

Placing Elderly Parents in Institutions in Urban China

A Reinterpretation of Filial Piety

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The authors examined changing attitudes about filial piety, or *xiao*, using data from intensive interviews with 20 elderly residents, 14 family members, and 9 staff members in Nanjing, China. The findings reveal that respondents interpreted the notion of *xiao* in terms of their own social worlds and on the basis of their own social locations and contexts. The increasing unavailability of adult children, various benefits of institutional care, and children's financial assistance for older parents are major explanations for *xiao* behaviors, even when elders are placed in institutions. The high cost of professional care in institutions is contributing to a shift in attitudes about institutional elder care from stigma to privilege. The authors argue that China can expect an increasing need and demand for elder care institutions as a large number of Chinese baby boomers retire.

Keywords: *aging; elder care; institutions; filial piety; China*

Although the United States and many advanced capitalist countries are increasingly moving elder care work from institutions into homes or communities, China is experiencing an unprecedented growth in the private elder care service industry. These differing practices in elder care reflect how, in the first decade of the 21st century, social and historical imperatives within these countries have been adjusted and moderated to achieve practical, effective, and more balanced approaches in their elder care systems.

In 2006, the first cohort of U.S. baby boomers attained the age of 60 years. Many have made retirement plans. In the business world, anticipated senior consumption of "third agers" (i.e., the young and healthy retirees) has generated new and exciting opportunities for financial strategists for a

so-called ageless senior market (Katz 2005; Meyrowitz 1984). Already, assisted-living facilities and retirement communities in the United States have played a substantial role in creating a new economy while providing better living arrangements for the expanding aging population, either for those “aging in place” or those in the middle of the “migratory stream” to the Sunbelt states (McHuge 2000; Rowles 1994; Taira and Carlson 1999). In the meantime, more options in elder care services have meant more choices for families with regard to elder patients’ rehabilitation, and these have offered advanced care for severely disabled adults, particularly older adults. This growing diversification of aging services partially grew out of the deinstitutionalization and informalization of health care, begun in the 1980s, which kept many, if not most, patients at home or in the community (Binney, Estes, and Humphers 1993; Close, Estes, and Linkins 2001). Such policies have led to the present time, when roughly “70% of severely impaired elderly people in the U.S. rely solely on informal care from family and friends” (Estes and Associates 2001:223).

For some 2,500 years, adult children in China have followed the Confucian doctrine of filial piety and provided physical care for their aging parents at home (Gu and Liang 2000; Streib 1987). Since the establishment of the People’s Republic of China in 1949, the government has required by law that all adult children take care of their aging parents; only childless elders are cared for in welfare institutions by the public sector or the government. These elder homes for the childless, called “homes of respect for the elderly,” were actually stigmatized prior to the 1980s (Chen 1996; Shang 2001). Thus, families with adult children had no expectations for institutional care of elderly parents. In recent years, however, increased geographic mobility and reduced family size have made increasing numbers of adult children unavailable for elder care. After the welfare reform of the 1990s, formerly government sponsored elder homes have become privatized, and large numbers of new private and community-run elder homes have opened for business. Institutional elder care in China today has become an alternative to familial elder care in urban China for those with enough need, money, and access. But unlike the Western practice whereby nursing home care, assisted-living facilities, and retirement communities tend to be separate enterprises, the Chinese model has often lumped these operations into one (Zhan et al. 2006). In the meantime, such facilities continue to serve the childless and disabled elders.

The goal of this study was to examine the changing attitudes toward institutional care in China, using Nanjing as an example. As more institutional care services are becoming available, more elders have been placed

in institutions. Our central research interest was in the possible attitudinal change toward this major social change in relation to the long cultural practice of *xiao*.

Background

The Chinese Cultural Context of Elder Care Practices

The Chinese cultural norm of filial piety, or *xiao*, has long been considered the major cultural force holding together China's system of familial elder care (Gu and Liang 2000; Ikels 1993; Streib 1987). For more than two millennia, interactions with parents by children were circumscribed by *xiao*, a Confucian concept encompassing respect, obedience, loyalty, material provision, and physical care in old age (Zhan and Montgomery 2003). To encourage the cultural practice of filial piety in elder care, the Chinese government until recently had insisted on adult children's provision of parent care by law and showed little interest or initiative in providing options for elder care.

In recent years, the rapidly growing aging population in urban China has created unprecedented demands for elder care. Recent research findings have revealed a different dynamic in elder care practices. On one hand, elders, especially those in urban areas, have become more and more financially independent. Many have chosen not to live with adult children (Xu 1994); some have preferred to live alone or with spouses. On the other hand, adult children, the expected caregivers-to-be, have become less available for elder care because of reduced family sizes, geographic mobility, and conflicting work and family obligations. In a study of caregiving patterns in two urban Chinese cities, Zhan and Montgomery (2003) noted that nearly half of elders who needed some level of assistance in activities of daily living or instrumental activities of daily living actually lived by themselves instead of with adult children's families. In a recent study of Tianjin's elder home residents, Zhan et al. (2006) found that more than half (56%) of elder-home residents ($n = 265$) reported that the major reason for institutional placement was adult children "being too busy or not nearby"; childless elders constituted only 24% of the total institutionalized elders in the sample (p. 101).

Living arrangements have traditionally been very important for aging adults. Research findings in the United States have repeatedly shown that living alone was the best predictor of institutionalization (Greene and Ondrich 1990; Liu, Coughlin, and McBride 1991; Newman et al. 1990;

Pearlman and Crown 1992). According to the U.S. Census Bureau, more than half of women aged 75 years and older lived alone in 1995. Although elders' living arrangements in the United States and China differ greatly in terms of the cultural and familial contexts, the challenges of older adults living alone are very similar. As elders' disability levels increase, those who live alone will have to make certain arrangements, either having helpers move in or moving to children's homes or institutions. In China, more than a quarter (25.3%) of women in this age range lived alone (Arnsberger et al. 2000:215). In some urban areas, the proportion of elders living alone in China is likely to be much higher. According to Zeng et al.'s (2005) national study, conducted in 2002, of the oldest old in China, 34% of male and 22% of female urban elders aged 80 years and older lived alone or with spouses separately from their children (p. 166). Gu, Dupre, and Liu (2007), using the same national data, found that institutionalized elders tend to be male, reside in urban areas, and have poorer health and lower family-care resources than those living in the community or at home.

With Chinese baby boomers approaching retirement age, China's families, government, and private sector have begun to anticipate the very real likelihood that familial elder care will be unlikely to meet the needs of a great many elders. With the one-child policy in place for more than a generation, the tradition of multiple caregivers being available in each generation has been abruptly disrupted. Tens of millions of retirees have only one adult child to rely on. Many urban families have inverted pyramids in which two sets of elderly parents (and perhaps grandparents) must rely on a single married couple of two adult children (each of whom is an only child with no siblings), who in turn have produced a single child on whom the family must eventually rely in the next generation. Although these only children may receive no less cultural indoctrination in filial piety than children from multiple-child families, findings suggest that they have expressed lower levels of willingness to sacrifice work for parent care in the future (Zhan 2004). One simple reality has underscored their concern: given their status as only children, they do not have siblings with whom to share parent-care responsibilities of time commitment, finances, and physical care. Consequently, their situations have rendered them highly conflicted about prospective parent care; they have realized that when the time comes, they will have less latitude than others have had, in terms of both abandoning jobs and being able to provide all aspects of care. Furthermore, female children in urban China have been gaining increasing and equal access to higher education (Tsui and Rich 2002). Therefore, as women become more highly educated and career oriented, the gendered cultural expectations for daughters

and daughters-in-law to take care of dependent parents may be expected to change. In a future with independent elders and unavailable caregivers, elders will likely seek alternative means of elder care outside the home. One such option will be institutional care.

China's Institutional Care

Studies on China's institutional care have been rare, partly because institutional care in China had been very minimal up until the social welfare reforms of the 1990s. As Chen (1996) put it, until recently, Chinese institutional care had constituted a sort of "residual" care for elders who comprise the "three nos:" those with no children, no income, and no relatives (p. 190). Social welfare institutions in many small or medium-sized cities generally lumped childless elders, mentally ill patients, and orphans together under the same roof (Zhan 2000). Consequently, elders who entered care institutions were stigmatized (Chen 1996; Shang 2001).

In 1988, there were only 870 welfare institutions for elders, caring for 46,837 individuals in all of China, out of a population already exceeding 1 billion (Chen 1996:115). For elders with no children, the government had placed them in institutions and paid for the costs. As indicated already, the vast majority of elders, those with children, at that time had no alternatives for their care, because their adult children were required by law to take care of them financially, physically, and emotionally.

By the 1990s, economic reforms toward decentralization and a market economy caused welfare institutions to experience dramatic structural changes. Many urban social welfare and social relief systems had been facing policy neglect. For instance, the government budget for social welfare services and social relief had been reduced from 0.58% of the gross domestic product in 1979 to 0.19% in 1997 (Shang 2001:263). Now, the facilities funded by the government prior to reforms had to become financially self-reliant. These institutions were forced to generate new sources of financing, or *chuangshou* (income creation). Decentralization and reduced government financing forced a search for new revenue and opened up opportunities for entrepreneurship in China's service industry.

By now, most welfare institutions have become social service institutions. Although some may still receive partial funding from the government, most have put together several sources of funding to balance their budgets. These sources include government funding, community funding, business donations, and payments from individuals and families. According to a recent study in Tianjing (Zhan, Liu, and Bai 2005), for instance, elder

care institutions have grown rapidly there. From 1950 to 1990, only six homes of respect for the elderly had been funded by the government; but in the five years from 1995 to 2000, more than 300 elder care homes were established. As more facilities have opened, more families have begun seeking institutional care as an option for elder care (Gu et al. 2007; Zhan et al. 2006). How have family members, elders themselves, and the staff of elder care institutions come to view this rapidly expanding care option? And has this option challenged or adapted the traditional norm of filial piety?

Theoretical Framework: Social Constructionist Perspective

Given the rapid spread of elder care homes in a society previously devoted solely to familial care, this is the early stage of a major social change, and several important questions are brought to mind: How do the pioneers of this early phase—whether elderly patients, patients' family members, or care staff members—interpret their different behaviors in the social world? In the context of Chinese older adults' institutionalization, how are the people involved interpreting the meaning of this move from home to institutions? How do they understand or rationalize the institutionalization of elders? With the new practices seemingly at odds or at variance with the traditional practice of filial piety, do they now feel in conflict with the normative interpretation of filial piety? Or do they find their actions consistent with the spirit of filial piety? Have they reinterpreted the meaning of *xiao* to accommodate their actions?

Gubrium (1999) pointed out that “ordinary persons themselves ‘theorize’ their worlds” (p. 287). This process of theorization provides individuals the chance to make sense of their lives by imposing some logic and order to what is going on. As Denzin (1989) puts it: “The point to make is not whether biographical coherence is an illusion or reality. Rather, what must be established is how individuals give coherence to their lives when they write or talk self-autobiographies” (p. 62). Ordinary people, old and young, experience their lives in different social and cultural settings. These settings become “worlds” in which they experience their lives, and each world of experience is a “world composed of meanings” (p. 289).

The interpretation of the meanings, however, requires an understanding of the context. Context organizes meanings (Rosenau 1992). In Shield's (1988) study of an American nursing home, uneasiness in the context of a hospital makes meaning for understanding the tensions between being at home and being hospitalized. The construction of meanings in a certain

context may be selective, just as Goffman (1971) would describe in the management of stigma. Family members may prefer to keep the knowledge of stigma within the family by discrediting information or knowledge of, for example, Alzheimer's disease. In China, where placing elderly parents in institutions has been stigmatized, family members may selectively manage their knowledge of or information about institutional care for elders. In the process, a reinterpretation of cultural norms and daily reality may likely take place.

Different social contexts, even in the same social institution, may reveal different interpretations of social realities. Gubrium's (1997) study of "Murray Manor" offers a good example of different interpretations of social worlds possible from different life experiences of administrative staff members, frontline workers, and residents. Within a single organization, different individuals organize their worlds of meaning differently.

Currently, more and more older adults are entering institutions for care. This trend is clearly reversing the centuries-old tradition of filial piety, which required direct care at home by adult children. At this juncture, how do older adults, their adult children, and their care staff members interpret this social behavior? Our study was an attempt to use qualitative methods to present their "theorizing" of social actions from the perspectives of residents, their families, and administrative staff members in elder care institutions.

Methods

The Research Question

The central research questions were (1) Why do older adults enter institutional elder care facilities for daily care? and (2) How do the people involved (the elderly residents, their family members, and the care staff members or administrators) reflect on the move? In China, the tradition of familial elder care has been an integral component of filial piety; caring for parents in old age was an important way to show respect and give honor to them. Conversely, to have no adult children to care for one in one's old age meant a loss of face and stigma. And placing elderly parents in welfare institutions or elder care institutions has been considered *bu xiao*, or being unfilial. But now, as a growing number of elder care services have become available, many older adults have begun entering long-term care facilities. Given their participation in institutional, nonfamilial elder care, have elderly residents, their family members, and elder care institutions' staff members modified their attitudes toward the traditional norm of filial piety?

Sampling Procedure

The sample selection focused on older adults who had been residents for at least one month prior to the interview. Older adults with cognitive disabilities were not included in the study. The sampled family members were not paired with the residents selected. Family members were recruited during weekend or late-evening visits.

Chinese elder care institutions are organized by three types of ownership: government owned, community owned, and privately owned (Zhan et al. 2006). The sampling process took into account this feature of the Chinese system and selected two institutions for each ownership type. Government-funded elder care institutions tend to be much larger in size than the other types and more diverse in residents' backgrounds; this is partly because they are still required to take in the childless older adults associated with the "three nos." Community-owned and privately owned institutions are more likely to be flexible in programming and more responsive to local needs; they vary tremendously in size and target population. The stratified sample selection was based on these three types of institutional ownership, thus including respondents both rich and poor and those from families with adult children as well as the childless.

The Site

The site of the research was the city of Nanjing. It is the capital of Jiangsu Province and is located roughly 150 miles west of Shanghai. Nanjing's selection as our research site was related in part to its status as a rather "traditional" Chinese city, slightly interior from the coast, where elder care practices have not experienced dramatic changes due to migration or industrialization. Another reason for our interest was that Nanjing is becoming an aging society at a rapid pace. While the overall population rose from 5.09 million in 1990 to 6 million in 2000, the population over 60 years old surged from 0.5 million in 1990 (10.2%) to more than 0.7 million (14.4%) in 2000. Although it took Belgium and France 100 and 140 years to double their elderly populations from 8% to 16%, respectively (Morgan and Kunkel 2001), it will take only 25 years or less for Nanjing to do so. It is projected that in 2025, 1 in every 4 people in Nanjing will be older than 60 years (Nanjing Gerontology Office 2006).

According to Chen (2002), there were three major options for elder care in Nanjing in 2002: familial, community, and institutional care. Roughly 70% of the elderly in Nanjing depended on familial care. The remaining

30% were using community or institutional care. Chen pointed out that more and more elderly were shifting from familial care to community and institutional care. By 2002, there were 173 registered elder care homes in Nanjing. Only 11 of the 173 were funded by the government. The majority of them, 148, were funded by communities or cooperatives. The remaining 14 facilities were privately owned.

Sampled Facilities

This study was based on a larger pilot study of institutional care in five cities in China. A small sample of quantitative data were collected in Beijing, Tianjin, Shanghai, Guangzhou, and Nanjing. Qualitative data were collected only in Nanjing. In this study, we used only the qualitative data collected in Nanjing.

Qualitative data collection included in-depth, semistructured interviews with 20 elderly residents, 14 family members, and 9 administrators from 6 elder care homes. The 6 homes included 2 government-funded, 2 neighborhood- or community-run, and 2 privately owned elder care homes. The government-run city-level elder care home was the largest and best facility in the city. The monthly charge for such a facility was a minimum of 1,000 yuan. High-ranking retired government officials occupied most of the space, and the “three nos” were also admitted on the basis of government compensation for a monthly minimum cost of 1,000 yuan. The second government-run elder care home was recently opened as both a rehabilitation center and an elder care home. At the time of the research, it had been open for business only for a few months. The facility was well equipped, but occupancy was still low. There were 16 government-run facilities, which were multipurpose services, being all-in-one “welfare” centers for childless elders or “three nos,” elder care homes, retirement homes, and/or rehabilitation centers.

The 2 community-run homes in the sample were relatively small compared with the government-funded facilities, one housing 55 elderly residents, the other 24. Community-run elder care homes were typically run by neighborhood communities or former “work units,” such as a teachers’ retirement home that was funded by the Nanjing City Educational Bureau. There were 124 such community-run elder care homes in 2004.

The privately owned elder care homes under study were both small, one housing 20 elders in a self-standing building with several apartments, the other providing care for 7 elders in a three-bedroom apartment (see Table 1 for more details on facility characteristics). There were 37 private elder care facilities at the time of the study.

Table 1
Facility Characteristics

Characteristic	Facility 1	Facility 2	Facility 3	Facility 4	Facility 5	Facility 6
Name		District	Guanhua	Blueflag	Sunny Garden	Phoenix Garden
Ownership	City	Government	Neighborhood	Neighborhood	Private/chain	Private
Service type	Welfare and elder home	Rehabilitation and nursing home	Elder home	Elder home	Elder home	Elder home
Year founded	1952	2004	1988	1998	2002	2002
Beds available	600	68	60	32	20	9
Residents	554	30	55	24	20	7
Staff members	234	21	14	4	5	2
Resident/staff ratio	2.37:1	1.42:1	3.93:1	6:1	4:1	3.5:1
Monthly minimum cost (yuan)	1,000	1,200	550	580	660	500

Study Procedure

Open-ended questions were asked to explore details in depth. These questions focused on five aspects of older adults' lives: the family context, the older adults' personal health and living conditions, the kinds of care services being sought prior to institutional placement, the reasons for deciding to move to the institutions, and how respondents viewed the move (i.e., whether it still constituted *xiao*). The older adults and the family members had the same interview guide, with different probes to adjust for different background situations. Administrative staff members were asked about their own family contexts, reasons for working in institutional care settings, opinions on the quality of the institutions, their attitudes toward institutional care (i.e., whether it still constituted *xiao*), and their future plans for elder care (including whether they would consider choosing institutional care as the elder care choice for themselves in the future).

Because Chinese adults have frequently expressed discomfort with tape-recorded interviews, the protocol did not insist that interviews be recorded. However, most of the interviews in Nanjing were tape recorded with respondents' oral consent. Interviews generally lasted half an hour to an hour. They were conducted in Mandarin, transcribed into Chinese, and saved in a Microsoft Word file. To preserve the original meaning of the respondents, translations into English were made by the senior author only at the time of drafting this article.

Data analysis was grounded in the Chinese text. Atlas-ti software was used only for open-coding procedure (Strauss and Corbin 1998). By open coding, we identified all the indicators line by line, pointing to key concepts, such as attitudes and behaviors of *xiao* and *bu xiao*, for each case. In the next step, in a process similar to axial coding, we examined the frequencies of these concepts and the relationships between them. By "axial coding," we mean the process of "reassembling data that were fractured during open coding" (Strauss and Corbin 1998:124). In this process, we examined differences in gender, class, family resources (such as number of adult children available in the same city), and housing situations in relation to attitudes and behaviors. Then, we conducted between-group comparative analyses of attitudes and behaviors as explained by the three groups of interviewees. This comparison revealed a recurring theme of changing meanings or reinterpretations of *xiao* in the changing familial and social contexts. These changing meanings are presented in the section on findings.

Sample Characteristics

The ages of the respondents residing as patients in these institutions ranged from 68 to 97 years, with an average age of 81. The sample of elderly residents consisted of 7 men and 13 women. The lengths of their institutional stays ranged from one month to four years (see Table 2 for details).

Among the 14 interviewed family members, 7 were male. Their ages ranged from 42 to 60 years, with an average age of 52. Six male interviewees were sons; 1 was a son-in-law. Of the female family members, there were 5 daughters, 1 daughter-in-law, 1 wife, and 1 granddaughter (see Table 3 for details).

Respondents who were staff members included one doctor, three managers, and five direct-care staff members. Their ages ranged from 24 to 62 years. One manager, a man, had been doing his job for more than 15 years during a period of a great many changes in his institution (and industry). Another manager, also male, had started his privately run institution only five months earlier. The five care staff members in this study were all women; these included two retired workers earning extra income, two migrant workers, and one hired from the local laid-off pool (see Table 4 for details).

Findings

Findings from both the interviews with family members and elderly parents revealed that reasons for institutional placement were most often related to adult children's unavailability because of busy schedules or geographic distance. Every family member interviewed expressed his or her lack of adequate time and attention to care for the elderly parent as a major reason for institutional placement. The second most frequent explanation for the placement was the level of the elder's disability. Some elders needed around-the-clock care after a major stroke or illness; others needed regular or constant medical attention that the family members were unable to provide. In 5 cases among all 34 interviews with elders and family members, respondents stated that having to climb stairs because of the lack of elevators in apartment buildings was one of the major reasons for institutional placement. In such cases, the elderly parents were typically capable of daily activities, but climbing several flights of stairs made life unmanageable for them.

Housing shortages were mentioned by two elders and one family member as the major reason for elderly parents' institutional placement. In one case, an apartment had to be renovated for a grandchild's wedding; in another, a granddaughter complained about her grandmother's snoring at

Table 2
Characteristics of the Respondents: Elderly Residents

Resident	Age (years) ^a	Gender	Length of Residence	Have Pension (amount, yuan)	Children	Reason(s) for Placement	Who Made the Decision
1	71	F	6 months	Yes (1,300)	1 d (out of town)	Health, stairs	Self
2	73	F	7 months	Yes (2,000)	3 d, 1 s	Children busy	Daughters
3	85	F	7 months	Yes (1,300)	2 d, 2 s	Had a fall, wheelchair	Daughter
4	68	M	1 month	Yes (1,800)	1 s	Diabetic, relocation, wife busy caring for in-law	Wife
5	79	F	2 years	Yes (600)	1 s, 1 d	Housing shortage	Self
6	89	F	4 years	None; "three nos"	None	Aging	Self
7	86	F	1 year	None; illiterate	1 d	Family relations, discord with son-in-law	Self
8	86	F	2 years	Yes (500)	6 d, 1 s	Live alone, relocation, children busy	Jointly
9	70	M	1 year	Yes (1,250)	1 d	Widowed, live alone, health, home care inconvenient	Self
10	97	F	2 years	Illiterate	8 g	Aging, health 1 s and 1 d died	Self
11	73	F	1 year	Illiterate	2 s, 4 d	Busy	Children
12	75	F	2 years	Unknown	2 s	Stroke	Sons
13	86	M	1 year	Yes (600)	3 c	Relocation, busy	Sons
14	86	M	2 years	Yes (600)	5 c	Relocation	Self
15	85	M	4 years	Yes	3 c	Widowed	Self
16	96	M	3 years	Yes	2 s	Widowed, children out of town	Self
17	78	F	3 months	Unknown	2 s, 1 d	Widowed, health, three <i>baomu</i>	Self
18	83	M	2 months	Yes	1 s, 1 d	Widowed, children busy	Jointly
19	84	F	3 years	Yes (300)	3 s, 1 d	Widowed, aging, dementia	Daughter
20	79	F	4 years	Yes (650)	1 s, 1 d	Widowed, crowded housing	Self

Note: c = children; d = daughter(s); g = grandchildren; s = son(s). *Baomu* are hired home care workers.

a. The mean age was 81 years.

Table 3
Characteristics of the Respondents: Family Members

Family Member	Age (years) ^a	Gender	Have Pension (amount, yuan)	Relation to the Elder and Elder's Age	Number of Siblings	Major Reason(s) for Placement
21	42	M	No	Son, mother	Only child	Health, child busy
22	47	F	Yes (1,550)	Daughter, father	3	Stroke, children busy
23	60	M	No, apartment sale	Son-in-law, mother-in-law (94)	7	Relocation, health, stairs, apartment sale
24	60	F	-	Daughter, mother (92)	Only child	Wife busy with 92-year-old mother
25	47	M	No	Son, mother (73)	2 male	Stroke, busy, in-law relation, <i>baomu</i>
27	51	M	Yes (700)	Son, father (86)	3	Relocation, widowed, live alone, children busy, stairs
26	47	F	No	Granddaughter, grandmother	1 son, 4 grandchildren	Aging, children busy
28	47	F	Yes	Daughter, father	4 in town	Living alone, small housing
29	59	F	Yes	Daughter, mother (93)	4, only self in town	Health, wheelchair bound
30	57	M	No	Son, mother (86)	5 (share cost)	Children busy, no other way
31	54	F	No	Daughter, mother (84)	4 (share cost)	Had a fall, several <i>baomu</i>
32	52	M	Yes	Daughter, mother (82)	2 (share cost)	Stroke (24-hour care)
33	54	F	Yes	Daughter-in-law, mother-in-law	1 son, 1 daughter	Aging, family relations, busy
34	57	M	No (son pays)	Son, mother (80)	6	All busy, relocation

Note: *Baomu* are hired home care workers.

a. The mean age was 54 years.

Table 4
Characteristics of the Respondents: Staff Members and Managers

Staff Member	Age (years)	Gender	Length of Work	Position
36	24	F	7 months	Doctor
37	62	F	1 week	Direct-care staff member
38	62	M	5 months	Manager
39	50's	F	18 months	Administrator
40	55	F	12 months	Direct-care staff member
41	47	F	4 years	Direct-care staff member
42	60	F	6 years	Direct-care staff member
43	50's	M	15 years	Manager
44	43	F	12 months	Direct-care staff member

night affecting her sleep and her studies. In all three cases, the lack of a private bedroom for the elderly parents was the direct cause for institutional placement.

In seven cases, relocation because of the reconstruction of apartment buildings was directly related to the elders' or family members' decisions for institutional placement. Rather than purchasing different apartments for the elderly parents, these families decided to use the relocation fees to pay for rooms in institutional care facilities.

Prior to moving their elderly parents to institutions, four families tried home care services, or hiring a *baomu* (home care worker). Because *baomu* are typically female, two male elders expressed the "inconvenience" of using such services. Two other families expressed the lack of trust or crowded housing as problems in hiring long-term home care workers.

Although we found very little gender difference in expressions of *xiao* attitudes from interviews with family members, we did notice that daughters and daughters-in-law seemed to spend more time emphasizing their efforts in making their elderly relatives "happy," "comfortable," or "feeling cared for," whereas sons generally talked more about financial matters. Only one son out of seven discussed the emotional aspect of placing an elderly parent in an institution: the emotional ups and downs during the decision-making process and after placing his mother in an institution. All women spent a lot of time to seemingly "justify" or "theorize" that the parents were better off in the institutions, and they emphasized how they, as children, were continuing their emotional connections with their parents and regular contact in monitoring their care.

Family resources, such as having multiple adult children available in the same city, did not seem to be always positive in terms of providing more care for the elderly parents. In several cases, family members admitted that two to five siblings actually resided in the same city, but all had to work and raise their own families. Placing the elderly parents in institutions was often a joint decision made by adult children for the sake of better care. Nearly half of elders claimed that they themselves initiated the idea of institutional placement.

Social class or individual or familial financial status was shown to be a rather salient indicator in interviews with all respondents. Social class was particularly revealing when respondents, from three different worlds, interpreted institutionalizing elderly parents as *xiao* or *buxiao*.

A broadened concept of *xiao* emerged as the focal category through data analysis. We found that the acceptance of institutional care was commonly demonstrated among the elderly residents, their family members, and care staff members. Their expressions and interpretations of *xiao* are presented in their own words below from three different perspectives.

“My Parent Is Better Off Here”: *Xiao* from Adult Children’s Perspectives

Work and family responsibilities occurred repeatedly as major reasons for adult children’s decisions to place elders in long-term care homes. Each adult child interviewed used only slightly different words to express the various pressures of work and family. Mrs. Fan was a 47-year-old bank teller whose father had been placed in an elder care home six months before the interview:

I have elderly parents above, young children below. I really have no possibility of taking care of him [her father] at home. Putting him in the elder-care home is not because we are not *xiao*; rather, leaving him at home, we cannot provide proper care . . . we have to work; work is very busy and tiring. Placing him in an elder-care home is better than leaving him at home [alone].

Her words summarized the situation of China’s sandwiched generation of adult children, caught between the needs of both their elder parents and their own children. All of the 14 family members interviewed used rather similar words when referring to the demands placed on them by elders, children, and work. They usually remarked that they felt they had “no other choice” but to place parents in institutions “for better care.” When work and family responsibilities did not allow adult children to carry out the traditional

practice of direct physical care for parents in ways they felt were proper or adequate and as required by the doctrine of *xiao*, they had chosen the new option of institutional care. And they justified their variance from traditional behavior by emphasizing the better care provided in institutions.

In addition to their acknowledgement of the superior and around-the-clock care that institutions could provide compared with the home situation, the majority of interviewed adult children considered placing elderly parents in institutions to be a privilege or a better demonstration of *xiao*. The cost of an elder care home was very high. For elders who could still manage daily activities, monthly charges were usually 600 to 800 yuan, roughly equivalent to most middle-class retirees' pensions in Nanjing. For those who needed assistance for activities of daily living, the cost of elder care home placement was generally 2,000 to 3,000 yuan. Even the care workers in most of these facilities were paid only 600 yuan per month in salary. Therefore, only upper-middle-class families could afford to place elderly parents in elder care homes for extended stays.

Among the 14 adult children interviewed, the majority (11) indicated that adult children or siblings shared all or part of the cost of the elder care home charges among them. Two adult children admitted that one sibling paid a little more than others because of a better financial situation. One adult child said that his parent's pension was just the right amount to cover the cost of placement. In two cases, the elders' care costs were paid from funds generated by selling the elders' former apartments. Although this arrangement had been satisfactory in one case, in the other, the family was beset with an unpleasant, ongoing dispute between the older son (the interviewee) and the rest of the siblings. The reason, according to him, was that younger siblings had wanted to inherit the apartment as an asset rather than spending its value all on the elderly parent. The fact that adult children jointly or single-handedly arranged the payment for elderly parents' institutional care was a clear demonstration of *xiao* behavior in their eyes.

For two adult children, paying for institutional care was not *xiao* enough; in addition, the facility had to be an institution providing high-quality care. When asked whether placing an elderly parent in an institution was being unfilial (*bu xiao*), Mr. Wang, the son of a resident needing full assistance, rebutted with this statement:

You cannot say that. The elder is much better off here than at home. It is a good facility that provides high quality care. There are even medical doctors available all the time. This place is not just any elder home. It is a much more expensive place. Its facility and care are much better.

When questions were asked about adult children's own opinions regarding their own elder care options and whether they would choose institutional care in the future, their comments were again revealing in terms of their attitudes toward institutional elder care in relation to *xiao*. Although many expressed willingness to spend their time of dependency in old age in an elder care institution, Mr. Zhou said, "I would like to move to an elder care institution when I become very old. It is convenient here. But it depends on my financial condition." In other words, should his financial condition allow, he would choose to live in an elder care home instead of at home.

Ms. Guo, 47, had four siblings sharing the cost of care for her father in an institution. She also expressed her interest in moving into an institutional elder care facility when she becomes very old and disabled. However, her reasons were different:

We don't want to add additional burden to our children. Now we have several siblings to share the care of our parents, we all have only one child, they will have to take care of four elderly parents. The burden is too heavy for them.

From the perspectives of family members, placing elders in institutions was viewed as *xiao*. A major reason for this was that adult children were so often unavailable for direct care at home. At the same time, they recognized that a good quality elder care home could provide better and more consistent care for physically dependent parents. When constant assistance was needed, adult children's ability to pay for professional care actually was interpreted as good filial behavior.

No family members explicitly stated that moving elderly parents to institutions and then not visiting regularly was being filial. However, most adult children, particularly daughters, made a point to emphasize their continued emotional support of their institutionalized elders. All family members interviewed said that they came to the institutions to visit their relatives on a regular basis. Of course, this regularity was self-defined. Some stressed that they came every day or at least three times a week; others meant once or twice a month. Most family members expressed their continued emotional care by emphasizing how they would make special arrangements to "welcome" the elderly to stay with them at home during major holidays. They would do certain special things to please their elders. One interviewee gave an example of how family members would play card games or *ma jiang* and allow the elder to always win as a way of entertaining her. Others emphasized their special effort to purchase expensive food items that the elders favored to make them happy. All these examples suggested that the practice

of *xiao* was still in evidence and much in mind, even though the adult children were unable to provide direct care for their physically dependent parents.

Placing elderly parents in institutions to be cared for by professionals was actually a better expression of *xiao*, according to the adult children of the residents, than providing poor and only intermittent care at home, especially as elder parents were becoming more and more dependent. They felt that providing proper financial support for their elders in institutional settings and continuing their emotional support were acceptable, even better, ways of being *xiao* when unable to be properly and adequately available for direct care.

“As Long as Elders Are Happy, Children Are Xiao”: Care Staff Members’ Perspectives

Care staff members in these care institutions consisted mainly of workers who were formerly retired and some recent migrants from rural areas. A few early retirees were working again to earn additional income and to be doing something meaningful. In one institution, the care staff members reported that male staff members cared for male residents and female staff members cared for female residents. In better facilities, one staff member was assigned to be responsible for caring for three elders in the same room. In less expensive facilities, there were as many as six elders sharing one room, usually with one caregiver providing care for all six. Most residents in institutions had difficulty performing at least one activity of daily living; some could not feed themselves.

Most direct-care staff members emphasized that having a true sense of love was very important for doing the care work. Regarding their attitudes toward placing elders in the institutions, all care staff members held positive views toward institutional elder care. Ms. Lee, a caregiver in one of the homes under study, explained her attitude in these words:

Honestly speaking, “there is no filial son at the side of a long-lasting sickbed.”

At home, how can an elder parent have as good care as here. We help elders to bathe, use the bathroom, and we have nurses and doctors available if they need immediate medical attention. Were the elder to stay with children, living with whoever, he or she is bound to be unhappy.

Compared with leaving elders at home alone with no constant care, most care staff members believed that placing elders in institutions was a much better option. Ms. Lee was strongly against the opinion that placing elders in an institution was unfilial. She said,

The idea that placing elders in an institution is unfilial is wrong. I disagree! Some elders have to be placed in an institution. Adult children are busy; elders cannot manage their daily activities. What else can you do? This elder care home is good; and the cost is not low. To place an elder here, one has to have solid financial ability. As long as the elderly parent is happy, children are filial [*xiao*].

When questioned about their own future arrangements for elder care, most staff members claimed that they would like to move into elder care homes when they had the need and if they could afford to do so. Ms. Gao, who had worked in the facility for a year and half, declared,

When I become old and immobile, I also will move to an elder care institution. Why? Because it does not bother others. There are people who cook for you and clean for you. All the elders gather together. Isn't it more fun?

The challenge most likely to deter this choice was repeatedly stated as financial difficulty in affording institutional care. For care workers, their monthly salaries were often less than half the amount that elderly residents had to pay. Not surprisingly, for some of them, placing an elder parent in an elder care institution seemed nothing but a privilege. One care worker stated wistfully, "When I become older, I would like to move into an elder care institution; [but] that will only happen if my financial situation allows." Another care worker was more blunt about the likelihood of her ever being placed in institutional care, "My family cannot afford to place me in an institution."

“Placing Elders in Care Homes Is Not Children’s Abandonment of Filial Piety”: Perspectives of Elderly Residents

From the perspectives of most elderly residents interviewed in the institutions, being placed in elder care institutions was not a matter of their adult children’s abandoning them or the concept of filial piety. Their perspectives emphasized two main aspects. First, the high level of satisfaction with elder care homes shaped the elderly residents’ understanding of filial piety. And second, many elders acknowledged that care institutions provided better care than family members could, especially for those elders with serious health problems. Mrs. Du, an 85-year-old resident, made these comments:

Some elders cannot live at home. Isn't it wonderful to live here? Children are busy; how can they provide high-quality care like here? The environment here is better than Taichen Garden [another elder care facility]. There is a bathroom

here where you can bathe. Every Wednesday and Saturday, there is hot water all day till very late. Care workers help me take off my clothes, apply soap on my body, use a washcloth to wash my body, and wash me clean.

Mrs. Xia, 86, reiterated Ms. Du's opinion, recognizing the limitations of familial care provided at home when elders have to live alone and cook for themselves: "Some families cannot provide proper care. Living in the institution, elders have assistance with cooking and cleaning." For her, some elders were clearly better off in institutions with regular assistance, compared with being left alone at home. Mrs. Xu, 73, also stressed the necessity of institutional care for some elders with serious health problems: "Some elders are better off here than at home. Most elders here suffer from some type of chronic illness. Living at home [for them] is dangerous. Here, there are doctors."

In addition to the advantage of having constant assistance in daily activities and medical care, some elders saw advantages in living together with other older adults of similar age. Elder homes provided a place for them to communicate with other older adults who belong to the same age cohorts, are in the same stage of life, and can share similar life experiences. Mrs. Yang, 79, remarked on several advantages to living in an institution, with an emphasis on the social aspect:

Living here is wonderful, clean, and peaceful. Even if my daughter had better housing arrangements, I would still choose not to move back to live with her. I get along with Grandma Zhang very well here, we chat a lot, it's a lot of fun. After meals, we watch TV, play cards, there is no discomfort or trouble. During holidays, especially Chinese New Year holidays, my daughter comes to take me to her home and I stay for about 10 days. I told them that now my mind is pretty much simplified. I don't think much, desire much, thus nothing bothers me. In the future, I will live here. You can say I'm settled here. I am very happy here every day. There is nothing that annoys me [to make me unhappy].

Acceptance of institutional care for elders has become related to the social and familial environments in which elders are embedded. Recognizing the time constraints on their adult children has caused many elderly parents to lower their expectations of *xiao*. Mr. Ni, 84, who seemed to have lowered his expectations, clearly positioned his acceptance of his placement in the context of his children's work and family obligations:

Placing elders in elder home is not children's abandonment of *xiao*. That my daughters and sons placing me in the elder home is for my own good. They are busy working every day. There are other things to do in the family. There

is little time left to take care of me. Therefore, they decided to place me here. They have observed the care conditions here. It is good. They feel at ease.

For many elders, placement in elder care institutions had now become viewed as acceptable *xiao* behavior. Under these conditions, children's regular visits had become a key criterion of *xiao* among many elderly residents. Those adults who did not even visit their institutionalized elderly parents, then, were viewed as unfilial or abandoning *xiao*. Mrs. Ni, 83, who was very happy with her life in the care home, made clear that she expected her children's continued engagement in her life. According to her, they have not disappointed her but have continued to be involved in her life:

My daughters and sons are very *xiao*. My daughter comes to visit me very often, roughly twice a month. I am pretty satisfied with that. So, placing elderly parents in the institution is not their abandonment of *xiao*. . . . Further, they come to visit me very often and take me home during holidays. I am very satisfied. However, there are some unfilial children. After placing elders in the institution, they completely abandoned the elders, they don't even come to visit. Those children are unfilial.

Mrs. Xia similarly remarked on her expectations and satisfaction regarding regular visits as part of *xiao* behavior: "All of my children are good. They come to visit me every two or three weeks. They take turns to come. My children are all very *xiao*. My son is the best." Mrs. Zhou, 86, described her daughter's continued physical and emotional care for her even after her placement in the institution:

My daughter comes two to three times per week to help me bathe. My arms hurt; they have no strength. I cannot raise my arms or my shoulders. I cannot bathe my backside. I have bronchitis and cough a lot. My daughter brings me cough medicine from home. My daughter is still very *xiao*.

Thus, even in the institution, the daughter still continued physical and emotional care, which the mother perceived as evidence of *xiao*.

Although no elders explicitly said anything negative about their lives in the institutional arrangements, three did express their preference for living at home. All of these three elders stated that the decision of placement was made by children. In two cases, housing issues (crowded housing and relocation) made the elders feel that they were forced out; in the third case, disharmony with a son-in-law made the elderly parent resent the decision to move to an institution. All elders who initiated the move seemed to have expressed higher levels of happiness and satisfaction with their new arrangements.

For some elderly residents, living in an elder care institution was a privilege. They valued their adult children's financial support as a significant demonstration of *xiao*. A male resident, Mr. Zheng, told the interviewer that he did not tell any of his friends that he lived in an elder care home because he was afraid that his friends would think it was too luxurious:

You can't say that placing aging parents in an elder care home is unfilial. After all, the conditions and services are really good here. It costs a lot of money to place aging parents in elder care homes. Only rich families can afford it. I don't want to tell my friends that I live here. I think they would feel it is a luxury.

Instead of being afraid that neighbors and friends would stigmatize their living in care institutions, some elders, along with their adult children, took pride in their institutionalized arrangements. But they were reticent about telling friends and neighbors, so as to deter jealousy and refrain from showing off their family's good economic standing.

Discussion and Conclusion

Making Meanings in a New Context: Reinterpretation of *Xiao*

Social constructionists argue that meanings of a concept must be understood in the social and cultural context. This context is the social "world" of the people (Gubrium 1997:97). Context organizes meanings (Rosenau 1992). People in the same geographic location may experience different social worlds and organize their meanings of these worlds differently. In this article, the concept of *xiao* cannot be understood without the understanding of the changing social and cultural contexts in China.

Prior to the 1990s, the Chinese social and cultural context for parent care was exclusively traditional. The government did not provide any care program for elders with children; all adult children were required by law to provide financial and physical care for parents. After welfare reforms in the mid-1990s, a service industry for elder care started to grow. So now, adult children who are unavailable to provide adequate care, but do have enough money, have the option of placing elder parents in care institutions. The changing social conditions in China have provided a larger social context for changing elder care practices.

Within care institutions, elders experienced their new social "worlds," through which they reinterpreted the traditional notion of *xiao*. In their

eyes, given the cost of institutional care, they were proud their families could afford the care. They received good quality medical and direct care as well as enriched social environments with people of the same age. In the meantime, many elders reported their children's continued emotional support and care involvements—and that was critical. For them, in late stages of lives, *xiao* was no longer solely about children's direct physical care. If adult children were not adequately available to provide direct physical care, *xiao* could nevertheless be fulfilled by placement in a good care facility, so long as children's emotional and financial commitment remained strong.

In the world of elders' adult children, juggling work and parent care was a constant struggle of daily life. Many emphasized that placing their elderly parents in care institutions allowed for better quality of care around the clock compared with their being left at home alone most of the day. In addition, willingness to arrange for costly institutional care was believed, by these adult children, to be a clear demonstration of children's love and respect for parents. Thus, from their perspective, the meaning of *xiao* hinged on securing good quality of care and providing consistent financial support.

From the world of the care staff members, institutional care was a privilege of upper-class families. Coming from working-class backgrounds, many care staff members were keenly aware of the high cost of institutional care. Many expressed admiration for the elders whom they served. For them, adult children's willingness to make such financial arrangements was a clear indication of *xiao* behavior.

From Stigma to Privilege

Among the three different worlds experienced by elders, their children, and their care workers, one common aspect has been clear: recognition of the high cost of institutional care and the families' willingness to pay for such care. Yet only a decade or so ago, institutional care was only for childless elders and still bore strong social stigma (Chen 1996). Now, the changing social contexts seemingly are altering the cultural meaning of institutional elder care. Rather than harboring any internalized sense of stigma about placing parents in institutions, adult children openly discussed their decisions and expressed satisfaction with resulting arrangements. They did not hide their decisions from neighbors or coworkers. In one case, a daughter even invited a neighbor to go and visit the elderly mother in the institution to enrich her social life.

Zhan and Montgomery's (2003) study of familial care in China in the late 1990s found that peer pressure from neighbors and relatives played a

significant role in adult children's caregiving behaviors at home. Adult children who reported higher levels of peer pressure actually spent more time providing direct care for elderly parents. However, their study was based in interior China, where institutional care was not widely available for elders with children. As more elders have needed direct care in conjunction with more adult children's being unavailable for such care, institutional care has become more widely available, especially in larger cities, such as Nanjing, Tianjin, and Shanghai. So far, this new option of institutional care for elders with children has not been tainted by the old stigma of childless elders on welfare; quite the contrary, placement in costly care homes has brought with it a sense of pride and privilege. The fact that sons and daughters are able to place elderly parents into high-quality institutions has become a badge of one's good economic standing. As most care workers stated, they would rather live in institutions in the future if they are able to afford it; a sense of jealousy, instead of contempt, was implicit in the voices of these working-class adults. Interestingly, in discussions with elders, there was also the same sense of pride and privilege rather than stigma or shame; but a sense of modesty or awkwardness led them to avoid telling neighbors about the "luxury" of their new institutional care.

Theoretical Insight: Reification of the New Cultural Interpretations of *Xiao*

In the early stages of social change, pioneers or social agents do not always have a definite sense of mission or purpose. They are just ordinary persons who are "theorizing" their worlds and rationalizing their actions. And so it is with respondents in this study, who moved elderly family members to institutions. In the process of theorizing, they construct coherent family and personal histories by weaving reasonable social contexts together to present the whole story leading to the move. In this process, they may have selectively discredited some negative information or knowledge, such as continued stigma about institutional care. At first, this process of theorizing appears to be an effort to "justify" unconventional behavior. As the interview results show, some elders and family members appeared eager to "explain" or "justify" their behavior. However, many more, including family members, elderly residents, and care staff members, were already beyond searching for justification of any unconventional behavior. They were openly proud of their participation in the new elder care option.

As Chinese baby boomers retire with greater financial power than their parents' generation, a large number of Chinese "third agers" are likely to

choose institutional care. In the near future, institutional care may no longer need “theorizing” or justifying. Instead, it is likely to be reified to become part of the “traditional” practice of *xiao*. By observing the social construction of “traditions,” one witnesses the relationship between social change, social construction, and preservation of cultural “traditions.” This study provides a baseline case study on the early stage of this social change.

Policy Implications and Future Research Questions

The sample used in this Nanjing study was not random. Furthermore, the pool of respondents included neither elders who did not reside in institutional settings nor those who had moved out. Being a nonrandom sample, interviewees who were willing or eager to talk about their experiences could have been exactly those who had had positive experiences in institutional care. Even taking into account all these possibilities, one cannot deny that elders and family members in this study repeatedly voiced high opinions on the new development of institutional care. The findings of this study probably provide some explanations for Zeng et al.’s (2005) national study, which found that elders in institutions actually expressed higher levels of life satisfaction than those who stayed at home alone or with children. Could it be possible that the cultural norm of *xiao* is extended into the institutional settings, so that elders are made to feel respected and comfortable? Is it possible that care workers, who, after all, are other people’s sons and daughters, have actually carried the cultural tradition of *xiao* into their workplace? Several care workers explicitly stated that they had to have a strong sense of love to do this job. Nevertheless, because of the small sample, we cannot make any conclusive remarks about the relationship between *xiao* at home and *xiao* in the workplace.

Lan (2002) used the phrase “subcontracting filial piety” to describe the practice of Chinese Americans in the San Francisco Bay area. Middle-class and upper-middle-class Chinese Americans, being busy with work and family duties themselves, hired home care service workers to provide direct care for their physically dependent parents. Very often, they absorbed the hired workers as their “fictive kin.” By paying these fictive kin decent salaries, middle-class Asian Americans were subcontracting their filial duties to the hired fictive kin. Is placing elderly parents into an institution also a way of subcontracting filial piety? In contrast to Lan’s study, a few families in Nanjing who tried home care services prior to institutional placement reported negative experiences. They felt that the lack of trust

between the hired caregivers and care recipients was the major problem. Furthermore, housing was usually a problem for live-in care workers. Because many elderly parents still have no private rooms of their own, adding a stranger into the household is difficult in most of China's urban families. In addition, when adult children live and work out of town, hired home care is less desirable or even impossible because of families' inability to provide supervision and guidance.

More studies will be needed to understand the array of elder care practices in China that can serve as alternatives to familial care when needed; these include hired home care, adult day care, and other community elder care services as well as the institutional care discussed.

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