

■ 研究ノート

Anxiety of Family Caregivers over Future Work and the Double-Care Period in Urban Areas in China — A Case Study of Dalian

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**Abstract:** The purpose of this research examines how family caregivers aged in their 30s-50s, manage to care for their ageing parents, as well as some cases their small children, while simultaneously working outside of the home in urban areas in China. We take the case of Dalian, a moderately sized big city. In recent decades, the reconciliation of work and care has become a key focus in social research and policymaking. However, little attention has been paid to family caregivers. No common elder-care system has been introduced in China. This paper describes the situation of family caregivers in the transition period from traditional elder-care to modern elder-care of social network in Dalian. We examine 1) work-care balance in daily life and how it is experienced; 2) relationships with the elder-care recipient; 3) relationships with other care-providing actors: siblings, other relatives, the community, professional care givers and care institutions, and how these are experienced; and finally 4) family caregivers' anxiety over care in the future. Our data is from interviews with family caregivers. The analysis reveals that the network among siblings takes an important role in the period of double-care; the government and the community do not function; care workers and institutions are not positively chosen by the family caregivers due to their low quality.

**Keywords:** elder care, family caregiver, China

**Introduction**

The purpose of this research is to examine how family caregivers aged in their 30s-50s manage to care for their ageing parents, as well as in some cases their small children, while simultaneously working outside of the home in urban areas in China, using the case of Dalian, a moderately sized big city in China.

The elderly population in China is increasing at an incredible pace. In 2014, China's population of people 60 years old and over had reached 212.42 million, accounting for 15.5% of the total population, 0.6 percent more than that of 2013. At present, China is the only country in the world with a population over 100 million elderly people. It is predicted that by 2020, China's ageing population will reach 248 million and the ageing level will reach 17%.<sup>1)</sup>

Ageing gaps among family members are also widening due to later childbirths and longer life

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expectancies. With the ageing gaps between the elderly parents and their adult children, and between the parents (=adult children) and their young children becoming wider, especially for the one-child generation born in 1979-2015, there is a high risk of taking on the heavy burden of ‘double-care’, which refers to care for ageing parents and for small children coming at the same time.

China is traditionally a two-breadwinner society. In 2010, the total labour-participation rate was 80.4%, and the female labour force participation was 75.2%. Thus, work-care balance is a very important issue in China (Yuchun Xiao and Fang Lee Cooke, 2012). For women, who are normally the main caregivers, the work-care balance brings challenges; it also brings challenges for the whole family with the increase of the female labour-participation rate (Chen Lu and Fan Hongli, 2016).

In China, there is no universal system for supporting elder care, such as a long-term care system although the speed of ageing as well as the widening of age gaps among generations in the family have been progressing. Only a few super-large cities have attempted long-term care systems at a local level. In Dalian, there are few public care institutions for the elderly and the long-term care system is on the way to be planned.

For this reason, we will focus on family caregivers’ work-care balance and their anxiety about future care, in relation to elder care resources and network. To approach the topic, in Chapter One, we will give an overview of previous research on elder care and family caregivers in China according to discussions in Japan and China. We will deal in particular with Ochiai’s (2009) research frames ‘Care diamonds’ and ‘Family caregiver’s social network for care support’. Chapter Two describes ageing population and presents the elder care system in Dalian City. We will give an overview of the welfare resources for of elder care in the city. Chapter Three gives the details of interviews conducted with ten academic staff living in the city who combine care for the elderly with their work, examining their social network for supporting elder care. Chapter Four deals with analysis and findings of the interviews, and then we will finally research concluding remarks.

## **I. How has elder care in China been described in previous research?**

In China, there have been few studies examining family caregivers and elder care. With the acceleration of the ageing process, family care is facing great challenges. A few studies have shown the weakening of the function of family-based elder care and the resulting pension dilemma. Luo (2014) conducted a study on long-term care of disabled elders in China urban areas. He pointed out that the elder care problems caused by China’s one-child policy are unique in the world, as well as showing the contradictions between the rapid growth of the disabled elderly and the slow development of long-term care business. Other studies focus on the burden on family caregivers. Meng, Xiao and Liu (2006) performed a study on the burden on caregivers of at-home dementia patients and its relevant factors. They showed that caregivers often experience loss, social isolation, disappointment and loneliness, and they suffer a long-term mental strain. Child caregivers must take on multiple social roles, thus affecting their social life, resulting in time,

energy, emotional, psychological and other burdens. Liang (2015) did field work in Shanghai that showed most family caregivers were under great pressure, and he suggested that family care and community care should be combined. Moreover, Yuan (2010) proposed social welfare policies for elder care using the experience of the U.S. Most Chinese scholars' studies of family caregivers and elder care in China focus on the difficulties of family caregivers as well as need for social welfare policies for elder care, since a universal long-term care system does not exist.

Ochiai (2009), a Japanese scholar of family sociology, analysed family caregivers and elder care in terms of social network in welfare regimes in a cross-national comparison among East and South-east Asian countries. Her research is based on the theoretical concept of the 'care diamonds' which consists of the diamond-shaped role-relationship among four care providers (the state, the market, the family and the community), while the main stream of welfare regime studies focuses on a triangle-shaped role relationship among three actors providing care (the state, the market and the family)<sup>2</sup>. She analysed the living assistance received by the elderly in terms of several different categories of people and groups or agents, which is called the social network<sup>3</sup>. The social network is formed by six actors: the child, the child's spouse, relatives, the community, care workers and institutions including facilities.

Ochiai (2009) describes the social network for elder care in China in comparison with other Asian countries. As Table 1 shows, in China, the functions of 'child' and 'community' are very effective. Unlike in Japan and Korea, the child's responsibility for elder care is shared among siblings in China, although the 'child' takes the primary responsibility for elder care in all six Asian countries surveyed. The 'child's spouse' and 'relative' functions are somewhat effective. This seems to correspond to care sharing among siblings. As there is no universal care system in China, the 'institution' function is weak, while nannies are often employed in the family as private 'care workers'.

**Table 1. Social network for elder care in China in comparison with other Asian countries**

	Child	Child's spouse	Relative	Community	Care worker	Institution
China	A (Egalitarian)	B	B	A	B	C
Thailand	A (Egalitarian)	B	B	?	C	D
Singapore	A (Egalitarian)	B	B	?	A	C
Taiwan	A (Egalitarian)	B	B	?	A	C
Korea	A (Non-egalitarian)	A	B	B	B	C
Japan	A (Non-egalitarian)	A	C	C	D	B

A: Very effective; B: Somewhat effective; C: Not so effective; D: Not effective.

Source: Ochiai, 2009, p. 66.

The word 'community' is translated as *shequ* in Chinese. Although Ochiai described it as an effective factor, she also found that many elderly desire community services, while very few have access to it. Nowadays the current situation of *shequ* differs from Table 1. Most communities face shortages of funds and staff (Mu, 2014). The power of community remains inadequate. The Chinese Family Development Report, also shows that caring work for the daily life of the elderly relies mainly on the elderly themselves and their families, and there is great demand for social services in China. Thus, it appears to be question whether community takes a large role, as Ochiai

holds. It rather seems that the child must take much greater role in elder care.

To answer the question, we will examine current status of the social network for elder care in China, in the case of Dalian, in the next chapter.

## **II . Ageing and the elder care system in Dalian City**

Dalian is located in the southern part of Liaoning Province, in North China. The population of the city is 699 million and its GDP is 773.164 billion Yuan. It is the 14th largest city in China. Its main industries are the shipping trade, the electronic information industry and tourism (State Family Planning Commission, 2015).

Dalian City entered the ageing society in 1987. In 2015, the population of those 60 years old and older was 1.36 million, 22.9 % of the entire population. These figures are ranked on the largest in Liaoning Province. The fast-growing and large-scale ageing population of the city also causes the increasing phenomenon of ‘empty nesters’. Disabled and semi-disabled elderly population totals 240,000, 17.7% of the entire elderly population, and these figures are also highest in the province (Office of the Ageing Work Committee of Liaoning Province, 2016). There are only 199 nursing homes, with a total of 22,879 beds. The number of the elderly who need a nursing home is estimated to be 114,000, so the supply : demand ratio for space in nursing homes is 1 : 5.2, and this does not account for the future needs of groups that are currently middle-aged. There is shortage of around 100,000 beds for nursing (Han, 2014). Therefore, the tension between supply and demand is enormous.

In recent years, the Dalian municipal government has expended a great deal of effort for the development of a social elder-care system. It has had some innovative successes and achievements in some respects. However, financial factors, such as rising prices, rising investment costs and low rates of return on investment, made operations difficult. The shortage of professional service personnel has seriously affected the survival and development of elder-care service institutions and created a gap between the ageing population and the development of the elder-care service industry. Just as in other cities in China, due to the limited financial capacity of local governments, welfare relief objects are limited to the elderly who have no ability to work, no source of income and no dependent or support (Cao Yuling, 2014). A survey conducted in Dalian City in 2011 shows that the majority of respondents wish for professional care staff to come to their homes to provide service. In answer to this demand, Dalian founded a home care service model to solve the problem of lack of space in nursing homes (*ibid.*).

As stated previously, Dalian is a moderately large city in China. Unlike super-large cities such as Beijing and Shanghai, Dalian has not developed market-based care service for the elderly

and nor does it sustain traditional and mutual community bonds. Due to the effect of the one-child policy, both child-care and the elder-care burden must be heavier for most family caregivers who must work for themselves and their families. How do family caregivers in Dalian manage to combine work and care in the period of transition from a traditional system to a modern system of elder care? How do they see their future care? In the next chapter we will approach the reality of work-care reconciliation and family caregivers' anxiety in Dalian in terms of social networks using data from our interviews.

### **III. Family caregivers' daily life and their anxiety: Interviews with university staff in Dalian City**

#### **III.1 Overview of the interviews**

The purpose of this chapter is to show the situation where family caregivers in Dalian find themselves in the transitional period from a traditional elder-care system to a modern one. Due to difficulties in pursuing empirical research through public institutions in China, we were forced to use our personal network to find ten interviewees working at Dongbei University of Finance and Economics (DUFE). Each interview took between thirty minutes and one hour, depending on the interviewee's situation. All interviews were done at the university on November 17–19, 2016.

Seven interviewees are family caregivers who are caring for or supporting elderly people. The other three have no elder-care burden at present, but expressed anxiety for the future. Nine are female and one is male. We divide their ages into groups: those in their early 50s and those in their early 30s. Five are professors, three are lecturers and the other two are administrative staff. The features of the interviewees can be summarised as a group: they are well-educated, with stable work, good salaries and high social status.

In our research methodology, we followed the life history and semi-structural approach. The questions for the interviews were categorised into four groups: 1) work-care balance in daily life and how it is experienced; 2) the relationship with the elder-care recipient; 3) relationships with the other care providing actors: siblings, other relatives, the community, professional care givers and care institutions, and how these are experienced; and finally 4) their anxiety for care in the future.

#### **III. 2 Interview results**

##### **III. 2. 1 Determinant factors of family caregivers' situation**

Through interviewing the seven family caregivers, we understood the following. Firstly, most interviewees are engaged in double care, meaning care for two elderly people (for example, their own parent and a parent-in-law) at the same time, but they are not the main caregivers at present. If the care recipient has a spouse, the spouse is the main caregiver. If the siblings are not as in working, several families take care of the elderly individual in turn or the lower-income

sibling is the main caregiver. If the siblings and interviewee are engaged in remunerative work, the main caregiver is a nanny or called a care worker (Table 2).

**Table 2. Who is the main caregiver for each elderly person whom the family caregiver supports/cares for?**

	N1(54, F)	N2 (53, F)	N3 (52, F)	N4 (52, F)	N5 (34, F)	N6 (32, F)	N7 (30, F)
Main caregivers	Care worker	Brother	Care worker	N4	Elderly's spouse	Elderly's spouse	Elderly's spouse
	4 families	Sister-in-law	2 care workers			Elderly's spouse	

Secondly, the number of siblings also affects the interviewee's care situation. As mentioned before, all siblings (both female and male) take responsibility for their ageing parents' care in China, while one sibling (often the eldest son and his family) takes the most responsibility in Japan and Korea.

N1–N4 are in their 50s. N1 has one sister and her husband has three siblings. N4 has one sibling on her husband's side to share with her care for the care recipient, her mother-in-law. Their generation has more than one sibling including their spouses, which means they can share elder care in various ways. However, N5–N7 are in their 30s and from the one-child generation. They have no one else to share care responsibility with. N5 and her spouse are a double one-child family: they are each an only child. N7 and her spouse are in the same situation. They already face an elder care burden, due to the diseases of the elderly individuals they care for. Inevitably, their burden will be heavier in the future (Table 3).

**Table 3. The numbers of siblings of the interviewed family caregivers**

	N(54, F)	N2(53,F)	N3 (52, F)	N4 (52, F)	N5(34,F)	N6 (32, F)	N7(30,F)
Number of siblings	1 sister (abroad)	1 brother	4	1	0	2 sisters	0
	3	3	N/A			0	

Thirdly, levels of care for the elderly are also an important factor for the family caregiver's situation. As there is no common measurement of levels of care in China, we applied levels of care to the elderly individuals cared for by the interviewees according to the care level certification for the long-term care insurance system in Japan.

In Japan's system, the physical condition of the elderly person receiving care/support is divided into seven grades. These are as follows: support levels 1 and 2 (no need of care but some support, for example, in standing up), care level 1 (needing care, for example in getting up), care level 2 (needing a mild degree of care, for example, walking, bathing and shopping), care level 3 (needing a moderate degree of care, for example in using the toilet and changing clothes), care level 4 (requiring a high degree of care, for example in moving) and care level 5 (requiring the highest degree of care, for example in sitting and eating) (Smart Navi, 13 August 2015).

N1–N4’s care recipients need level 2 care, which means that care for walking, bathing and shopping is necessary, and they are already in long-term care. The care recipients of N2 and N4 suffer from a slight degree of Alzheimer’s disease. N5–N7’s care recipients are now at the support level, but they have been struggling with cancer. Therefore, N5–N7 spent a great deal of time as the main caregivers during the therapy period of the care recipients (Table 4).

**Table 4. Care and support levels of the elderly persons cared/supported by family caregivers**

	N1(54, F)	N2(53, F)	N3(52, F)	N4(52, F)	N5(34, F)	N6(32, F)	N7(30, F)
Care Level (CL) 1-5 &	CL 2	CL 2	SL 2	CL 2	CL 1	SL 2	SL 2
Support Level (SL)1-2	SL 2	SL 2	CL 2			SL 2	

**Note:** Levels are estimated according to the care level certification of Japan

Finally, the distance between the interviewees and their old parent(s) is a very important factor combining work and care in daily life. Most interviewees live separately from their care recipients in the same city. In Table 5, living in the same city means around a half-hour to one-hour distance by car. Hometown means far from Dalian. Living near the city means more than two-hour distance by car or train. (Table 5)

**Table 5. Living distance between the family caregivers and the care recipients**

	N1(54, F)	N2(53, F)	N3(52, F)	N4(52, F)	N5(34, F)	N6(32, F)	N7(30, F)
Living distance	Same city	Hometown	Same city	Live together	Near city	Hometown	Same city
	Same city	Hometown	Same building			Same city	

### III.2.2 Social network of the family caregivers

The interviewees manage to care for their elderly individuals using social resources, although they individually find themselves in different conditions. Here, using Ochiai’s six functions of social network, we summarise the usage of the social network of the interviewees through their life histories to show the reality of their social networks.

Firstly, as Ochiai noted, in China, **siblings** are an important resource for sharing the responsibility of the elder care. Especially when there is only one care recipient, the several families of the children can share care work instead of all the responsibility being given to one child. There are many ways to share: several families care for the elderly individuals in turn and share the time caring. For example, N4’s mother-in-law lives with her family for the first six months and the next six months she lives at another child’s house. As some of her children are relatively rich but busy, they can afford to pay for things. The other children’s families take care of the elderly individual, which is a way of sharing the care burden differently. When a care recipient is suffering from a disease such as cancer, as in the case of N6, to a greater or lesser extent, the entire families of all the children become caregivers during treatment period, but one child has

to make the decisions and gives direction.

Secondly, all family caregivers answered that they receive little support from the **government**. They can survive without support from the government for the present, but N1 and N3 strongly urged out that the responsibility for elder care should be shared by the government, as the coverage is too narrow.

Thirdly, family caregivers think in the same way about **community** care as about government support. In some of their *shequ*, the community care centre is similar to an elderly activity centre, which promotes the health of the elderly and does not support elder care. Neighbours also do not help much, although they give support on limited occasions, such as keeping company and talking with the elderly.

Fourthly, the usage of **care workers** depends on the economic situation of the family caregivers. N1 and N3 hire nannies for the care of their elderly individuals. The rest of the interviewees also answered that they would like to hire nannies in the future rather than using nursing homes, for when such a step becomes necessary.

Finally, no family caregivers accept nursing **institutions**. They responded that the conditions and services of most nursing homes do not meet their standards, and they think that their care recipients would feel abandoned if they were sent there.

### III.2.3 Present difficulties and future anxieties

Difficulty in elder care results in pressure and burdens on the family caregivers. In this section, we will describe psychological aspects of the interviewees. Although six out of the seven family caregivers are not the main caregivers, five out of the seven are in a double-care situation. The family caregivers have difficulty with **work-care balance** and feel under pressure. For example, N1 cares for her mother and her parents-in-law, but she takes main responsibility for her own mother as her sister is abroad. She employs two care workers for her mother for the weekdays, but at the weekend, N1 is the main caregiver, because the care workers have weekends off. At the weekend, N1 goes to her mother's house in the same city at around 8 a.m. She helps her mother get up, does her washing and prepares her breakfast. During the day, she does domestic work and stays with her mother. After dinner, she helps her mother take a bath. At night, she sleeps there until the work week begins. There is no time for rest. N1 sometimes feels physically exhausted.

N4 is the only primary caregiver among the interviewees. Every morning, N4 gets up at around 7 a.m. and helps her mother-in-law with washing, making breakfast and putting her pills in boxes according to type and order. She goes to work at around 8 a.m. After work, she goes home and makes lunch at around 11:30 a.m. It is around a ten-minute walk to from her workware. After lunch, she gets back to the office at around 2 p.m. At 6 p.m. she goes home and cooks dinner. At night, she gives her mother-in-law a bath. The elder-care period is six months per year. From morning to night, she has no rest time, which brings physical exhaustion sometimes, but she feels good about what she is doing, as the elderly individual she is caring for is in her family.

N5 is an only child and takes care of her father, who has cancer, her mother and her six-year-



old son. During her father's four-month treatment period, they needed to go to Shenyang to obtain the better medical resources available there once or twice a month. The trip took around two and half hours by high-speed rail. During the treatment period in the hospital, every few hours she had to return to the hotel to breastfeed her baby son. She could not work regularly and asked her for a reduction in her class load. Even with a reduction, she felt exhausted running from work to care for her son and parents and could not make any progress in academic research. Her father is stable, but she still has to take him to the hospital regularly.

**Economic burden** also causes serious pressure. Care recipients receive an old-age pension of 1,000 yuan per month. However, N1 hires two care workers weekdays for day and night care of her elderly individual. She pays 2,000 and 3,000 yuan a month for their weekday work. Although they are low-skilled and not very kind to her mother, she has no choice. N2 also pays for a full-time care worker living with her mother who costs 4000 yuan per month, and she must depend on her elder brother living in her hometown as the main caregiver. N3 is in the same circumstance as N2. She pays 5,000 yuan a month to employ a full-time care worker living with her mother. N2 and her husband cover all costs for her mother-in-law. Although N1, N2 and N3 are not the main caregivers, their economic burdens are still heavy, even though they share the cost with their siblings.

**Medical costs** are another heavy economic burden. Disease brings great difficulty to the family caregivers. N5, N6 and N7 are in their 30s and their care recipients have cancer. Even though with help of public organisations and cancer foundations, the economic burden remains heavy. N6 has spent more than 400,000 yuan. N6 and N7 are members of the one-child generation. The one-child generation has great economic burdens, because the social security system is weak in China.

**Decision making** puts pressure especially on the young, one-child generation. N5 must make the decision of choosing which therapy method to use for her father's cancer, collecting medical information on it herself, as she is an only child. There is no one to share the burden and responsibility with her. She further has the burden of decision making in her roles as daughter, mother and worker in a public office.

**The quality of care workers and nursing institutions** are another problem for the interviewees. They said that the Chinese care-worker market has many defects in quality, access and quantity. There are not enough reliable agencies, no clear qualification standards and no constraining regulations on care workers. Although N1 and N3 hire care workers, they are not satisfied with the care worker market. Most care workers have no qualifications. N7 said that she would not hire a care worker, due to general distrust of them. There are some nursing homes in Dalian, but as seen in the cases of N1, N2 and N4, care recipients and their families do not want to use nursing homes, due to their lack of quality.

One-child generation family caregivers, N5, N6 and N7 have **anxiety for future elder care**, that they may face a more difficult situation in their work-care balance, being under physical and mental pressure, and dealing with an increased economic burden at the same time. Since their parents have cancer, they also complain of the expense of medical treatment in China, which is also

related to their future economic burden.

We also interviewed three others. They are not yet family caregivers. We call them, N8 (47, Female), N9 (38, Female), and N10 (36, Male). N10 is only male interviewee, and his family is a typically '421' family, as he is the only child of two parents of four grandparents. His parents have pensions and medical insurance. He plans to move out after marriage, but he promises to visit his parents every day. He thinks keeping them company and providing emotional support is important. If one of them passes away, he would live with the other one. He will not choose a nursing home if he faces an undue elder-care burden. As far as it is within his capacity, he will take care of them by himself. If he cannot, he will hire a care worker. He explains that individual payment of medical expense is too high. In case of serious illness, the burden may become too much. This will be completely unpredictable after his marriage, because he will have to take care of at least two parents and two parents-in-law. He hopes that his community will assist him in a helpful way with his elder care, as he has good relation with his neighbours.

#### **IV. Analysis and Findings**

We found that the current social network for elder care in China is different from that shown in Ochiai's research. Most of the family caregivers in our survey are already in a double-care situation, although few of them are the main caregiver. Siblings certainly share care responsibility in terms of time and money, but the interviewees have a greater tendency to hire care workers when their family members are not available and to avoid serious conflict in their work-care balance, although the quality of the care workers hired is unsatisfactory. This may be due to their relatively high income. Nevertheless, they are under stress in terms of time and money, as well as physically and psychologically. Nursing institutions are not their choice nor that of their care recipients, due to quality problems. The community is not effective for elder care at all. The social security system, as represented by old-age pensions and medical insurance, does not cover personal expenses. A home care service is now being developed in Dalian City, but none of the interviewees' care recipients receive it.

For the one-child generation, the anxiety for the future is that they will need to take on all responsibilities, including decision making, for all four parents, as well as caring for their own children, together with their partners. We found that this anxiety for the future has already become present difficulty for some of them, but there is no one to help or even to give advice.

#### **Concluding remarks**

This study examined how family caregivers manage caring for their frail, elderly parents, in some cases together with their children, while simultaneously working outside of the home in the transition period from a traditional elder-care system to a modern elder-care system. Through interviews, we have gathered that our interviewees tend to share care work among family members, or mainly rely on care workers. Even though they are in most cases not the main caregivers, nor

members of the one-child generation, they still assume the primary responsibility for their parents and are still under pressure. In this study, we have merely interviewed academic staff who have high enough incomes to afford care workers. They manage to survive with great difficulty. If we had selected family caregivers from a lower-income group, there would be different stories.

Some one-child-generation interviewees have already started to take on or fear that they will need to take on the much more severe double-care burden. In Dalian City, the care support system is merely at its beginning stages, the community plays no role, and the quality of nursing institutions and the care worker market are poor. In the lack of social network for elder care, we learned that the one-child-generation interviewees feel an ambiguous anxiety about their future. We can predict that in Chinese urban areas, the one-child generation, functioning without help from government power, may go through hardship in the coming period, facing at the same time work and double care.

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### [Notes]

- 1) China ageing development centre, <http://www.chinallsy.org/shownew-1212.php>. 14 May 2015 updated.
- 2) Please see the details, Ochiai, 2009, p. 68.
- 3) Ochiai (2009, p. 60) explains the concept of a social network as follows: family sociologists have since the 1980s been going beyond the paradigm that sees the family as a group or closed system and the paradigm that takes the modern family as an isolated entity (Parsons and Bales, 1956). They have developed approaches such as life course analysis (Hareven, 2000) and social network analysis (Bott, 1957).

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### Appendix 1. Overview of the family caregivers

	Age	Sex	Occupation	Double care	Care recipient (age)	Physical condition	Care/ Support level	Siblings	Main caregiver	Living distance
N1	54	F	Professor	Yes	Mother (85)	Disabled	Care level 2	Sister (abroad)	Care worker	Same city
					Parents-in law (91 & 92)	Relatively healthy	Support level 2	3	4 families	Same city
N2	53	F	Professor	Yes	Mother (92)	Slightly alzheimer	Care level 2	Brother	Elder brother	Hometown
					Mother-in-law (90)	Relatively healthy	Support level 2	3	Sister-in-law	Hometown
N3	52	F	Professor	Yes	Mother (88)	Relatively healthy	Support level 2	4	Care worker	Same city
					Mother-in-law (89)	Unhealthy	Care level 2		2 care workers	Same building
N4	52	F	Professor	1	Mother-in-law (84)	Slightly alzheimer	Care level 2	1	N4	Live together
N5	34	F	Lecturer	Yes (Father & son)	Father (60))	Cancer	Care level 1	0	Elderly’s spouse	Near the city
N6	32	F	Lecturer	Yes	Mother	Cancer	Support level 2	2 sisters	Elderly’s spouse	Hometown
					Father-in-law	Cancer	Support level 2	0	Elderly’s spouse	Same city
N7	30	F	Administration staff	1	Father (60)	Cancer	Support required	0	Elderly’s spouse	Same city

## 中国都市部における仕事とダブルケア時代の到来に関する家族介護者の不安 — 大連市を事例として

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【要旨】 本稿は、中国都市部における30代～50代の家族介護者が、老親のケアと家庭外での雇用労働をどのように両立させているのかを追究することを目的とする。事例としては特大都市である大連市をとりあげる。近年、仕事とケアの調和は中国においても社会研究や政策構想のキーとなっている。しかし、家族介護者に注目した研究はほとんどない。中国では共通の高齢者介護システムがまだ確立しないため、本稿は、伝統的な高齢者ケアから近代的な高齢者ケアへの転換期における大連市の家族介護者の状況を、社会的ネットワークという点から考察する。具体的には、家族介護者の1) 日常生活における仕事とケアのバランスおよびそれに対する心情、2) 要介護高齢者との関係、3) 他のケア供給アクター（兄弟姉妹、配偶者、親族、コミュニティ、ケア労働者、介護施設）との関係およびそれらに対する心情、そして4) 将来の介護不安、について聞き取り調査をおこなった。その結果、既にダブルケア時代に突入しているが、今のところは兄弟姉妹ネットワークが機能している。行政やコミュニティはほとんど機能していない。介護労働者や施設の利用も質の低さゆえに積極的に選択されていない現状が明らかになった。

キーワード： 高齢者介護，家族介護者，中国