

**WHO TAKES CARE OF THE RURAL ELDERLY?
ANALYSIS OF FAMILY ARRANGEMENT FOR OLD-AGE SECURITY
IN RURAL CHINA**

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February 2000

Working Paper 313

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ISSN 0921-0210

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1. INTRODUCTION

1.1 Statement of the Problem

Population aging is becoming a feature of populations worldwide as fertility rate declines and life expectancy increases in the developing world. By the year 2020, the population aged 60 years and above will account for 13.1 percent of the world's total population. But a major feature in world aging is that "aging speed is much faster in developing countries compared with the earlier experience of more developed countries" (UNFPA, 1998a: 5). In less developed regions, the proportion of aging population aged 60 and over will increase from 8 percent in its total population in 1999 to 21 percent in 2050 (UN Population Division, 1999).

China as a developing country with the largest population is both following this trend and being identified as an aged country. Its aging speed is the fastest in human history (Du, 1988:183; Wu and Du, 1996:25). By the year 2000, the proportion of people aged 60 years and above in China will represent 10 percent of its total population and those aged 65 year and above will account for 7 percent of the total. By the year 2050, China will have 439 million people aged 60 years and over; they will constitute 23 percent of the total population (UN Population Division, 1999).

Compared with developed countries, China's aging is both much faster and based on a low per capita income; its size is much larger than any other country. Another distinct characteristic is that most of the elderly in China live in the rural areas.

In 1997, the population aged 60 years and above in the rural areas of China was 78 million, representing 70.2 percent of the total elderly population (SSB, 1998: 448). They have little access to the formal pension system and publicly funded medical care and rely on family support. What is going on in rural old-age support? Is the family enough to support old-age security in rural China? These questions need to be discussed in order to cope with current issues of the rural old-age support and make early planning to avert the crisis that the dramatic drop of fertility (and other factors) would bring about.

1.2. Research Questions

There has been a general consensus among researchers and policy-makers that family support will dominate in the future of rural old-age support and the government

should encourage the family to take care of the elderly. These are based on the assumption that not only family old-age support is rooted deeply in traditional Chinese culture but also China has no capability to set up old-age social security for such a large number of rural elderly population.

This paper focuses on the rural old-age support and poses the following questions:

- What is the general picture of rural aging and rural old-age support?
- Is the family enough to support the elderly in rural China?
- If not, what is the alternative?
- What are appropriate policy and legislation responses?

1.3 Data and Methodology

This research is mainly based on data from three surveys conducted by the Population Institute of the Chinese Academy of Social Science (CASS), China Research Center on Aging (CRCA)¹, the State Statistical Bureau (SSB). It presents a big picture about rural old age security and a basis for discussion on policy recommendations.

China has had many surveys on the aging issue, but many of them have very small sample sizes and there are methodological concerns about their research design and quality control. Without knowing how the research was conducted, we will keep far away from them, but we intend to, whenever necessary, use some data by researchers who have a better professional training in survey methods.

China has conducted two national surveys about its aging population. One is the national survey by CASS in July 1987 with a sample population of 36,658 elderly. The rural sample was 18, 839 rural elderly and randomly chosen from 66,000 constant-sampling survey households of SSB. The sample population covers whole country except Tibet and can better represent the whole population (Tian, in CASS 1988:16; Gou, in CASS 1990:200-202). The SSB conducted another national survey in October 1994 with a sample population of 1.29 million. The population aged 60 years and over in this sample was 124,114. The survey aimed at getting information about population changes, but the ques-

¹ A special research institution on aging affiliated to China National Committee on Aging (CNCA). CNCA founded in 1982 is a permanent institution coordinating nationwide work and international cooperation on aging.

tionnaire also covered the item concerning the main income source of old-age people. Respondents aged 60 years and above chose one of the following answers to indicate their main income source: employment, pension, social security and relief, children and other relatives' assistance and others. Unfortunately, the data are not yet published and the only way we can do analysis is to indirectly use the data in Du and Wu's article² (Du and Wu, 1998). The methodology employed in above two surveys was a typical survey approach and their professional field workers are roughly the same. The CASS survey got a closely corporation from SSB, conducted by professional field workers (more than 4,000) from the survey teams of SSB.

The third well-known survey was conducted by CRCA in January and February 1992, under the funding of UNFPA, with a stratified, cluster random sampling population of 20,083 persons aged 60 years and above. The rural elderly surveyed were 10,194. The survey designed two different questionnaires respectively for the urban and the rural areas. The sample population only covered 12 provinces including three municipalities; the sample population from the three municipalities plus two other richer provinces (Jiangsu and Zhejiang) accounts for 51 percent of total sample population. Therefore, the data can not represent the whole picture of the rural elderly in China, but it provides many valuable data that is not available in other surveys.

Additionally, I hope my personal experiences can contribute some input to my research. I was born in a village located in Southwestern China and lived there until entering the University. After graduation from the university, I had a three-year training concerning population and economics in Chinese Academy of Social Science. Then, since 1986 I have worked in National People's Congress (National Parliament) as staff for the legislation of population and public health. My professional career makes me acquainted with the population policy discussions.

1.4 Limitations of the Research

As the study focuses on the support system that the rural elderly are depending on, it ignores to some extent comparison between rural and urban areas and the implication of

² Wu Chao is statistician of the Population and Employment Department of SSB.

urban pension and health reform on the rural old age support system. Secondly, China is so big that the full picture of the rural elderly can not explain the diversity of rural old-age support paradigms among the regions and ethnic groups. Thirdly, the secondary data often limited my access to an in-depth analysis of the topics. In many circumstances, we can not clearly answer the questions we meet such as the dynamics of family support and the exact effects of migrants on the rural old-age support and so on. Fourthly, the documents and literatures concerning the aging of China are very limited in the Netherlands.

1.5 Structure of the Paper

Since the study aims at analyzing the situation of rural old-age support systems and put forward to policy recommendations, it is quite apparent that the structure of the paper should organize the chapters as outlined in figure 1. Each cell represents a specific chapter. The first chapter will briefly introduce the research questions and the availability of data. The second chapter will give an analytical frame and provide the culture and institutional backgrounds to afterward analysis. The third Chapter will present the demographic changes of the rural elderly. The fourth chapter will discuss the characteristics of rural family and households. The fifth chapter will examine the family support. The research will end with the sixth chapter discussing the alternatives to family support and the policy responses.

Figure 1. Mapping of the Structure of Chapters

Introduction	1
Framework	2
Demographic Aspects	3
Family and Household	4
Family Support	5
Alternative and Policy Responses	6

2. RURAL ELDERLY ISSUES: A THEORETICAL FRAMEWORK

2.1. Introduction

Since the 1970s, China has been aware of rapid population growth, which resulted in the implementation of stricter family planning policies and led to a sharp decline in fertility. The reduction of birthrate and the prolongation of life expectancy of Chinese population are now bringing about a so-called “gray tide” across the country. The rapid aging has attracted much attention from academicians as well as policy makers. Studies on this topic are growing and expanding.

This chapter first summarizes the research on rural aging done so far, then provides the cultural and economic backgrounds concerning further discussions, and ends with the framework of research.

2.2 Research Reviews of Rural Aging

2.2.1 Theories reviewed

Before the twentieth century, most populations had a roughly constant age composition, with a small but stable proportion of the population in the old age group. Studies of aging did not take place until the 20th century. The first substantial discussions of aging dated from 1930s and 1940s and the bulk of the literature on aging have been produced since the Second World War. During the inter-war years and the early 1950s, researchers were anxious about the assumption that slower population growth would cause the dwindling of demand and even deeper depression. Then, pessimism relaxed because of the postwar “baby boom” and economic boom; aging issues became peripheral topics. When the “baby boom” was over and fertility resumed its long-term downward trend, the aging issues attracted more academic and policy attention than before and many theories especially economic aging theories have been produced (Jackson, 1998: 14-17).

Many economic researchers discussed the two important issues regarding demographic changes: the use of publicly provided services, especially in the areas of health and long-term care, and income transfer programs. The aging theory commonly employed is the life-cycle model, which assumes that an individual (or couple) optimizes his (or their) utility from consumption and savings over his lifetime (or their lifetimes) (Vollering, 1991:3-5). A number of papers discussed the effects of population aging on the size and

distribution of aggregate production and consumption of goods and services (Jackson, 1998: 44-68). Razin and Sadka set up the economic model to explain intergenerational transfers, in which the mathematical model was based on Becker's and Schultz' assumptions that the children can be viewed as an economic good and "poor man's capital". They found out that when "institutional constraints to the transfer of resources from children to their parents exist, welfare of parent's generation may be improved by some sort of old age security scheme: a lump-sum subsidy to the parent, financed by debt creation to be paid by the revenues from the income tax on children" (Razin & Sadka, 1995: 128). Some have argued that much work on population economics "just follows the familiar pattern of becoming another variant on the neoclassic themes and takes a stringently neoclassical line that obscures social and cultural ('non-economic') considerations" (Jackson, 1998:47).

Up to now much of our knowledge about the aging process came from the experience of developed countries (Jackson, 1998:6). Even some researchers argued that outside certain United Nations agencies, researchers have devoted "little attention to issues of the elderly in Third World nations" (Tracy, 1991:11). In developing countries, little data is available on what the current situation is. Consequently, the myths continue to be debated and remain factors in decision-making (ibid.7). This is partly because these elderly populations have not yet reached the point where government intervention seems as necessary as it does in policies for youth, economic development and primary health care. Small percentages of the elderly in its total population indicates that it represents relatively unimportant policy issues. In the last ten years, the aging of developing countries attracted more and more attention from academics, many researches on it have been produced (Tout, 1989; Sokolovsky, 1990; Tracy, 1991; Philips, 1992; Apt, 1996). However, academic studies in the Third World principally tested theories that predict trends and patterns in the development of programs. The majority focused on special insurance schemes especially the economic aspects of pension. Many of these attempt to demonstrate how macro socio-economic factors influence pension policy (Tracy, 1991:13). Some discussed the family in the role of rural old-age support in the developing countries but did not give an in-depth exploration based on survey data (Apt, 1996).

2.2.2 *Research on the Rural Aging in China*

Research on aging in China started in the middle of 1980s. Hao and Chen (1998) made a survey on the distribution of the articles in *Population Research*³ during 1977-1997. Their discovery shows that only 4.6 percent of the articles concerned the aging and heavily concentrated between 1987 and 1997. Before the middle of 1980s, no article concerning aging was issued in *Population Research* (Hao and Chen, 1998).

In the middle of 1980s, partly because farmers needed sons to support their old-age security, China loosed the family planning policy in the rural areas. It triggered the sharp increase in the fertility and the furious debate on whether aging was good or not among the demographers and policy-makers (Ma, 1986; Banister, 1987). Then, CASS issued its survey data on aging conducted in 1987 and a bulk of literature was generated from the analysis of this data (CASS, 1990; Tian, 1991). CRAC and other surveys on aging have been conducted since the late 1980s; most of them are on a smaller scale (Chen, 1996:282-285). Although a lot of research and survey are related to the aging, most of them focused on the urban pension system, the demographic analysis of aging and the relation between aging and family planning policy.

Besides demographers, sociologists always dealt with aging issues. Among the sociologists, the best known is Prof. Fei Xiaotong. He compared old age support in China with the Western Countries, and called the Chinese old-age support model a “feedback model”, which means parents foster children, and children feedback parents. In the Western societies, children leave the parental home when either they get married or they enter colleges. The older parents depend financially on pension or social security. Children are not responsible for the financial support of their parents. He called it a “continued linear model” (Fei, 1983; 1985).

Another well-known sociologist Prof. Yuan Fang (President of China Association of Sociology) shares Fei’s view. He says that by feedback is meant that generation A rears generation B while generation B supports generation A and so on. Each generation feeds back the preceding generation. In other words, the parents rear their children and are supported in old age by their adult children. “This feedback is a special feature in Chinese

³ This is the earliest magazine of population research in China and the Journal of Population Institution of People’s University of China.

culture. The Confucian promotion of filial piety was not only a reflection of this mode but an effort to consolidate it ideologically so as to make it an established code of behavior in coordination with the constraint and guidance provided by the law and public opinion”(Yuan, in Zeng et al, 1990:351).

Most demographers follow Fei’s hypothesis. Prof. Wu Cangping (President of China Aging Population Research Association) and others generally agree with Fei’s view, but they argue that owing to family planning, some families have not enough children to support parents when they are old, so the government should develop the social security for elderly as an alternative to family support (Wu & Du 1996: 210; Liu 1996: 89-91; Yu, 1994:107-110; Qiao, 1998a, 1998b). Prof. Zeng Yi based his life table analysis of Chinese family dynamics on Fei’s hypothesis and discussed the trade-off between population policy and aging (Zeng, 1985; 1991; 1997; 1998).

In recent years, Qiao Xiaochun and other young demographers have become more and more concerned about the aging and other consequences of the fertility decline and suggested the development of old-age social security to cope with the shrinking of family size (Qiao, 1995; Gui, 1989; He et al 1997). Gui Shixun (1989) made a research of the reform on social insurance in the rural suburb of Shanghai. Liu Guiping (1996) discussed the funding of rural old-age social security in his Ph.D. dissertation. Wang Haijing discussed determinants of farmers’ participation in old-age social insurance based on the surveys in Shandong and Anhui (Wang, 1998a, 1998b).

The discussions of aging are always accompanied by debates on family planning policy and many especially among senior researchers and policy-makers agree that population control is a more urgent issue than aging. Prof. Zha Ruichuan (1998) recently concluded:

“ Fertility decline did not lead to the increase of elderly numbers. While the decline of fertility led the share reduction of the infant and adolescence in total population, it increased the share of adult population. The number of elderly and their consumption remains roughly the same. Therefore, it is wrong to say that the aging will increase the burden of support to elderly by society. Of course, aging needs both the reallocation of social wealth, the adjustment of old-age support policy accordingly and the awareness of the state leaders on the issue. Unfortunately, some articles exaggerated the aging issue and made people especially the state leaders feel too nervous, and this will lead them to misunderstand the aging issue” (Zha, 1998:63).

Population control always haunts the aging discussion and sometimes big mouths on aging issues have to be shut up because there is a fear that open discussions may lead the farmers and local family planning workers to doubt the continuity of family planning policy and loose the fertility control.

2.3 Cultural and Economic Backgrounds

2.3.1 Confucian and filial responsibility

Family old-age support is not a merely Chinese thing but shared by many people in the world (Sokolovsky, 1990; Philips, 1992; Kertzer & Fricke, 1997: 45-49; Apt, 1996). In the Non-Western countries, traditionally upholding filial piety is considered as a cultural ideal, children are expected to take care of their elderly parent (Chan & Cheung, 1997; UN 1992a: 35-36). Chinese family old-age support is deeply rooted in Confucianism and has been the core of social structure, a definitive factor in Chinese culture and personality.

Confucianism originated from the 4th century B.C, and had become the official philosophy since the second century B.C in Han dynasty; it thoroughly permeated the politic, academic and ordinary life the same as Christianity in Europe and Islam in the Middle East. It considered the family as the basic unit of a society (Yang, 1959: 72-73). The foundations of Chinese traditional social values came from the Five Cardinal Relations (*Wu lun*, meaning the five basic norms of social order). Those are relations between father and son, sovereign and minister, husband and wife, old and young, friend and friend. In the Five cardinal relations, family members should be arranged into “proper order by their age” and son and father should be “solidarity and affection” (Cited in Yang, 1959:6). Filial piety is the prerequisite of becoming a qualified official and any other social relations should be patterned after the family in structure and value. The government officials were often referred to as “parent-officials” and the people as “children-people”. The relationship between master and apprentice, or between teacher and student, operated on a simulated father-and-son basis (Yang, 1959:7). The filial piety has been webbed into complicated structure of politics and guaranteed by law and culture.

Filial piety includes supporting and respecting parents when they are alive and worshipping them when they die. In the Book of Rites (one of the Five Classics of Confucianism), it said that “piety contains three parts: firstly respecting, secondly not humiliating

and finally feeding parents” (Cited in Yao, 1996: 31). They have no filial piety if children feed, clothe and shelter but do not respect their parents (ibid.). Mencius (another Confucian philosopher at the Confucius time, second to Confucius in the position of Confucianism) concluded: “those who do not fulfill his filial duties include five categories of people: (1) lazy so that he can not support parents; (2) gambling and drunk so that he does not care for his parents; (3) greedy and keep money in wife’s pocket so that he cannot support his parents; (4) indulge in entertainment so that he does not care for his parents; (5) fight and act without thought so as to endanger his parents ”(Menzi, Cited in Yao, 1996:31). The state always encourages children to support and respect parents with many economic incentives such as the tax reduction. No piety was considered as a serious crime in traditional Chinese law. If one murder, abuse and curse parents, they should be sentenced to death and not redeemed and absolved. These kinds of crime are counted as the two of “the ten most serious crimes” in Chinese traditional criminal law (Yao, 1996:32).

This does not imply that filial piety and family old-age support pattern remain unchanged. Filial piety is weaker and family tie looser in contemporary China than that in the traditional China because of the modernization, urbanization, marketization and access of women to education and employment. Additionally, more public support available to individuals will crowd out old-age support from family members. However, despite some changes, filial piety and family old-age support considerably preserve continuity and Chinese still have strong filial piety. The survey in 1992 by CRAC found out that 85.23 percent of the urban elderly and 83.77 percent of rural elderly thought that their children had filial piety to them (CRAC, 1994:17). Tu and Ling made a research of kinship structure and aging support in Taiwan. Their discovery indicates in Taiwan the support for Chinese elderly is mainly through intergenerational transfer within family and kinship networks. The family is still the predominant mode of elderly support. Inter-cohort transfer through agents in society such as social security is expected to share or take over some of families’ traditional responsibility and supplemental to family support mode due to fewer children being available to care for aging parents (Tu and Liang, in Zeng et al, 1990:234).

2.3.2 *Rural Economic Institutions*

Chinese governments through the centuries provided very little to the citizens in terms of welfare protection and services. The welfare needs of individuals and groups were handled by themselves or their kinship lineage networks. The people were more prepared to seek support from their relatives than turn to the state for help. The closely-knit family network and kinship were the foundation of the Chinese welfare infrastructure. The private benevolent organizations in China are not as developed as they have been in the Western countries. State involvement concentrates on the provision of the old, sick, orphan or migrant destitute (Chan & Chow, 1992:9-18). “The family is more significantly of personal satisfaction and fulfillment. In fact, what welfare in the Chinese culture aims to achieve is a state of harmony and integration, rather than the provision of opportunities for one’s development and actualization, as emphasized in the West. The Chinese ideal is to draw each member closer to his family through social welfare provision rather than to help him become independent of his home” (Chow, quoted in Chan & Chow 1992: 17).

After Communists pushed the Nationalist Party (Kumindang) to Taiwan and took over the reign of political control in 1949, they started immediately to design a social policy that meets “the imperatives of both its struggle and national development aims” (Philion, 1998:523). The transformation of social relations and social reform were at the heart of the Communists’ goals, but the social insurance benefits were biased to grant those employed in the state sector industries, which were predominantly heavy-industry-oriented. Pension and other social welfare schemes are closely related to the occupation and tied to the work unit. Farmers and urban unemployed are excluded by pension system but have a right to get a social relief including financial assistance and services when they have no income resources or need services in their old age. The welfare model of China is not a typical socialist model but a hybrid model with a combination of socialist and traditional ideas (Chan and Chow, 1992:40).

In rural areas, the government deprived the land lords and rich peasants of their property and distributed it to the poor peasants and farm workers, who had little or no land, then established the agricultural producers’ cooperatives. The private ownership of land was transformed into collective ownership by the cooperatives. Members of cooperatives take part in the work of their cooperative collectively based on the work points system,

which were paid according to the respective work points of each individual. In 1957, under the principle of “large organization and public ownership”, the agricultural producers’ cooperatives were united into people’s commune. A three-level administrative system was established accordingly, consisting of the commune, the production brigade, and the production team. The people’s commune and the three-level administrative system lasted 20 years.

In the People’s Commune’s period, all the land, farm animals and other means of production were under the ownership of the brigade. In some areas, farmers also had a small private plot distributed by the collective according to family size. The production team in 1962 became the basic economic unit in the commune system. When a person went to do his or her job assigned by the team leader, work points were recorded for each member according to his daily labor. The work points are different between Children, female adults and male adults. For example, male adults can get 10 work points after one day’s work, female 8 work points and children 5, but elderly can get same work points as other adult farmers. Children sometimes work during the school vacations. The government exercised unified purchase, and fixed the price for the state purchase of the main agricultural products. The state also fixed the quotas of produce the peasants had to sell to the state each year. The method of distributing income at team level was as follows. The production team first calculated the total yearly income mainly from the value of the “grain” crops and cash crops. The expenses (excluding payment for the labor force) were deducted from the total income, and then the net income was distributed to each individual according to his or her total work points for one year.

During the Commune except the Great Leap Forward of 1958-1961, the old-age support depended on the family numbers except those with no children, no work ability, and no reliable sources of income (“three-nos”). For those, the production team provided “five guarantees” (guarantees for food, clothing, housing, medical care and burials).

In 1978, the rural areas introduced the household (family) responsibility, which directly linked the household income with their output. By the end of 1983, it had been adopted by about 95 percent of peasant households. The People’s Commune system was dismantled and abolished simultaneously. The Commune was replaced by township, the production brigade by village committee and production team by sub-village committees

(or groups). The land and other property were distributed to households according to household size. The individual household as an independent producer has freedom to manage its allocated plots of land and make its own decisions regarding economic activities. In this term, the individual household is now the basic agricultural production unit and wholly responsible for its own profit and loss. The household has to pay agricultural tax to the state and community tax⁴ to the village.

The household responsibility does not change the paradigm of the rural old-age support and old-age security still depends on family support. However, it strongly influences the behavior of old-age supporters and the social welfare of “three-nos” elderly. Firstly, most of the village committees and sub-village groups, due to the collapse of the commune, feel more budget constrained than before, while few rich villages in coastal and urban suburb areas have started to fund old-age social security schemes and established the elderly home by means of the profit from village and township enterprises. Secondly, government officials and local political leaders have less influence over the behavior of old-age supporters than before. When children fail to support parents, village leaders lack administrative resources to correct their behavior them compared with that during the commune period. Thirdly, farmers become richer than before, they can finance their parents more.

“The Chinese approach to welfare and relief is markedly residual. This is true before the economic reform. It is also true afterwards” (Wong & Macpherson, 1995:51). In the rural area, family old-age support is the cornerstone of old-age security. It does not change too much from the commune to the household responsibility system.

2.4 Analytical Framework

The elderly in rural China dominantly depend on the family old-age support and few can get access to formal pension system and publicly funded care. This is in sharp contrast with developed countries or the urban areas of developing countries including ur-

⁴ It refers to the delivery to the village. The village management committee gathers the delivery from each household and use it for social affairs within the village such as five-guarantee’s provisioning. The amount of delivery varies between village and counties. If some village have their public financial resources from others such as profit from village-enterprises, the households can be free from the delivery obligation.

ban China. The elderly in developed countries and the urban areas of developing countries have a defined benefit public pension system based on “pay as you go” or “capital reserve”. The income of elderly comes from the income transfers that give undifferentiated purchasing power to households in the form of welfare benefits, old age pensions etc. Social security revenues and taxes finance the provisioning of elderly, family members do not provide income and care to elderly.

Two models, Fei’s Model and Razin & Sadik’s model, were established to try understanding those two provisioning systems, but they reduced or simplified the provisions of elderly to an intergenerational transfer. They thought that old-age support mechanism is an intergenerational transfers system that means young generation supports the old generation. But the difference is that in developed countries and the urban areas of developing countries, these transfers are channeled from young generation to the old through agents such as the government in the form of old-age social security schemes etc whereas in rural areas those intergenerational transfers were made directly through the family without any intermediary agents. Fei’s model discusses the intergenerational transfers within the family (or inside-family intergenerational transfers) and reduces the old-age support to relation between children and parents within family. Razin & Sadik’s model discusses intergenerational transfers outside the family (or outside-family intergenerational transfers), simplifies the provisions to relation between young and older generation (or two cohorts), and views the outside-family intergenerational transfers as the development from inside-family intergenerational transfer because of “institutional constraints to the transfer of resources from children to their parents” (Razin & Sadka, 1995:128).

Both Fei’s and Razin & Sadik’s exclude the care and financial provisions by the elderly themselves, their spouses and other institutions such as charity as well as ignored the gender issues. Compared with Razin & Sadik’s, Fei’s model is static and does not take into account the effects of family institutional constraints on old-age support, but Fei’s model is roughly close to rural old-age support system especially in the higher old-age groups. In the higher old-age group, most provisions of care and income to the elderly come from children.

Owing to filial tradition and the dominant role of the family in old-age support in rural China, we obviously agree that the rural aging issues, as Fei’s model concerned, can

be better understood in the contexts of the family. However, we should expand the study beyond inside-family intergenerational transfers to include the provisions by spouse and elderly themselves, break down the providers to look into the gender relations within the family, and examine the constraints of family institutions on the provisions of the elderly to understand the linkage between inside-family provisioning (or transfers) and outside-family provisioning (or transfers).

3. DEMOGRAPHIC ASPECTS OF RURAL AGING

3.1 Definition of Aging

A population is said to be aging if it satisfies either or both of two conditions. The first is that its average (mean or median) age is increasing. The second condition defining an aging population is an increase in the proportion of the population above a certain threshold age. The second is usually used in academic and policy analysis.

By far the most common threshold is the statutory retirement age that divides those expected to be economically inactive from those expected to be active. The statutory retirement age defines the elderly as a social group and absolves them from the requirement to work, yet it has virtually no physical justification when longevity is increasing and many retired people are capable of working. In the formal economy, retirement policy aims at regulating labor supply. Some argue that the threshold age arbitrary (UN 1992b: 43), but the 60 years and 65 years are often chosen to be the threshold of the aged. UN World Assembly on Aging, held in 1982 in Vienna, suggested the 60 years as threshold of population aging (Du, 1992:15). Before this meeting, the UN (1956) in its first report on aging, "The Aging of Population and its Economic and Social Implications", proposed that the aging of population can be considered as the proportion of the population aged 65 years and over to be over 7 percent in total population (Du, 1992:16). 10 percent of population aged 60 years and above is an alternative criteria of aging population based on the assumption that the 7 percent of those aged 65 years and above can be transformed into the 10 percent of those aged 65 years and above and the two criteria are roughly the same (ibid.). Other thresholds such as the age of 55 exist in some research studies (Vollering,

1991). Researchers often use 60 years as the threshold age to analyze the aging of developing countries⁵ and 65 years for developed countries.

Another threshold age is 75 years old or 80 years old which divide the elderly population into the “old old” over 75 or 80, who are the people most likely to be suffering from severe disabilities, and the “young old” below 75 or 80 (Jackson, 1998:5; UN, 1992 a; UN 1992 b).

The 60 or 65 years and 75 or 80 as thresholds can be found in literature concerning the aging of China, but the age of 60 years as the threshold of population aging is better than the age 65 to extensively analyze the age composition of China’s population due to its statutory retirement age and lower life expectation compared with developed countries. Therefore, the elderly in the following sections will refer to population aged 60 years and above, unless otherwise stated.

3.2 Growth of the Rural Elderly Population

Based on the census in 1964, 1982, 1990 and the one- percent national survey in 1995, the percentage of aged population in rural China increased greatly. The rural elderly constituted 6.33 percent of rural total population in 1964, 7.77 percent in 1982, 8.73 in 1990 and 9.99 in 1995. Except in the year 1995, rural aging level has been higher than the urban. In 1995, the proportion of old age population in rural areas was 9.99 percent in rural population, less than the urban 10.17.

Nevertheless, the size of rural old age population is much higher than urban. In 1964, 37.7 million aged population lived in the rural areas and 4.4 million in the urban as compared to 85.9 million in the rural and 31.2 million in the urban in 1995 (Tables 1).

Several major population projections were made for various analytical and policy purposes, but except Banister’s and Zeng’s projection, few present the future size of the rural Chinese population (Zeng, 1989). Some argue that projections do not take into account migration, because international migration is very little, internal migration is a temporarily floating and migrants eventually will come back to the villages (Wu & Du: 1996:

⁵ The current threshold is based on the statutory retirement age and often overestimates rural aging and fails to respond to the fact that rural elderly have no pension and their retirement age depend on their physical independence to great extents.

72). Projections about rural population should take into account the very large differences of fertility and mortality and dynamic movement between rural and urban areas. Its difficulty is far beyond that of the projections that only take population as a whole. Additionally, unclear urbanization level⁶ and migration dynamics contribute a lot to this kind of difficulty.

Table 1: Population aged in China by urban/ rural residence

Urban/Rural Residence/ Year		1964 ¹	1982 ²	1990 ³	1995 ⁴
National	Size (thousand)	42,254	76,637	103,284	117,186
	Percentage to the total population	6.13	7.63	8.58	10.17
Urban	Size(thousand)	4,471	14,660	30,447	31,215
	Percentage to the total urban	4.87	7.11	8.15	10.6
Rural	Size (thousand)	37,783	61,977	72,837	85,971
	Percentage to the total rural	6.33	7.77	8.73	9.99

Source: 1. *The Population and Employment Department of SSB and the 3rd department of Public Security Ministry, 1988, China Population Data, 1949-1988*, China's Finance and Economy Press.
2. *Population Census office of the State Council and the Population and Employment Department of SSB, 1985, Computation Data on Population Census, 1982*, China Statistical Publishing House.
3. *Population Census office of the State Council and the Population and Employment Department of SSB, 1993, Population Census Data, 1990*, China Statistical Publishing House.
4. *The One-Percent Population Survey Office of SSB, 1997, Data of the Population Sample Survey in 1995*, China Statistics Publishing House.

Zeng Yi (1989) gave a bold guess on the percentage of urban population in the next century: 2000:40, 2020: 65 and 2050:80 and presented the six scenarios. Zeng's guess is roughly close to other's (Gu, 1994:414). In all scenarios Zeng presented, the percentage of the rural elderly in its total is higher than that of the urban and approximately after the year 2010, the size of the rural elderly will be less than that of the urban. In the scenario under the assumption of middle fertility and low mortality which is most likely to happen, the percentage of rural elderly aged 65 and over will represent 8.3 percent in 2000 and 30.7 percent in 2050 (Table 2); the size of rural population aged 65 years and over will be 37.6 million in 2000 and 96.61 million in 2050 and after about year 2010, its size will be less

⁶ The real numbers of China urbanization remain unclear. The problem stems not from deficiency of published data, but from the inconsistencies and ambiguities in China's official data on the urban population (Zhang et al, 1998:330). China's city and town are administrative unit designated by the state through legal procedures. Boundaries of cities and towns are demarcated by the state to differentiate them from the countryside. The criteria for the designation of urban places have been modified several times since the People's Republic of China was established. Corresponding to the change in the urban designated criteria, the official indicators of urban population have also changed.

than that of the urban and the gap will be magnified with the shift-up of urbanization level (Table 3). This trend has important policy implications for urban infrastructure and rural old-age social security policy.

Table 2: The projected percentage of population aged 65 and over under the assumption of the low mortality and medium fertility by urban/ rural residence

	2000	2010	2020	2030	2040	2050
Rural	8.3	10.6	15.8	21.0	27.5	30.7
Urban	7.0	8.2	11.3	15.8	22.9	25.5
Total	7.6	9.2	12.9	17.4	24.1	26.5

Source: Zeng, 1989:89.

Table 3: Projected number of population aged 65 and over under the assumption of low mortality and medium fertility (by urban/rural residence (in millions)

	2000	2010	2020	2030	2040	2050
Rural	52.2	61.5	81.8	97.0	107.5	96.1
Urban	44.6	64.6	105.7	167.0	262.4	311.1
Total	96.7	126.1	187.7	264.0	369.9	407.2

Source: Zeng, 1989: 89 .

The ultimate causes of rural population aging rest on the changes in mortality, migration and fertility. Wu and Du (1996) extensively examined the determinants of aging in China. According to their findings, the fertility decline is the main cause of population aging in China but its effect will diminish compared with death rate. In between 1950 and 1990, the fertility decline contributed to 2 percent increase in the share of the elderly to the total population and the mortality decline to 0.8 per cent. In between 1990 and 2030, the fertility decline will contribute to 2.12 percent increase in the share of the elderly to the total population and the mortality decline to 1.72 percent (Wu & Du, 1996:76-84).

3.3 Demographic Characteristics of the Rural Elderly

3.3.1 Age Composition of the Rural Population

The age composition of rural population during the period 1964-1997 is characterized by a decrease in the share of the youth population in total population (from 40.56 to 28.03 percent) and an increase in the share of both working population (from 53.11 to 62.36 percent) and aged population (from to 6.33 to 9.61 percent)(Table 4). As a result,

rural China population has been aging and almost reached the threshold of an aged population (over 10 percent of aged 60 and above in total population, see Section 3.1).

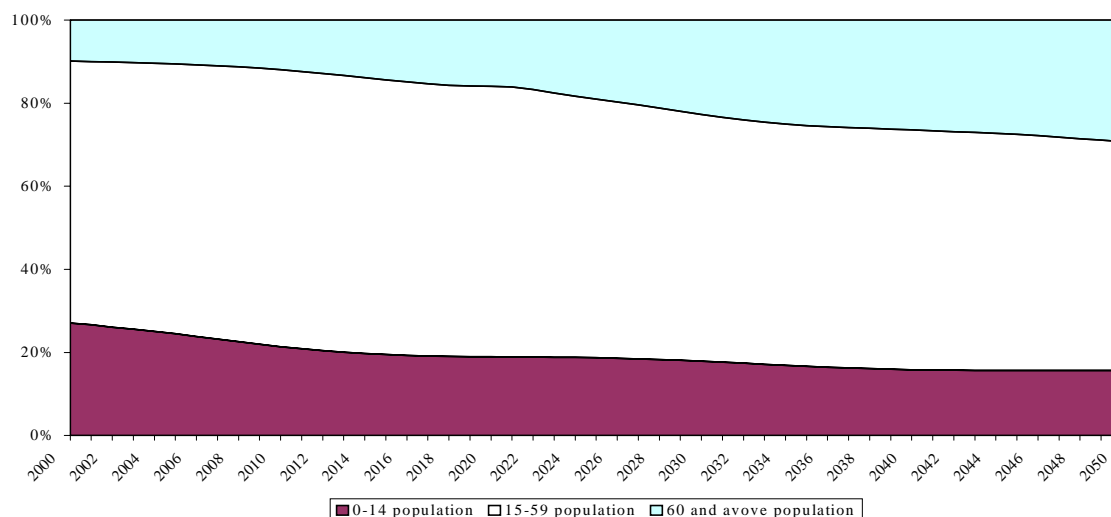
Table 4: The age composition of rural population in 1964-1997

YEAR	Percentage in the total rural population		
	0-14	15-59	60+
1964 ¹	40.56	53.11	6.33
1982 ²	35.38	56.85	7.77
1990 ³	29.59	61.68	8.73
1997 ⁴	28.03	62.36	9.61

Source: 1. The Population and Employment Department of SSB and the 3rd department of Public Security Ministry, 1988, *China Population Data, 1949-1985*, China's Finance and Economy Press.
2. Population Census office of the State Council and The Population and Employment Department of SSB, 1985, *Computation Data on Population Census, 1982*, China Statistical Publishing House.
3. Population Census office of the State Council and The Population and Employment Department of SSB, 1993, *Population Census Data, 1990*, China Statistical Publishing House.
4. SSB, 1998, *China Population Statistics yearbook, 1998*, China Statistical Publishing House.

No projection figures on the future of age composition of rural population are available, but it will be expected to share the same trend with the change of the age composition of total population. The share of youth in total population in the next century will decline and the share of elderly increase, while the share of working population increases before the year 2015 and then declines (Figure 2). If we take into account rural-urban migration, the increase of the share of the elderly in the rural total population will be faster than that of the total population presented by figure 2 because rural-urban migrants tends to concentrate in the young age groups.

Figure 3: Age Composition of China's Population in 2000-2050 (Wu and Du, 1996)



3.3.2 Age Composition of the Rural Elderly

Since the 1982, the composition of the rural elderly population has changed. The share of the “young old” in total rural elderly declined, while the share of the “old old” increased. From 1982 to 1997, the percentage aged 60-74 in the rural elderly population decreased from 82.31 to 79.60 percent, while the percent of those aged 75 and over increased from 17.69 to 20.40 percent. As the life expectation rises, the latter will continue to increase (Table 5).

Table 5: The age composition (percentage) of rural elderly Population in 1982-1997

Year	60-74	75+
1982	82.31	17.69
1990	80.67	19.33
1997	79.60	20.40

Source: the same as Table 4.

In the next century, the age composition of the rural elderly will display the same trend as in 1982-1997. Zeng Yi’s projection (1989) provides us a picture about the future age composition of the rural elderly in 2000-2050 that the share of “young old” declines and the share of “old old “ increases (Table 6). After about year 2040 the proportion of elderly aged 75 and over in total rural elderly will be higher than that of aged 65-74 and then their gap will keep increasing.

Table 6: Age composition of rural elderly population under the assumption of the medium fertility and low mortality

Year	Total	65-74	75+
2000	100	64.8	35.2
2020	100	62.4	37.6
2040	100	50.1	49.9
2050	100	38.2	61.8

Source: Zeng, 1989:91.

3.3.3 *Dependency Ratios*

The ratio of population above age 60 to aged 15-59 is called the old-age dependency ratio. Similarly, the population below age 15 divided by the number aged 15-59 is called young-age dependency ratio. Total dependency ratio combines older and younger groups relative to the population between 15 and 59.

In 1964-1990, old-age dependency ratio increased from 11.92 to 15.41, while the total dependency ratio decreased from 87.29 to 60.36 owing to the quick reduction of the young-age dependency ratio (Table 7).

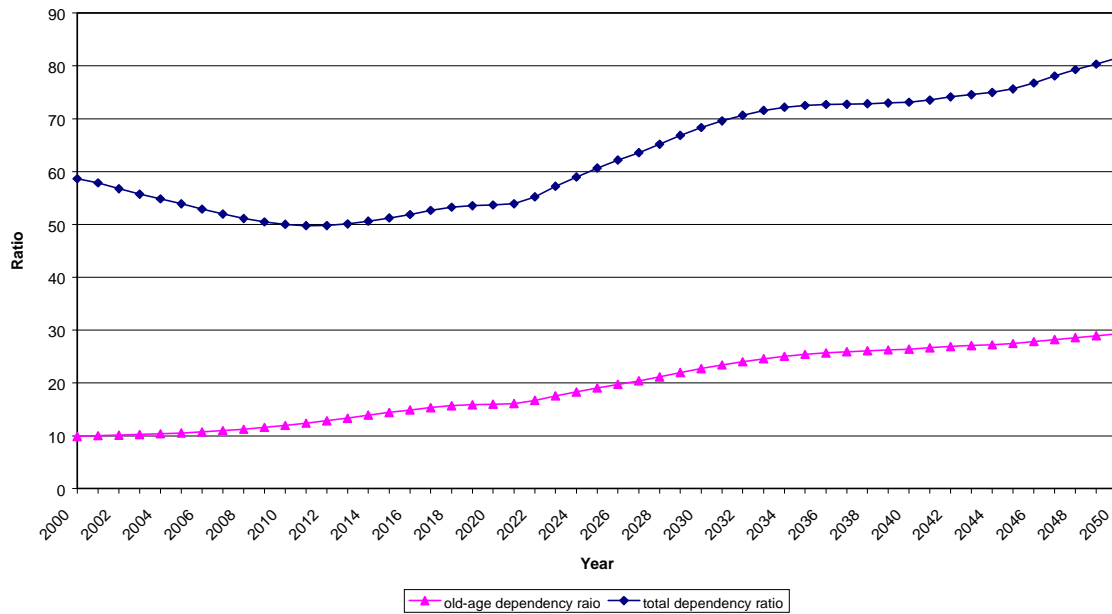
Table 7: Dependency ratios of rural population: 1964-1990

Year	Young-age dependency ratio	Old-Age dependency ratio	Total dependency ratio
1964	76.37	11.92	87.29
1982	62.23	13.67	75.90
1990	47.97	14.15	62.12
1997	44.95	15.41	60.36

Source: the same as the Table 4.

We have no projected data to explain the dependency ratios of the next century in rural China, but we can assume that the rural dependency ratio will share the trend with the national total population. In the total population, the old-age dependency ratios will continue to rise, total dependency ratio will keep declining before year 2014 and then reverse its trend to rise (Figure 3). The old age and total dependency ratios can be expected to be more serious than those reflected by national dependency ratios if rural-urban migration is taken into account..

Figure 3 Dependency Ratio of Rural Population: 2000-2050 (Wu & DU, 1996: Table 2.4)

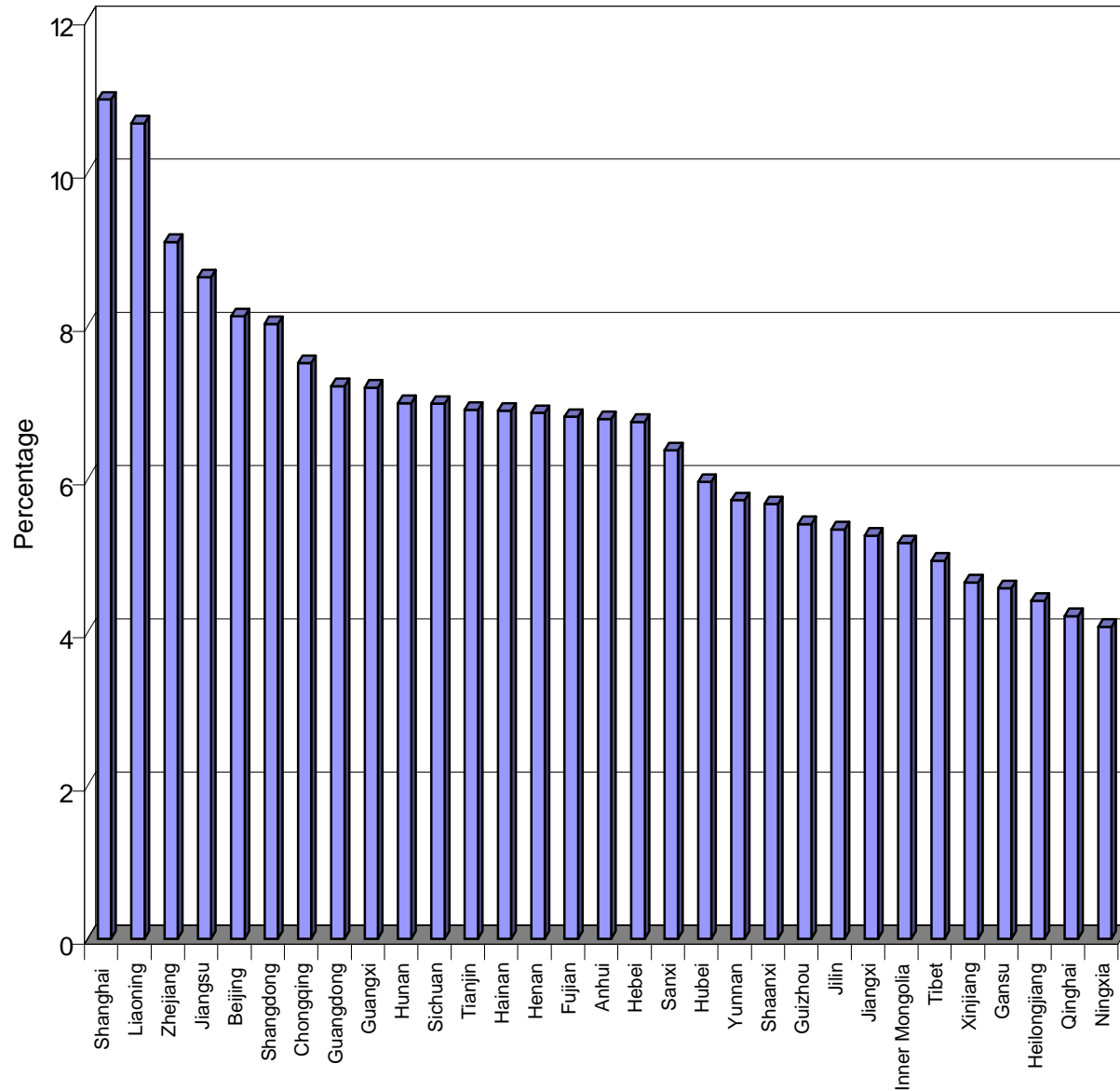


3.4 Regional Distribution of the Rural Elderly

The rural aged population by province, municipality and automatic region varies greatly. The highest is found in Shanghai⁷ with 10.95 percent of elderly aged 65 and over in its rural population, whereas the lowest is in Ningxia with 4.01 percent (figure 4).

⁷ Under Chinese urban system, the boundaries of cities and towns are demarcated by the state and designated cities normally consist of city proper (*Chengqu*) and suburban districts (*Jiaoqu*). During the administrative boundary of the city, many rural areas and even whole counties were annexed by cities with legislative basis.

Figure 4: Regional Distribution of Rural Population Aged in 1997 (SSB, 1998:19)



4. FAMILY AND HOUSEHOLD

4.1 Definition of Family and Household

Internationally, “household” and “family” are always two different concepts with the latter referring to people related through marriage, blood or adoption and living under the same roof, and the former emphasizing a group of co-resident persons of whatever relationship. However, “historical records in China do not seem to show any substantial differences between household (*Hu*) and family (*Jia*)” (Tuan, et al, in Zeng et al, 1990:23). Semantically, “*Hu*” refers to the door that denotes the residence with a connotation of the family. Since the Chinese family consists of people by blood relation almost universally on the side of the male, people who enter the same door live together and therefore form a family and very few non-families live in the same household. This used to be so until the establishment of the People Republic of China in 1949 when diversification of “*Hu*” and “*Jia*” began to emerge. The diversification is not due to more non-family members becoming a part of the household, but to the fact that the collective household emerges. The members of the collective household live in dormitories provided by an organization such as a factory or university where they work or study, usually in urban areas. They are usually unmarried and bear no familial ties whatsoever. The SSB publishes data for households as “collective household” and “family household” separately. The concept of “family household” in official statistical terminology of China is the same as “private household” used in other countries (ibid. 23-24). In the rural areas, there have been very few collective households. So, the term of family and household can be exchanged.

By the *Houkou* system, all Chinese people are assigned a registration status, as either “agricultural” or “non-agricultural”. For a newborn baby, *hukou* status is passed along the maternal line. The transfer of a registration status from the agricultural to the non-agricultural has to go through official channels, either as a regular or as a special transformation. Most regular channels of the transfer are recruitment by the urban enterprises, enrolment in the institution of higher education, or promotion to senior administrative jobs. The quotas for recruitment and enrolment are set annually by the central planning system. *Hukou* status does not necessarily reflect a person’s actual occupation. Many rural migrants who live in the urban centers and engage in non-agricultural jobs are classified as agricultural population by the *hukou* registration system. Urban social welfare is often re-

lated with the citizens with urban *hukou*, recently the benefits of urban *hukou* enormously dwindle and even disappear because of urban reforms.

4.2. Size of Rural Household

The household size of China before the establishment of the People's Republic of China in 1949 remained more or less stable. Liang Fangzhong found that the family sizes fluctuated from 4.9 to 5.9 with more clustering to the overall mean 5.8 from 2 B.C to 1911 (Liang, 1980:4-11), although some argue the accuracy of those figures cannot be firmly established (Tuan et al, in Zeng et al, 1990:40). Since 1911 when the Republic of China replaced Qing Dynasty, the average size was still around 5.2-5.4 (Ma, in Zeng et al, 1990: 62). The actual change occurred after 1949 when the People's Republic of China was set up. The average size of the household declined to 4.3 in 1953, then it kept declining and dropped to 3.64 in 1997 (SSB, 1998:21). Although the average size of the household declined enormously compared with that before 1949, it is still much bigger than the Western household (Zeng, 1991: 17).

Table 8: The household size of rural China

Year	Size	Data resources
1953 ¹	4.26	1953 census
1964	4.35	1964 census
1982	4.57	1982 census
1990	4.12	1990 census
1997	3.88	1997 national population change survey

Source: 1954 data quoted from Zeng, 1991:15; Other data sources the same as Table 4.

Since 1953, the average size of rural household has kept rising from 4.26 in 1953 to 4.57 in 1982 and then declined to 3.88 in 1997 (Table 8). The rise of household size is probably due to the increase in number of children before 1982 and the decline after 1982 is due to the implementation of the stricter family planning policy at the beginning of 1981.

4.3 Composition of Rural Household

In the rural areas, more than half of the elderly lives in extended families with their children, grandchildren or other relatives (Table 9), but a big difference exists between

1987 and 1992 surveys. The elderly living with children, grandchildren or other relatives in 1987 accounts for 88.72 percent of the total rural elderly and in 1992 for 52.99 percent. The reasonable explanation largely rests on the differences between two sampling populations (see Section 1.3). The sample of CRAC survey covers 12 provinces including three municipalities: Beijing, Shanghai and Tianjing. Except Hubei, Guangxi and Guizhou, they have a smaller average household size than national total population; the sample in Hubei, Guangxi and Guizhou only consist of 20.3 percent in total (CRAC, 1994: 67). Other data sources also indicate that the composition of the household has not changed a lot since 1982. The nuclear family in 1982 accounted for 81.19 percent of the total family and extended family 18.81 and in 1997 the nuclear family 78.04 and extended family 21.96 (SSB, 1998:24-25). However, the difference in household types has few influences on the old-age support. This will be discussed in Section 4.6 and 5.2.1.3.

Table. 9 The composition of rural elderly household

Year	Total	Elderly single or couple live alone	Elderly Living with children, grandchildren or other relatives	Others
1987 ¹	100	9.93	88.72	1.35
1992 ²	100	42.42	54.99	2.59

Source: 1, CASS survey data, in CASS, 1988:120.

2, CRAC survey data, in CRAC, 1994:91.

4.4 Average Number of Children of the Rural Elderly

Because most of the females currently entering old age finished their reproduction before 1980 when China introduced stricter family planning policy, they have a higher fertility. During that period, except a few years, rural China had a total fertility rate of over five. Table 10 indicates the current average numbers of children per rural elderly woman.

Table 10: The average number of children for rural elderly in 1992

Age group	Total	60-64	65-69	70-74	75-79	80-84	85+
Current children number	3.9	4.2	4.0	3.8	3.5	3.3	3.1

Source: CACA survey data, in CRCA, 1994:81.

4.5 Old-Age Support and the Types and Size of Household

Chinese household size is not large as we discussed previously. Except the well-off families who kept a big extended family numbers, older parents of poor families often live with one married young couple (Du, 1988:253). Traditionally, if the couple has no son, they will adopt one or let one of their sons-in-law join their family in order to continue the family line and take care of them in old age. However, there is need to say that old-age support extends beyond household. Children who did not live with elderly parents or even migrated into the urban areas still have filial responsibility to support their parents or remit money to their parents. This is rooted in Chinese traditional culture. Household types do not change adult children's filial responsibility. This will be further discussed in Section 5.2.1.3.

In traditional social life there is the term *liu qing*, or “ Six Kinship Relations”, which suggests a delimitation for the larger kinship circle as a functioning unit. Six kinship relations includes: (1) between husband and wife, (2) between parents and children, (3) between brothers, (4) between the children of brothers, (5) between brothers' grandchildren, and (6) between brothers' great grandchildren. In actual social life, however, the first four categories of relations are comparatively more intimate, and the last two belong more to the organization of the clan than the intimate kinship circle of the extended family. Nevertheless, kinship obligations of some degree are effectively present in all six categories of relations⁸. In addition, the kinship relations of the fourth and fifth generations, as well as those of the immediate household of the

maternal side (mainly those of the mother's and wife's), also involve a certain amount of mutual obligations, thus further expanding the effective unit of kinship organization for the people whose households are usually small. “It is the greater collective strength of the kinship circle, not the household alone that amounts for the prominence of the family in the traditional pattern of social organization, although the household always remains the fundamental nucleus of the kinship structure” (Yang, 1959: 8). Traditionally,

⁸ Relatives in two surveys refer to kin except spouse and children. The 1987 survey revealed that 24.64 percent of rural elderly received financial assistance from relatives, but only 0.82 percent counted it as their main income source (CASS, 1988:263). The 1992 survey showed that 12.15 percent of rural elderly received financial assistance from their relatives (CRCA, 1992:129).

people have a strong sense of helpless and shame if one has to rely on welfare (Chan & Chow, 1992:20). If the elderly have no children, their support should come from their closest relatives. Neighbors and friends could provide some support, but this is neither obligatory nor automatic. The village's five-guarantee system and welfare provided by the township are usually last resorts (Zhang, 1998:190).

5. FAMILY SUPPORT AND THE RURAL ELDERLY

5.1 Introduction

Family support includes financial support and care from within the family. Firstly, we will discuss the family financial support, then examine the family care and end with discussing its challenges.

5.2 Family Financial Support to the Rural Elderly

The rural elderly can not expect to live on pension when they reach a certain age; they still need to continue working as much as they can. As physical or mental dependence arise, their old-age security has to depend on their children's support.

Main incomes of the rural elderly come from their employment and children's assistance. In 1987, 88.78 percent of rural elderly have main income source from employment and children's support, 50.71 percent contributed by employment and 38.07 by children. In 1994, 93.41 percent of rural elderly have main income source from employment and children's support, 29.18 contributed by employment and 64.23 by children (Table 11). Compared with 1987, the total dependency on employment and children's support in 1994 remained roughly the same, but the share of employment went down and the share of children's assistance went up. The reasonable explanation may rest on the fact that the rise in children's income can make adult children to provide more support to their parents and reduce the role of employment in the income source of elderly. Section 5.3.2.1 will discuss this issue further.

Table 11: The main income source of the rural elderly (Percentage)

Year	Total	Employment	Children	Pension	Others
1987 ¹	100.00	50.71	38.07	4.71	6.49
1994 ²	100.00	29.18	64.23 _a	4.39	2.20

Source: 1, CASS 1987 survey data, in CASS, 1988.

2, SBB 1994 Survey data, in Du Peng & Wu Chao, 1998.

Note: *a* includes those elderly having income source mainly from relatives. According to other survey data, the figure is expected to be small. In the CASS 1987 survey, it only accounts for 0.82 percent.

Since the introduction of the household responsibility system, the income of rural households increased dramatically. From 1978 to 1998, the net income⁹ per capita of rural households rose from 133.57 yuan in 1978 to 2160 yuan in 1998. After excluding the inflation effects, the net income per capita of rural households reaches annual growth of 6.8 percent in real terms. If the inflation is not excluded, its annual nominal growth is 14.9 percent (SSB, 1999).

5.2.1 Children's Financial Assistance and Rural Elderly Support

5.2.1.1 Financial Assistance from Children

Many rural elderly people received financial assistance from their children. In 1991, the percentage of elderly receiving financial assistance from Children accounted for 72.93 percent in total rural elderly population (Table 12). Table 11 indicates that in 1987, the share of the elderly having children's assistance as their main income resource accounts for 38.07 percent of total rural elderly population and in 1994 for 62.23 percent.

Table 12: Financial assistance of rural elderly from children, 1991

Age groups	Have no Child	Have assistance	No assistance ¹⁰	Total
Percentage	2.40	72.93	24.67	100

Source: CRCA 1992 survey data, in CRCA, 1992.

⁹ It refers to peasant households' total income during a year after the deduction of expenses which can be spent for investments for production and non-production construction and for improvement of daily life, while loan income borrowed from bank, friends and relatives not included.

¹⁰ It is very interesting to know who is excluded and why, but the original data matrix did not provide information about this.

However, the absolute amount of financial assistance from children is very low in the rural areas. The average financial assistance of the rural elderly having children and receiving economic assistance from children was 368 *yuan* in 1991, male for 374 *yuan* and female 363 (CRAC, 1994:124). It is roughly half of the net income per capita (708.55 *Yuan*) of rural households in 1991(SBB, 1992:280).

5.2.1.2 Children's Financial Assistance and the Sex and Age of Rural Elderly

The substantial differences of income from children exist between sexes and ages. The females elderly depend on children much more than the males do.

Table 13 shows that the proportion of elderly mainly depending on children's economic assistance increases from 22.99 percent in 60-64 age group to 82.39 percent in 85 and above group. The percentage of the females who mainly depend on children's economic assistance is higher than that of male. In 60-64 age group, the proportion of females who receive children support as their main income is 58.13, higher than 24.62 of the males, but with the increase of age, the gap between sexes reduces (Table 13).

Table 13: The percentage of rural elderly receiving children's assistance as main income source by age and sex, 1987

Age	Total	60-64	65-69	70-74	75-79	80-84	85+
Total	38.07	22.99	36.38	55.51	71.35	78.64	82.39
Male	24.62	13.13	22.95	41.19	59.24	69.67	82.14
Female	58.13	40.10	59.36	74.66	81.74	84.08	83.33

Source: CASS survey data, in CASS, 1988.

5.2.1.3 Children's Financial Assistance and the Types of Rural Household

In Section 4.5, we discussed relation between old-age support and household types and concluded that children should support old-age parents regardless of their living with parents or not. This can be confirmed by the 1992 survey of CRAC. 54.99 percent of the rural elderly in 1992 live with their children, but 72.93 percent of the rural elderly receive economic assistance from children (CRAC, 1994: 91, 123). The gap indicates that many elderly people who do not live with their children still receive financial assistance from them.

The 1994 SSB survey clearly displays the relation between the types of elderly household and the economic assistance from children (Table 14). Although the data cannot be sub-categorized by rural and urban, it can to some extent explain the relation of old-age support from children to household types.

Table 14: The percentage of elderly receiving income mainly from children and others by household type, 1994.

Household Types	Total	Children ^a	Others ^b
One elderly person	100	55.34	44.66
Elderly couple	100	45.73	44.27
Two generations	100	45.54	44.46
Elderly with grandchildren	100	40.70	59.30
Three generations	100	68.44	31.56
Others	100	35.42	64.58
Total	100	57.12	42.88

Source: SSB 1994 National Survey data, in Du and Wu, 1998:56.

Note: ^a includes those having main income source from relatives. According to other survey data, the figure is expected to be small. In CASS 1987 survey, it accounts for 0.82 percent.

^b Includes those having main income source from pension, employment and any other non-children's contributions.

5.2.1.4 Children's Remittance

Since the 1980s, China has experienced an unprecedented internal migration; an enormous volume of rural adults flooded into the urban or developed coastal areas. The inevitable result of migration is for migrants to leave their old age parents in home alone.

There is a general agreement that Chinese migrants have strong links with their parents and families, and remit to their family and parents (Cai et al. 1996; Murphy, 1999). The 95.68 percent of rural migrants visit their parents and family every year and help their families to harvest and farm during the busy seasons (Cai et al. 1996:62). They remit their earnings to their family for supporting children's education, investment in farm, etc. (Cai et al. 1996; Murphy, 1999). Nevertheless, most researchers have not provided the information of the old-age support to parents in the deployment of the remittance. Reasons probably rest on: (1) the difficulties in separating out parents' reception from other family members because they live in the same household, pool money together and share; (2) researchers ignored this questions on purpose because demographers are interested in the demo-

graphic characteristics of migrants and its effects on family planning, economists in its effect on agriculture and anthropologists and sociologists in its effects on urban society.

Theoretically and in fact, the remittance can be and should be used to support rural elderly's livelihood, and the more remittance the more support to parents. This can be proved indirectly by parents' attitude on migration. Cai Fang and his colleagues found that parents had positive attitude on floating population and encouraged their adult children to leave them for employment outside the hometown (Cai et al, 1996). When adult children left their family behind for seeking fortune in urban or coastal areas, they usually asked their parents to take care of their children, house and land, and then remit money to support their family including parents.

5.2.2 *Family financial assistance and elderly employment*

The employment earning is one of the main income sources for rural elderly. The percentage of elderly having income source mainly from employment constitutes 50.71 percent of total rural elderly in 1987 and 29.18 percent in 1994 (Table 11).

Table 15. The percentage of rural elderly having main income source from employment by sex and age, 1987

Age	Total	60-64	65-69	70-74	75-79	80-84	85-90	90+
Both Sexes	50.71	66.47	51.87	33.35	16.26	7.74	6.67	2.56
Male	62.92	75.65	63.71	45.39	25.82	13.11	15.79	5.26
Female	32.50	50.56	31.60	17.26	8.04	4.48	2.44	0.00

Source: CASS survey data, in CASS, 1988.

The considerable differences in employment as the main income source of the elderly exists between sexes and male much higher than female. It is partly because the survey does not count the housework as an employment and partly because women's earning is lower such that it cannot become their main income source. In 1990, the average employment income for male elderly was 816 *yuan* and female 428 *yuan* (CRAC, 1994). Table 15 indicates that the gap between sexes is much larger in younger age groups and then declines in older age groups. Additionally, the table shows that some older people aged 80 and above have main income source from their employment. The reason probably rests on

the failure of children's support and collective or government relief. The real answer is beyond my data compatibility to explain.

5.2.2.1 Elderly Employment and Children's Financial Assistance

The 1987 and 1994 surveys revealed an interesting negative association of the main income source between employment and children's financial assistance. When the share of employment as main income source goes down, the share of children's assistance goes up (See Table 11).

In the previous section, we agreed that the reason might rest on the fact that the increase in children's support would reduce the share of employment as the main income source. This assumption is supported by traditional culture of filial piety. Adult children who are richer should provide more support to their parents. If not, they will be despised and condemned as lacking piety by the community.

Unfortunately, we cannot directly confirm this argument with survey data available, because tabulated data available cannot be arranged by the income of children to the income sources of the elderly parents. However, we can justify it indirectly. Firstly, the 1987 and 1994 surveys can be perceived as a consecutive survey to some extent, because the sample population of both are nationwide and well represent the whole elderly population of country as we discussed in Chapter one. Therefore, the drop of the share in the main income source from employment in 1994 can be viewed as a result of the increase of children's financial assistance. During 1987 and 1994, rural China had experienced a robust economic growth as we discussed previously and it permitted adult children ability to support more financially to their old-age parents. Secondly, the 1994 SSB survey revealed that rich provinces had a higher percentage of the elderly receiving main income source from children's support in the total elderly and a lower percentage from employment compared to poor provinces. Especially Guangdong and Fujian had the highest income economy but a highest percentage of elderly whose main income source from children and a lower percentage from employment (Du and Wu, 1998: 56 figure 2).

5.3 Family Care and the Rural Elderly

The elderly need more health care and social services because of biological aging. Aging diminishes the capacity of body to resist disease. A rise in the average age of a population and a higher proportion of old people will bring greater total and average expenditures on health and social services. When services are publicly financed, this will raise governmental or enterprise' budget constraint similar to the ones raised by pay-as-you-go pension schemes. When the family finances these services, it will increase the expenditure and care of the family. In this section, we will examine what is going on in the family care of the rural elderly.

5.3.1. *Health Situation of the Rural Elderly*

Before 1949, China had very high mortality, and life expectancy at birth was only 35 years (Information Office, 1991:7). After the people's Republic of China was established, China has achieved remarkably low mortality. In the early 1970s, China had achieved a life expectancy of over 60 years for both sexes (Banister, 1997:1335). Life expectancy in 1998 for the total population is 71, male 69 and female 73 (PRB, 1998). Many observers have attributed this success before the 1980s to the comparatively egalitarian access to medical care, and the emphasis on prevention and epidemic control in China's public health system, and after 1980s to the robust economic development (Banister, 1997:1335, 1343).

According to the data from Public Health Ministry, the rural elderly in 1994 have 39.9 days per capita during which they suffered from disease or ill, higher than 13.1 days of rural population total (Xiang et al, 1998:44). Table 16 presents individual's opinion about their own health condition arranged by age group. 21.53 percent of rural elderly judged their health to be unhealthy (or bad) and with the increase of age, the percentage of elderly feeling healthy declines. If we sub-categorize the data by sex, the percentage of females feeling unhealthy is 23.51, lower than male 19.33 (CRCA, 1994:213).

Table 16 Rural individual's opinion about their own health situation by age group, 1991

Age group	Total	Healthy	Fair	Unhealthy
Total	100	38.63	39.84	21.53
60-64	100	44.97	35.57	19.46
65-69	100	39.92	40.09	19.99
70-74	100	36.07	41.35	22.38
75-79	100	30.00	44.38	25.62
80-84	100	30.72	44.41	24.87
85+	100	27.31	43.46	29.23

Source: CRAC survey data, in CRAC, 1994.

Table 17 shows that 3.04, 1.83, 4.23 and 2.76 percent in rural elderly respectively have partial or no ability in dressing, eating, taking bathe and toilet use. The percentage keeps rising as their age become older.

Table 17, Percentage of the rural elderly having partial and no ability of dressing, eating, bathing and toilet use by age group, 1991.

Age	Percentage of the elderly in its total to have partial or no ability to			
	Dress	Eat meal	Take bath	Use Toilet
Total	3.04	1.83	4.23	2.76
60-64	1.43	0.78	2.34	1.37
65-69	1.80	0.96	2.37	1.55
70-74	3.43	1.86	4.48	2.72
75-79	5.00	3.23	6.24	4.70
80-84	7.01	4.17	10.85	6.34
85+	14.62	11.92	20.77	15.38

Source: CRCA survey data, in CRCA, 1994.

5.3.2. Medical Expense and Its Contributors

The health care system of rural China is very interesting to the outside world. This will be discussed in Chapter 6. This section does not refer the institutional change and its effect on the rural health care. Currently, farmers should pay fees for their health care. In 1987, 94.69 percent of the rural elderly paid pay the medical charges by themselves or their family (CASS, 1988:301).

Medical expenses per capita in 1990 for the rural elderly was 116 *yuan*, male 133 and female 101, much lower than the urban elderly. In urban areas, per capita medical expenses of the elderly in 1990 were 425, male 540 and female 318. Interestingly, the per capita expenses on health for both sexes can be expected to rise with age, but it keep

downward in both urban and rural areas (CRAC, 1994: 320), which is beyond my explanation. In 1988, an average medical expense of the rural elderly constituted 30.43 percent of their total monthly expenses (CRAC, 1994: 147).

Major contributors to medical fees of the elderly are their children and themselves, and the percentage of the elderly which depend on their children goes up with the rise of their age (Table 18).

Table 18: Main contributors for medical expenses of rural elderly by age group, 1990
(percentage)

Main Contributor	Total	60-64	65-69	70-74	75-79	80-84	85+
Total	100	100	100	100	100	100	100
By themselves	35.21	45.22	39.12	29.45	22.84	16.14	15.07
Spouse	8.05	13.67	7.66	5.29	3.28	2.31	0.68
Children	44.99	29.67	41.56	53.62	61.97	67.72	71.92
Other relatives	1.20	0.76	0.89	0.90	2.31	1.73	6.16
Village committee	3.50	2.94	4.44	2.93	3.16	5.48	1.38
Enterprise or government	5.46	6.43	5.50	6.10	3.16	4.04	2.74
Others	0.53	0.30	0.22	0.41	1.34	1.72	1.37
Unknown	1.06	1.01	0.61	1.30	1.94	0.86	0.68

Source: CRAC survey data, in CRAC, 1994.

5.3.3 Care-givers

The main Caregivers for the rural elderly are themselves or spouse and children, whom in total constitutes more than 90 percent of the rural elderly. Few elderly people depend on nursing organization and village committees (Table 19). With the advancement of their age, they increasingly depend on their children's care-giving. In term of cooking, 18.12 percent of the elderly in the 60-64 age group mainly receive care from children, 22.65 percent in 65-69 age group, 32.2 in 70-74, 42.85 in 75-79 and 53.25 in 85 and above (CRAC, 1994:247).

Table 19: Main caregivers to the rural elderly in cooking, washing clothes, housework and shopping, 1991 (percentage)

	Total	By self	Spouse	Children ^a	Relatives	Nursing-organ and village committee	Others ^b
Cooking	100	36.66	33.12	28.43	0.86	0.61	0.32
Washing clothes	100	38.86	29.67	19.14	1.05	0.19	0.74
House-work	100	35.25	33.24	30.08	0.83	0.18	0.42
Shopping	100	35.82	23.81	38.16	1.09	0.21	0.91

Source: CRAC survey data, in CRAC, 1994.

Note: a, Children include son, daughter, son-in-law & daughter-in-law;

b, Others include housekeeper, friend, volunteer and any other person.

In Table 17 (Section 5.3.1), we gave a picture of the rural elderly in partial or no ability to dress, eat, take bath and use toilet. The following table 20 indicates their main care contributors and concludes that more than 90 percent of their main caregivers are children and spouses.

Table 20: Main caregivers for the rural elderly having partial or no ability to dress, eat meals, bath, and use toilet, 1991 (percentage)

	Total	Children ^a	Spouse	Relatives	Nursing-organ & committee	Others ^b
Dress	100	46.78	43.87	3.87	0.97	4.51
Eat	100	50.27	39.04	3.21	1.60	5.88
Toilet Use	100	51.97	38.79	3.91	1.07	4.26
Bath	100	54.75	36.19	4.18	0.93	3.95

Source: CRCA survey data, in CRAC, 1994.

Note: a Children include: son, daughter, son-in-law & daughter-in-law

b Others include housekeeper, friend, volunteer and any other person.

5.3.3.1 Children and Family Caregivers

If we break down the children caregivers in dressing, eating, bathing and toilet use, we can note that sons and daughters-in-law are main care-givers for rural elderly and daughters-in-law as main caregivers exceeds all other categories. Daughters also take care of their own parents but sons-in-law contribute little to the care of parents-in-law (Table 21). This is partly due to tradition where by daughters-in-law should be responsible for the care of their parents-in-law. Owing to the natural intimation and living not far from parents, the daughter often takes care of her parents, especially if her brothers and sisters-in-laws fail to do so. The son-in-law is traditionally not expected to be the caregiver for the parents-in-law especially when parents-in-law have his own sons.

Table 21. Children as the main caregivers to rural elderly having partial or no ability to dress, eat meals, bath and use toilet, 1991(Percentage)

	Total	Daughter-in-law	Son	Daughter	Son-in-law
Dress	46.78	20.65	18.39	7.74	0.00
Eat	50.27	26.20	15.51	8.56	0.00
Bath	54.75	25.06	18.56	10.90	0.23
Toilet use	51.97	25.27	18.15	8.19	0.36

Source: CRAC survey data, in CRAC, 1994.

The same trend was found in the main caregivers of the rural elderly in washing, cooking, housework and shopping, but compared with that in dressing, eating, bathing and toilet-use, the percentage of daughters-in-law as the main caregivers is much higher than others (Table 22).

Table 22: Children as the main caregivers to rural elderly in cooking, washing clothes, housework and shopping, 1991(percentage)

	Total	Daughter-in-law	Son	Daughter	Son-in-law
Cooking	28.43	20.48	3.76	4.10	0.09
Washing clothes	29.67	19.14	2.32	8.21	0.00
Housework	30.08	16.57	8.98	4.35	0.18
Shopping	38.16	7.52	25.08	4.92	0.64

Source: CRAC survey data, in CRAC, 1994.

5.3.3.2 Spouse and family caregivers

5.3.3.2.1 Marital Status of the Rural Elderly

Chinese marriage is more stable than that in the Western countries. When one are get married, he/she should be prepared to live with his/her spouse for one's life. 82.45 percent of the rural elderly in 1987 married only once in their life (CASS, 1988:65). When his/her spouse dies, the elderly almost do not marry again. This is because (1) many females have traditional ideal that she should be faithful to her husband to the end; (2) some children oppose their older parents' divorce and remarriage because of traditional ideas or property. Among 18,936 rural elderly people in 1987 CASS survey, only 34 elderly remarried and 7688 were widows or widowers who represented 40.6 percent in the total rural sample (CASS, 1988:30,70). However, something slowly is changing, the elderly are increasingly getting a positive attitude towards remarriage or divorce.

Table 23 presents the marital status of the rural elderly. The widowed in 1991 accounted for 35.83 percent of the total rural elderly. Among the females, the widowed constituted 49.11 percent of the rural female elderly population, higher than the male's 21.05.

Table 23, The marital status of rural elderly by age group, 1991 (percentage)

	Total	Married	Widowed	Married but Separated	Never married	Divorced
Total	100	59.90	35.84	2.35	1.08	0.83
60-64	100	77.45	18.35	1.93	1.40	0.87
65-69	100	66.01	28.80	2.79	1.13	1.27
70-74	100	53.52	42.36	2.72	0.65	0.75
75-79	100	37.62	58.15	2.77	1.08	0.38
80-84	100	24.71	73.45	1.17	0.50	0.17
85+	100	17.69	80.39	0.77	1.15	0.00

Source: CRAC survey data, in CRAC, 1994.

The feminization of widowhood is very clearly expressed in table 24. Compared to the percentage of the widowed in the rural elderly total, the widowhood percentage of female rural elderly is much higher.

Table 24, The marital status of rural female elderly by age group, 1991 (percentage)

	Total	Widowed	Married	Married but separated	Divorce	Never married
Total	100	49.11	48.42	2.10	0.22	0.15
60-64	100	25.24	72.36	2.22	0.12	0.06
65-69	100	40.97	55.60	2.93	0.43	0.07
70-74	100	58.60	38.96	1.95	0.29	0.20
75-79	100	75.81	22.16	1.62	0.14	0.27
80-84	100	87.92	10.99	0.82	0.00	0.27
85+	100	92.57	6.86	0.00	0.00	0.57

Source: CRAC survey data, in CARC, 1994.

5.3.3.2.2 Care from Spouse

From the previous sections (see Table 19, 20), we know that spouse as the main caregiver constitutes a vital proportion of the main caregivers for the rural elderly. If data are sub-categorized by sex and age, we can note that except shopping, the proportion of female spouses as the main caregivers is higher than that of male spouses. With the increase of age, the proportion of both sexes as the main caregivers declines (Table 25). When care from spouse declines, they will increasingly depend on children's provisioning.

Table. 25 Spouse as the main caregivers to rural elderly in cooking, washing clothes, housework and shopping by age and sex, 1991(percentage)

		Total	60-64	65-69	70-74	75-79	80-85	90+
Cooking	Total	33.12	41.39	37.98	29.53	22.00	12.35	8.85
	Female	56.70	68.31	60.28	50.31	43.39	28.09	24.71
	Male	11.95	16.49	15.13	9.96	5.81	2.20	1.14
Washing clothe	Total	29.49	36.90	33.00	26.61	20.46	11.52	8.08
	Female	54.42	66.69	56.72	47.93	41.96	27.66	22.35
	Male	7.11	9.35	8.71	6.54	4.19	1.10	1.14
Housework	Total	33.24	42.88	37.55	29.18	20.85	12.35	8.08
	Female	54.56	67.01	57.21	48.03	40.89	27.66	22.35
	Male	14.09	20.56	17.42	11.43	5.68	2.47	1.14
Shopping	Total	23.81	32.08	26.90	20.12	13.38	7.51	5.77
	Female	26.96	31.43	29.55	24.17	20.54	14.04	11.76
	Male	20.98	32.67	24.20	16.31	7.97	3.30	2.86

Source: CRAC survey data, in CRAC, 1994.

For the elderly with partial or no ability to dress, eat, bath and toilet use, the trend is the same as in the cooking, washing clothes, shopping and housework. The percentage of female elderly who help their husbands more than what they receive from their husbands and the percentage of both sexes go down as the age moves towards older age groups (Table 26).

Table 26. Spouse as main caregiver to the rural elderly having partial or no ability to dress, eat meals, bath, and use toilet by age and sex, 1991(percentage)

		Total	60-64	65-69	70-74	75-79	80-84	85+
Dress	Total	43.87	73.91	62.75	48.53	36.92	26.19	5.26
	Female	64.49	94.74	81.82	61.54	56.25	60.00	18.18
	Male	27.33	59.26	48.28	31.03	18.18	7.41	0.00
Eat meals	Total	39.04	68.00	62.96	56.75	33.33	8.00	6.45
	Female	61.64	90.00	72.73	72.22	55.00	28.57	28.57
	Male	24.56	53.33	56.25	42.11	13.64	0.00	0.00
Bath	Total	36.19	53.33	62.69	38.20	32.10	16.92	5.56
	Female	56.15	80.00	76.47	51.06	50.00	40.91	18.75
	Male	20.90	35.56	48.48	23.81	16.28	4.65	0.00
Toilet use	Total	38.79	56.82	63.64	44.44	36.07	18.42	7.50
	Female	57.27	64.71	76.19	53.85	38.46	38.46	33.33
	Male	26.90	51.85	52.17	35.71	21.62	8.00	0.00

Source: CRAC survey data, in CRCA, 1994.

5.4 Family Support and Its Challenges

The family can be projected to be predominant in the economic assistance and care of the rural elderly in the foreseeable future, because no signs indicate that the low income and underdevelopment of social security will change a lot in rural areas in the coming one or two decades. Additionally, filial tradition and legislation will keep the family as a player of a vital role in the care and financial assistance of the elderly to some extent. This can be confirmed by the experience from the urban China and other Confucian societies such as Japanese, South Korean, Taiwan and Singapore. In 1992, 46.52 percent of the urban elderly in China received children's assistance but only 26.27 percent had no pension (CRAC, 1994:98, 121). In the care of the elderly, no substantial differences exist between urban and rural. The urban elderly like their rural counterparts heavily depend on care from their spouse and children¹¹. Japan, South Korean, Taiwan, Hongkong and Singapore share Confucianism tradition and have a developed economy. In the above societies, the family still plays an important role in economic assistance, especially care of the elderly. Children have a responsibility to support the elderly parents in terms of legislation and morality (Philips, 1992; Kirishnan & Mahadevan, 1992; Chan, 1997). Some call the welfare of those societies as the "Confucian welfare system" because their governments are low spenders on social welfare, and the family and other institutions have been expected to play a major welfare role in both financing and providing welfare services (Goodman et al, 1998: 13-14).

However, family support has serious shortcomings. Except excluding those with no children or those who have children who failed to take care of them, it meets strong challenges as follows:

1. Gender Issues

The heavy reliance on the welfare role of the family has serious implications for gender relations and women status. The model rests implicitly on the context in

¹¹ In terms of main contribution to bath for the urban elderly who have part or no ability, spouse in 1992 consists 34.56 percent and children 50.07 percent (24.27 contributed by daughters, 16.74 by sons, 7.37 by daughters-in-law and 1.69 by sons-in-law) (CRAC, 1992:217). In terms of main contribution to washing clothes of the urban elderly in 1992, spouse consists 57.9 percent and children 22.72 (12.20 contributed by daughters, 5.82 by daughters-in-law, 4.56 by son and 0.14 by sons-in-law (CRAC, 1992: 256).

which women are the main carers within the family and therefore potentially imposes an extra load on top of their “double burden” of housework and farming.

2. Decline of Fertility

From the early 1970s, China introduced a nationwide family planning program and achieved a great success. The total fertility declined from 5.44 in 1971 to 1.84 in 1998. (People's Daily, 12/ 10/ 1999). It led to the shrinking of the family size. Many argue that in the next century when the people currently entering the work force retire, one couple will have to support four parents: the “1-2-4” phenomenon—one children, two parents, four grandparents (Banister, 1987; WB. 1997:14). Additionally, it will change kinship networks, the numbers of uncles, aunts and cousins will decline or even disappear (Zhou, 1996).

The policy quota in the rural China (just higher than 1.5 births) makes no sense at the behavioral level. “1-2-4” phenomenon is not the real picture of the rural areas and most of the rural families have two children. Apart from this, the reduction of family size and kin networks will lead to the crisis of family old-age support. If children die before parents or have no piety to their parents, it will expose parents to the risk of the care and income source in their old age, unless there are alternative support systems to help them.

3. Intergenerational Tenses

In Chinese traditional society, Confucianism binds the young generation to be responsible for filial piety to the elderly, including supporting and respecting and abiding by parents. Although we argued in previous chapters that the Chinese still have strong filial piety today, society always despises those who fail to support and respect their parents and the state legislates the filial piety (discussed in the next chapter). We can expect that intergenerational tense within the family will increase, because more and more people go far away from traditional morality of filial piety and focus on the individual as the result of modernization, marketization and individualism. The higher labor participation of women and the pressure of the young generation from market-oriented reform can also contribute to intergenerational tenses.

In recent years, the mediations and lawsuits of civil disputes on supporting parents have kept rising. The mediations of civil disputes¹² on family fostering (including rearing children and supporting parents) increased from 404,356 in 1986 to 432,931 in 1996 (SSB, 1987, 1998a). The courts of Tianjin in 1989 received 134 lawsuits in children's failure to support parents, 5 percent higher than that of 1988 (Qiao et al. 1998b). Traditionally, Chinese take the mediations especially lawsuits by court as a last resort to cope with dispute especially within the family only if all other settlements fail. Therefore, the intergenerational disputes on old-age support are more serious than the lawsuits and civil mediations being discovered.

4. Migration

Migration does not reduce the economic assistance of children to parents and children always remit to their parents (see Section 5.2.1.4). However, rural migrants are highly age-selective and tend to concentrate more in economically active age groups; although they can remit to their parents, they can not take care of parents. Especially when the parents have one son, if they (young couple) float into far-away places to seek fortune, which meant no children will take care of older parents. Unfortunately, no detailed researches are available on this. Recently, some paid attention to the effect of rural migration on aging (Xiao & Guo, 1995:63-69; Qiao, et al 1998), but they only posed the issue and did not make an in-depth research to explain in detail the effect of migration on the aging and how to care for emigrants' parents.

Hukou registration reform will make rural migrants willing to choose urban as their permanent residence. But owing to the economic and house constraints for new immigrants and the fear of the elderly not being able to integrate into urban life, the rural elderly maybe choose to live in the village alone and not migrate into urban areas with children. There is a need to design an alternative care model for the rural elderly in migrant families.

¹² It refers to mediation committee's work in mediating in civil disputes concerning civil rights and duties through persuasion and education in accordance with the provision of law on a voluntary basis; solving disputes by helping parties involved to reach an agreement and mutual understanding. These disputes include divorce cases, disputes over family fostering and debts but not civil cases handled by law.

6. ALTERNATIVE SUPPORT AND POLICY RESPONSES

6.1 Introduction

Family support currently dominates in old-age security in rural China, but many constraints exist as we discussed previously and it needs alternatives to cope with the challenges of family support systems. This Chapter will check the alternative to family support, examine the policy responses of rural old-age support and end with policy recommendations.

6.2 Alternative Support

The alternative support and the adjustment of family planning policy are two main policy choices for China to respond to the challenges of family support. The next section will discuss the family planning policy and this section will focus on the alternative support.

The alternative support includes any other support except family support, such as pension, publicly funded health care, social relief, community or relative support, charity and so on. Because community and relative support and charity are very few in China and cannot become one of the major support systems, we shall only discuss the social relief, the formal economic old-age support and public health care.

6.2.1 Rural Social Relief

Few farmers can get access to the formal support system and they are more prepared to seek support from the family than turn to the state for help as we discussed previously. The closely-knit family networks and kinship are the foundation of the Chinese welfare infrastructure.

Social relief is only available for the elderly in rural China. However, the relief does not cover every elderly. It only targets those with no children, no work ability, and no reliable sources of income (“Three-Nos”) and provides them “five guarantees” (guarantees for food, clothing, housing, medical care, burials). That is to say, any persons having children will automatically be disqualified for relief.

The relief of five-guarantees is mostly financed by production team in the People’s Commune and then by village committees. During the People’s Commune’s period, re-

sources came from the deduction from total income before the distribution to individual household. During the period of household responsibility system, resources mainly came from the community tax¹³, the profit of village-township enterprises and local governmental subsidies.

Two types in the support of the five-guarantees elderly exist: they live in elderly nursing-organs (or Elderly Homes) or they live in their own houses but financed by village committees and cared by neighbors who receive payment from village committees. Beside the above two, other types are available in very few areas. For example, some villages entrusted farmers to host and take care of the five-guarantee elderly under contract with village committees (Qiao, 1998a: 10). In 1995, rural nursing organ hosted 316 thousand elderly (including some who were not qualified five guarantees); 254 thousand five-guarantees elderly lived in their own house but received periodical and fixed government relief fund; 2095 thousands lived in their own house but funded by village committee (SSB, 1996: 725).

6.2.2 *Formal Economic Old-Age Support*

The rural elderly whose main income source came from pension in 1994 constituted 4.39 percent of the total rural elderly, male 8.1 percent and female 1.1 percent (Du & Wu, 1998). Compared with 1987, the proportion is roughly the same. In 1987, the rural elderly having main income from pension was 4.71 percent of the total rural elderly, and male 7.11 percent and female 1.14 percent (CASS, 1988:263-264)

Most rural pensioners had been the employees of government or industry sectors. Some of them had worked in township government or township industries but were counted as the rural population under the current registration system. Some of them came back to village and lived with their family after retirement from the urban centers because they failed to transfer the *hukou* of their family members from the rural into the urban areas. Farmers had pensions only when they had been employed in large and state-owned farms. In recent years some richer villages in coastal provinces and the urban suburbs started to set up the retirement system, but very few have succeeded.

¹³See footnote 3.

6.2.2.1 Rural Old-age Social Security Programs

Since the middle of 1980s, the government has become concerned with the establishment of old-age social security in the rural areas. The Civil Affairs Ministry in 1986 called for local governments to develop old-age social security but the scale was too small and schemes so different that different villages developed different old-age social security system (Liu, 1996: 80). In 1991 the Civil Affairs Ministry adopted the “Basic Plan of Rural Old-Age Social Security”, made a large scale experiment in Shandong province located in coastal China, and expanded the experiment the following year into other provinces. In 1993, the Civil Affairs Ministry ended experiments and introduced the program nationwide. Besides the program by the Civil Affairs Ministry, local family planning committees designed an old-age social security program for one-child families or no-sons families (Chen, 1996). From 1997, the Central Government has set up a new Labor and Social Security Ministry to unify the management of social security schemes.

The old-age social security programs are based on voluntary contributions from farmers and village-township enterprises. Individual accounts are set up for the pooling of contributions and the contributions can be claimed tax advantages and their contributions are channeled into publicly licensed pension funds that are subject to government surveillance (WB, 1997:45). Farmers contribute more than half to their individual accounts and village committees or the local government contributes supplementary subsidies to the account according to the village committee’s economic capacity (CAM, in Wang, 1998:503).

The coverage is very small and varies from village to village, heavily concentrating in richer rural areas along the coastal areas and in the urban suburbs. Up to the end of 1997, the old-age social security programs covered 2100 counties and 82 million people, and 13 billion *yuan* have been accumulated (ibid.).

6.2.3 *Public Health Care of the Rural Elderly*

The major contributors to medical fees of the elderly are their children and the elderly themselves; few received village committee and governmental assistance (see Section 5.3.2). In 1990, the village committee as a major contributor of medical expense constituted 3.5 percent in total rural elderly, the enterprise or government constituted 5.46 percent (See Table 18). However, for those financed by the enterprises and government, most

of them were not farmers and had been the employees of government or industrial sectors. The elderly care-givers show the same figures as the contributors of medical expenses in the rural areas, the main caregivers are spouse and children; few elderly people depend on nursing-organs (see Section 5.3.3).

6.2.3.1 Evolution of Rural Public Health Care System

Public Service Medical Scheme and State Labor Insurance, established during the early 1950s, only finance medical care for the employees of government and state-owned enterprises. In the rural areas, Collective Medical and Health Schemes (CMHSs) before rural reform covered farmers' medical expense. By the end of the 1970s, the so-called "three-tier health services" were well established throughout most of rural China. Approximately 85 percent of the villages had a health station staffed by one or more barefoot doctors who provided a combination of curative and preventive services; the commune health centers provided referral services and supervised the village health workers; and the county health bureau planned and supervised the county's health services (Gu et al, 1995a: 12). The three-tier health network provided a combination of preventive services and curative care for all the rural population. Both the government and the commune supported the rural health services financially. The former paid the salaries of government employees and covered some of the operating costs of county-level facilities and preventive programs. The latter paid non-government health workers, notably the barefoot doctors. Preventive services and consultations with barefoot doctors were supplied free or at very low cost, but patients purchased their own drugs and paid relatively low service charges for curative care at township and county level facilities. A portion of the charges was reimbursed by local cooperative medical schemes that were funded by the communes.

After 1978, China introduced the reform and shifted from the Commune towards household responsibility. It led to the collapse of CMHSs. The cooperative funding largely ceased, the number of health stations run by village collectives rapidly declined and most of the barefoot doctors effectively became practitioners. It also increased the autonomy of providers of health services and the weakness of administrative and political controls (Gu et al, 1995a; Hao, 1998).

After the collapse of CMHSs, most of the village health workers depended on consultation fees and profits from drug sales to finance their health works. The only government support for village health services was small payments made to health workers for preventive work. Owing to low fees for routine medical services regulated by Provincial Price Bureaus in order to minimize financial barriers to care, rural health doctors and health facilities as their urban counterparts prefer to prescribe larger amount of drugs and expensive products for patients to seek their profits.

Responding to the collapse of the CMHSs and the skyrocket of medical fees, Co-operative Health Care Schemes are designed by the Ministry of Public Health, which are organized on a not-for-profit basis and most are managed by townships or village committees. They acquire revenues from several sources including family contributions and grants from township governments and village welfare funds. Most cover both outpatient and in-patient care but some cover only inpatient treatment. Some schemes provide free services to their members but mostly reimburse members for the money they spend on medical care. Members can generally claim only a portion of their costs and there is usually a ceiling beyond which the schemes will not pay. However, the new scheme, the same as rural old-age social security programs, covered very small part of the rural population and skewed on the rich coastal areas and the urban suburbs. In 1994, it only covered 7 percent of the rural population (Gu et al, 1995a: 4).

6.3 Family Planning and the Rural Elderly Support

Many researchers pay attention to the question: “ Will China adjust its population policy responding to the aging problem?” This policy debate dates to the middle of 1980s. Susan Greenhalgh and John Bongaarts gave different scenarios for policy-choice of the Chinese family planning program, hoping the family system of social security to be least threatened. They suggested that each rural family should have two children with a space of birth, then although some families--roughly one-quarter of the total--will end with two daughters and no son. Some peasants have already devised a workable solution to this problem. This solution calls for marrying one daughter out and marrying one daughter in. The daughter who “marries in” takes the place of missing son, supporting her parents in old age, and then inheriting the bulk of the property when their parents die (Greenhalgh

and Bongaarts, in Posten & Yankey, 1992:401-419). Some Chinese policy-makers and researchers used aging to defend the adjustment of population policy in the middle of 1980s (Ma Yingtong et al). Some (Liang Zongtang et al) even made a bold experiment in Shanxi province in the middle of 1980s under local government support, which permit rural residents have two children with a space of birth. Owing to the slight adjustment of population in the middle of 1980s triggered by the unexpectedly sharp rising of fertility and furious policy debates among the researchers and policy-makers, any suggestions about the policy adjustment of family planning are sensitive in the politics.

Although nobody believes China should continue its strict family planning policy forever, we do not expect the current policy to change soon. The reasons are as follows. Firstly, the fear of population explosion still dominates the thinking of policy-makers and population researchers. Many of them share the concern that the capability of China is projected to be 1.6 billion. If the current population policy is kept, the total population will reach 1.6 billion at the middle of next century. But, if the policy is adjusted or fails, population can be expected beyond these numbers. They believe it is impossible to find a way to be satisfactory to both parties: population control and old-age support, only way is to choose the one which costs lesser, that is, population control. Secondly, the loosening of family planning policy may result in the raising of fertility the same as in the middle of 1980s. Because currently lower fertility level is not stable and deal family size is higher than policy quota requirement. There is a fear that official reference to two children would enhance the likelihood of more third birth. Thirdly, the decline of fertility leads to the reduction of the infant and adolescence proportion in total population, while it increases the proportion of adult population in total population. The maximum size of the aged population at any point in time is determined by the number of birth 60 years earlier. The number of elderly and their consumption remains the same regardless of whether family planning policy changes or not.

6.4 Policy and Legislation Responses

The policy and legislation of old-age security in rural China are based on the following two principles: (1) family should be mainly responsible for old-age security; (2) the

development of old-age social security should act according to the capability of the State and the State gives assistance to those who have no income source in their old age.

The first principle is rooted in the Constitution of the People's Republic of China. Article 49 stipulates that "Parents have a duty to rear and educate their minor children and the adult children have a duty to support and assist their parents." In the Marriage Law (1980), Civil Lawsuit Law (1982), Inheritance Law (1985), many articles make an informal traditional family care "obligatory" (Zou and Yang, in CASS, 1989: 128). Especially the Law on the Protection of Rights and Interests of Elderly, adopted in 1996, provides that "the family should be mainly responsible for old-age support and the family members should take care of the elderly" (Article 10). "Supporters should fulfill the responsibility for the needs of elderly in economy, care and spirit. Supporters refer to the children of the elderly and others who have a legal duty to support and care for the elderly" (Article 11). "The spouses have a duty to help each other. The elderly have a right to get assistance from their adult brothers and sisters if they had reared their minor brothers and sisters and have no children" (Article 16). Village committees should mediate the disputes on old-age support among the family members, and criticize, educate and instruct them to correct their behavior (Article 45). Penal Code (1997) stipulates that "any person who is under obligation and yet refuse to support his/her parents, children, ill person and dependents, should be, in wicked cases, sentenced to imprisonment of below five years, penal service, or put under surveillance" (Article 261).

The second principle can also be found in the Constitution of the People's Republic of China. The Article 44 of the Constitution stipulates that "the State set up the retirement system in the enterprises and the governments and the non-profits organizations. The State and society ensure the security of retirees". This article does not refer to the rural retirement system. Article 45 provides that "the citizens of People's Republic of China have the right to get economic assistance from the state and society when they are older, disable and ill. The State develops social security, social relief and public health in order to fulfill those rights". According to the Constitution, the State only entitles the rural elderly to have a right to get assistance by the way of the development of social security, social relief and public health but does not commit the establishment of retirement system in the rural areas. The Law on the Protection of Rights and Interests of the Elderly has one chapter to deal

with the social security of elderly (Chapter 3). It provides that the rural areas establish the social security of elderly people according to their local economic capability, and the village committee should appropriate some land, forest and other property as the source of fund to support the elderly (Article 22). The rural elderly with no children, no work ability, and no reliable sources of income, or with legal supporters but no capability, should be guaranteed by collective economic organization in their food, clothing, housing, medical care and burying (Article 23). The collective organization refers to village committee and township. The current policy of the rural old-age social security can be stated as the follows: local governments in richer areas should establish the old-age social security, in middle income areas gradually develop the old-age social security and in poor areas make experiments (Document No. 51 of The State Council in 1995, in Wang, 1998:71). Its establishment should be based on the voluntary principle and the local economic development (Li, 1995:199)

The government policy and legislation responses do not go beyond the residual mode or supplemental role of rural formal system discussed in the previous chapters. To some extent, it shares the view, stated by Lee Chuan Yew, the former Prime Minister of Singapore, that “Western-style welfare state are not only economically too expensive for Asian states to cope with but also culturally inappropriate in that they foster laziness and dependency” (Goodman et al, 1998:11). China’s policy is “ Care by Family First, Social Security second”, which is concluded by Choi when he talked about the experience of old-age policy in South Korea (Choi, in Philips, 1992:161).

6.5 Policy Recommendations

The family support dominates in rural old-age support and formal support system acts as the residual and supplemental role in the old-age support. The policy responses just reflect and legalize this situation but do not fully take into consideration the future challenges of family system. Therefore, more efforts should be done.

1. Increase the role of daughter and son-in-law in the old-age support

The major contributors of family support and care for the rural elderly are son and daughter-in-law, although daughter and son-in-law have legal obligation but often fail to fulfill. Owing to the fertility decline, many rural families have daughters and

no son; if the support model is heavily son-bias, it will exclude many elderly from the family support. Additionally, the increase of the role of son-in-law in the care and financial support of the elderly is possible because the reduction of kinship size will close relation between son-in-law and parents-in-laws and it can make son-in-law to do so.

2. Designate alternatives care systems and expand the coverage of elderly nursing organs

Owing to the shrinking of family size, children's busy work or migration, many parents suffer from living alone without children's care. Currently most of the village elderly nursing-organs (Elderly Home) are open to the five-guarantee elderly. Expansion of coverage of elderly nursing-organ or designing a new care model such as community care to those whose children fail to care for them is needed. This is can also be supported by traditional social ideas of the Chinese, which include the expectation on a harmonious neighborhood relationship of mutual help and surveillance, and mutual help between relatives. In fact, the village committee is one of mutual help organization based on voluntary principles.

3. Expand the Coverage of Social Relief and Set up Rural Safety Net

Current social relief does not cover those who have children but their children fail to support and take care of them because of economic constraint, migration or intergenerational tense. There is need to expand the government relief beyond those who have no children and set up a minimum living standard in rural areas to provide the safety net for the elderly in the poverty.

4. Expand the coverage of old-age Social Security Program and Collective Health Schemes in the Rural areas

The program coverage of both old-age social security and public health is very low and heavily concentrates on the richer areas. The expansion of its coverage needs governmental motivation and interventions. The government should fund poor villages which lack resources to motivate farmers to participate in the social security programs to narrow the inter-regional gap, change voluntary principle towards

compulsive contribution in order to avoid “ selection bias” ¹⁴, and establish prudential regulations, disclosure of information, portability in the monitoring and supervision by the way of further reforming finance, enterprise and government institution.

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¹⁴ It refers to the fact that the younger and health people prefer not to pay the coverage but the aged and sick do so (Bloom, et al. 1995:4).

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