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# THE CHALLENGES OF AGING TOWARD CHINESE SOCIETY

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## Abstract

*China has already become an aging society. The rapid growth of the older population presents many unique problems for the Chinese society. One of them is the care that is given to the aging people. With the traditions in China, the care for elders has originally been the responsibility of younger family members. In the last two decades, great changes have taken place in Chinese society, such as the change of family structure and care-giving values for elder people. Care giving has become an issue not only to the family but also to the society. This paper will focus on how social change and the rapid growth rate of the aging population have influenced China's family care-giving traditions, and how changes of the family structure and social values affect the needs of institutionalized care systems. This paper will also discuss the existing problems of the institutionalized care systems, such as the quality of the services and the limitations of the current social security system. This paper will provide suggestions for the improvement of institutionalized care services in China.*

## INTRODUCTION

Due to the decreasing fertility rate and the steadily increasing life expectancy of the Chinese, China is rapidly becoming an aging society (sixty and older). The estimated number of elder people was 10.7% of the total population in the year 2000, totaling about 130 million aged sixty or older. The growth of the older population in China, compared with other aging societies in the world, has

different characteristics. For instance, the growth rate of the aging population is very rapid. In many developed countries, it usually takes about 50 to 80 years for the older population to increase by five to seven percent. It has taken about 18 years in China to develop the same level of growth. The growth rate of older people per year from 1982 to 1995 was 3.1%, which was 1.6% faster than the growth of the total population per year at the same period (Zhang and Xiao, 1999). It is estimated that the growth rate of the older population will peak in 2070 when those aged sixty and older will be roughly 30 percent of the total population in China (Qiao, 1994). The rapid growth of the aging population will not only be a burden to thousands of Chinese families, but also to the society. This rapid growth has without a doubt hindered the accumulation of social security in China. The growth rate of the older population is not synchronous with the development of the nation. This means that the older population is growing faster than the economic development in China. It is predicted that in the near future, the older population in China may quickly outnumber the working population. The estimated number will be 56:100 (56 elders out of 100 people) in the year 2030 (Lin, 1996). The rapid growth of elder people raises unique questions in China in terms of providing social services, social security, medical care, and keeping the traditional family care system for the elders.

### **COMMONLY USED TERMS**

In order to study the Chinese aging population and existing issues, it is important to understand a few terms, such as “Yin Se Long Chao”, “Kong Chao”, “retirement age”, and “pension”. “Yin Se Long Chao” is similar to “gray tide” in English, which describes “the boom of the aging population” in Chinese society recently. For instance, Beijing, the capital of China, became an aging city

in 1990. In 1997, Beijing had 1.74 million elder people, which was 14% of the total population in the city. It is estimated that in the year 2025, the elders will reach 4.16 million, which will be 30% of the total city population. There will be 390,000 people aged 85 years and older, which will be 13.5% of the total aging population in the city in 2025 (Bai and Zhang, 2000).

“Kong Chao” means that the older couple is living alone in their home without any children. A survey of older people by Gui (1994) indicates that in some urban areas in China, such as Shanghai and Zhejiang province, approximately 77.9% of those elders were not living with their children. This is probably the result of changes in family structure and care-giving values. The development of industrialization and job opportunities causes many children to have to work away from their aging parents’ home (Lin, Bao, and Sun, 1999).

“Pension” is used here to discuss the Chinese social security system. In China, there are very limited numbers of older people who have pension (Zhang and Xiao, 1999). For example, according to a sample survey done in 1987 on people aged sixty and older living in the urban areas, the percentage of people who had pension was 63.7%. There are about 56.63% of older people with pension in small towns. The percentage of elder people who have pension in the countryside was 4.7% (Zhang and Xiao, 1999). Obviously, the current social security system cannot meet the needs of the aging people to support them financially.

The definition of old by law in China is based on the retirement age. Currently the official retirement age for Chinese males is sixty and for females is fifty-five. This law was established in the early 1950s soon after the People's Republic of China was founded. Given the life expectancy in the early 1950s, the retirement age was reasonable. At that time, the average life expectancy was roughly forty years of age for males and forty-two for females. The law of retirement age may need to be reconsidered, because the increase in the life expectancy has reached seventy-six years old in recent years (Wu, 1999). Today, there is some confusion when reading journal articles or research reports on Chinese aging studies. This is because some of the Chinese scholars use the age of sixty as their statistical results to define old age, but most developed countries have used the age of sixty-five. This paper will use the age of sixty and older for analysis purposes.

### **THE IMPACT OF SOCIAL CHANGE ON SENIOR CARE-GIVING**

Traditionally in China, the family is socially expected to take care of older people (Gui, 1994). China has established this tradition as a law. The basic rule of this law is: parents have the responsibilities to raise and educate their under-aged children and adult children are obligated to take care of their aging parents (Lu, 1999). By law if the elder parents do not have any economic resources, their adult children have to support them financially (Zhang, 1999). However, in the last two decades great social changes have taken place in China. One of them is the change of the family structure due to the practice of the one child per family policy established in 1979. The current family structure has changed into 4:2:1 ratio. This means a family consists of four grandparents, two parents, and one

child. There are also many nuclear families with 2:1 ratio (two parents and one child). The increase in the number of nuclear families will result in the higher rate of “Kong Chao” families.

In the last decade, more and more people, including the elders, began to accept the nuclear family as the social norm. This is another important reason for the phenomenon of “Kong Chao” families. The formation of the norm is very different from the traditional model of care giving for elders in China. In recent years, some scholars even suggested a family structure of an 8:4:2 ratio, which means a couple who was born as a single child in the early 1980s will take care of their four parents and probably eight grandparents (Mi and Xiao, 2000). This 8:4:2 ratio of family structure type will be gradually formed in the next few years, when those who were born as a single child after 1979 will soon reach their age of marriage. This situation has a theoretical possibility if 25 years is considered one generation. When those young couples reach 30 years old with a child of their own, they will need to take care of their four parents aged 55-60 and probably eight grandparents about 80-85 years old. Obviously, the current family structure cannot possibly help to maintain this honored Chinese tradition (Gui, 1994). The stress on the single child or a young couple to provide care and support for both aging parents, and in some cases grandparents, may exceed their ability to do so (Lin 1996, Mi and Xiao, 2000).

With the change of the family structure, the younger generation will not be able to offer the care even if they are willing to do so. A survey done by Yin (1999) in Beijing indicates that most home caregivers were middle-aged children. In order to offer the care, 45% of them would not have any leisure time. Approximately 46% felt that the care giving job has hindered their personal development for

the competition with others in the job market (Yin, 1999). While there is evidence that attitudes toward senior care by family members is changing, other research results suggest that these changes may be the result of situational changes in the lives of the younger generation. A study by Li and Lemke (1998) finds that young Chinese are willing to take care of their aging parents, but they may not be able to do so. The reasons for those adult children who cannot offer the care are due to their jobs or financial status, the time to render the care, and their own families. Therefore, placing high expectations on the current “one-child” generation to provide traditional family care may be a mistake, since they are unable to provide this care.

The number of elders may not be an issue for Chinese society if people still practice the traditional family care. However, there have also been changes in those traditional values in China in recent decades. With influences from Western societies, Chinese society has gradually developed ideas about individualism and privacy. This has strongly impacted the care-giving values, not only on the younger generations, but also on the aging people. Traditional care values are becoming weaker than ever before. On one hand, young couples would like to move out of their parents’ house after marriage in order to have more independence and privacy. On the other hand, older people’s definition of care giving has changed as well. For example, the meaning of care for elders is no longer limited to the provision of food and shelter. Older people have other expectations, such as spiritual life, entertainment, social interaction with other people, and traveling (He, 1999). In order to offer better services to the increased number of aging people, institutionalized care facilities have been established to meet the needs of the elders and their family caregivers.

## **THE NEED FOR INSTITUTIONALIZED CARE FACILITIES**

Institutionalized care can be used as a tool to eliminate the emotional and physical burden for home caregivers. Due to the rapid increase in the number of elder people, an increased number of “Kong Chao” families and the practice of the one child per family policy, there has been an increased need for institutionalized care services for all types of senior people. Given these more recent demands there has been a rise in the number of elder care institutions in the country (Zhang, 1999). These demands for institutionalized care facilities are directly related to the health conditions of the Chinese aging population. According to the analysis by Tang and Wang (1999), the health condition of the elder people in China is “out of the total number of 130 million Chinese elders, 35% are healthy, 40% considered themselves fine and the last 25%, which are about 30 million of the elder people, are reported with poor health or illness.” (Tang and Wang, 1999:53) Tang and Wang further mentioned that about 100,000 elders in Beijing are suffering illness or poor health. Obviously, older people need some type of institutionalized care services.

The statistics show that in the United States there were about 6% of American older people (1.9 million) living in nursing homes or other health care facilities in 1990 (Cockerham, 1997). However, the need for institutionalized care increases with age. Cockerham (1997) indicates that about 20% of elders aged 65 and older eventually use institutionalized care facilities. For those people aged 85 or older, one out of four will ultimately need such services. Obviously, the number of institutionalized care facilities currently in China cannot meet the needs of the aging population. Presently there are

about one million elders in China living in institutionalized care facilities. This is less than 1% of the total number of Chinese senior population. It is believed that there are an increasing number of elder people who will need to move into institutionalized care facilities in the near future. Since there are about 9 million people aged 80 or older in China now, and an increasing number of people with illness and poor health, it would be in China's best interest to build more institutionalized care facilities (Chen and Xiao, 2000).

The need for institutionalized care in China can be indicated by a survey (Bai and Zhang, 1999) entitled "Research on Beijing's institutionalized care facility". The statistical results from this research show that 104,000 people are expected to live in retirement homes in the near future. There were 223,000 people who expressed that they would like to live in retirement homes in the future. About 36,000 older people said that they needed to move into a nursing home right away and 290,000 felt that they needed this type of service in the future (Bai and Zhang, 1999). The definition of a nursing home in the survey is an institutionalized care facility, which provides medical and health care services for those elder people who have to lie in bed and cannot take care of themselves. The statistics also indicate that elder people need day care centers, food services, home health care services, and housework assistants.

### **THE STIMULI FOR THE SET-UP OF INSTITUTIONALIZED CARE BUSINESS**

In the past, the availability of publicly funded and publicly administrated care programs was limited with no private institutionalized care facilities in China. Traditionally, the state or city government-funded welfare homes provided social care services and focused only on



the older people without children. Elders remained at home if they had children or other family members who could provide care for them. Even those elders without children who were able to take care of themselves would still remain at home. In recent economic reforms, quite a number of institutionalized care facilities with different ownerships were established in both rural and urban areas of China. Several factors have significant effects on the senior care system. First, the economic reforms during the last two decades have decentralized the economic power of the central government. The market economy and policies began to allow different levels of local government, communities and even private ownerships to achieve profits. They completed this by developing different types of social services, including services for elders. The establishment of institutionalized care services can also help to solve the unemployment problems in China.

Secondly, due to the rapid increase in the number of elders there has been an increased need for institutionalized care facilities for all types of older people. The need for institutionalized care services has not only been advocated by the aging population, but also by their family members. Younger people feel that they have conflict between their job and the care they need to provide for the elders at home. These conditions make it harder for them to compete with others in the economic market. Therefore, people are very much interested in institutionalized care in order to reduce their home caring pressure. Given the more recent demands there has been a rise in the number of senior care institutions in the country (Zhang, 1999).

Third, the social change in China has accompanied the change of traditional values of care for the aging people in the home. Younger generations no longer feel guilty sending their older parents to the institutionalized care

facilities. Elders are beginning to accept the ideas of living in nursing homes or retirement housing. Finally, the living standards of Chinese people have risen substantially in recent years. Many home caregivers begin to feel that institutionalized care facilities may offer their aging parents better and more professional care than they do.

In addition, a notable point is that the Chinese society and scholars have begun to realize the importance of aging issues. In order to meet this challenge, scholars have done many studies. Some scholars have proposed strategies to solve problems associated with the growing number of elders in China (Yuan, 1994; Xiong, 1994, Jiang, 1999). They proposed to accelerate social development, establish a social security system, retirement funds, and emergency funds. They also suggested the establishment of more hospital facilities, nursing homes, and other special facilities for the elders, such as entertainment centers and senior citizen centers. These proposed strategies offer a greater opportunity for the establishment of more institutionalized care facilities.

## **OVERVIEW OF THE SERVICES PROVIDED BY INSTITUTIONALIZED CARE IN BEIJING**

### The Aging Population in Beijing

The aging population in Beijing was about 1.74 million in 1997, which was 14% of the total population of the city (Bai and Zhang, 2000). In recent years the establishment of institutionalized care systems in the city has become an important issue. Chinese institutionalized care has many different features. For example, an institutionalized care facility can accept aging residents with different types of health conditions. Once they are admitted, they are taken to one of three different

sections/divisions based on the different care and medical needs of each elder resident. There are doctors and nurses in most institutionalized care facilities. However, there is no special unit for Alzheimer's patients at this time and most of the institutionalized care facilities refuse to accept patients with Alzheimer's or memory impairments.

City Government Funded and Administrated Care Programs in Beijing

The institutionalized care facilities funded by Beijing city government are called welfare homes. There are different types of welfare homes, such as for elders, children and disabled. There were only two welfare homes designed for elders in 2002. One was quite old and the other was opened recently. The capacity of these two welfare homes is not enough to meet the needs of the aging population in a big city like Beijing. Due to the high demands for institutionalized care facilities, nearly 300 other types of institutionalized care facilities have also been established in Beijing in the last two decades. Most of them are community or private funded care facilities. Senior care includes three types of care: (1) those older people who can independently take care of themselves (section/division of keeping fit); (2) those who need medical help but are partially independent (section/division of medication); and (3) those who need complete help and must depend on assistants (section/division of maintenance). There is a clinic including doctors, nurses and a pharmacy in the city government-funded welfare homes. Routine checks on patients can be done in the clinic. There are also administrative staffs and professional caregivers in the city government funded welfare homes. The professional caregivers/nurses have nursing degrees and receive training on senior care-giving skills. Most of the nurses feel that being a professional caregiver is a great job. The new welfare home (the newest city government-

funded welfare home in Beijing) opened in 2002 and included three hundred beds for the elder people. The home has other facilities, such as a clinic, an entertainment center, a library and a gymnasium. The home also has a few professionals in charge of elder nutrition.

#### Private Care Programs

There are other types of institutionalized care facilities existing in Beijing, such as nursing homes and retirements housing run by communities or private groups. Compared with the city government funded welfare homes, the team workers in those facilities may need more professional training. In most institutionalized care facilities funded by communities and private groups, there is a small clinic with a retired doctor(s) and a retired nurse(s). They can help with the routine checks on their elder residents. Some of the institutionalized care facilities also include an entertainment center and other facilities, such as a fitness center. It is due to this reason that the elders have become a new issue in China. The administrative staff needs more training sessions in order to manage the facilities more professionally and effectively. Most of them received very limited professional training or had little experience for senior care giving in the past.

### **EXISTING PROBLEMS OF THE INSTITUTIONALIZED CARE SYSTEM**

Institutionalized care in China is a brand new issue that started less than twenty years ago. There are some problems existing in the current health care services. First, there are not any special services for Alzheimer's patients at this time in China. Most of the institutionalized care facilities expressed that it could be a problem for them to

accept a patient with memory impairment because they did not want to have a lawsuit against them if something happened to the patient. Therefore, the elders with Alzheimer's or memory impairment have nowhere to go other than staying at home. If the home caregiver is busy and has to be out of the house, the patient has to remain at home alone. Many home caregivers expressed the need to be able to send the patient to certain care facilities or even day care for elders, which would help them to reduce some stress and burden (Li and Lemke, 1998). So far this problem has not been solved.

Secondly, the expense for institutionalized care facilities has become a big issue for the children of elder people. The fee of institutionalized care is much higher than the senior people can afford by themselves (Bai and Zhang, 2000). For example, a resident must pay 650-850 RMB (Chinese currency), which is about 80 to 100 US dollars per month for a bed and food in most facilities. The cost for those residents who need partial or full intensive care is even higher (Wei and Mi, 1999). According to statistics, the GNP (Gross National Product) in China in 2003 was only \$1,000. It is believed that elder people are the poorest in a society. Their income on the average is less than the national GNP. Obviously, the costs in nursing homes in China are much higher than the actual financial ability of a senior person (Chen and Xiao, 2000). The reasons for the high price are due to the limited number of health care facilities, professional caregivers, and a lack of criteria for fee charging. Another reason is that there are more administrators than caregivers. Therefore, those elders will need their children's financial help. Without children's financial help, many elders cannot afford this type of care. Many of the senior people, 73.8% of the rural and 46.9% of the urban elders, depend on their children's financial help regardless of their children's earning levels. The elders

need their children's financial help even if they do not live in an institutionalized care facility (Wang, 1996).

The third problem is the Chinese social security system. The social security system cannot catch up with the needs of the elder people. For example, most of the seniors in China do not have pension. Even for those people who do have pension, the money may not be enough to support them or to afford the institutionalized care. Normally, most Chinese older people have three choices for senior life and care: 1) institutionalized care-giving; 2) traditional family care-giving; and 3) elder self-care, based on their savings and pension (Liu, 2000). Currently, the Chinese social security system does not cover most senior people, especially elders in rural areas. This has made it difficult for older people to use institutionalized care services. Given the rapid growth of the aging population and the decline of the traditional family care giving functions, the issue of the social security system in China needs to be solved soon.

The fourth problem is the quality of services. With the rapid growth of elder people in China, there is an urgent need for trained professional caregivers. One of the reasons for very high fee charges in most institutionalized care facilities is because of the lack of enough professional caregivers. The management and quality of services cannot meet the needs of different types of elders, such as elder people with different educational levels and different living standards (Chen and Xiao, 2000).

The fifth problem involves the conditions of the institutionalized care facilities. Most of the institutionalized care facilities in the city of Beijing were built in the 1980s and early 1990s, when the number of senior people increased rapidly. Therefore, conditions of the facilities

were not designed specifically for elders and the quality of the houses was not good. For example, most bedrooms do not include a bathroom. Some institutionalized care facilities do not have recreational rooms for elders. There are no emergency buttons or lights for those in need. On the whole, the conditions of most institutionalized care facilities cannot meet the needs of the elders. Compared with most western countries, some scholars considered that the real institutionalized care in China has not started yet (Chen and Xiao, 2000). The current condition in institutionalized care facilities needs to make improvements, which will allow elder people to feel comfortable and safe when moving into the facility (Bai and Zhang, 2000). This system has helped many families and elders although it still needs improvement. The services, along with other social changes in China, have altered the traditional family care system.

The last problem is that the ratio of institutionalized care services (it is counted as the number of beds in the institutionalized care facilities) is uneven between the rural and urban areas. On one hand, the urban area of Beijing has 69% of the elder people but can only offer 35% of the service/beds. On the other hand, 31% of the rural elders have 65% of the beds (Bai and Zhang, 2000). Actually, there are more elder people in big cities than there are in rural areas. The balance of the service/beds in the urban and rural areas in China will become an important issue to be solved in the future.

## **FUTURE DEVELOPMENT REFERENCES**

The future care for aging people in China should be a combination of three factors: understanding the needs of elder people, enhancing the traditional family care functions, and developing societal and community services

for elder people (He, 1999). One of the important points for understanding the needs of elder people includes the establishment of different levels of nonprofit organizations representing aging population's voice. Currently in China, there are a number of elder associations that are mostly organized by different levels of government. Their major purposes are to study aging people and make references for senior policies. The establishment of nonprofit senior organizations would not only benefit the elder people but also bridge them with the government and society. Therefore, their needs will be better understood. The second important point is to establish more institutes and add more funds for the study of biological, psychological and sociological perspectives of the aging population. The last important point is to start a volunteer team in China to help those elders in need.

Filial piety is a long-term tradition in Chinese society. It has been fading due to the recent social change, the western influence on the values of individualism, and the change of Chinese family structure. Enhancing the Chinese tradition on caring for aging people, filial piety has become a very important issue. This involves encouraging people to live closer, if not in the same house, to their aging parents' home; to visit and offer care for elder parents, either at home or in institutionalized care facilities; and to respect older people in the society. Scholars suggest that the ideal caring system for elders become a social issue, which can be solved by both society and family (Yao, 1999). Therefore, it is important to continue the family caring tradition and to develop multiple types of other caring services by the society.

The development of societal and community services for elder people includes to establish different kinds of senior services. Besides building more



institutionalized care facilities, other types of services will also be needed, such as different types of senior centers and food delivery services. The most important point is to set up a special service for those dementia and Alzheimer's patients. The strategy to help the elders is to first satisfy their basic needs for material life, which includes financial, shelter and health care, and gradually to meet their other needs, such as entertainment and spiritual life. Future care-giving should be a combination of institutionalized care services and traditional family care according to the current elder growth situation in China. There is still a gap between the acceptance of institutionalized care services and traditional values towards caring for aging people at home in China. A possible solution is a long-term education for young and old generations, to gradually adjust to the rapid growth of the aging population and the changing needs of the elders. This adjustment involves not only the acceptance of institutionalized care services, but also the enhancement of traditional family care-giving. In order to make a quick adjustment, it is very important for people to become well informed. This will allow Chinese people and the society to be well prepared for the future.

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