ABSTRACT. Official documents and data from a 10-month field study are used to examine caregiving practices for sick and elderly people at home in the north China city of Tianjin. Using the research site of the family sickbed, 17 sample families were obtained from a general hospital and a senior cadre’s sanatorium. The paper describes the development of the family sickbed in China and in Tianjin, and summarizes family caregiving practices by spouse-caregivers, adult children and relatives, neighbors and friends. Care support from work units is also described. Implications of changes in home caregiving in the future are discussed.

Key Words: home care, China, elderly, family, social change

In China, one’s family long has been seen as the most important kind of insurance and support against the infirmities of old age and illness. While family members today remain the primary caregivers for their sick and elderly relatives, a series of changes currently underway in Chinese society – perhaps most notably, here, the effects of the one-child family policy and the market economy – make these present family caregiving arrangements untenable for the future (see Ikels 1990a, 1990b). When today’s middle-aged urban parents who were first subject to the one-child population policy implemented in 1979 begin to reach retirement age (commonly 55 for women and 60 for men), sometime after 2000, there simply will not be enough people in their adult children’s generation to reproduce the more informal and family-centered care common now and in the past. More formal, institutionalized supplements from outside the family will be needed.

To gain a clearer understanding of the implications of these changes, we studied some aspects of present family caregiving practices for elderly and ill persons at home in Tianjin, China’s third largest city located roughly 80 miles (124 km) southeast of Beijing. We observed families receiving services through a family sickbed (jiating bingchuang) program in which hospital-based doctors and nurses make home visits to monitor and give treatment to chronically ill, mainly elderly, patients cared for by their family members. In this paper we use data from that 10-month field study, supplemented by hospital and government documents and data, to examine how care for a small number of sick and elderly people was managed at home.

First, we briefly describe the field study and discuss the history and nature of the family sickbed program. The balance of the paper examines the central contributions family members made to home care, supplemented by neighbors, friends, and the patient’s work unit. We close with speculation about possible future problems and developments in home care in China.
THE FIELD STUDY

From November 1990 to July 1991, we made over 150 visits to 17 diverse families served by two sickbed programs in Tianjin. Our aim was to get a sense of how the sickbed program worked, what doctors and nurses did, how the work and responsibilities of care were distributed within the families, and how, in the face of greater economic demands and opportunities, family members of different generations managed this work together. Sample families came through the cooperation of one large, general hospital and a senior cadres' sanatorium for convalescent and rehabilitative care. During the 10 month period we asked 32 families to participate in the study; of those, we finally completed sets of interviews with 17.¹

While we asked sickbed doctors to accompany us on our first visit, we made subsequent appointments and visits alone. We told respondents that while the hospitals and the Tianjin Academy of Social Sciences endorsed the research, none of our interview notes or transcripts would be shown to anyone in these work units, and that participants' names would not be divulged. We worked with 3 or 4 families at a time, making multiple visits until our many questions about the sickbed and caregiving had been answered.²

We interviewed 102 people: 19 patients;³ 12 spouses; and 71 other family members, including 21 daughters, 16 sons, 11 daughters-in-law, 7 sons-in-law, 6 grandchildren, 5 siblings, 2 parents, and 3 nieces and nephews. The 19 patients had various diagnosed diseases, the most common being cerebral vascular diseases (79%), diabetes (26%), and heart disease (26%). Table I displays various characteristics of the 19 patients and their families. None of the patients had been employed at the same work unit. In addition, we interviewed 8 doctors and nurses from the 2 sickbed programs about their work, official policies, treatments, and their thoughts on the future of the program.

THE FAMILY SICKBED IN CHINA

According to official public health documents, the aims of the family sickbed program in China are to help solve the twin problems of seeing a doctor (kanbing) and staying in a hospital (zhuyuan) by bringing medical care to patients maintained by their families in their own homes (see Tianjin City Public Health Bureau 1990a). The importance of such concerns perhaps can be appreciated by reference to data on the distribution of medical care resources in the population. According to the Tianjin Municipal Statistics Bureau, in 1980 there were 22,557 people for every hospital in the city; in 1985 the number was 28,239, and in 1990, it was 29,565. Table II shows the number of hospital beds, doctors, and nurses for every 1,000 people in Tianjin for the 1980–90 decade. Table III provides a longer view of these measures and their painfully slow change for cities of population 100,000 or more for the forty years since the founding of the People’s Republic. Given this demand, we can safely assume that the number of inpatient beds available for older, chronically ill patients