Dynamics of Chinese Shidu Parents' Vulnerability in Old Age –A Qualitative Study

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Abstract

Shidu is a Chinese word, referring to a group of bereaved parents who were subject to the One-Child Policy and whose only child has died. Living in a society where care for older people largely relies on adult children, Shidu parents can be highly vulnerable due to losing an only child who may be their primary resource for old age security. Despite the noticeable rise of Shidu families in China, these vulnerable parents have often been overlooked in society and neglected by government policies. This article adopts a qualitative approach to analyse interviews with 15 older Shidu parents and four support professionals, capturing dynamic experiences of these parents' vulnerability in grief, elderly care and end-of-life care. Through a sociological lens, these Shidu parents are found to have adapted, revised and even rejected the status quo to cope with significant gaps in support and to negotiate for more meaningful support for their old age. This dynamic but distressing picture has also revealed a lack of ongoing structures that can effectively address these older Shidu parents' multifaceted and changing needs. Based on the findings, recommendations are made aiming to inform future practice and policymaking for older Shidu parents.

Keywords Ageing · Grief · Elderly care · End-of-life care · Shidu · China

Introduction

Shidu refers to a group of parents who were subject to the One-Child Policy and whose only child has died. By losing an only child and consequently becoming childless, Shidu parents often endure distressing experiences of grief and challenges to their physical and emotional wellbeing (Wei et al. 2016). Given that the One-Child Policy was first implemented in the late 1970s, many one-child parents have reached an age

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when they require intense support in many aspects of their lives. Living in a society where adult children-centred care patterns are still predominant for older people, childless Shidu parents inevitably face a life of having no primary caregivers as they age and approach the end of life. Despite Shidu parents' old age insecurity being an increasing concern to wider society, there has been a lack of insight into their vulnerability associated with ageing (Chen and Wu 2014).

In this article, the dynamics of Shidu parents' experiences of vulnerability are explored. By interpreting accounts both from Shidu parents and supporting professionals, this article captures a dynamic and interactive process of meaning-making, in which these Shidu parents interacted with varied social discourses to maintain their family-centred interdependence and search for more old age security. This investigation also underlines the duality of individual agency and social structures by capturing how cultural norms and policy frameworks shaped and were shaped by these Shidu parents' conduct (Giddens 1984). The findings regarding these parents' dynamic responses to the gaps in support have the potential to inform both policymakers and practitioners, further recognising and supporting Shidu parents' multifaceted needs in old age.

Background of Shidu

The Shidu phenomenon is an unintentional result of the One-Child Policy. This family-planning policy was first introduced in the late 1970s, primarily restricting married couples to bearing only one child (Zeng and Hesketh 2016; Zhang 2017). The policy implementation had significant variations across regions; urban rather than rural households were more likely to face strict enforcement (Basten and Jiang 2014). Couples who violated the policy were subject to monetary fines and other disciplinary penalties. This birth control has been relaxed in recent years due to accelerating demographic pressures from population ageing and a declining working-age population (Song 2014; Zeng and Hesketh 2016). As such, the policy was officially terminated in 2015, followed by a so-called two-child policy (Zeng et al. 2017). After over three decades of implementation, the policy had generated a large number of one-child families (Huang 2017; Wang et al. 2001).

These one-child parents are exposed to the risks of losing an only child and thus are more likely to become childless. This risk became apparent in the early 2000s when the first generations of one-child parents started to lose their fertility (Mu 2004; Wang et al. 2001). The attention was intensified after the 2008 Sichuan Earthquake, when mass mortality impacted the one-child generations for the first time. Despite the increasing attention, there is still a lack of accurate statistics on Shidu families. Using the latest waves of the National Census, projections were made to suggest the scale of Shidu households. These estimates differ between one million and 2.4 million (Wang 2013; Zhou and Mi 2013). Shidu households may have surpassed ten million by 2050 if the One-Child Policy had persisted (Wang 2013). Despite the One-Child Policy being officially abolished in 2015, an increase is still expected for a considerable period of time due to the continuing large numbers of One-Child households (Wang 2016). By 2010, nearly half of Shidu mothers were over 45 years old and therefore, likely to start to lose their fertility; thus, there would also be an increasing number of Shidu familys

having to face old age whilst childless (Feng et al. 2015; National Bureau of Statistics 2015).

Vulnerability in Ongoing Life

The recognition of vulnerability in Shidu parents has largely focused on the grief of losing an only child. Child deaths have been widely acknowledged as being damaging and hard to make sense of, due to their distressing and unexpected nature (Klass 1999; Rando 1986; Rosenblatt 2000; Walter 1999). A similar picture has been captured in the context of Shidu, showing the impacts of child loss on parents' psychological wellbeing, physical health as well as family and social relationships (Wei et al. 2016; Zheng et al. 2015). Shidu parents were found to experience more intense grief reactions and thus, were more likely to develop prolonged grief symptoms compared to other bereaved parents (He et al. 2014; Xiu et al. 2016; Xu et al. 2014). These parents are also often faced with marginalisation in their social lives due to the stigma attached to having lost an only child and failing to continue the family line (Song 2014; Xu 2014; Zhang and Jia 2018).

Shidu parents can be further exposed to challenges and uncertainties as they grow older and reach the end of life. Studies have identified Shidu parents' vulnerability in old age due to lacking long-term and stable primary caregivers to meet their increasing and multi-faceted demands (Mu 2004; Wang et al. 2001; Wei et al. 2016; Xie and Ding 2015; Zheng et al. 2015). This vulnerability may also be evident at the end of their lives when they have lost the capacity to make decisions for themselves (Fang 2019; Xu and Zhang 2020). In China, the cultural emphasis on filial piety and underdeveloped welfare systems have long prompted a care pattern for older people that heavily relies on adult children (Du et al. 2016). This child-centred old age security has been deeply embedded in parents' expectations for ageing and dying, whereby their adult children will care and accompany them towards death while continuing the family line (Leung 1997; Sheng and Settles 2006). Furthermore, most older people are still excluded from alternative care patterns due to the shortage of affordable elderly care provision and limited practice and policy frameworks for end-of-life care (Wang 2016; Leung and Xu 2015; Qi 2014; Wong 2005; Liu and Yuan 2016). To respond to these disparities in care for older people, the state has resorted to producing legislation regarding the caregiving duties of adult children via the Marriage Law and subsequent laws and regulations (Qi 2014). However, older childless Shidu parents are generally excluded from such socially and legally determined child-based care patterns (Zhang 2016). Further government responses and social interventions have been called for to better support these vulnerable childless parents (Li 2018; Song 2014; Yao and Fang 2016). However, these policy discourses remain limited with little emphases on Shidu parents' complex needs as a bereaved, childless and older person, thus leaving them to confront loss and ageing with inadequate support.

Policy Responses

Despite older Shidu parents receiving increased government support in recent years, many issues remain unresolved. Under the current welfare system, Shidu households

are included in a broader category called 'family-planning households with special difficulties', which also include one-child families with a disabled or injured child (Lu and Lu 2014). These vulnerable households are only entitled to governmental support, if the wife is over 49 and the household has not given birth again or adopted any children (Lu and Lu 2014). The Law on Population and Family-Planning (2001) briefly outlines local authorities' responsibilities for supporting the aforementioned families. The National Health and Family-Planning Commission and Ministry of Finance (2007) launched a pilot scheme to provide small financial assistance to these families. In respect of elderly care, the Law on Protection of the Rights and Interests of the Elderly (2013) prescribes local governments' responsibility for supporting childless older people. In the same year, the National Health and Family-Planning Commission and four other central ministries (2013) co-published guidelines calling for further improvements of elderly care, medical treatment and social support for vulnerable one-child families. These legal and policy documents have broadly defined the government's responsibilities for supporting vulnerable one-child families, but they have not specified actual plans and support for older Shidu parents. Furthermore, the central government has not yet officially recognised the Shidu community (Lu and Lu 2014). Given the link to the One-Child Policy, recognising this Shidu group may fundamentally question the plausibility of this basic policy and create significant legal responsibilities for the government to compensate these families (Lu and Lu 2014).

Compared to the central government, local authorities have shown more flexible and comprehensive approaches to supporting older Shidu families. The national standard for the monthly allowance for Shidu parents increased from about 100 to 340 Yuan between 2008 and 2016 (Song 2014). Local governments are permitted to use their budgets to subsidise the national allowance and to provide other types of support, although this method has also resulted in considerable regional disparities in support (Li 2018). Apart from monetary aid, some local governments, such as those in Hangzhou, Kunming and Guizhou, have developed multi-dimensional support systems to respond to Shidu parents' vaired needs (Lu and Lu 2014). Community-based support models were also explored in some regions by integrating social workers and government officials to provide more personalised assistance (Yao 2012; Zhang 2016). Whilst older Shidu parents in those cities may receive more intense care and support from the government, these resources are regionalised and do not particularly target Shidu parents. To further supplement support for Shidu parents, government bodies have been urged to engage more actively with other social forces, such as social workers and self-help groups (Chen 2017; Fang 2013; Lu and Lu 2014; Lu and Wu 2016). Hence, the authorities have sought to empower older Shidu parents to exercise their individual agency and more proactively seek external resources to deal with their grief and ageing issues (Chen 2012; Chen 2018; Xie and Ding 2015; Yao 2012). Whlist these suggestions could present potential solutions to better support Shidu parents, the nationwide implementation of these and the extent to their practical benefits remains unclear.

Given the lack of sufficient government support, older Shidu parents have been seen actively seeking to negotiate with various stakeholders to pursue more resources (Chen and Wu 2014; Lei 2014). To better understand Shidu parents' vulnerability in old age, this article focuses on exploring how they interact with social structures and policy frameworks to deal with shortfalls in support. Furthermore, this article is

aimed at contributing to a broader debate on creating a 'new' policy structure to better support this vulnerable group.

A Qualitative Approach

To gain insight into the dynamic experiences of older Shidu parents' vulnerability, a qualitative approach was adopted. Interviews with 15 Shidu parents and four support professionals were conducted and analysed. Data collection was undertaken in late 2016 as part of a larger qualitative project that compared bereavement experiences between China, the UK and Japan. The number of the interviews with Shidu parents was determined by the comparative nature of this larger project, where the sample group from each context contained around 15 interviews. This qualitative approach could enable these Shidu parents to draw upon their language alongside other discourses to account for and justify their vivid experiences in old age (Mills 1940). These experiences could be enhanced by the support professionals' accounts, developing an in-depth picture of the disparities between policies responses and these Shidu parents' needs. The interviews with the professionals were specifically collected to research the Shidu group and to gain further information from the policy and care provision aspects. This in-depth approach could address the theoretical debates on meaning-making in a sociological sense, exploring how these parents' agency and social structures were mediated to make sense of and secure their ageing life (Berger and Luckmann 1967; Sewell 1992).

Given the stricter implementation of the One-Child Policy in urban areas and the significant urban-rural divides in China, Shidu parents in the two settings could face largely distinctive experiences (Jiang et al. 2015). Therefore, this study only collected narratives of Shidu parents who had lived in urban settings, preserving the possibility of exploring rural Shidu parents in future research. To better understand policy responses to the Shidu phenonmenon, all participants were over 49, complying with the criteria for government support. Parents who had recently lost their only child were also excluded. As shown in Table 1, the participating Shidu parents were aged from 50 to 70 and originated from diverse backgrounds. Due to the challenging nature of collecting interviews on highly taboo topics of child death and Shidu, I developed a flexible approach to participant recruitment through governmental and non-governmental organisations, personal networks and the Internet. As such, I conducted 13 first-hand interviews, including ten face-to-face and three online interviews, either in the interviewee's home or a secure space at a participating organisation. Each participant undertook one interview, which focused on their experiences of loss and concerns with their old age. Most of the interviews lasted for 1.5–2 h, with the longest being 3 h. Two secondary interviews were collected with permission from a TV programme, in which two Shidu parents were interviewed seperately by a TV host, primarily reporting their experiences of grief and ageing. Table 2 lists the four support professionals, including one social worker and three government officials. The official from the central governmental department was recruited through an academic link; the remaining three professionals were the gatekeepers for this study and then were invited to the interviews. These professionals had all been involved policy-making and professional support for Shidu

Table 1 List of interviewees (Shidu parents)

Name	Age	Gender	Marital status	Loss	Occupation	Location	Interview	Note
Che	70s	Male	Married	Daughter	Retired	Hunan	Face-to-face	
Guping	60s	Male	Divorced	Son	Electrician	Anhui	Face-to-face	
Hao	60s	Female	Divorced	Daughter	Retired	Hubei	Online	
Hou	50s	Female	Widowed	Son	Worker	Sichuan	TV	(secondary)
Jishui	50s	Male	Married	Son	Unemployed	Hunan	Face-to-face	
Jian	60s	Female	Married	Son	Retired	Hunan	Face-to-face	
Mai	60s	Female	Married	Daughter	Retired	Hunan	Face-to-face	
Nie	70s	Female	Married	Son	Retired	Hunan	Face-to-face	Leader of a self-help group
Shang	60s	Female	Married	Daughter	Retired	Shanghai	Online	Relatively affluent
Tie	50s	Male	Married	Daughter	Train driver	Hunan	Face-to-face	
Xu	60s	Male	Married	Son	Retired	Heilongjiang	Online	Relatively affluent
Yong	60s	Female	Married	Daughter	Retired	Hunan	Face-to-face	
Yuan	60s	Female	Married	Son	Retired	Sichuan	TV	(secondary)
Wang	60s	Female	Married	Son	Retired	Anhui	Face-to-face	Had a

grand-daughterZhang70sMaleMarriedSonRetiredHunanFace-to-face

parents; therefore, the short 30–45 min interviews aimed to gain their views about the achievements and challenges for government support and formalised care provision.

To collect these sensitive interviews, I gained ethical approval from a UK university where this study was based. I received further permissions from the gatekeepers at each participating organisation in China. The interviewees' wellbeing and rights were

Table 2 List of interviewees (supporting professionals)

Name	Occupation	Workplace	Professional roles
Jiedao	Contracted staff	Local community committee	Lobbying government support for 'family-planning households with special difficulties' in a residential community
Hu	Civil Servant	Regional health and family-planning commission	Developing and balancing support for 'family-planning households with special difficulties' at a regional level
Zhao	Civil Servant	National health and family-planning commission	Designing policies and overseeing the implementations for 'family-planning households with special difficulties' at the national level
Yajie	Social worker	Local social work centre	Providing individual and multi-dimensional support particularly for Shidu families

ensured throughout the research process with information sheets, consent forms and debriefing brochures to address any ethical concerns. Further, a sympathetic and flexible approach was taken to enable the interviewees to feel listened to and understood. A wide range of information, including counselling services and Shidu self-help organisations, was provided to ensure continuing support for the interviewees. The interviews were semi-structured with open-ended questions. This approach enabled the parents and the care professionals to take the lead to respectively reconstruct their life stories and professional experiences. I acted as a co-producer of their recollections to help them to present a more explicit picture of their lived experiences. To ensure comfortability and accessibility, the interviews were conducted either in Mandarin or their local dialect. I, as the interviewer, responded in Mandarin.

Given the comparative nature of the larger project this study is derived from, the aforementioned interviews were transcribed verbatim and subsequently translated into English for the purpose of comparison with other data samples. To ensure the accuracy of the translation, I repeatedly read the transcripts in Mandarin to develop clearer understandings of the language and meaning of the participants' accounts, before starting the translation. I checked these translations thoroughly and consulted with other experienced researchers about specific sentsenses and words after all identifying information about the interviewees was removed. Further, assisted by NVivo 11, I adopted an inductive approach to thematically analyse the interview transcripts. This approach allowed important messages to be drawn from the interviewees' own accounts without being constrained by predetermined theories and frameworks (Mason 2002). These findings were further categorically and systematically incorporated in a hierarchy of themes and sub-themes to capture an in-depth picture of the older Shidu parents' multifaceted experiences of facing and coping with vulnerability.

Findings: Facing and Dealing with Approaching Old Age

Three main themes were identified through the analysis, reflecting different vulnerable but dynamic aspects of Shidu parents' old age: grief, elderly care and end-of-life care. I initially intepreted vivid experiences of both the Shidu parents and support professionals to powerfully and explicitly underline the significant disparities between the older Shidu parents' needs and limited policy support. These findings reaffirm and further develop the existing knowledge about Shidu parents' old age vulnerability by allowing for a deep insight into the dynamic and interactive nature of their experiences. They often had to navigate for themselves available socio-cultural discourses to deal with their grief and pursue more security as they aged and approached the end of life. To protect interviewees' confidentiality, all interview data have been pseudonymised.

Grief

Research has found the pain of child death can be persistent in parents' ongoing lives due to their irreplaceable parenthood (Riches and Dawson 2000; Rosenblatt 2000). The experience could be even more challenging for Shidu parents who have lost an only child and whose grief is continuously overlooked by society. The interviews captured a

largely distressing but thriving picture of self support as these older Shidu parents had to actively face and cope with their grief alone with little support from the state and society.

Disfranchised Grief in Old Age

Despite the distressing nature of losing an only child, the Shidu parents are found often to have to face disenfranchised grief in old age, feeling unable or untitled to publicly recognise and socially deal with their loss and grief (Doka 2002). This disfranchisement could derive from both self-isolation and external exclusion in the light of their child's death and childlessness. The pain of being incompetent to face and deal with their grief could be exacerbated as a result of their reduced social connections and increasing demands associated with ageing (Wang et al. 2001).

Grieving in old age could be extremely hard for Shidu parents due to the painful nature of child death and the socially unacceptable status of being childless (Xu and Zhang 2020). The Shidu parents, as conveyed through their accounts, often deliberately hid their grief and avoided painful reminders of their child death in everyday life. This intention to escape from their grief could also be attributed to a sense of self-stigma in relation to failing to meet the cultural expectations to be a parent and to continue their family line (Qi 2014; Markus and Kitayama 1991). As a result, Shidu parents may experience self-isolation, which could obstruct them from acknowledging and expressing their grief. The situation could worsen alongside ageing, leaving them to face their heart-breaking child death alone at a time of increased social disconnection and physical deterioration:

> We moved house and had to lie to people about our son as we feel ashamed. The situation will even worsen as we age, because we will be isolated in an unfamiliar area and keep our lies until we die. (Che)

The disfranchised grief could also be associated with external rejections. Death is a largely taboo subject in Chinese society and often avoided in daily interactions (Xu 2007). Some parents admitted a lack of opportunities talk about their loss and grief with relatives and friends who either wished not to offend the parents or did not know how to react to a bereaved person. In some unfortunate cases, they could be humiliated by others due to stigma and superstitions attached to their loss:

> Since my son passed away, I started to notice people in this area trying to stay away from me as they don't want to contract my bad luck… For several times, I heard neighbours whispering that my son died because I am an evil person. (Zhang)

Such external barriers to grieving could further intensify and also be intensified by Shidu parents' self-stigma (Xu and Zhang 2020), leaving them little social support in old age:

> I felt I am a lonely old man abandoned by society. No one really cares about how much I miss my son. (Xu)

In addition to everyday life, their grief was also overlooked in current policies, although more support has been provided in recent years for them. An official of a regional health and family-planning commission provided her observation:

> Current policies mainly pay attention to financial support, but have not yet developed support for the emotional distress of grief. (Hu)

Despite some local authorities funded social services to offer more holistic support for older Shidu parents, these were limited. As a social worker reported:

> We help Shidu parents to talk about their grief and organise various activities to let them stay busy and active… As social workers, we have to close cases and move on, so there is no follow-up support for them. (Yajie)

As seen above, the lack of socio-cultural norms and policy discourse provides little reference to legitimise these Shidu parents' grief reactions. Central to this is the absence of available broad structures to understand and support Shidu parents' needs to grieve and make sense of loss. An ongoing structure to recognise the increasing vulnerability in their grieving as they age was also missing. As such, their experiences of grief and loss may be undermined and illegitimised.

Seeking Grief Support

Despite having little available social structures to turn to for support, these Shidu parents showed dynamic and often creative responses to seek alternative resources to express and deal with grief. They were often motivated to draw on their own resources to actively build or enhance connections with family or non-family members, grandchildren or even pets. This approach, as evidenced, could help them restore a more resoueceful and supportive environment for them to better adjust their loss to their renewed family and social roles. For example, an older Shidu father considered a young male adult as his non-biologically connected 'son' to practise his fatherhood:

> I met this guy through an online volunteering programme. He is studying at a university here. I have been looking after him as good as I would do to my son… I don't expect anything from him, but just want to practice my fatherly role. (Xu)

The Shidu parents were likely to be more resilient to their loss, even when facing increasing challenges in their old age if they had a grandchild:

> My granddaughter is the biggest comfort in my life now… I won't be knocked down as I have to look after her. (Wang)

In some cases, pets could be used to complement the missing role of their child and this could be particularly vital at a time of ageing. As reported by a mother, she and her husband found their dog had become the greatest emotional support for their grief and other distresses after their retirement.

In addition to seeking comfort and meaning on their own, Shidu parents in some cities formed or joined self-help groups to seek mutual and continuous understanding and support for their grief:

> Other people don't understand our feelings, but people from the group can. Because we all have lost our child, we face our grief together… we are always here for each other. (Jianyi)

The above interpretation suggests that these Shidu parents were essentially resilient and agentic in navigating themselves to integrate and create resources for coping with their grief despite being largely overlooked by the broader society (Fang 2019). Although they showed strong motivation to seek support in their ongoing life, support structures were not readily available to ensure stable and ongoing support for their greif. This could pose a significant threat to their ability to grieve at a time of ageing and deterioration.

Elderly Care

While experiencing grief as an ongoing challenge, these Shidu parents raised their elderly care as their increasing concern as they age. Living in a society largely relying on adult children for elderly care, with little social and government support, these parents were often forced to seek alternative resources to secure their elderly care.

Lacking Primary Caregivers

Ageing without children often leaves Shidu parents with no primary caregivers to turn to at a time of increased needs (Song 2014). When facing progressive decline in physical mobility and health conditions, these Shidu parents could be in greatly unsecure situations where even their basic needs may become unattended:

> I am really concerned about my future. Who is going to look after me, cook and wash clothes for me? (Hou)

This sense of insecurity could be exacerbated by barriers in the current healthcare system. The 1994 Medical Institution Regulations require care providers to obtain consent and signatures from older patients' family members, usually adult children, as guardians for hospital admission and surgeries (Zheng et al. 2015). Hence, these childless Shidu parents might be refused certain aspects of healthcare, especially when needing more medical support as a result of ageing:

> I have got a real fear that the hospital may refuse my admission again, especially if my wife died before me. (Xu)

Having no child to provide continued and stable resources for elderly care, some parents had turned to considering costly institutional care. However, most were unable to afford this; such a dilemma could further undermine their access to quality elderly care:

My pension is not enough for a private care home. I am really afraid of thinking about it. (Mai)

Lacking a secure source for sufficient practical care could also strongly challenge their mental stability in old age. Traditionally, the ideal elderly care expects adult children to provide not only practical support but also emotional and social care for older parents by helping them fulfil their familial and social roles (Qi 2014; Leung 1997). Without filial practices from their child, these parents often found their roles as parents and grandparents being robustly questioned, leaving their elderly care largely incomplete:

I had looked forward to having a grandchild who would call me 'granddad', but now this will never happen. (Guoping)

In light of having no secure sources for elderly care in all aspects, these Shidu parents often had to confront a strong sense of insecurity, which could persistently and even increasingly challenge the meanings and purposes for their ageing life:

If someone asks me about our elderly care plan, I always feel desperate. I really have no idea what we can do about it. (Nie)

Despite having drawn increasing attention from recent government policies, the support for Shidu elderly care remained limited and did not exclusively focus on Shidu parents (Lu and Wu 2016). Both the central government and local authorities have raised financial and other material assistance for older vulnerable One-Child families, including Shidu parents. This was confirmed in an interview with an official on a local community committee. Some local authorities also provided practical, emotional and social support through various social service programmes, although, as reported by a social worker, this multifaceted support was far from sufficient:

We want them to feel being cared for and supported. However, what we can do is still very limited… A social worker can't replace a child in a Shidu family. (Yajie)

The policy limitations were also exacerbated by significant regional gaps (Li 2018). As explicitly elaborated by an official from the National Health and Family-Planning Commission, such a structure could result in unevenly distributed resources for Shidu parents:

Only a small proportion of money is from the central government, the remaining is subsidised by local government… Each province got limited budgets. If the budgets are divided by a larger number, fewer resources can be distributed. (Zhao)

A profoundly vulnerable picture is captured thus far, illustrating significant disparities between the Shidu parents' increasing demands for elderly care and limited resources. Socially, the prevalent traditional child-centred elderly care patterns had little to offer for these childless parents. From a governmental perspective, despite the increased

support, the current policy structures missed a particular focus on Shidu parents. Thus, their unique and urgent needs for long-term and stable elderly care resources were still yet to be more intensively and equally addressed and supported.

Recovering Security for Elderly Care

By confronting an insecure ageing life, these Shidu parents reportedly channelled their anguish and fear into negotiating with various stakeholders to seek more resources, thereby challenging the traditional norms of child-centred care and the structural neglects of their urgent needs for more secure ageing life.

Given the government's primary role in implementing the One-Child Policy, the Shidu parents overwhelmingly felt that the authorities should provide more intensive and comprehensive support for their elderly care:

> We sacrificed a lot by only having one child for our country. So now, the state should invest more in providing better care to us. (Mai)

They further conveyed their determination and solidarity in negotiating with governmental bodies at different levels. The central government was often approached for attention and support at the macro level:

> We often travel to Beijing to seek opportunities to talk to government officials at a higher level. I believe the central government has the power to deliver better prospects for our elderly care. (Tie)

Some parents chose to negotiate with local authorities to more directly challenge the lack of long-term stable sources for caregiving. For example, a number of the participants raised the idea of building care homes dedicated to Shidu parents, regardless of facing enormous financial and structural barriers:

> Despite having discussed with the local government about the idea, we were told financially the government is incapable of doing so. Also, they can't just build care facilities for Shidu parents without providing the same support to other vulnerable older people. (Hao)

While seeking government support, these parents also had to turn to other resources for more secure elderly care. As conveyed, their family status and socioeconomic background could profoundly shape their needs for elderly care. Within their family, the spouse was often reported as the most important resource for developing reciprocal care arrangements:

> We are growing older, but my husband and I can still comfort and support each other. (Nie)

Given the marital protection regarding elderly care, some spouseless parents were reportedly sought to rebuild a family, especially with another Shidu parent who shares similar experiences. Nonetheless, these Shidu parents may lose such marital

support as they increasingly lose the ability to care for each other. This situation could leave them in fear of facing further practical and emotional vulnerability:

> If my husband died before me, I would be the unlucky one, as I would suffer more alone. (Yuan)

Some also approached their relatives, mainly siblings and their siblings' families, for short-term support. Given family support in China has largely been reciprocal (Qi 2014; Leung 1997), these parents were often unable and reluctant to receive long-term and intense elderly care from their relatives, with whom they had not exchanged significant support.

Outside the family, some parents actively sought social support from Shidu self-help groups, which served as a key grassroots community-based hub for them to access better resources both within and outside the group:

> When we come together, we always feel supported. That brings great comfort. (Jian)
> The government and charities can better identify us as a group rather than as individuals. So far, our group has received funding and donations from different places. (Nie)

The shared experiences and largely marginalised social status could drive these group members to develop common ground for mutual understandings and support, thus creating an alternative social world to feel 'normal' and cared for. As reported, these parents tended to see their group as a 'big family':

> We help each other like brothers and sisters in a 'big family'. Future is scary, but at least we have the 'family' to rely on. (Jian)

Some parents sought to further this alternative structure for 'family' support in the practices for elderly care, suggesting a mutually supported life as a group:

> Younger ones look after older ones, healthy ones take care of those who are sick... we can help each other to face the old age. (Zhang)

Whilst family members and self-help groups could relieve Shidu parents' anxiety about elderly care to some extent, there were still no well-established cultural and policy structures to secure their access to long-term and stable support as they aged. As such, good health was often considered the strongest guarantee for the quality of their elderly care, but this was couched in future uncertainty:

> I have to stay healthy so that I can rely on myself as long as possible. (Hao)

In light of the increased policy support, however, these parents widely placed their hopes on the government, which, according to them, has the power to develop more comprehensive support structures for their care.

The accounts above powerfully underline the dynamic and interactive nature of these older Shidu parents' experiences to negotiate for more meaningful and secure elderly care. Their values of family and interdependence were emphasised in their varied negotiations. They actively interacted with broad structures, especially the policy frameworks, to seek resources to allow for family-like mutual support with fellow Shidu parents and other support from wider society. Furthermore, as a largely neglected vulnerable group, these parents fundamentally aimed to develop more suitable support structures for their unique situations to ensure better long-term and comprehensive resources for their elderly care.

End-of-Life Care

Similar to grief and elderly care, how to approach the end of life was a matter of great concern for these Shidu parents. However, this aspect of vulnerability was inadequately addressed by both the parents themselves and society. This, as a result, could leave Shidu parents in confusion and disorientation about their needs for a better ending.

A bad ending

Given the potentially debilitating nature of ageing, the Shidu parents were aware that in this case they may face a bad demise. This contradicts the traditional routine of dying while being cared for, surrounded by family members, particularly their offspring at a time when they might lose the capacity make decisions for themselves (Zhang 2016; Sheng and Settles 2006). This could entail physical suffering and indignity during dying and after their death:

> I am not sure how I would take my last breath… I may die of starving or thirst. And people would not find my body until it gets rotten and smells. (Hou)

Given their strong dependence on family resources, partnered Shidu parents were most likely to be cared for at the end of life by their spouse. However, such support was conditional on their partner's capability. The badness may also derive from the prospect of having no child to arrange their post-mortem affairs, such as the funeral and grave-visiting. Living in a relational society (Qi 2014; Fang 2019), the Shidu parents could grow a particular 'badness' for failing to maintain their familial and social roles after death:

> No one will organise and attend my funeral, and visit my grave. My family line is cut off, so I will inevitably be abandoned after I die. (Xu).

This could further exacerbate their vulnerability by threatening the continuity of their familial and social identities that are traditionally valued (Sheng and Settles 2006).

Despite these fears, absent in their accounts is a clear understanding of what to expect in care when approaching the end of life. This deprived understanding of care for death and dying can be attributed to the tardiness in the development of end-of-life care in mainland China (Liu and Yuan 2016). As a western framework of professionalised models to provide holistic and integrated care for the dying, end-of-

life care has remained largely overlooked in Chinese society (Liu and Guo 2017). Therefore, little has been development in medical discourses and social policies to ensure sufficient resources and efficient structures for dying people and their families (Liu and Guo 2017). Furthermore, this neglect of end-of-life care was also evident in the domain of policies for Shidu parents. The interviews highlighted that government officials showed limited knowledge of end-of-life care and struggled to reference any relevant policies targeted at dying Shidu parents:

> There are separate units in some hospitals providing care to reduce pain for dying patients, but not particularly for Shidu parents… As far as I am aware, there aren't any policies addressing Shidu parents' needs for their dying. (Hu)

Alongside policies, family and wider society could provide extremely little support to reassure these older Shidu parents' anxiety about their death and dying. Being childless could strongly challenge their wellbeing and question their identities as a family and relational being. More fundamentally, the end-of-life care framework was missing from medical discourses, values and socio-policy norms in China, leaving these Shidu parents in a dilemma of needing support without knowing what they need in dying and after death. As such, these Shidu parents were likely to be left to face a bad ending alone.

Lacking Hope for the End of Life

Whilst the lack of support for end-of-life care was similar to grief and elderly care, these Shidu parents showed significantly less interest in negotiating with society for further help in this regard. Some parents tended to place their last hope with their spouse if any, although the majority had nowhere to turn to at the very last stages of their life. This helpless picture shows these parents' strong emphasis on family-centred dependence. It can also resonate with the above discussion about lacking social structures to address and support their end-of-life care needs. As such, they seemed largely unclear regarding what they should demand from the government and society to secure their wellbeing and rights when facing dying and death. Absent in their experiences was active searching for guidance and assistance to address their needs and preferences. Instead, they commonly hoped for a sudden death, rather than a prolonged dying, so as to avoid suffering and indignity:

> I wish I could die immediately. If I was diagnosed with a serious disease, that would be the best way for me. (Hou)

This sense of hopelessness could further grow in facing a future that is hard to envisage. Having no relevant norms and values of end-of-life care to refer to, these older parents could know little about what to expect or at least what to strive for their approaching end of life. Thus, they could be left devastated; some parents even expressed how they felt suicidal when it came to their end-of-life issues:

> I will have to think about how to kill myself in 10 years… I prefer death to suffering to end my life… Apart from this, there are no other sensible solutions for me. (Yuan)

Primarily passive and pessimistic attitudes were shown by these Shidu parents towards their own dying and death. Apart from regarding their spouse as the last resort, the Shidu parents showed little motivation to seek support for better end-of-life care from wider society. These findings, however, by no means indicate that they had no need to secure their well-being and dignity as they approached their end of life and after death. Rather, no discourses in current care and policy systems were available to replace the traditional family roles to represent and support their needs, urgently calling for further recognition and provision of end-of-life care in China.

Concluding Discussion

This article has reported a qualitative study exploring the dynamics of Shidu parent's experiences in facing and dealing with their vulnerability as they age. An insecure old age is powerfully captured, reaffirming observations by previous studies regarding Shidu parents' challenges and risks in grief and elderly care (i.e. Song 2014; Wei et al. 2016; Xu and Zhang 2020). More importantly, this study furthers the existing understandings by presenting a more in-depth, dynamic and analytical picture of these older, bereaved and childless parents' life experiences.

As found, Shidu parents' vulnerability was not only restricted to their grief and elderly care but also end-of-life care, an aspect often overlooked. By drawing on vivid accounts from both the parents and supporting staff, the concept of vulnerability is further unpacked, highlighting the significant disparities between their increasing needs and deprived social and policy support. Despite this profound and multifaceted vulnerability, the dynamic negotiations by these older Shidu parents remained a significant part of their experiences. That is, they adopted, revised, created and rejected the status quo to make sense of and prepare for old age whilst facing the loss of a child and a primary caregiver. This dynamic and interactive nature also highlights their struggles with social and policy structures that have not yet addressed and are not prepared to support them as a newly emerged social group. Their active negotiations mainly aimed to integrate and reshape the available social discourses to seek support for their grief and elderly care, however, little was negotiated for their end-of-life care issues. This difference further amplifies that structural issues are the fundamental reason for the dynamics of these Shidu parents' old age vulnerability. As explained above, the current cultural norms and policy discourses did not recognise their intense grief and failed to provide sufficient and dedicated support for their unique needs for elderly care. Meanwhile, no guidance and support was available to help them understand and guide their concerns at the end of life. These disparities between their unaddressed needs and lacking support from broad structures have shaped their diverse responses to facing and dealing with challenges and risks in old age.

The above findings can also contribute to the ongoing debates on relational beings in China (i.e. Zhang and Jia 2018; Fang 2019), as well as the duality of social structure and individual agency in bereavement and ageing studies (i.e. Valentine 2008; DeOllos and Kapinus 2002). This study captures a strong sense of these older Shidu parents' identity as an interdependent and family being. These fundamental values of family and relationality powerfully shaped their dynamic experiences in facing their old age vulnerability. As seen in this article, they extensively applied and sought their

parenthood, family bonds and social conformity in the three main aspects of their vulnerability. By exercising their agency, they actively and often creatively negotiated with the government and wider society for a new structure to better support their multi-faceted needs alongside ageing. Their emphases on the role of family and mutual support have strongly illuminated their relational beings in shaping experiences and expectations in old age. Furthermore, their proactive negotiations for policy support explicitly underlines the duality of structures (Giddens 1984), showing how policies could shape and be shaped by these Shidu parents. This also shows a considerable lack of sufficient social structures for recognising and supporting older Shidu parents' diverse and changing needs. In a society primarily relying on the family for care, government support could be an essential substitute for these vulnerable older Shidu parents to turn to when searching for meaning and old age security. Thus, how to develop a more resourceful and supportive social and policy environment stand as a crucial task for future policymaking.

Policy Recommendations

Based on the above findings, suggestions are given below to help further enhance social attention and policy coverage for older Shidu parents. Central to these suggestions is to develop a 'new' policy structure, aiming to not only improve support resources for older Shidu parents but also to encourage their dynamic experiences to actively draw on available resources further address their needs for their grief, elderly care and end-of-life care.

At a structural level, macro policies should develop a compassionate approach to being more knowledgeable and proactively supportive to these vulnerable older Shidu parents (Kellehear 2005). It is also important to reshape existing government strategies and create new policy discourses to ensure inclusive and equal access to support for older Shidu parents. To enable Shidu parents to better grieve and make sense of loss in old age, policymaking should aim to advocate for a grief literate society and community for both Shidu parents and others (Breen et al. 2020). By integrating and directing various public and social resources, such as social care and community-based support, a more empathetic and caring social environment can be developed. As such, older Shidu parents would receive further understanding and emotional support to more openly face their painful grief and proactively seek support. This compassionate approach should also be integrated to develop more intense and holistic policy coverage for Shidu elderly care. Despite the growing government inputs, policies need to deepen and widen the nature of support by providing more long-term and stable resources to secure Shidu parents' multifaceted needs for elderly care. Given the largely neglected end-of-life issues, this compassionate structure calls for an urgent need to develop and promote a professional model for holistic and integrated care for the dying, their family and care professionals (Liu and Yuan 2016). This would enable Shidu parents to access more practical and discursive resources and guidance to understand and plan their dying and death.

In practice, policymaking at both central and local levels should enhance and introduce specific policy strategies, social programmes and care models to support Shidu parents' values of family, interdependence and old age security. Their

experiences of death, dying, loss and caregiving should be explicitly targeted in the sprit of the 'compassionate community' to receive reciprocal care and support with other Shidu parents and wider society (Kellehear 2005). The developments of a grief literate society and community can focus on widening and equalising Shidu parents' access to formalized grief support by funding or subsidising more social work and counselling services. Local governments can also increase assistance provided to self-help groups and volunteer activities especially engaging young people, thereby enabling Shidu parents to gain more mutual understandings and to restore their social and parental roles to some extent. The government at all levels should consider providing domiciliary support and mental care for ageing Shidu parents, alongside enhancing financial aid. Social workers and volunteers should also be proactively included to supplement government support as a means of developing community-based care systems. The importance of self-help groups should also be emphasised on future policy-making agendas to encourage more mutual and family-like support amongst members. Furthermore, as critical facilitators in society, local governments need to further integrate other resources, such as donations and commercial investments, to improve care facilities for older Shidu parents. Nationwide standards for monetary and other forms of support for Shidu elderly care are much needed to tackle the considerable regional gaps. Finally, policies in end-of-life care could encourage care professionals to discuss end-of-life care and planning with Shidu parents, helping them learn what can be expected when approaching the end of life. Further, for a person-centred approach to end-of-life care (Liu and Guo 2017), policies should ensure special care is available to respond to the distinctive needs of Shidu parents, who are childless, particularly those without a spouse or other family members.

Often being hidden within other larger categories of vulnerable people, older Shidu parents' distinctive needs have not been formally and adequately responded in current policies. Given the sensitive links of Shidu to the One-Child Policy (Lu and Lu 2014), future policy-making may integrate Shidu parents into a new category of 'involuntarily childless older people', which refers to older people who became childless by child loss, physical comorbidity or socioeconomic disadvantage. These people commonly face a lack of long-term and stable caregivers, isolation, stigma and other socioeconomic pressures (DeOllos and Kapinus 2002). As such, future policies to support these childless and often marginalised older people, including Shidu parents, may be developed without necessarily touching upon or questioning the One-Child Policy.

Compliance with Ethical Standards

Conflict of Interest   The author declares that he has no competing interests.

Ethical Approval The study was approved by the ethical committee in the Department of Social and Policy Sciences at the University of Bath, UK. Permission was also obtained from gatekeepers to conduct research in the participated organisations.

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