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KNOWLEDGE AND PERCEPTIONS: CHINESE OLDER ADULTS' WILLINGNESS TO USE INSTITUTIONAL ELDER CARE

by

ZHIYU CHEN

Under the Direction of Heying Jenny Zhan

ABSTRACT

This study explores explanations for Chinese elders' willingness or lack of willingness to use institutional care. The data is drawn from a survey over intergenerational relationships and age models conducted in Zhenjiang, China, in 2007. Only the responses of interviewees aged 55 and above (310 males and 318 females) were used in this study. Using zero-order correlation and multi-nominal regression analyses, this study examined the factors associated with Chinese elders' willingness to use institutional care. Study results reveal that Chinese elders' confidence in availability of familial care was negatively related to their willingness to use institutional care; elders' knowledge about and impression on elder care homes were positively associated with their willingness. Male interviewees expressed lower levels of willingness compared to female respondents. This study shows that increased knowledge about elder care institution may increase Chinese elders' willingness to accept institutional elder care.

INDEX WORDS: Chinese elders, Willingness, Elder care institutions

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by

ZHIYU CHEN

A Thesis Submitted in Partial Fulfillment of the Requirements for the Degree of

Master of Arts

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Georgia State University

2011

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# CHAPTER I BACKGROUND

## Introduction

Population aging is a global issue. China is facing a rapidly growing aging population in a unique manner due to its own cultural, social, and economic contexts. As estimated, the number of Chinese aged 60 or over will grow from 160 million in 2009 to 440 million in 2050 (The Population Division of the Department of Economic and Social Affairs of the United Nations, 2010). The care for such a giant aging population has become a societal issue requiring emphasis from policymakers, researchers, and social workers in China. One problem to be addressed is who are going to care for the elderly. Chinese have been following the pattern of familial elder care, ruled by the traditional Confucian culture, for thousands of years. Adult children are expected to provide financial, physical, and emotional care at home when their older parents become physically dependent. Daughters-in-law are normally the primary care givers. However, this traditional practice is facing a dilemma: Chinese baby boomers are stepping into their late lives and in need of familial care, but there is decreasing availability of their adult children to provide such care, mainly because of the reduced family size, the unexpected outcome of the one-child policy (Zhan, Liu, & Guan, 2006). In such a social context of China, the economic transformation from the former public ownership of business and social services to the market economy has propelled the growth of the institutional care industry (Zhan et al. 2005). "These institutions do not differentiate as yet as to being nursing homes, assisted-living facilities, or retirement homes, because the industry is in an early stage of development" (Zhan, Liu, & Bai, 2005, p. 168). They could be all named "elder care homes", offering food and beds to accommodate the older residents as well as advanced or poor medical care (Zhan, Liu, & Bai, 2005). It was reported that more and more Chinese elders and their families are in need of

institutional elder care to supplement the unmet need for long term care at home, however, the prevalence of using institutional elder care does not increase in China (Gu, Dupre, & Liu, 2007). In 2009, more than half Chinese elders lived alone rather than in elder care homes (Wu, 2010). This problematic situation, then, leaves us a question that what factors may influence Chinese older adults' willingness to use institutional elder care.

Studies in Western societies could bring us some implications. Research studying the institutional elders' characteristics has been prolific in Western societies. For example, Ness and colleagues (2004) pointed out that age was positively related with moving into nursing homes. Bharucha and colleagues (2004) found that elders who were not able to do activities of daily living and who had cognitive health problems were the most common residents in nursing facilities. Using data from the Asset and Health Dynamics among the Oldest Old Survey (AHEAD) in the U.S., Aykan (2003) found that older adults who had no spouse or children were more likely to move into nursing homes than their counterparts who had a spouse or children. Education background is seldom reported in the studies of predictors of using institutional care. The data from the Collaborative Studies of Long-Term Care, which collected demographic information about the residents of assisted living facilities in four American states, showed that these residents were better educated than were the average older people (Morgan, Gruber-Baldinin, & Magaziner, 2001, p.150). There is also research studying the factors influencing elders' willingness to use institutional elder care. For instance, Jang and colleagues' (2008) found that perceived health status was negatively related to the older Korean Americans' willingness to use a nursing home. Ball and colleagues (2004) suggested that most residents in assisted living facilities were willing to stay only if the assisted living facilities could help them manage further decline in health. As implicated, the factors more or less influencing elders'

willingness to use institutional care may be distributed to three groups. The first factor group, including declined health status and unavailability of familial care, results in elders' need for institutional care. The need is indispensable for considering the willingness. The second group, including at least institutions' ability to manage further decline in health, makes elders more satisfied with and more willing to use institutional care. The third group, such as advancing age, education and gender, is associated with the willingness variation in using institutional care. Adding up this factor group renders the study of willingness more specific.

However, little is known on this issue about the Chinese situation and findings based on the western societies do not explain the situation of institutional elder care in China (Gu, Dupre, & Liu, 2007). The Chinese have long been following the tradition that adult children should provide their older parents with familial care to support them age at home. Prior to the 1990s, the Chinese older adults and their families had no option of using institutional elder care because it was only available for childless elders (Chen 1996, Shang, 2001). As more and more elder care homes are open for business and more and more elders with adult children are entering these elder care institutions, it is crucial to understand the factors that underlie this potential cultural transformation. This study contributes to the knowledge by exploring the major factors at social, familial, and personal levels that could affect Chinese older adults' willingness to use institutional elder care.

Below, a review of relevant Chinese literature is provided as a background for this research, focusing on the factors leading to the familial care pattern being challenged and the examined factors which may influence Chinese older adults' need and willingness to use institutional elder care.

# Background

## Chinese Aging Population

China's population is aging rapidly like many other countries. This demographic trend is partly attributed to the longer life expectancy. There are a huge number of older adults in China, which, in turn, has the world's largest population. Another contributor is the decrease in fertility rate in the 1980s, mainly as a result of the one-child policy (Bartlett & Phillips, 1997; Yoon & Hendricks, 2003). By 2009, the number of Chinese aged 60 or over had reached160 million, accounting for 11.9% of the total population. This number is projected to reach 440 million in 2050 (The Population Division of the Department of Economic and Social Affairs of the United Nations, 2010). In 2009, China had around 18 million people aged 80 or over. In 2050, 101 million Chinese would be aged 80 or over (The Population Division of the Department of Economic and Social Affairs of the United Nations, 2010).

The population aging in China gives rise to questions about who would care for the current and future Chinese elders in their latter years. A critical question is whether they will be able to depend on familial care from their adult children like Chinese elders in the past.

## Familial Care Tradition Challenged

The ancient Confucian culture of filial piety has long ruled Chinese children in their relationship to their parents (Gu, et al., 2007; Lam, 2006), emphasizing "respect, obedience, loyalty, material support, and care to their parents" (Zhan & Montgomery, 2003, p. 210). This norm has dictated that most Chinese elders resided in extended families or multiple-children families and received support directly from their adult children. The adult children have generally negotiated and shared the filial responsibility, though the daily caring tasks have been

primarily accomplished by daughters-in-law (Gu, et al., 2007). In addition, Chinese elders often live with their adult sons, while their adult daughters mainly care for their husbands' parents (Bartlett & Phillips, 1997).

As for institutional elder care, in China, institutionalized elders are quite often considered to have been abandoned by their adult children. Adult children, who place their older parents to elder care institutions generally speaking, are negatively regarded by the Chinese society. As a result, institutional elder care was seldom chosen by Chinese older adults and their families due to the daunting social stigma against this practice (Shang 2001). Besides, this intense social pressure is directed more toward daughters-in-law than toward sons (Zhan & Montgomery, 2003).

Recently, however, research indicates that there is an increasing unavailability of familial care to support older adults at home. Though most adult children are willing to offer familial care to their older parents, they have difficulty in doing so (Zhan, Liu, Guan, & Bai, 2006). This increasing availability is primarily a result of multiple social and familial structural changes, including smaller family sizes, adult children's work-required migration, busy work schedules, and women entering the labor force (Zhan, Liu, Guan, & Bai, 2006; Zhan, Liu, & Guan, 2006; Lam, 2006; Bartlett & Phillips, 1997).

*Reduced Family Size*

Family size to a large extent influences familial care patterns. Traditional multi-children and extended families are more likely or easily to offer familial care to elders to help them age at home (Guo and Zhang, 1996). This situation hardly changed until the end of the 1970s. At that moment, considering the giant population and the high fertility rate impeding the national economy growth, the government encouraged the public to follow a controlled-birth family plan,

and eventually demanded the one-child policy to be obeyed. The family began to decrease in size. The unintended consequence is that fewer adult children are available within a family to care for their older parents (Zhan & Montgomery, 2003). At present, "4-2-l families (four grandparents, two parents and one child)" are commonplace in China. In 2008, around 22% of the Chinese families were "4-2-1" families (Chen, 2008). Within the "4-2-1" families, the adult children have to undertake a huge task and pressure to support four older parents (Zhan, 2004; Bartlett & Phillips, 1997, p. 151). The first generation only-one children, born in 1979, are to face the challenges of supporting their aging parents in the near future.

*Work-required Migration, Busy Work Schedules and Women into the Labor Force*

Besides reduced family size, three other factors that may impact families' ability to provide care to their elders include adult children' work-required migrations, busy work schedules, and women being into the labor force (Zhan, Liu, Guan, & Bai, 2006; Zhan, 2004). While adult children work and live far away from their older parents' residences, they normally express low willingness to abandon their jobs for the purpose of providing familial care (Zhan, 2004). In such situations, elders in small families may have nobody to rely on, unlike elders aged in multi-children or extended families in older times that have several children or relatives nearby to depend on (Zhan, Liu, Guan, & Bai, 2006; Bartlett & Phillips, 1997). Even for those adult children who live together with their older parents, busy work schedules also can make it inconvenient for them to offer familial care. Adult children may have to spend much time on commuting between work places and homes, leaving early and returning home late. Sometimes, they may work late at night and stay overnight at workplaces. Their parents may feel lonely and some who need constant medical care, such as stroke patients, may feel helpless during the day time when children are gone to work. In Zhan and colleagues' (2006) study, 57% of the 265

interviewed residents in elder care homes reported that their adult children' being too busy to provide home care was the reason for them to move into elder care homes. This influence of busy work schedule becomes more prominent after more and more women enter the labor force and get out of their traditional role of staying at home to care for elders (Zhan, Liu, Guan, & Bai, 2006; Leung, 2002). Those employed women might well be exhausted after working all day long and lack time and energy to properly attend to the needs of elders, especially when they have their own children to give care and attention to at the same time.

In a word, the traditional pattern of familial elder care is encountering challenges. Though adult children, including the only children generally express their willingness to provide their older parents with familial care, many have difficulty to realize how family size, distance, work, and altered roles may constrain their good intentions. As a result of the ongoing and increasing unavailability of family members for familial care, the Chinese government has begun to promote the development of institutional elder care.

**The Development of Institutional Elder Care in China**

Institutional elder care industry in China is still in its early stage of development. It is hard to sort the institutions to be nursing homes, assisted-living facilities, or retirement homes. These institutions could all be named elder care homes, offering at least accommodation and advanced or poor medical care to the older residents (Zhan, Liu, & Bai, 2005). The development of institutional elder care in China is a long and slow process. There were few institutions for elder care prior to 1949 (Gu, et al., 2007). In the 1950s, the Chinese government began to establish elder care homes, which exclusively cared for childless older adults who needed daily assistance, as a part of the social welfare (Zhan, Liu, Guan, & Bai, 2006). Until the 1990s,

residents in the elder care homes were primarily those who had no children, no relatives, and no income, often referred to as “three-no” elders (Chen, 1996, p. 115). In order to meet the increasing needs of the giant aging population, the elder care homes started to accept older adults who could afford the expenses for the facility services. Elder care institutions offering multiple services also emerged, including accommodation, medical care, adult education, and entertainment programs (Zhan, Liu, & Bai, 2005). So far, according to the ownership, there are two types of elder care institutions in China. One type is funded by the government at different levels. This kind continue to provide welfare services for the “three-no” elders while extending its service to elders whose family members are unavailable. The other type is privately sponsored, including for-profit and non-profit ones (Chen, 1996, p. 115; Zhai & Qiu, 2007). The government-owned elder care institutions receive more financial support from the government and reportedly, provide better services than do private ones (Zhan, Liu, Guan, & Bai, 2006).

Though the aging population enlarges rapidly in China, however, the prevalence of institutionalization is still low. The “Three-no elders” still account for a noticeable proportion of the residents in these institutions in rural China (Gu et al., 2007). Most elders and their families are used to familial care and aging at home (Zhan, Liu, Guan, & Bai, 2006). But as new options open up and family situations change, it is reasonable to expect that more and more families will have to use institutional care as an option. Therefore, it is meaningful to understand what factors make Chinese elders in need of institutional care and influence their willingness to use institutional elder care.

Next, this chapter reviews existent literature in China concerning the factors affecting Chinese elders’ need and willingness to use institutional elder care.

# Literature Review

## Poor Health Status and Unavailability of Familial Care

Previous research identified poor health status as an important factor leading to Chinese elders using institutional care (Woo, Ho et al. 1994; Gu, Dupre et al. 2007; Zhai and Qiu 2007). Woo and colleagues (1994) pointed out that "poor cognitive function, measures of functional disability, poor vision, Parkinson's disease, stroke, and past fractures are positively associated with institutionalization" (p. 307). Gu and colleagues (2007) also found that the institutionalized older adults in China have more health problems than their counterparts who live at home. In their study, compared to the oldest-old who live at home, the oldest-old who reside in elder care homes were "1.9 times more likely to be daily activities disabled, 1.6 times more likely to be cognitively impaired, and at 1.5 times the risk of having one or more chronic diseases" (Gu, et al., 2007, p.876). This echoes Zhai and Qiu's (2007) report that the oldest-old who suffered from physical disabilities, and/or cognitive impairments more often lived in elder care homes than in their own homes.

However, whether Chinese elders who have health problems are willing to use institutional care to a large extent hinges on the familial care being available or not. Older adults who had available familial care were more willing to stick to the age-at-home pattern as they have been for thousands of years (Gu, et al., 2007; Zhan, Liu, Guan, & Bai, 2006). It was consistently reported that Chinese older adults who were childless or had no children nearby were more likely to move into elder care homes than were those who had adult children nearby to care for them (Chu & Chi 2008; Gu, 2007; Zhai & Qiu, 2007; Zhan, Liu, & Guan, 2006; Zhan, Liu, Guan, & Bai, 2006; Zhan & Montgomery, 2003). In Zhan and colleagues' (2006) study, 57%

of the 265 interviewed residents in elder care homes reported that their adult children' being too busy to provide home care was the reason for them to move into elder care homes.

In addition, in China, lack of familial care does not necessarily lead to using institutional care. Some older adults, who stick to the familial care tradition, would possibly insist on living with their adult children, despite their children having no time to care for them (Gu, et al., 2007). In other cases, elders who have difficulty in adjusting to a new environment would choose to live alone rather than moving into elder care homes (Zhan, Liu, Guan, & Bai, 2006). One study based on urban areas in China reported that about half of those elders who need some levels of assistance indeed lived alone by themselves (Zhan & Montgomery, 2003). In a word, poor health status and lack of familial care are found to be related with the willingness of using institutional care, but not the determinants.

**Manage Further Health Decline and Elders' Evaluation on Elder Care Homes**

While health care requirement and lack of familial care make elders think about whether they are willing to use institutional care, Ball and colleagues (2004) suggested that the institutions' ability to manage further health decline would enhance elders' willingness to live in assisted living facilities. However, a previous research in China found that improvements in health after moving into elder care homes only increased elders' evaluation on elder care homes and high evaluation was not related with elders' willingness to stay in elder care homes (Zhan, et al., 2006). In Zhan and colleagues' (2006) study, 67% of the 265 interviewed elder-home residents reported improvements in their physical health after moving to the elder care homes, 75.6% in their emotional health. These residents, thus, did give the institutions higher rating. Though 66% of all respondents expressed willingness to stay in elder care homes compared to at

home, regression analysis showed that residents' evaluation of elder care homes' service was not related to their willingness to use institutional cares (Zhan, Liu, & Guan, 2006). In this case, it was not the health improvements and high evaluation, but other factors that enhanced the residents' willingness to use institutional care, like being widowed and financial affordability (Zhan, Liu, & Guan, 2006). This study examined whether Chinese elders' evaluation on elder care homes may influence their willingness to move in elder care homes.

**Marital Status**

Earlier research has identified marital status as an important predictor of using institutional care among Chinese elders (Woo, Ho, Lau, & Yuen, 1994). Based on their study, Gu and colleagues (2007) found that, in China, older adults with a spouse were 90% less likely to be institutionalized than those who were not married. Zhan and colleagues (2006) reported that widowed elders, even those who were physically independent, were more willing to stay in elder care homes instead of being left at home. The reason quite possibly was the widowed elders may feel lonely at home and living in an elder home benefited their physical and emotional well-being (Zhan, Liu, & Guan, 2006).

**Financial Affordability**

When older adults think about moving to elder care homes, they inevitably take into account their ability to pay for the accommodation and medical care services. As a result, existing research often examines the influence of financial affordability upon older adults' willingness to use institutional care. Zhan and colleagues (2006) pointed out that the cost for the facility service was negatively associated with Chinese elders' willingness for moving into elder

care homes. Older adults who could not afford the expenses and who were not financially independent preferred to stay at home. On the contrary, the financially independent Chinese elders, mainly the baby boomers who live in urban areas, are freer to decide to move into elder care homes when they are not satisfied with current living environments or when they feel lonely (Zhan, Liu, Guan, & Bai, 2006; Zhan & Montgomery, 2003).

If this is the case, medical insurance is supposed to be considered when testing the influence of financial affordability upon Chinese elders' willingness to use institutional care. The reason is that "government-owned and community-owned elder care homes tend to enjoy an advantage over the privately-owned elder-care homes through their affiliation with hospitals" (Zhan, Liu, & Bai, 2005, p. 168). In these hospitals, residents of government-owned and community-owned elder care homes who have medical insurance are qualified for discounts on their medical expenses (Zhan, Liu, & Bai, 2005). Elders who have medical insurance, thus, may be more willing to use institutional care.

**Older Adults' Education Attainment and Knowledge about Elder Care Homes**

The influence of elders' education background upon their willingness to use institutional care is seldom reported in studies, even in Western societies. Some data showed that institutional older adults had higher education attainments than did the average older people in U.S (Morgan, Gruber-Baldinin, & Magaziner, 2001, p.150). Two reasons might account for this phenomenon. One is elders who are better educated have more income resources. They can afford the expenses in elder care institutions, especially in those offering advanced and expensive services. Another reason could be elders with higher education background know more about institutional care and are more open to accept it. They may have more accesses to realize the quality of various facility

services and choose those they really need and can trust in. This study examined the influence of Chinese elders' education background upon their willingness to live in elder care homes.

In addition, Chinese elders usually consider living in elder care homes as a shame as if these places are only for childless elders or those who are not loved by their families. The negative attitude toward institutional elder care has contributed to most Chinese elders' unwillingness to accept institutional care (Shang 2001). It is possible that, however, if Chinese elders know more about institutional care, they are more likely to change their attitudes and more willing to accept it. Zhan and colleagues (2006) has reported that Chinese elders who knew elder care homes better were more easily to accept institutional elder care. This study also tested the influence of Chinese elders' knowledge about institutional care upon their willingness to use institutional care.

**Age**

Existing research provided evidence that age is associated with Chinese elders' likelihood to use institutional care. However, there is a contradiction between the findings based on mainland China and those based on Hong Kong area concerning whether age is positively or negatively related with using institutional care. Findings based on mainland China showed that residents in elder care homes were slightly younger than their counterparts who lived in communities, and the oldest-old were the least likely to move into elder care homes (Gu, et al., 2007; Zeng & George, 2000). Using data obtained from the Chinese Longitudinal Healthy Longevity Survey, Gu and colleagues (2007) detected that, among Chinese elders aged 80 and plus, "for every one year older, there was a 11 percent reduction in using institutional elder care" (p. 876). In contrast, findings based on Hong Kong area revealed that age was positively related

to the likelihood of using elder care institutions (Woo et al., 1994). Woo and colleagues (1994) interviewed 2032 elders aged 70 and over, accounting for over 90% of this age group in Hong Kong, with a 60% response rate. The prevalence of institutionalization in this group increased with age. The prevalence of the 80+ group was almost four times as that the 70 to79 age group.

Two reasons may account for the unwillingness of the older and oldest elders in mainland China to use institutional care. One is they do not have much pension. They cannot afford institutional care, so they have to rely on their adult children, the baby boomers, to provide care at home (Zhan & Montgomery, 2003). Another reason is that familial care tradition roots deeply in their minds and they have high expectations for familial care. The baby boomers themselves are also often willing to support their parents to age at home (Shang, 2001; Zhan & Montgomery, 2003). Family situations may be quite different in Hong Kong, China, where the people may be more open to the institutional elder care.

**Gender**

Gender variation has also been identified as an important factor associated with Chinese elders' likelihood to use institutional care. Similar to the age factor, there is also a contradiction between findings based on mainland China and those based on Hong Kong. The former observation suggested that institutionalized older adults were more likely to be males (Gu, et al., 2007; Zeng & George, 2000). The latter finding, however, revealed that, in Hong Kong, older females were more likely to move into elder care homes (Woo et al., 1994). In Woo and colleagues' (1994) study of factors associated with institutional living, of all the 2032 Hong Kong participants aged 70 and over, 21% of women lived in institutions, compared to 7% of men. One reason leading to the contradiction might be, in Hong Kong, older females live longer than

older males, so there are more female elders living in elder institutions. Another reason may be that older females in mainland China were often unemployed when they were young and now they have little pension. These older females are more economically dependent on familial care than their male counterparts. They, thus, are not willing to move into elder care homes (Zhan & Montgomery, 2003).

This study considers all the factors reviewed above more or less influence Chinese elders' willingness to use institutional elder care and examines whether the influences exist.

## Theoretical Frameworks

### Political Economy Perspective of Aging

The political economy perspective of aging emphasizes that the large social context, consisting of the political, economic, and social conditions as well as the ideology, shapes individuals' aging experiences (Estes, 2001). This perspective, firstly, helps understand when the traditional familial care is becoming increasingly unavailable because of the changes in family structure and economic conditions, the Chinese elders and their families are turning to institutional elder care (Zhan, Liu, Guan, & Bai, 2006). The carry-out of one-child policy results in Chinese families shrinking in size. In such small families, adult children, even the daughters-in-law, who were the primary care-givers, are too busy to provide familial care. The traditional familial care is becoming increasingly unavailable and who will care for Chinese elders is becoming a societal problem. At the same time, market economy and government's encouraging policies have been propelling the development of institutional elder care industry in China. To age in elder care homes is becoming an option for Chinese elders (Zhan, Liu, Guan, & Bai, 2006; Zhan, Liu, & Guan, 2006; Lam, 2006; Bartlett & Phillips, 1997). In a word, Chinese elders are

experiencing a transformation in elder care pattern and it is the background for this research. The political economy perspective, secondly, attracts our attention to the dilemma between the increasing demands for institutional care among Chinese older adults and the lasting low institutionalization prevalence. It implies that, within the big social changes regarding elder care, some factors influence Chinese elders' willingness to use institutional care. As a result, this study explores the major factors which affect Chinese older adults' willingness to use institutional elder care at social, familial, and personal levels.

**Intergenerational Solidarity Model**

The literature reviewed above implies that lack of familial care, widowed elders' being lonely and elders' expectation for familial care may have important influence on Chinese elders' willingness to use institutional care. This study will also place emphasis on the intergenerational factors and, thus, will inevitably draw on intergenerational solidarity model. This model "characterizes the behavioral and emotional dimensions of interaction, cohesion, sentiment, and support" between generations (Bengtson, 2001, p.236). In the longitudinal study of generations in the U.S., six dimensions of this model have been examined: affectual, associational, normative, structural, consensual, and functional solidarity. Affectual solidarity is about self-rated family relationship. Associational solidarity refers to the type and frequency of contact between generations. Normative solidarity is the elders' expectation and confidence in adult children fulfilling the filial piety. Structural solidarity means the geographic distance between intergenerational family members which may or may not affiliate their interaction. Consensual solidarity refers to the agreement in opinions and values across generations. Functional solidarity is about the reciprocal support, either financial or emotional, between intergenerational family

members (Bengtson, 2001). This study only utilized associational, normative, and structural solidarity to examine the influence of intergenerational factors upon Chinese elders' willingness to use institutional elder care (Bengtson, 2001). The affectual, functional and consensual dimensions were not used in this study because it was hard to get useful and valid information concerning these three dimensions from the data used.

## Research Questions and Hypotheses

With the insights from political economy perspective of aging and intergenerational solidarity as well as reviewed literature, this study examined the major factors related with Chinese older adults' willingness to use institutional elder care. These factors were grouped into three conceptually different categories: individual, intergenerational, and social factors. Four research questions were raised about these different groups of factors. These questions were: 1) what individual/personal factors (such as age, gender, marital status, educational level, health, and having children) influenced elders' levels of willingness to accept institutional care? 2) did the changing dynamics of living arrangements (having children living nearby or not) influence elders' level of willingness to accept institutional care? 3) how did intergenerational relationship influence elders' willingness? Specifically, were elders who have less frequent contact with children more likely to express higher willingness to accept institutional? And finally 4) did social factors, such as having pensions or health care insurance or not, whether or not elders have knowledge about the availability of institutions in the neighborhood, influence elders expressions of willingness toward institutional care? With the background knowledge based on the literature and the culturally grounded questions, four groups of hypotheses corresponding to the four questions above were proposed:

Hypothesis 1: Individual factors influence elders' level of willingness to accept institutional care.

1a: The older the age, the greater the level of willingness the respondents express.

1b: Female elders, compared to their male counterparts, are less willing to accept institutional care.

1c: Married elders are less willing to use institutional care than are elders of other marital status.

1d: Elders with higher levels of education are more willing to accept elder care.

1e: Elders with poorer health are more willing to accept institutional care compared to those with better health.

1f: Childless elders are more willing to use institutional care than are the elders who have children.

Hypothesis 2: Living arrangements influence elders' level of willingness for institutional care.

2a: Elders who have children living together or nearby are less willing to accept institutional care.

2b: Elders who have all children living far away are more willing to accept institutional care.

Hypothesis 3: Intergenerational relationship influences elders' level of willingness to accept institutional care.

3a: Elders who have more frequent contact with adult children are less likely to express willingness to accept institutional care.

3b. Elders who are not confident of children providing familial care are more willing to use institutional care.

Hypothesis 4: Socio-economic factors influence elders' willingness to accept institutional care.

4a: Elders who have a pension are more likely to accept institutional care.

4b: Elders who have medical insurance are more likely to accept institutional care.

4c: Elders who have more knowledge of available elder care institutions are more willing to use institutional care.

4d: Elders who have better impression on elder care homes are more willing to live in elder care homes.

# CHAPTER II METHODOLOGY

## Site and Sample Selection

The data used in the current study was collected from a survey over the intergenerational relationships and age models done in Zhenjiang City, Jiangsu province, China, by the Zhanjiang Population and Family Planning Committee in 2007. Zhenjiang city has 7 administrative districts with a population of 3 million in 2007. People aged 65 and over accounted for 10.93% at the time. The survey selected 2000 urban residents from the 7 administrative units. In order to make the sample as representative of the population's real age distribution as possible, the study targeted roughly equal numbers of participants distributed in three age groups, 18≤ age ≤39, 40 ≤ age ≤ 59, and age ≥ 60/. The participants were asked to fill out a questionnaire concerning intergenerational relationships and elder-care models. Eventually 1612 completed the questionnaire. Among them 781 were males (48.4%) and 831 females (51.6%). The respondents aged 29 and below accounts for 12.9% of the sample, 30-39, 22.3%;, 40-49, 18.5%;, 50-59, 13.8%; 60-69, 22.5%; and 70 and plus, 9.9% respectively. This study only used data from the responses of participants aged 55 and over (N=628, including 310 males and 318 females). Fifty-five is the normal age for female workers and a median age for male workers to retire in China (Ministry of Human Resources and Social Security of the People's Republic of China, 1999).

## Measures

Using the data, the study examined the influence of factors at personal, familial and social-economic levels upon Chinese older adults' willingness to use institutional care. The variables, codes, and Cronbach's Alpha of several computed variables are shown in Table 1 below.

Table 1: Categories and Codes of Variables

| Variable | | Metric | Cronbach's Alpha |
|---|---|---|---|
| *Dependent Variable* | | | |
| Willingness to Use Institutional Elder Care | | 5= willing, 4=somewhat willing<br>3=does not matter or hard to say<br>2=not very willing, 1=not willing | |
| *Individual Variables* | | | |
| Age | | age ≥55 | |
| Gender | | 1=female, 0=male | |
| Marital status | | 1= married, 0= other | |
| Educational Background | | 6=college and above, 5=occupational school<br>4=high school, 3=middle school, 2=primary school<br>1=illiteracy or almost illiteracy | |
| The Number of Children The Respondents Have | | 5 = five children, 4 = four children, 3 = three children,<br>2 = two children, 1 = one child, 0 = childless | |
| Health Status | self-rated health status | 4= very good, 3= good, 2= just so so<br>1=terrible or bad | |
| | ADL | 1=have ADL problem,<br>0=not have ADL problem | .956 |
| | IADL | 1=have IADL problem,<br>0=not have IADL problem | .812 |
| *Intergenerational Variables* | | | |
| Older Parents' Living Arrangement | | 0 = all children living far away<br>1 = having children living together or nearby | |
| Intergenerational Communication Frequency | | 5= frequently, 4= often, 3= fairly often,<br>2=occasionally, 1= rarely | |
| Elderly' Confidence in Children Fulfilling Filial Responsibility | | 5=very confident, 4=confident, 3=hard to say,<br>2=not confident enough, 1=no confidence | |
| *Social Variables* | | | |
| Pension | | 1=have pension, 0= have no pension | |
| Medical Insurance | | 1=have, 0=not have | |
| Knowledge about Elder Care Homes | | 3=know well, 2=know a little<br>1=do not know | |
| Impression on Elder Care Homes | | 5=very good, 4=good,<br>3=normal or hard to say, 2=bad, 1=terrible | |

The dependent variable, Chinese older adults' (55+) willingness for using elder care institutions, was coded as 5= willing, 4= somewhat willing, 3= does not matter or hard to say, 2= not very willing, 1= not willing.

Individual background variables include age, gender, marital status, educational background and health status. Age was measured by the number of years since birth (age≥ 55). Gender was coded as 1=female, 0=male. Marital status was coded as a dummy variable (1=married, 0=other; "other" including widowed, divorced, single, and living together). Educational background was coded from lowest level to highest level respectively (1=illiteracy or almost illiteracy, 2=primary school, 3=middle school, 4=high school, 5=occupational school, and 6=college and above). The variable group, health status, included self-rated health status (1=terrible or bad, 2= just so so, 3= good, 4= very good), having problem or not in activities of daily living (ADL) (1=have problem, 0= have no problem) and having problem or not in instrumental activities of daily living (IADL) (1=have problem, 0= have no problem). ADL was a composite variable. It was calculated by adding up the scores of each activities of eating, bathing, walking, using restroom, or setting in and out of bed (all coded as 1=have problem, 0= have no problem). The sum, ranging from 0 to 5, was coded as the value of each case in ADL (score 0 meaning having no problem; scores 1 to 5, recoded as 1, referring to having problem). Since ADL here was a composite variable, a test of its reliability was performed. According to the test result, the Cronbach's Alpha of ADL was at 0.956. IADL was computed by adding up climbing stairs, dealing with easy housework and transportation in the same way. The Cronbach's Alpha of IADL was at 0.812.

Intergenerational variable group contains three variables: older parents' living arrangement (0 = all children living far away, 1 = having children living together or nearby),

intergenerational communication frequency (5= frequently, 4= often, 3=fairly often, 2=occasionally, 1= rarely), and the elders' confidence in Children fulfilling their filial responsibility (+5= very confident, +4= confident, 3= hard to say, +2= not confident enough, +1= no confidence). The variable, older parents' living arrangement was computed by adding up the first child's living distance, the second's till the fifth child's living distance (for the living distance, 6=living nearby or together, 1=living far away or, 0= missing; living far away, referring to children living in different administrative districts, cities or provinces, requiring at least 2 hours or more travel one-way; living together or nearby, referring to living together, on the same street, in the same neighborhood, district, or city). I then recoded the sum of the addition (0 = missing, 1 to 5 =all children living far away as 0, ≥6 = having children living together or nearby as 1). Intergenerational communication frequency regards how often older parents and their children chat, visit or phone-call each other. The frequency was self-rated by the older respondents.

Socio-economic variable group includes five variables: pension (1=have pension, 0= have no pension), having medical insurance or not (1=have, 0=not have), knowledge about elder care institutions (3=know well, 2=know a little, 1=do not know), and impression on elder care institutions (5=very good, 4=good, 3=normal or hard to say, 2=bad, 1=terrible).

## Data Analysis

With the help of SPSS 16.0, I used non-parametric statistics to conduct data analyses, since I cannot make any assumptions about the population distribution. The analysis began with frequency distribution and descriptive statistics of all tested variables. Secondly, Zero-order correlation analysis was conducted to understand inter-relationship between each independent

and dependent variable. A zero-order correlation means that there is no relationship between the two variables. In the third step, statistically significant and theoretically important factors were selected in the final analysis. Because the dependent variable "willingness to use institutional care" was a categorical dependent variable and the independent variables were metric or dummy ones, multi-nominal logistic regression technique was appropriate for the analysis. The regression analysis was conducted by entering four conceptually different groups of variables into the equation step by step to understand the extent of impact of each group of variables. A *p* value less than .05 was required for significance.

# CHAPTER III RESULTS

## Characteristics of the Respondents

As shown in Table 2, among the 628 respondents, 49.4% were male, 50.6% female. Their age ranged from 55 to 91. Most of them (88.2%) were under age 75; their mean age was 65.6. About four fifths (78.7%) of them were married. The vast majority of them (81.8%) had less than middle school education. Only 2.5% respondents were childless and most of them (81.5%) had 2 or more children. As for the financial status, nearly one third of the respondents had no pension and 87.3% of them had a medical insurance. Regarding their self-rated health, the majority of respondents (93.1%) did not report health problems. Accordingly, only 11.1% of the respondents had ADL problems, 17.8% with IADL problems. With regard to living arrangements, 85.9% of the respondents either lived with their children or had children living nearby. Most respondents (87.4%) had fairly often or more frequent contact with their adult children and 74% of the respondents were confident that their children would provide them with familial care in their late lives. More than half (67.8%) of the respondents knew little or hardly anything about elder care homes. About 49.1% had good or very good impressions over elder care homes. Among all the respondents, 8.7% of them answered they were willing to use institutional care, 13.7% somewhat willing, 28.9% “does not matter or hard to say”, 19.3% not very willing, 29.4% not willing.

Table 2: Characteristics of the Respondents (N=628)

| Variables | | Frequency | Valid Percent | Mean | St. deviation |
|---|---|---|---|---|---|
| Age | | | | 65.60 | 6.923 |
| | 55-64 | 322 | 51.3 | | |
| | 65-74 | 232 | 36.9 | | |
| | 75 and above | 74 | 11.8 | | |
| | missing | 0 | | | |
| Gender | | | | .51 | .500 |
| | male | 310 | 49.4 | | |
| | female | 318 | 50.6 | | |
| | missing | 0 | | | |
| Marital Status | | | | .79 | .410 |
| | married | 492 | 78.7 | | |
| | other | 133 | 21.3 | | |
| | missing | 3 | | | |
| Educational Background | | | | 2.50 | 1.142 |
| | illiteracy or almost illiteracy | 134 | 21.8 | | |
| | primary school | 188 | 30.5 | | |
| | middle school | 182 | 29.5 | | |
| | high school | 82 | 13.3 | | |
| | occupational school | 24 | 3.9 | | |
| | college and above | 6 | 1.0 | | |
| | missing | 12 | | | |
| The number of children the respondents have | | | | 2.53 | 1.196 |
| | childless | 16 | 2.5 | | |
| | one child | 100 | 15.9 | | |
| | two children | 216 | 34.4 | | |
| | three children | 176 | 28.0 | | |
| | four children | 69 | 11.0 | | |
| | five children | 51 | 8.1 | | |
| | missing | 0 | | | |
| Pension | | | | .73 | .444 |
| | have no pension | 119 | 26.9 | | |
| | have pension | 323 | 73.1 | | |
| | missing | 186 | | | |

Table 2: Characteristics of the Respondents (N=628)

| Variables | | Frequency | Valid Percent | Mean | St. deviation |
|---|---|---|---|---|---|
| Medical insurance | | | | .87 | .333 |
| | have no medical insurance | 77 | 12.7 | | |
| | have a medical insurance | 530 | 87.3 | | |
| | missing | 21 | | | |
| Self-rated Health status | | | | 2.69 | .835 |
| | terrible or bad | 38 | 7.0 | | |
| | just so so | 183 | 33.8 | | |
| | good | 228 | 42.1 | | |
| | very good | 93 | 17.2 | | |
| | missing | 86 | | | |
| ADL | | | | .11 | .314 |
| | have no problem | 370 | 88.9 | | |
| | have problem | 46 | 11.1 | | |
| | missing | 212 | | | |
| IADL | | | | .18 | .383 |
| | have no problem | 342 | 82.2 | | |
| | have problem | 74 | 17.8 | | |
| | missing | 212 | | | |
| Elders' living arrangement | | | | .86 | .349 |
| | all children living far away | 86 | 14.1 | | |
| | having children living together or nearby | 522 | 85.9 | | |
| | missing | 20 | | | |
| Intergenerational communication frequency | | | | 3.45 | .948 |
| | rarely | 18 | 2.9 | | |
| | occasionally | 59 | 9.6 | | |
| | fairly often | 249 | 40.6 | | |
| | often | 201 | 32.8 | | |
| | frequently | 86 | 14.0 | | |
| | missing | 15 | | | |

Table 2: Characteristics of the Respondents (N=628)

| Variables | | Frequency | Valid Percent | Mean | St. deviation |
|---|---|---|---|---|---|
| Confidence in children providing familial care | | | | 3.98 | .939 |
| | no confidence | 9 | 1.5 | | |
| | not enough confidence | 35 | 5.7 | | |
| | hard to say | 115 | 18.8 | | |
| | confident | 250 | 40.9 | | |
| | very confident | 202 | 33.1 | | |
| | missing | 17 | | | |
| Knowledge about institutional care | | | | 1.95 | .836 |
| | do not know | 231 | 37.7 | | |
| | know a little | 184 | 30.0 | | |
| | know well | 198 | 32.3 | | |
| | missing | 15 | | | |
| Impression on institutional care | | | | 3.60 | .739 |
| | terrible | 1 | .2 | | |
| | bad | 7 | 1.5 | | |
| | normal or hard to say | 228 | 49.1 | | |
| | good | 167 | 36.0 | | |
| | very good | 61 | 13.1 | | |
| | missing | 164 | | | |
| Willingness | | | | 2.53 | 1.280 |
| | not willing | 178 | 29.4 | | |
| | not very willing | 117 | 19.3 | | |
| | does not matter or hard to say | 175 | 28.9 | | |
| | somewhat willing | 83 | 13.7 | | |
| | willing | 53 | 8.7 | | |
| | Missing | 22 | | | |

## Zero-order Correlation Analysis

Zero-order correlation analysis ($p<.05$ required) was employed in this study to understand the relationship between each independent variable and the dependent variable without controlling for other independent variables. The results are shown in Table 3 below.

Table 3: Bivariate Correlations of All Variables

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 1 | | | | | | | | | | | | | | | |
| 2 | -.028 | 1 | | | | | | | | | | | | | | |
| 3 | -.016 | .041 | 1 | | | | | | | | | | | | | |
| 4 | .022 | -.309** | -.167** | 1 | | | | | | | | | | | | |
| 5 | .126** | -.239** | -.300** | .218** | 1 | | | | | | | | | | | |
| 6 | -.088* | .384** | .110** | -.166** | -.229** | 1 | | | | | | | | | | |
| 7 | .036 | -.066 | -.255** | .123** | .415** | -.186** | 1 | | | | | | . | | | |
| 8 | .003 | -.060 | -.092* | .045 | .158** | -.059 | .151** | 1 | | | | | | | | |
| 9 | .012 | -.072 | -.203** | .035 | .105* | -.054 | .277** | .026 | 1 | | | | | | | |
| 10 | -.037 | .044 | -.014 | .023 | .076 | -.054 | .046 | -.016 | -.103* | 1 | | | | | | |
| 11 | -.060 | .254** | .058 | -.099* | -.034 | .074 | -.066 | -.090 | -.266** | .538** | 1 | | | | | |
| 12 | -.088* | .029 | .008 | -.065 | -.294** | .208** | -.188** | -.018 | -.024 | -.145** | -.036 | 1 | | | | |
| 13 | -.004 | -.102* | .086* | .045 | .188** | -.041 | .206** | -.010 | .080 | -.048 | -.087 | -.088* | 1 | | | |
| 14 | -.096* | -.032 | .046 | .092* | -.024 | .094* | .085 | .039 | .215** | -.039 | -.007 | .061 | .251** | 1 | | |
| 15 | .224** | -.138** | -.075 | .000 | .166** | -.059 | .105* | .089* | .090* | -.020 | -.087 | -.017 | .098* | .123** | 1 | |
| 16 | .290** | -.013 | -.071 | .020 | -.015 | -.014 | -.041 | -.138** | .087 | -.093 | -.067 | .096* | -.019 | .234** | .394** | 1 |

1-willingness to use institutional care; 2-age; 3-gender (female); 4-marital status (married); 5-educational background; 6-number of children the respondents have; 7-pension (have); 8-medical insurance (have); 9-self-rated health; 10-ADL (have); 11-IADL (have); 12-elders' living arrangement (having children living together or nearby); 13-intergenerational communication frequency; 14 - confidence in children providing familial care; 15-knowledge about institutional care; 16-impression on institutional care;

**. Correlation is significant at the 0.01 level (2-tailed). *. Correlation is significant at the 0.05 level (2-tailed).

When no other variables were controlled for, the following independent variables had little, if any, correlation with the dependent variable, elders' willingness to use institutional care. Elders' educational background had a weak and positive relationship (r=.126) to the dependent variable at a .01 significance level. Elders with higher educational background were more willing to use institutional care compared to those with lower educational background. The number of children that respondents had was negatively (r=-.088) related to the dependent variable at a .05 significance level. Elders with more children were less willing to use institutional care than were elders with fewer children. Elders' living arrangement was negatively related (r=-.088) to the dependent variable at a .05 significance level. Chinese elders who had children living together or nearby were less willing to use institutional care compared to those who had all children living far away. Elders' confidence in children providing familial care had a negative relationship (r=-.096) with the dependent variable at a .05 significance level. The less confident they were, the more willingness they expressed to move into elder care homes. Elders' knowledge about institutional care (r=.22) and impressions on institutional care (r=.29) had positive relationships with the dependent variable at a .01 level. Chinese elders who knew more about or had better impressions on institutional care were more willing to move into elder care homes.

## Multi-nominal Logistic Regression Analysis

In the final analysis, multivariate regression analysis was conducted using multi-nominal logistic regression analysis. Regression results (see Table 4) showed that Chinese elders': gender, confidence in the availability of familial care, knowledge about and impressions of elder care homes' services were related to their willingness to use institutional care at a statistically significant level.

Table 4 B and Exp (B) in the Multi-nominal Regression Analysis

| Independent Variables (N=628) | Willingness to Use Institutional Elder Care | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | Not Very Willing | | Does Not Matter or Hard to Say | | Somewhat Willing | | Willing | |
| | B | Exp (B) | B | Exp (B) | B | Exp (B) | B | Exp (B) |
| *Background Variables* | | | | | | | | |
| Age | -.003 | .997 | -.056 | .945 | .020 | 1.020 | .067 | 1.070 |
| Gender (Female) | -.656 | .519 | -.102 | .903 | -.283 | .753 | -1.884* | .152 |
| Educational Background | .288 | 1.333 | .191 | 1.211 | .427 | 1.532 | -.204 | .861 |
| Marital Status (Married) | .241 | 1.272 | .393 | 1.482 | .750 | 2.116 | 1.247 | 3.481 |
| Number of Children | -.216 | .806 | -.042 | .959 | -.108 | .897 | -.073 | .929 |
| Pension (Have) | .292 | 1.339 | .608 | 1.837 | -.697 | .498 | .692 | 1.998 |
| Medical Insurance (Have) | .957 | 2.605 | .625 | 1.868 | 2.355 | 10.539 | 1.425 | 4.160 |
| Health Status | | | | | | | | |
| Self-rated Health Status | -.301 | .740 | -.137 | .872 | -.524 | .592 | .171 | 1.187 |
| ADL (Have) | 1.403 | 4.067 | .603 | 1.827 | 1.120 | 3.065 | 2.485 | 12.003 |
| IADL (Have) | .757 | 2.132 | .747 | 2.110 | .095 | 1.100 | -.520 | .594 |
| *Familial Variables* | | | | | | | | |
| Confidence in Children Providing Familial Care | -.920** | .399 | -.803** | .448 | -1.241*** | .289 | -1.773*** | .170 |
| Intergenerational Communication Frequency | -.203 | .817 | .155 | 1.168 | .153 | 1.165 | .633 | 1.882 |
| Elders' Living Arrangement (Have Children Living Together or Nearby) | -1.232 | .292 | -.068 | .935 | .706 | 2.026 | -1.398 | .247 |
| *Social Variables* | | | | | | | | |
| Knowledge About Institutional Care | .057 | 1.059 | -.326 | .722 | .189 | 1.207 | 2.381* | 10.818 |
| Impression on Institutional Care | .256 | 1.291 | .495 | 1.641 | 1.040** | 2.831 | 2.812*** | 16.642 |

a. The reference category is: not willing.
b. This parameter is set to zero because it is redundant.
***p<.001; **p<.01; *p<.05

**Gender**

As shown in Table 4, gender was related to Chinese elders' willingness to use institutional care. Male elders were less likely to report "willing to accept institutional care" compared to their female counterparts.

**Elders' Confidence in Children Providing Familial care**

Chinese elders' confidence in their adult children' provision of familial care had a very strong and negative relationship with their willingness to move into elder care homes. Chinese elders who were more confident of their children' provision of familial care expressed less willingness to move into elder care homes.

**Knowledge about Elder Care Homes**

Chinese elders' knowledge about elder care homes was positively related to their willingness to accept institutional care. Results in Table 4 demonstrates that for 1 standard deviation (.836) increase in elders' knowledge about elder care homes, the probability that Chinese elders reported "willing" increased by 9.82 times.

**Elders' Impression over Elder Care Homes**

Chinese elders' impression on elder care homes had very strong and positive relationship with elders' willingness to accept institutional care. For 1 standard deviation (.739) increase in elders' impressions over elder care homes, the probability that Chinese elders reported "willing" increased by 15.64 times; the probability that Chinese elders reported "somewhat willing" increased by nearly 1.83 times.

In summary, the regression analysis explored the major factors influencing Chinese elders' willingness to accept elder care homes. The study found that male elders were less willing to use institutional care than were the female elders. This finding rejects that hypothesis that female elders, compared to their male counterparts, are less willing to accept institutional care. The study also found that elders' willingness to move into elder care homes was negatively related to elders' confidence in familial care, while positively associated with elders' knowledge about and impressions over elder care homes. The findings support the hypotheses that elders who are not confident of children providing familial care are more willing to use institutional care; elders with more knowledge of available elder care institutions are also more willing. The rest of independent variables were not found to be related to the dependent variable in this study.

# CHAPTER IV DISCUSSION

## Discussion

The purpose of this study was to explore the major factors that may affect Chinese older adults' willingness to use institutional care. Using multi-nominal regression analysis, this study finds that elders' knowledge about and impression on elder care homes are positively related to their willingness to use institutional care; their confidence in the availability of familial care is negatively associated with their willingness. These findings are consistent with the hypotheses. In addition, male Chinese elders in this study expressed lower levels of willingness to use institutional care than did female respondents. This finding is opposite to the hypothesis. This section offers explanation for these major findings using theoretical insights of political economy perspective of aging and intergenerational solidarity theory. It is followed by a discussion on possible interventions to increase the utility of institutional care and suggestions for future studies on this issue.

### Large Context and Elders' Knowledge about and Impression on Institutions

The political economy perspective of aging emphasizes that the large social context influences individuals' aging experiences (Estes, 2001). It helps understand why Chinese elders' knowledge about and impression on institutional care would influence their willingness to move into elder care homes. Chinese have been following the tradition that older adults age at home and adult children provide their parents with familial care. Elder care homes were established only to care for childless elders as a part of the social welfare until 1990s (Chen 1996, Shang, 2001). Most people in China may still consider elder care homes as places only for elders with no children or elders abandoned by their families. Adult children who place their parents in elder homes have been negatively regarded by the society. Recently, however, familial care is

increasingly unavailable, while institutional care is becoming an option for Chinese elders in the meantime. Family size has shrunk due to the one-child policy and there are fewer children to depend on within small families (Zhan & Montgomery, 2003). Adult children who work and live far away are less likely to be willing to give up their jobs in order to provide familial care. Adult children who live nearby might be too busy to provide familial care. Women' participation in the labor force reduces their chances of being primary caregivers at home (Zhan, Liu, Guan, & Bai, 2006; Zhan, 2004). Who will care for elders has become a social issue in China. To meet the demands, Chinese governments at all levels have been encouraging the development of elder care homes of all ownerships. Market economy has propelled the development of privately-sponsored elder care homes. The number of elder care homes has increased quickly targeting almost all elders in need of care (Zhan, Liu, Guan, & Bai, 2006; Zhan, Liu, & Guan, 2006; Lam, 2006; Bartlett & Phillips, 1997).

The prevalence of moving into elder care homes, nevertheless, is still low in spite of the decreasing availability of family care. The expectations for familial care, the societal negative view on institutional placement, and little knowledge about current institutional care, to a large extent, may have shaped elders' lack of willingness to accept elder homes. As a result, Chinese elders' knowledge about and impression on elder care homes were found to be factors influencing older adults' willingness to use institutional care in the regression analysis. As stated, for 1 standard deviation (.836) increase in elders' knowledge about elder care homes, the probability that Chinese elders reported "willing" increased by 9.82 times. For 1 standard deviation (.739) increase in elders' impressions over elder care homes, the probability that Chinese elders reported "willing" increased by 15.64 times; the probability that Chinese elders reported "somewhat willing" increased by nearly 1.83 times. The more Chinese elders know

about or the better impression they have on institutional care, the more willingness they express to move into elder care homes.

**Intergenerational Solidarity Model and Confidence in Availability of Familial Care**

Intergenerational solidarity model "characterizes the behavioral and emotional dimensions of interaction, cohesion, sentiment, and support" between generations (Bengtson, 2001, p.236). In other words, it consists of all the factors at familial levels which could influence important decision making between generations, like older parents moving into elder care homes or not. This model may help understand why Chinese elders' confidence in the availability of familial care was detected to affect their willingness to use institutional care. As mentioned above, there are six dimensions of the model: affectual, associational, normative, structural, consensual, and functional solidarity (Bengtson, 2001); only associational, normative, and structural solidarity were tested in this study. Results showed that only normative solidarity, elders' confidence in adult children providing familial care, was associated with Chinese elders' willingness to use institutional care. Respondents who were more confident of the availability of familial care expressed lower levels of willingness to move into elder homes. After all, Chinese people have been following the tradition of familial care for thousands of years. This finding is consistent with earlier findings that Chinese elders who have available familial care were more willing to choose ageing-at-home and less willing to choose institutional care (Gu, et al., 2007; Zhan, Liu, Guan, & Bai, 2006).

As for the other two examined dimensions, only structural solidarity, elders' living arrangement in this study, had little, if any, correlation ($r=-.088$) with the dependent variable at a .05 significance level, when not controlling for other variables. However, when other variables

were controlled for in the regression analysis, it was not associated with the dependent variable. The reason might be that the elders in this sample were primarily young-old or even younger (88.2%, see Table 1) and only a small proportion of them (11.1%) reported to need ADL assistance. In this sample, only 11.1% of the respondents had ADL problems. As a result, when the need for ADL assistance was controlled for, elders' living arrangement was not associated with their willingness to use institutional care. Admittedly, the small percentage may not accurately represent the reality of the general elderly population, particularly not those who may be needing assistance in daily living and at the stage of considering moving into an elder-care institution.

**Results of Factors at Personal Level**

The finding that male respondents expressed lower levels of willingness to accept institutional care than did their female counterparts was contrary to the hypothesis. This was also not consistent with the previous finding that residents in elder homes in mainland China were more likely to be males (Gu, et al., 2007; Zeng & George, 2000). The reason accounting for the result is not clear. It could be that the male respondents are more likely to have someone to take care of them. In this study, male respondents (85.7%) were more likely to be married than were the female respondents (72.0%). The couples are generally expected to take care of each other; men particularly may expect direct care from their wives. Male respondents, in this study, thus, were less willing to move into elder care homes.

Without controlling for other variables, elders' educational background had a positive, but weak, relationship (r=.126) with elders' willingness to accept institutional care at a .01 significance level. The number of children that respondents had was negatively (r=-.088),

associated with their willingness at a .05 significance level. When other variables were controlled for in the regression analysis, however, neither of these two independent variables was found correlated to older adults' willingness to accept institutional care. To know more about or have better impression on elder care homes may not necessarily require elders to have higher educational background. This may explain why education was not associated with the dependent variable when other variables were controlled for. Similarly, most of the respondents were relatively independent and do not need ADL assistance. The influence of "the number of children" on the dependent variable, thus, disappeared when ADL was controlled for. In addition, elders' having more children did not necessarily mean they could depend on familial care. When adult children are too busy with work and unable to provide familial care, their parents may still choose to use institutional care. This may be another reason for "the number of children" not being associated with the dependent variable.

## Interventions to Increase the Utility of Institutional Care

In the efforts to seek for explanations for the low utilization of elder care homes, this study found that elders who knew more about elder care institutions and who had better impressions on eldercare homes were more willing to move into eldercare homes. These findings may inform policy makers and eldercare home managers about the importance of reaching out to the community to battle against negative stereotypes and/or stigma against eldercare institutions. To successfully re-establish the new image of elder care institutions, first of all, elders as well as the whole Chinese society may need to recognize the fact that elder care homes are no longer places exclusively for childless or abandoned older adults. Instead, eldercare homes are places providing health care benefiting elderly residents physically and emotionally. Elders, either

having children or being childless, are accepted in elder care homes in China today. Secondly, community services may need to make clear to older adults and younger cohorts that elder homes are open to not only physically dependent elders who need assistance in activities of daily living but also independent older adults who may just need an environment with friendship and available assistance when needed. These services can also include routine health or medical care which is not available at home. It is important that elder care home managers show the public their capability to provide adequate health care for older adults who may need to manage health decline. Earlier research has indicated that an institution's capacity to manage elders' further decline in heath enhanced older adults' willingness to stay in assisted living facilities (Ball, et al., 2004). In order to attract independent elders who feel lonely at home, elder home managers could show the public with supportive evidence that living in elder homes benefits elders' emotional well-being, as suggested in earlier finding (Zhan, Liu, & Guan, 2006). To be brief, to meet future needs of elder care, the governments at all levels and elder home managers may need to reach out and let the public know more about elder homes and leave them with good impressions.

Findings in this study revealed that having more knowledge about elder care institutions and having better impressions on elder care homes enhanced elders' willingness to accept institutional care. Yet, more knowledge and better impressions might not be the determinants for elders finally to move into elder homes. Earlier findings about older adults who have already moved into elder-care institutions pointed out that older residents' high evaluation on elder home services was not related to their willingness to continue their stay in elder homes (Zhan, Liu, & Guan, 2006). The reason for the residents to continue to stay in elder homes was more likely related to their family situation. Many older adults expressed that they did not want to become a

burden to their adult children. The reason for older adults' eventual entry into an elder care institution was found to be most often adult children's unavailability or being too busy to provide familial care (Zhan, et al., 2006). Deep down, these elders may still prefer familial care.

## Suggestions for Future Studies Regarding the Issue

This study is exploratory in nature. Readers should be careful while interpreting the findings. The findings based on data from one city, thus, may not apply to all older adults across China. The original survey used stratified random sampling in communities. Older adults who were physically dependent, either having cognitive or physical disability, were less likely to be included in the study due to their reduced availability for interviews. The study, thus, may be biased toward the younger older adults who were still independent with little or low disability. The most disabled elders who were most likely to enter an elder care institution may not be included in the study. Nevertheless, this study pioneers in its efforts to gain an initial understanding about reasons for older elders to accept or decline institutional elder care. Further studies could benefit from a sample that includes older adults from both communities and elder care settings about their willingness to move into or continually stay in institutional care settings.

## Conclusion

This study has added to the literature by exploring explanations for Chinese older adults' willingness or lack of willingness to move into an elder care institution. As Chinese baby boomers are aging and approaching the age of needing more direct physical assistance, institutional care is likely to become a necessary option for elder care because large proportions of urban families will have only-one children to provide care for older parents. When children

are busy with work or do not live nearby, familial care at home is less likely to be viable for elders in advanced age. Institutional care, particularly good quality institutional care, will likely become an important part of long-term care in China. To increase older adults' utility of institutional care, this study shows that government intervention by more out-reach programs to allow community-residing older adults to know more about institutions will increase older adults' knowledge and willingness to accept institutional care. While the purpose of this research is not necessarily to promote institutional care, it would argue, dispelling the myth or social stigma against institutional care may be necessary for social cohesion and intergenerational relations when large number of older adults will have to live in institutions, whether or not it is their choices.

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