion of recipients residing in all types of quasi-households was more than twice as great as for the aged population in April 1953 (4 percent), and it was about three times as large for those in hotels and roominghouses or boardinghouses. On the basis of 1954 and 1955 data from the Bureau of the Census, it is estimated that 3 percent of all aged persons lived in institutions in April 1953 and 1 percent lived in commercial lodginghouses, compared with 5 percent and 4 percent, respectively, of the recipients.

What kinds of recipients resided in institutions, hotels, and roominghouses or boardinghouses? They

were almost all nonmarried or not living with a spouse. White recipients had this arrangement four times as often as the nonwhite group. About three-fourths of the nonwhite recipients lived in Southern States that usually had comparatively few recipients in quasi-households because of the scarcity of commercial lodgings in rural areas and because assistance payments in some States were so low as to preclude the purchase of care in nursing homes. More men than women had rooms in hotels and other commercial establishments, but about the same proportion of men and women lived in institutions. Among those who required substantial care from others, 18 percent were in private institutions—chiefly nursing or convalescent homes—and 3 percent were in public medical institutions other than institutions for tuberculosis or mental diseases.

Recent Trends

The desire to find the living arrangement that is best suited to the physical and emotional needs of the aged individual has resulted in some interesting approaches to this problem. Emphasis on the provision of services that enable aged persons to achieve the maximum in self-care has brought many changes in their living arrangements. Some communities, for example, have started a foster-home program that places aged persons in private homes. This arrangement gives the aged person a feeling of "belonging" and a sense of being appreciated as an individual personality, yet assures him the privacy of his own room when he needs it. In some communities, certain older persons are also helped to lead active and happy lives through an arrangement whereby they receive counseling service on personal or other problems from the staff of an institution and may receive care in the institution when it becomes necessary. Some institutions emphasize rehabilitation through a program of self-help and self-care in order that the aged person may return to his home or, barring that possibility, function to the utmost of his limited ability. The scarcity and costliness of institutional care have led a few communities to

start a program for treating some ill persons in their own homes by providing the services of visiting nurses, visiting homemaker service, therapists, nutritionists, and social workers.

Physical and Mental Condition

Illness is a definite hazard for the older person and creates many problems, especially the need for financial aid and other services. Medical expenses that depleted savings or exceeded meager income have caused many aged individuals to apply for assistance. Illness or disablement resulting in the loss of employment or decreased earnings was the major reason for need in more than one-fourth of the cases accepted for old-age assistance by 40 reporting States from July 1, 1952, through June 30, 1953. Ill health was undoubtedly a factor also for many among an additional 21 percent of the cases placed on the rolls during the same period primarily because of depletion of savings or other assets.

Because of the advanced age of the recipients and their low income, it is not surprising that many suffer from chronic illness or infirmity. Almost 18 out of every 100 recipients required considerable care from others because of infirmity. Four percent of all recipients were bedridden, and an additional 14 percent had physical or mental handicaps of a serious nature. Those not bedridden but requiring considerable care from others primarily because of a physical or mental condition constituted 12 percent and 2 percent, respectively, of all recipients in the study. The low proportion requiring custodial care because of mental illness reflects the exclusion from Federal financial aid of persons in institutions for the mentally ill. Among States, the range in the proportion of recipients with each type of infirmity was as follows: bedridden, from 2 percent in Pennsylvania to 6 percent in Oregon; not bedridden but with a serious mental condition, from 0.5 percent in Connecticut to 6 percent in Nebraska; and ambulatory but incapacitated by a physical condition, from 8 percent in Hawaii to 18 percent in New Hampshire.

Table 4.—Old-age assistance: Personal characteristics of recipients, by physical and mental condition, early 1953

Characteristic	Able to care for self	Unable to care completely for self			
		Total	Bedridden	Not bedridden but requiring considerable care from others due primarily to—	
				Physical condition	Mental condition
Total number of recipients.....	2,110,200	460,400	92,100	314,000	54,300
Total percent.....	100.0	100.0	100.0	100.0	100.0
Age:					
65-69.....	23.3	11.4	11.6	11.1	13.2
70-74.....	32.2	20.0	19.2	20.1	20.9
75-79.....	25.0	23.9	22.2	24.6	22.4
80 and over.....	19.5	44.7	47.0	44.2	43.5
Receiving old-age assistance 10 years or longer	17.8	31.4	33.3	31.6	27.7
Sex:					
Male.....	40.9	37.7	35.8	38.3	37.7
Female.....	59.1	62.3	64.2	61.7	62.3
Race:					
White.....	82.3	83.8	87.1	83.3	80.7
Nonwhite.....	17.7	16.2	12.9	16.7	19.3
Residence:					
Metropolitan county.....	40.9	43.1	44.0	42.8	43.1
Nonmetropolitan county.....	59.1	56.9	56.0	57.2	56.9
Living arrangement:					
In own home.....	73.1	39.7	30.6	43.3	34.8
Alone.....	30.7	7.2	3.5	8.1	8.2
With others.....	42.4	32.5	27.1	35.2	26.6
In home of son or daughter.....	13.6	25.8	23.9	27.3	20.4
In institution.....	1.1	21.2	36.9	15.8	25.7
Private nursing or convalescent home.....	.3	15.9	28.5	11.6	19.5
Other.....	.7	5.3	8.4	4.2	6.1

The personal characteristics of recipients who were incapacitated by chronic illness or infirmity differed from those of other recipients, and those of the bedridden varied most from those of the group that did not need considerable care from others. Recipients with a serious physical or mental condition were considerably older than other recipients; 45 percent were aged 80 and over, compared with 19 percent of those able to care for themselves, and the proportion who were aged 65-69 was only half as large (11 percent compared with 23 percent). More than 30 percent of the infirm recipients, in keeping with their older age distribution, had been receiving old-age assistance continuously for 10 years or longer (three-fourths again as high as the proportion of those able to care for themselves), and relatively more of them were white. A slightly higher percentage of the infirm than of those well enough to care for themselves resided in metropolitan counties and were women.

The living arrangements of recipients suffering from chronic illness or infirmity reflect not only their greater

age but also their dependence upon others in such activities as eating and dressing. They lived alone in their own households one-fourth as often as those who could take care of themselves, in the home of a son or daughter twice as frequently, and in an institution about 20 times as often. Only 9 percent of the recipients in private nursing or convalescent homes were able to take care of themselves, compared with 95 percent of those who lived by themselves in their own quarters and 96 percent of the dwellers in hotels or roominghouses. The bedridden were usually at the high or low end of the scale. Only 4 percent lived alone in their own homes, in comparison with about 8 percent of those who could get about but required much care from others and with more than 30 percent of those who could care for themselves. Conversely, 37 percent of the bedridden recipients resided in institutions, but only 1 percent of those well enough to care for themselves and 17 percent of the infirm but ambulatory recipients had this type of arrangement. The proportion of recipients who lived in the home of a child was highest

(27 percent) for those suffering from physical infirmity but not bedridden and lowest (14 percent) for those who were well enough mentally and physically to be able to take care of themselves.

Recipients with a serious physical or mental handicap present many challenges to the community and to public assistance. Perhaps the greatest challenge is that of rehabilitation to the maximum level of self-care that is possible for the individual person.

Conclusions

The characteristics of the recipients indicate that there will continue to be a need for the services furnished by the program. Efforts to increase employment of old-age assistance recipients would have to take into account the physical limitations resulting from the advanced age of recipients, the fact that many are widows who may never have worked, and the prevailing prejudice against hiring older workers. Many recipients can benefit, however, from services designed to help them achieve as great a degree of physical independence and as good a social adjustment as their limitations will permit. The medical needs of aged persons will become greater as longevity is extended and thus will continue to be important in bringing about the need for assistance. The higher proportion of recipients with old-age and survivors insurance benefits among those aged 65-69 indicates that a larger percentage of recipients of old-age assistance will be beneficiaries of the insurance program as time goes on. The recent attainment of nearly universal coverage under old-age and survivors insurance and the rise in the benefit levels mean that many persons will not need old-age assistance when they reach age 65. If the old-age and survivors insurance benefit continues to be regarded as a floor—that is, as basic protection to be supplemented by other income and resources—most aged persons may be able to purchase the necessities of life, but those lacking supplementary income and resources and receiving benefits at or near the minimum level will probably need assistance.