

The combined effects of more and more elderly Chinese living in empty-nest households and into advanced age pose an unprecedented challenge to the traditional family care for the aged in China and raise concerns about how to provide long-term care for the needy elderly. It has been increasingly recognized that the traditional family-based support system alone is inadequate to cope with rapid social change and population aging in China and that there is an urgent need to explore and develop the role of extrafamilial involvement in meeting the needs of long-term care for the Chinese elderly. This study used the interview data collected in 2001 in the city of Wuhan, and three other surveys on eldercare in Wuhan between 1998 and 2005, to show what eldercare patterns have emerged to cope with the long-term care needs of the urban elderly. More specifically, it describes and discusses three new eldercare patterns: at-home eldercare (juzia yanglao), community-based eldercare (shequ yanglao), and institutional care (yanglao jigou yanglao).

Keywords: long-term care; family care; institutional care; community service; aging population

Who Will Care for Our Parents? Changing Boundaries of Family and Public Roles in Providing Care for the Aged in Urban China

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On September 27, 2005, China's official news media website—Xinhuanet—reported a special focus study on the Chinese elderly. This report began with three tragic stories, from the cities of Changchun, Daqing, and Guangzhou (Xinhuanet, 2005). Mr. Wang, who was 81 years old and a retired resident of Changchun, lived with his divorced daughter who was bedridden due to cerebral thrombus. Despite his own old age,

Wang also had to care for his bedridden daughter. On August 8, 2005, neighbors found Wang's daughter crawling out of the apartment for help. It was only then that they discovered that Mr. Wang had been dead for more than 4 days, and his paralyzed daughter had almost died as well, having had only had one box of cookies to eat in 4 days. In the second event, which happened in Daqing, northeast China, Mr. Lu, a retiree of 70 years old, had sons and daughters but had been living alone since his divorce. When on June 22, 2005, the public security police forced his door open, Mr. Lu was found to have been dead for more than 6 months. In the third story, a mother in her mid-70s was living alone in Guangzhou, south China, and when her son came over to visit her, she had been dead for 4 or 5 days.

The tragic deaths of these three old people highlight the demise of the traditional multigenerational living arrangement in which aging parents were looked after by family members, and point to an increasingly common reality facing the Chinese elderly—living alone in empty-nest households (*kongchao jiating*). Recent surveys on living arrangements in China have shown a rapid rise in the proportion of empty-nest households—defined here as those households composed only of aging parents living by themselves as their adult child(ren) have moved out of parental households. An article in China's official English newspaper—*China Daily*—reports that “of the 2.5 million senior citizens in Shanghai, over 40 percent are “empty nesters.” The percentage is 62 percent in Tianjin and 40 percent in Beijing” (*China Daily*, 2004). A survey of the 2,700 retirees from Dalian Science and Technology University, conducted in 2004, shows that 47.1% of these retirees coresided with their children, 4.1% took turns living with their children's families, but 48.8% lived in empty-nest households (Chang, 2004). It has been projected that by 2010, 80% of Chinese senior citizens in urban areas will live alone (Xinhua, 2004).¹

Several factors have contributed to the sharp increase in empty nesters in China in recent decades. One is the increase in living space and housing due to the construction boom and housing reform that began in China in the 1980s (Davis, 1993; Feng, 2004; Ikels, 1990, 2004). Ikels' longitudinal study in Guangzhou shows that in comparison to what she observed in 1987, one obvious change in 1998 was that urban families were living in much less crowded conditions. More specifically, the increased urban living space was characterized by “an exodus of married children from parental households” and their movement into new housing, which contributed to a rise in the number of elderly parents living in empty-nest households (Ikels, 2004, pp. 238–341).

Another reason for the increase in empty nesters has to do with the new social trend of conjugal living among both the old and the younger generations and a growing generation gap in lifestyles (Huang, 2005; Yan, Y., 1997). According to Huang Runlong, in addition to some demographic factors such as the decrease in fertility and the increase in divorce rates that contribute to the rise of empty-nest households, the young generation's increasing demand for autonomy and the elderly generation's

increased standard of living also give rise to the increase of empty nesters in China. Among the members of the younger generation, as China has quickened its pace of modernization and industrialization, there is a higher level of career-motivated migration and a higher frequency of job change. This trend favors smaller nuclear families over large extended families, and has led to greater geographic separation across the generations. Huang also argues that with the general increase in the standard of living, "both the young and the old generation desire more autonomy and space of their own, and the traditional multigenerational living arrangement is no longer adaptable to what people need" (Huang, 2005, p. 61). According to a recent survey in Beijing, 28.17% of elderly females and 31.47% of elderly males indicated that they preferred not to coreside with children because they desired to "have their own independent space" (China Welfare-net, 2005). A study of eldercare in Zhejiang Province even finds that some elderly people prefer to live alone and separately from their children because they "do not want to become 'baomu' (household helpers) for their children but want to have their own independent life" (Dushi, 2005).

A further factor contributing to the rise in empty-nest households is the correlation between economic sufficiency and the propensity to live alone for more personal autonomy. Jonathan Unger's study of the survey data in the mid-1980s found that parents with pensions were four times more likely to live apart from all their children than were parents who had no pensions (Unger, 1993). According to a 2002 survey of Shanghai families, higher income households tend to prefer separate living arrangements for the old and the young generations, while lower income households lean toward coresidence. Among the surveyed families with a per capita monthly income of less than 500 yuan, 40.2% favored coresidence, while only 12.4% did so among the families with a per capita monthly income of 1,500 yuan or above (Shanghai Fulian, 2002). Since the majority of urban retirees received pensions and could benefit from the housing reform that allowed them to purchase and own their work-unit subsidized housing, this combined effect allowed more urban retirees to have an independent life apart from their children.

Yet another factor responsible for the sharp increase in empty-nest households in recent decades is the fact that the elderly parents and their grown children are increasingly not living in the same geographic area, because the adult children have relocated elsewhere to pursue their career or life as China's labor market has become increasingly more open and globalized. For instance, a study among the 260 empty-nest retirees from Beijing University (Beida) shows that 108 of them (41.54%) did not even have any children living in Beijing, either because their children went to study or live and work abroad (97%) or because their children had relocated to Shanghai or Shenzhen (3%) (Xiong, 1998). Although the extreme case of empty-nest households among current Beida retirees is not representative of the nation as a whole, it does indicate the demographic trend that China's parents during

the one-child policy era will face when they begin to enter old age in the next two decades—the absence or lack of family care in the midst of rapid population aging and greater geographic separation between the generations due to career/job-motivated migration in a more open market economy.

The sharp increase in the empty-nest elderly can leave the aging and frail parents in a vulnerable situation. When living alone, elderly parents may not get prompt assistance or care when illnesses or accidents strike suddenly, resulting in fatal tragedies like the stories mentioned at the beginning of this article. Moreover, due to increased standards of living and improved health conditions, the Chinese elderly are living longer, with more and more living well into their 80s and even 90s, defined as the oldest old. In 1999, China's oldest old population reached 11.1 million.² Of the 68 million oldest old in the world, more than 16% live in China (Poston & Duan, 2000, pp. 715–716). As the aging parents become truly old, their health problems also increase. According to the 1998 Chinese Longitudinal Healthy Longevity Survey, the prevalence of disability in activities of daily living (ADLs) increases dramatically from less than 5% at age 65–69 to 20% at age 84–84 and 40% at age 90–94 (Zeng & Wang, 2003, p. 98). It is estimated that the number of oldest old persons in China will climb from 11.5 million in 2000 to 27 million in 2020, 39 million in 2030, and 99 million in 2050 (Zeng et al., 2002, p. 251).

The combined effects of more and more elderly Chinese living alone and into advanced age pose an unprecedented challenge to the traditional family care for the aged in China and raise concerns of how to provide long-term care for the needy elderly. It has been increasingly recognized that the traditional family-based support system alone is inadequate to cope with the rapid social changes and population aging in China and that there is an urgent need to explore and develop the role of extrafamilial involvement in meeting the needs of long-term care for the Chinese elderly. In this study, I used my 2001 interview data collected in the city of Wuhan, supplemented by three other surveys³ on eldercare in Wuhan between 1998 and 2005, to show what eldercare patterns have emerged to cope with the long-term care needs of the urban elderly. My interview data were based on my visits to two neighborhood communities and five elder homes in Wuhan. I have identified three newly emerging eldercare patterns: at-home eldercare (*jujia yanglao*), community-based eldercare (*shequ yanglao*), and institutional care (*yanglao jigou yanglao*). In what follows, I introduce and discuss each eldercare pattern.

AT-HOME ELDERCARE

At-home eldercare refers here to the situation in which elderly persons spend their twilight years at home, either providing their own eldercare or receiving care from family members. On the surface, the at-home eldercare pattern may resemble the Chinese tradition of family care for the elderly, but in fact it is quite different. This is because many urban elderly are increasingly living in empty-nest households

and have to provide their own daily care needs. A 1999 survey based on a sample of 1,000 elderly people in Wuhan shows that 40.47% of the elderly lived alone or with only a spouse (Yan, M., 1999). As for their eldercare provision, only 22.97% of the surveyed elderly received care from their adult children while 51.70% of the elderly provided their own eldercare; 20.59% received care from their spouse; and another 4.74% received care from hired helpers. This survey finding clearly indicates that the traditional eldercare model of the young providing care for their aged parents no longer constitutes the main source of caregiving for the elderly in urban China.

A 1996 survey on the long-term needs of the elderly in Wuhan found that 29.7% of the 407 elderly people surveyed indicated that they needed long-term care *badly*, 51.1% indicated that they

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needed it *somewhat*, only 7.9% said that they did not need it, and another 10.3% indicated that they did not want to consider the matter for the time being (Li et al., 1998). This survey shows that there is a great need for long-term care among the surveyed elderly. But as for their preference for the long-term care model, the overwhelming majority still chose to stay at home and receive care (76.4%), and only 23.6% indicated that they would choose a nursing home or a day care facility for the elderly. In a 2005 survey on the eldercare choices of the urban elderly in Hubei Province, it was found that the majority of the elderly still preferred to receive eldercare at home (77.2%) rather than in an institutional setting (22.8%) (Gao, 2005). It has been argued that the at-home eldercare model will remain predominant in the near future for at least the following two reasons.

First, China has joined the rank of aging countries while it is still a developing country and lacks the resources to develop formal care facilities to meet the aging needs of the huge elderly population. Indeed, the surveys on eldercare in Wuhan show that many elderly people pointed out that either there were insufficient long-term care facilities or they or their families could not afford the cost of residential care (Yan, M. 1999; Gao, 2005). Second, the at-home eldercare model suits the Chinese tradition of family-based care for the elderly. Although the number of elderly parents seeking

residential care to meet their long-term care need is on the rise, there is still a stigma attached to institutional care. Both elderly parents and their adult children still feel that institutional care is shameful and unfilial (Yan, M., 1999; Zhang, H., in press-b).

However, although the majority of elderly parents prefer the at-home eldercare model, the fact that more and more elderly parents are living alone in empty-nest households means that they may not get the quality care they need. In order to create an environment that will better guarantee that the elderly will receive eldercare at home, efforts have been made to develop community-based home care and services for the needy and empty-nest elderly. According to Gui Shixun, director of the Population Research Institute of East China Normal University, the main goal of developing community home-care delivery and services is to "facilitate the at-home eldercare by supporting family care, making up for the deficiencies of such care, and reducing the pressures and burdens of family care" (Gui, 2002). In other words, the key to ensuring adequate eldercare for the majority of the elderly who spend their later years at home is to develop a comprehensive, localized, community-based service network that can provide assistance and care for the elderly who live in the community.

COMMUNITY-BASED ELDERCARE

In urban China, residents are organized into street offices (*jiedao banshichu*), which are further divided into neighborhood committees (*juweihui*). A typical street office would consist of 7 to 10 neighborhood committees and each neighborhood committee would supervise 700 to 1,000 households. In the prereform era, street offices and neighborhood committees played a major role in maintaining local law and order, implementing government policies at the grassroots level, mobilizing the residents to participate in national or local public affairs, and distributing ration coupons and delivering welfare services to eligible residents. Beginning in the mid-1980s the Ministry of Civil Affairs initiated a community service plan, which aimed at mobilizing local resources to fill the welfare gaps and provide services for urban residents (Chan, 1993). In the early 1990s, the former neighborhood committees were reorganized and enlarged into community committees (*shequ juweihui*). A typical community committee is in charge of 1,000 to 1,500 households with a population of 3,000 to 5,000. It is these community committees that shoulder the major task of developing community-based services. Leung and Wong point out that since the 1990s, the Chinese government has rigorously promoted the development of community-based services as an alternative source of welfare for the vulnerable population in Chinese cities. To quote Leung and Wong, "Community services are regarded as an emergent and vital source of personal social services, particularly for the vulnerable populations, such as the frail and single elderly, orphans, the physically and mentally disabled, the chronically ill, the ex-criminals, the ex-servicemen, the unemployed, low-income families and youth at risk" (Leung & Wong, 2002, p. 210).

Wuhan is a metropolis in central China with a registered urban population of 8.31 million.⁴ By 2001, Wuhan's 13 city districts had 108 street offices and 1,107 community committees. In 2001, I visited two community committees (*shequ juweihui*) regarding their work and services for the elderly—Dongting Community in Wuchang District, and Fazhan Community in Qiaokou District. Dongting Community was set up in 1987; at the time of my visit, it had 1,405 households with 3,505 residents. Among the 3,505 residents, 521 were over 65 years of age, making up 15% of the community population. Of the 521 elderly residents, 189 (or 36.28%) were empty nesters who were living either alone or with a spouse only. Fazhan Community was a new residential community established in 1997. Its residents were relocated to this community between 1988 and the early 1990s because their original neighborhoods in downtown commercial areas were torn down to make way for high-rise office buildings. In 2001, Fazhan Community had 4,724 residents living in 1,522 households. Close to 800 residents were over 65 years of age, comprising 17% of the community's population. Clearly, population aging characterizes the population structure of both Dongting Community and Fazhan Community, as the elderly population of both communities is much higher than the 7% threshold that marks an aging society.⁵

As for their work for the elderly, both Dongting Community and Fazhan Community developed a detailed data record for each old person about his/her health conditions, illnesses, sources of income, medical coverage, and telephone information (including the phone numbers of the old person's children or other relatives if available). In Dongting, the data record has been entered into the computer system since 1999. At the time of my visit, both communities had a health station, and each was staffed by four health care providers: two doctors, a health counselor, and a nurse. The community health stations mainly offered preventive medical care, health education and counseling, medical checkups, and medical help for common nonsurgical illnesses. Although the community health stations provided basic health services for the community population, young and old, they offered some discount services for elderly people. For example, elderly persons could get free blood pressure measurement and consultations at the health stations. For those elderly people who had difficulty moving around and walking, the health care providers would deliver medical help to patients' homes, charging a low fee. The home medical help services included 24-hour home care on call, giving injections, redressing wounds, acupuncture, and massage, with fees ranging from 5 yuan to 10 yuan per hour/visit (\$.70 to \$1.3). One month before my visit to Dongting community health station, it opened a new psychological counseling service for the elderly.

Both communities had a recreational center for the elderly, where the elderly could read newspapers and magazines, watch TV, or play chess and mahjong. Occasionally, the community staff invited experts to give lectures on old people's health care issues. Each community committee also ran a household service center (*jiasheng*

fuwu zhongxin), where a data bank was kept of registered applicants who were willing to work as domestic helpers; the community committees charged a small fee when a match was made between the registered service providers and the community residents needing their services. The elderly who needed assistance in ADLs and had no or insufficient family care could hire either a live-in helper (*baomu*) or an hourly-paid helper (*zhongdian gong*). The centers provided the matching service helping the elderly obtain such care or services, but were not responsible for price negotiations between the elderly and the service providers or for negotiations over the types of services provided. In 2001, Fazhan Community Committee opened a fee-based elder home. The residential fees for the home ran from 300 yuan to 600 yuan a month, depending on the services needed. The elder home accepted residents from the community and its surrounding neighborhoods as well. In the summer of 2001, the home had 24 residents, of whom only one received care as a welfare recipient (free of charge)⁶ while the rest paid for their care.

Both communities also sought to mobilize community resources by organizing youth volunteer teams to provide emergency and volunteer home service for the most needy elderly and the disabled. In Dongting Community, the youth volunteer teams established a helping network pairing a volunteer with a disabled elderly person or a frail empty nester (*yi bang yi*) to offer home assistance on a regular basis. In 2001, at least 36 such matches were made. Both Dongting Community and Fazhan Community are model communities and in the past have won many titles, such as "Star Community," "Civilization Community," "Exemplary Committee," and "Safety Community."⁷ It is not clear how representative these two communities are. But they seem to demonstrate that community-based services can play a vital role in providing low-cost and effective eldercare and fill in a major gap in assisting the elderly when family care is insufficient or unavailable.

Recognizing the importance and the great potential of community-based services for the elderly, in 2001, the Chinese government began to launch a nationwide initiative called the Starlight Program (*xingguan jihua*), aimed at helping communities develop and build more recreational centers and services for the elderly. According to a *Beijing Review* article of July 2001, under the Starlight Program,

departments of civil affairs from the central to local levels will use the majority of funds raised through welfare lotteries over the next three years to aid in the construction of community service facilities and exercise sites for the elderly in urban areas and homes for the aged in rural areas.... The Starlight Program is expected to involve an investment of more than 10 billion yuan. The funds will primarily come from local governments and public sources. The Ministry of Civil Affairs and departments of civil affairs at the provincial level will use 80 percent of the welfare funds in their control to aid the program in the next three years⁸ (*Beijing Review*, 2001, July 16). According to the blueprint for the Starlight Program campaign in Wuhan, with an initial investment of 8 million yuan from welfare lottery funds, "by 2003, all street offices would each set up a comprehensive service center for the elderly, and all community

committees would each have a service station for the elderly.” (*Changjiang Daily*, 2001)

It still remains to be seen how well implemented the Starlight Program is and to what extent the elderly have benefited from the program. A *China Daily* article reported in 2004 that since the launching of the Starlight Program in 2001, the government had invested “13.5 billion yuan” and “built 32,490 ‘Starlight Homes for Senior Citizens’ or community centers for elderly people, where people can have a rich social life. Activities at such centers include reading, doing fitness exercises, playing cards, painting pictures, creating calligraphic works and taking courses offered by colleges for senior citizens” (*China Daily*, 2004). However, a recent article in *Beijing Review*, by Jianhua Feng, quoted more sober comments by Tao Liqun, director of the Beijing-based China Research Center for Aging. Tao was quoted as saying that only a small part of the governmental investment of 13.5 billion yuan (\$1.67 billion) for the Starlight Program “has really been used for the old while most of the capital has been consumed by such things as the salaries of government officials, and hospitality expenses when entertaining important guests.” Tao added that “there are very few professional workers at these centers who know how to provide good services to the aged. Most of the staff only receive basic training before they start work, and quite a number are out-of-work people with extremely limited knowledge of how to care for elderly people” (Feng, 2005).

INSTITUTIONAL ELDERCARE

Until the 1980s, China had no formal residential facilities for the aged. The only such facilities available for the elderly were state- or collective-run welfare homes (*fuli yuan*). But these homes had strict restrictions on admission—they admitted only those who had no children, caregivers, or income from a responsible work unit, hence the “three-without elderly” (*sanwu laoren*). As for the Chinese elderly who had adult children, and who were presumably pensioners if they were urban retirees, the task of providing long-term care was borne solely by themselves or their adult children.⁸ In 1988, China’s first fee-based hostel for the elderly (*laonian gongyu*) opened for business in Anqing city of Anhui Province. In 1990, Shanghai set up its first fee-based hostel for elderly retirees. In 1991, Beijing opened its first hostel for the elderly (Zhang, W., 1999). Since then, China has witnessed a rapid increase in fee-based eldercare facilities in major cities. By 2001 Beijing had 319 such homes for the elderly (Chen, Song, & Chen, 2005). Shanghai claimed to have 358 homes for the elderly in 2000 (Sun & Peng, 2001). In Tianjin, the number of homes for the elderly reached over 300 by 2002 (Zhang, T., 2003). In the early 1980s, Wuhan had only 10 state-run welfare homes, but by 2001, it had 173 residential facilities for the elderly.⁹

Spending one’s later years in a formal facility represents a sharp departure from the traditional ideal of the elderly living in a multigenerational home and receiving care from family members.

Although still controversial, institutional eldercare is also hailed as a welcome development meeting the new needs of an increasingly aging population and the trend of separate living arrangements between the generations (Liu & Wang, 2004; Lü, 2000; Zhang, W., 1999). The sharp increase in the number of homes for the elderly demonstrates that long-term care for the aged is increasingly shifting from the family setting to the institutional setting. Recent surveys in China also show that the demand for institution-based eldercare surpasses the number of homes available for the elderly. For example, an opinion poll carried out by the Civil Affairs Department of Guangdong Province found that as many as 400,000 to 600,000 elderly people expressed an interest in spending their later years in the old people’s homes, but the homes for the elderly in Guangdong could take in only 70,000 elderly people (*People’s Daily Overseas Edition*, 1999).

The 2005 survey of the urban elderly in Hubei Province found, similarly, that 22.8% of the urban elderly expressed an interest in using institutional eldercare, which meant that currently 487,000 elderly people would like to go to a formal eldercare facility for their long-term care needs. But there were only 217 residential homes for the elderly with 16,009 beds available—a shortage of 471,000 beds (Gao, 2005). Yuan Xinli, director of the China National Committee on Aging, pointed out that the number of beds in the senior homes nationwide accounts for only .8% of China’s total aging population. But according to the international standard, the rate should reach 5% to 8% to meet practical long-term care needs (Feng, 2005).

However, despite this extreme imbalance between demand and supply in the residential care facilities, the actual occupancy rate of the existing homes for the elderly is low. It has been reported that the city of Chongqing has 1,396 homes for the elderly, but with an occupancy rate ranging from 40% to 70% (Mao, 1999). In Guangdong, the average occupancy rate is 65%. The 1999 livelihood survey in Wuhan showed that the number of old persons at age 75 or above had already reached 150,000. Close to half of them suffered from chronic and debilitating diseases such as dementia, Alzheimer’s disease, paralysis, or Parkinson’s disease, and thus needed intensive long-term care (Yan, M., 1999). But Wuhan had only 163 senior homes with fewer than 5,000 beds. With this limited capacity for residential care and the large number of elderly people in need of long-term care, we would expect a long waiting list for getting into a nursing home. But in 2001, I visited five senior homes in Wuhan, and the average occupancy rate was only 78%.

Based on my interviews and observations in these five senior homes in Wuhan, I can identify at least three existing problems that may explain this relatively low occupancy rate in residential care. The first is the high cost of residential care. There are currently four types of residential homes in China in terms of ownership: state-run homes at the municipal or district levels, community-run homes, enterprise-run homes, and privately owned homes (Zhang, H., in press-a). But all these homes charge fees, ranging from 400 yuan to over 1000 yuan (\$50-\$120 in U.S. dollars) per

month depending on the services provided. These fees do not cover meals, which could easily add another 150 yuan a month. Among the 345 residents in the five homes I visited, 33% had a monthly pension of 500 yuan and above, while 44.6% received a pension of between 100 and 499 yuan a month, and 22.3% received less than 100 yuan or no pension at all. In 2000, only 78.68% of the elderly in Wuhan were pensioners and their average pension was 360 yuan a month (Chen & Zhang, 2001). This would mean that residential care costing between 400 yuan and over 1,000 yuan a month was out of the reach of many elderly people, who either had pensions that were not sufficient to cover the residential cost or had no pension at all. In my interviews with the seniors in the homes, they frequently mentioned that the cost of residential care was too great a burden on them or their children, and worried how much longer they could afford the fees. However, the fact that they were in a residential home indicated that they or their family could at least pay for their residential care at that time. Those who could not afford the fees could not get residential care in the first place, no matter how urgently they needed it. One director of a senior home I visited told me that she encountered many old people who came up to her in tears and wanted to get residential care but she had to turn them away because they could not afford the fees and their children either had financial difficulty in helping to foot the bill or refused to help.

The second problem is the concern with the poor conditions and poor quality of services in many of these homes. In my observation of the residential homes in Wuhan, I saw that most new ones were set up recently and are run by community committees or the private sector. Because of the lack of funds and resources, the facilities in these new homes are not equipped to meet the special needs of the frail elderly. For example, the elder home run by Fazhan Community Committee used to be a simple, makeshift two-story building for construction workers. The elderly were housed in the six rooms upstairs with three to four people sharing one bedroom. The bedrooms had no attached bathrooms, and the two public bathrooms (one for men and the other for women) had no rails. Moreover, the building and floors were made of concrete slabs, and there was no heating or air-conditioning installed in the bedrooms. In Wuhan, the temperature in winter can fall below zero and the temperature in summer often hovers around 100 degrees Fahrenheit from July through August. Another related problem is the shortage of trained personnel in these homes. Due to cost concerns, most of the workers hired in these homes are either migrant workers coming from rural areas or laid-off urban workers with little or no training at all in nursing and caregiving skills. The shabby conditions and safety concerns in some of these homes may have deterred some elderly people and their families from considering residential care.

The third problem has to do with the fact that institutional care is a recent phenomenon in China, and many residential homes do not have the experience or the capability to provide special care for the impaired elderly who most need it. For example,

most residential homes in Wuhan specify that they do not accept patients with dementia or mental disorders. It is very likely that due to this restriction, many elderly people who truly need intensive nursing care have been kept out. According to a recent BBC news report, currently there are 24.3 million elderly people with dementia worldwide, and most of them live in developing countries; in China alone, there are 5 million (BBC, 2005). And yet, the government, society, and Chinese families have yet to find an effective way to cope with caring for this most vulnerable group of elderly people in China.

CONCLUSION

In a recent interview with the *People's Daily*, Yan Qingchun, deputy bureau chief of social welfare in the Ministry of Civil Affairs, reiterated that while China should explore and increase the diverse ways of providing care for the elderly, at-home eldercare should remain the main model. Yan summarized the eldercare model that China should pursue as follows: "at-home eldercare should constitute the basis, supported by community-based services and supplemented by institutional care" (quoted in Liu, 2005). However, as China's aging population increases, with more and more elderly people living into advanced age and in empty-nest households, it is unclear how long the at-home eldercare model can be sustainable and adequate for the long-term care of the aged. In her study of the changing eldercare patterns in Guangzhou from the late 1980s to the late 1990s, Ikels noticed that when the coresiding rate was high in the 1980s, no elders in her study reported they were lacking support. But in 1998, after the coresidence rate had fallen to only 9% from 27% in 1987, 7.8% of elders indicated that they did not receive care as needed. Moreover, when in 1998 she asked older people how their family could better provide care for them, not a small number of them hoped the government could open more affordable homes for the aged (Ikels, 2004).

Clearly, as China has increasingly become an aging society and Chinese families are getting smaller, the role of family-based care for the aged is eroding and insufficient. Currently available community-based services for the elderly are mostly geared toward enriching the social life of the lonely elderly but not toward providing long-term care. Institutional care has increasingly become an alternative means of obtaining eldercare, but not many elderly people are using it, either because of the high cost or because of the poor services in many homes. In the next 10 to 20 years, China will face a much quickened pace of population aging as the parents of the one-child policy generation enter old age. In 2000, China had 86.4 million people at age 65 and older, but by 2030, that number will swell to more than 235 million. At present, the Chinese government is encouraging new initiatives to create community-based services for the elderly and encourage the private sector to open more homes for the elderly. But how to make the community-based services meet more of the long-term care needs of the elderly and how to make residential care

more affordable and adequate will remain daunting challenges for China in the years to come.

NOTES

1. In rural China, the numbers of empty-nest households are also rapidly rising, due to the fact that the younger generation of rural people migrate to urban areas for employment, leaving their aging parents behind. A 2003 study in four villages of Anhui Province shows that the proportions of empty-nest households range between 35.1% and 49.6% (Wu, 2004). Also see Liu (2005), Meng (2005), and Zhang (2004). In this study, I focus on the changing patterns of eldercare in urban China as the urban elderly and rural elderly encounter different issues due to the differences in the pension system and the community structure.
2. The oldest old population is defined as persons who are 80 years old and older.
3. These three surveys are Li et al. (1998), Yan (1999), and Gao (2005).
4. This number is based on Wuhan's fifth census in 2000 (see <http://www.cpic.org.cn/5cendata31.htm>).
5. The currently adopted international standards for marking an aging society are 10% of the population at age 60 or above, or 7% of the population at age 65 or above (see Wei Min, http://news.xinhuanet.com/banyt/2005-03/07/content_2661717.htm).
6. In China, an older person could become a welfare recipient under the following three conditions: no income, no children, and no caregivers.
7. Administratively, Wuhan Civil Affairs Bureau is in charge of community development and work. To get permission to conduct research on community services, I first had to obtain permission from the Civil Affairs Bureau. When I made my request to Wuhan Civil Affairs Bureau, I was permitted to study these two communities. It is obvious that they are showcase communities and the officials want to use them as examples.
8. In the prereform era, the state enterprises and work units also functioned as welfare entities covering the needs of their employees. But as a consequence of market-oriented reform in the post-Mao era, work units no longer assume such welfare functions, in the name of becoming competitive in a market economy (Ikels, 1997; Wong, 1995).
9. This information was obtained through my interviews with Wuhan Municipal Civil Affairs Bureau officials in 2001. This figure includes 65 homes in Wuhan city proper and 108 in the rural counties under Wuhan jurisdiction.

REFERENCES

- BBC. (2005). *Dementia cases are set to soar*. Retrieved January 10, 2006, from <http://news.bbc.co.uk/2/hi/health/4530740.stm>
- Beijing Review. (2001, July 16). China faces the challenge of an aging society. Retrieved from http://service.china.org.cn/link/wcm/Show_Text?info_id=16124&p_qry=starlightpercent20andpercent20plan
- Chan, C. (1993). Urban neighborhood mobilization and community care for the elderly in the People's Republic of China. *Journal of Cross-Cultural Gerontology*, 8(3), 253-270.
- Chang, L. (2004). *Laonianren shengcun zhuangkuang xuqiu jiqi jianglao duice* [The caregiving needs of the Chinese elderly and eldercare measures]. Retrieved from http://itgl.dlut.edu.cn/lwt/new_page_5.htm
- Changjiang Daily (2001, November 22). *Wuhan laonianren fuli fuwu sheshi wangluo liangnian nei jiangchong* [The network of welfare service for the elderly in the city of Wuhan will be completed within two years]. Available online at <http://www.istic.ac.cn/laoganbu/xw200111226.htm>
- Chen, G., Song, X., & Chen, Y. (2005). *Beijingshi renkou laolinghua he laoling chanye fazhan xianzhuang yanjiu* [Research on the current situations of aging Beijing population and industry development with regard to eldercare]. Retrieved from <http://www.bjpopss.gov.cn/bjpopss/cgjj/cgjj20030825b.htm.zh>
- Chen, X., & Zhang, Z. (2001). *Wuhanshi laonian renkou de fazhan qushi* [The developmental trends of the elderly population in Wuhan]. In C.-S. Liu (Ed.), *2001 nian Wuhan shehui xingshi fenxi yu yuce* [Analysis and projection of social conditions in Wuhan for the year 2001] (pp. 234-235). Wuhan: Wuhan Publishing House.
- China Daily. (2004, August 6). *Helping seniors feel less lonely*. Retrieved from http://www.chinadaily.com.cn/english/doc/2004-08/06/content_362238.htm
- China Welfare-net. (2005). *Zhongguo kongchao jiating zengduo, chengshi laoren keqiu "jingshen shanyang"* [China's empty-nest families increase, urban elders long for "spiritual comfort"]. Retrieved from <http://www.cnflw.com/cnflw/news/newspage.asp?newsID=7727>
- Davis, D. (1993). Urban households: Supplicants to a socialist state. In D. Davis & S. Harrell (Eds.), *Chinese families in the post-Mao era* (pp. 50-76). Berkeley: University of California Press.
- Dushi K. (2005). Retrieved March 30, 2005, from <http://news.sina.com.cn/c/2005-03-30/05005500854s.shtml>
- Feng, J. (2004). Facing an empty nest. *Beijing Review*, 17(4). Retrieved from [http://www.bjreview.com.cn/200404/Nation-200404\(B\).htm](http://www.bjreview.com.cn/200404/Nation-200404(B).htm)
- Feng, J. (2005, November 17). Seniors' security: With China facing a skyrocketing number of senior citizens, experts are advocating major changes to social assistance. *Beijing Review*, 48(46). Retrieved from <http://www.bjreview.com.cn/En-2005/05-46-e/china-2.htm>
- Gao, Y. (2005). *Chengshi laonianren shenghuo xianzhuang ji yanglao fangshi duice fenxi* [Living conditions of urban elderly and policy analysis of eldercare models]. Xinhuanet Special Report. Retrieved from http://www.hb.xinhuanet.com/newscenter/2005-12/05/content_5748359.htm
- Gu, C. (2005, October 9). *Shangdong Qingdao 11 wan laoren shou "kongchao" zhanzongshu sicheng yishang* [More than 110,000 elderly people live in "empty-nest" homes in the city of Qingdao, Shandong province, making up 40 percent of the elderly population]. Retrieved from <http://city.finance.sina.com.cn/city/2005-10-09/57943.html>
- Gui, S. (2002). Attach importance to and do a good job of delivering community caregiving services to the doorsteps of the elderly. *Journal of Chinese Sociology and Anthropology*, 34(2), 89-93.
- Huang, R. (2005). *Woguo kongchao laoren jiating zhuangtai* [Family situations of empty-nest households in China]. *Renkou yu jingji* (Population and Economics), 149(2), 57-62.
- Ikels, C. (1990). Family caregivers and the elderly in China. In D. E. Biegel & A. Blum (Eds.), *Aging and caregiving: Theory, research, and policy* (pp. 270-284). Newbury Park, CA: Sage Publications.
- Ikels, C. (2004). The impact of housing policy on China's urban elderly. *Journal of Urban Anthropology*, 33(2-4), 321-355.
- Leung, J. & Wong, Y. C. (2002). Community-based service for the frail elderly in China. *International Social Work*, 45(2), 205-216.
- Li, S., Huang, M. & Yi, G. (1998). *Wuhan shi bufen laonianren changqi zhaohu xuqiu fenxi* [Analysis of the long-term care needs of the elderly in Wuhan]. *Zhongguo Yixue Guanli Zazhi* (Journal of Chinese Hospital Management), no. 2. Retrieved from <http://www.jyyy.com.cn/yygl/1998/9802/980211.html>

- Liu, K. & Wang, J. (2004, March 14). Cong "yang'er fanglao" dao jigou yanglao [From "raising a son against old age" to seeking institutional eldercare]. *Xinhuanet Special Focus*. Retrieved from http://news.xinhuanet.com/focus/2004-03/14/content_1361585.htm
- Liu, W. (2005). *Minzhengbu: Zhongguo yanglao moshi jujia wenzhu guli duoyang* [Ministry of Civil Affairs: China's eldercare model gives prominence to at-home eldercare but encourages multiple models]. Retrieved from <http://politics.people.com.cn/GB/1027/3290771.html>
- Lü, L. (2000). Zou, zhu yanglao yuan qu [Let's go to the elder home for eldercare]. *Zhongguo Minzheng* (China Civil Affairs), no. 5, 18-19.
- Mao, L. (1999, December 1). Qianghua shehui baozhang nai dashi suoqu [The trend toward strengthening social security]. *People's Daily, People's Daily Overseas Edition*. (1999, November 23).
- Poston, D. L., & Duan, C. (2000). The current and projected distribution of the elderly and eldercare in the People's Republic of China. *Journal of Family Issues*, 21(6), 714-732.
- Shanghai Fulian [Shanghai Federation of Women]. (2002). *Shanghai Jiating Sixiang Pinde Diaocha* [A survey on values and morals among Shanghai families]. Retrieved from <http://www.women.org.cn/allnews/02/49.html>
- Sun, P. & Peng, L. (2001). *Shanghai chengshi shequ laonian sheshi jianshe de xianzhuang, wenti ji duice* [The current conditions, problems, and plausible solutions for the eldercare facilities in Shanghai]. Paper presented at the Second International Symposium on Chinese Elderly, Shanghai.
- Unger, J. (1993). Urban families in the eighties. In D. Davis & S. Harrell (Eds.), *Chinese families in the post-Mao era* (pp. 25-49). Berkeley: University of California Press.
- Xinhua. (2004). 80 percent senior citizens to live alone by 2010. Available online from *China Daily* archives. Retrieved from http://www.chinadaily.com.cn/english/doc/2004-11/10/content_390322.htm
- Xinhuanet. (2005, September 27). *Duju laoren qushi bannian wuren zhixiao "kongchao laoren" jiqu guan'ai* [Elderly people living alone had been dead for 6 months when they were found: Special attention must be paid to "empty-nest elderly"]. Retrieved from http://news.xinhuanet.com/focus/2005-09/27/content_3545879_1.htm
- Xiong, H. F. (1998). Kongchao jiating: Yige yingdang guanzhu de laonian qunti [Empty-nest families: A group of elderly people who warrant our concern]. *Renkou yanjiu* [Population Research], 22(3), 51-53.
- Yan, M. (1999). Dui Wuhanshi tuolaosuo de shichang fenxi [Analysis of the market demand for residential care in Wuhan]. *Shichang yu Renkou Fenci* [Market and Demographic Analysis], 5(6), 39-42.
- Yan, Y. (1997). The triumph of conjugality: Structural transformation of family relations in a Chinese village. *Ethnology*, 36(3), 191-212.
- Yi, Z., et al. (2002, June). Sociodemographic and health profiles of the oldest old in China. *Population and Development Review*, 28(2), 251-273.
- Zeng, Y. & Wang, Z. (2003). Dynamics of family and elderly living arrangements in China: New lessons learned from the 2000 census. *China Review*, 3(2), 95-119.
- Zhang, H. (in press-a). An alternative to family care for the Chinese elderly: The development of institutional care in urban China. *Journal of Cross-Cultural Gerontology*.
- Zhang, H. (in press-b). Residential care or family care? Moral and practical dilemmas of seeking eldercare in urban China. *Asian Anthropology*.
- Zhang, T. (2003). Yanglao jiu fen jugao buxia [Disputes on eldercare are high]. *Xinhuanet Special Focus*. Retrieved from http://www.tj.xinhuanet.com/jdwt/2003-09/23/content_974421.htm
- Zhang, W. (1999). Gengxin guannian, zhiding zhengce, duo qudao xingban xinxing laonian gongyu [Change concepts, implement new policies, and build new hostels for the elderly through multiple channels]. *Shichang yu renkou fenxi* [Market and Demographic Analysis], 5(1), 27-30.

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