

# **Preparation for Old Age Among Childless Older Adults: A Qualitative Study of Bereaved Only-Child Parents in China**

Abstract.....	2
Introduction.....	3
Complexity of Preparing for Old Age.....	3
Preparing for Old Age in the Chinese Context: The Case of <i>Shidu</i> Parents ....	4
Data and Methods .....	6
Participants Recruitment and Data Collection.....	6
Data Analysis .....	7
Findings.....	8
Concerns For Old-age Security.....	8
Resources Facilitate Old Age Preparation .....	11
Motivation of Preparation for Old Age.....	14
States of Preparation for Old Age Among <i>Shidu</i> Parents .....	16
Discussion .....	19
Policy Implications and Practical Interventions .....	21
Conclusion .....	21
References.....	23
Figure 1 .....	26
Table 1 .....	27

# **Preparation for Old Age Among Childless Older Adults: A Qualitative Study of Bereaved Only-Child Parents in China**

## **Abstract**

In the context of China's rapid modernization, shrinking family size, and the erosion of traditional family-based support systems, older adults—particularly those without children—are increasingly responsible for planning their later years. This qualitative study explores how bereaved only-child parents in China prepare for old age particularly considering the profound challenges posed by their bereavement and the absence of adult children. Through in-depth interviews, the study examines the complexities of preparation across multiple domains of life, highlighting the emotional support, financial security, daily practicality, and end-of-life concerns faced by this population. Two central factors—available resources and personal motivation—are identified as key determinants of preparedness, leading to four distinct typologies: comprehensive preparation, sporadic preparation, "go-with-the-flow," and resignation ("giving up on themselves"). Each typology reflects varying degrees of vulnerability and risk in later life. The study offers recommendations for social policies and support practices tailored to the unique needs of childless older adults in China.

(We sincerely appreciate the time and effort of the reviewers. As our research is qualitative in nature, a full text submission would be more appropriate to fully demonstrate the in-depth exploration of our qualitative study. Thank you again for your understanding and consideration.)

## Introduction

China has undergone significant socio-demographic shifts and family transitions in recent decades, leading to profound changes in traditional support systems for older adults (Qin et al., 2020). With social modernization and urbanization, younger generation experience greater geographic mobility and as such, increase their distance from their parents (Liu, 2014). This increased mobility, coupled with shrinking family sizes, has weakened the traditional family-based support systems upon which older adults in China have historically relied. As a result, the aging population now faces unprecedented challenges in securing the care and support necessary for their later years.

Against this backdrop of changing social dynamics, older adults in China are increasingly required to take personal responsibility for their aging process, particularly those who are childless and therefore lack the traditional safety net of an adult child to serve as a future caregiver. While the concept of old-age or retirement preparation has gained substantial attention in Western societies, it remains relatively underexplored in the Chinese context (Chen et al., 2020). Given the growing necessity for older adults—especially those without children—to engage in proactive planning for their later life, this study seeks to fill a critical gap in the literature by examining this issue. In particular, it highlights a highly vulnerable yet often overlooked subgroup within China's aging population: bereaved only-child parents, commonly referred to as *Shidu* parents (Wang & Hu, 2021).

The primary aim of this study is to investigate how *Shidu* parents, a distinct cohort of childless middle-aged and older adults, navigate the process of preparing for old age. This research seeks to uncover the complexities of these preparations across various life domains, highlighting the heterogeneity of approaches while considering the profound challenges arising from both their bereavement and the absence of traditional familial support structures.

## Complexity of Preparing for Old Age

Preparation for old age encompasses a series of intentional actions that individuals take to ensure desirable outcomes in their later years (Denton et al., 2004; Kornadt & Rothermund,

2014; Kornadt, et al., 2015). As people age, they face numerous challenges, such as declining physical health, reduced income, diminished social engagement, increased isolation, and a loss of independence (Street & Desai, 2011). These challenges underscore the importance of proactive planning for old age, as empirical studies have consistently demonstrated a positive link between preparation and enhanced well-being, as well as higher life satisfaction in later life (Pothisiri & Quashie, 2016; Noone, Stephens & Alpass, 2009; Prenda & Lachman, 2001).

Preparation for old age spans multiple domains of life, including health, finances, leisure, work, housing, emergency planning, appearance, estate management, and social relationships (Jacobs-Lawson & Jackson, 2001; Denton et al., 2004; Kornadt & Rothermund, 2014). Specific types of planning, such as making arrangements for future care and end-of-life decisions, have been shown to enhance individuals' sense of control, while also reducing anxiety and depression about the future (Pinquart et al., 2002; Sorensen et al., 2012). Nevertheless, research indicates substantial individual variability in old-age preparation, with many older adults reluctant to engage in such activities (Ekerdt et al., 2001; Jacobs-Lawson, 2004).

This variability in preparation is influenced by a range of demographic and psychosocial factors. Studies have shown that age, socioeconomic status, marital status, social relationships, and physical health all play critical roles in shaping the extent and nature of old-age planning (Noone et al., 2010). Additionally, psychological factors—such as subjective life expectancy, future time perspective, perception of risk, and attitudes toward time and aging—significantly affect how individuals plan for their later years (Kornadt & Rothermund, 2017; Denton et al., 2004; Apouey, 2018). Despite these findings, the impact of the number of children on old-age preparation remains underexplored, particularly in societies with strong familial cultural norms. Examining the experiences of Chinese *Shidu* parents—who face old age without the traditional intergenerational support—can address this gap and offer valuable insights into how older adults prepare for later life in non-Western contexts.

### **Preparing for Old Age in the Chinese Context: The Case of *Shidu* Parents**

In Chinese society, preparing for old age is deeply embedded in family dynamics, with children

playing a central role (Song et al., 2016; Song et al., 2018). The cultural emphasis on filial piety (孝) places the responsibility of caring for aging parents squarely on the shoulders of children, particularly sons. This expectation is encapsulated in the traditional saying "养儿防老" (raising children to secure support in old age), emphasizing the cultural norm that children are obliged to provide financial, emotional, and practical care for their aging parents, including daily caregiving and healthcare decision-making (Chen et al., 2019). As a result, older adults with children often have low motivation to prepare for old age independently, relying on their children as a source of future care.

However, for childless older adults—specifically those who have lost their only child, known as *Shidu* parents—the situation is significantly different. The death of a child is a deeply traumatic event, particularly in cultures like China, where filial piety is central to the family ethics (Rubin & Malkinson, 2001; Wei et al., 2016). In the case of *Shidu* parents, this loss not only disrupts the traditional reliance on children for old-age support but also weakens their sense of purpose and outlook for the future, placing them in a vulnerable position (Zhang & Jia, 2018).

Numerous studies have highlighted the specific vulnerabilities of *Shidu* parents, who face significantly worse physical and mental health, weakened social networks, and deteriorating economic and marital conditions compared to non-bereaved parents (Wang & Hu, 2019; Yin et al., 2018; Zheng & Lawson, 2015). They are more likely to suffer from anxiety, depression, loneliness (Wang & Hu, 2022; Hu & Wang, 2023), chronic illnesses (Yin et al., 2018; Zheng, Lawson & Head, 2017), and even social discrimination (Zheng & Lawson, 2015). The compounded effects of bereavement and aging leave *Shidu* parents in a precarious situation, as they confront both grief and age-related risks (Mu, 2015). While the Chinese government has introduced several support policies, these measures often fall short of addressing the full range of challenges faced by this group, making the need for personal preparation for old age even more pressing.

While previous research has focused on the lack of security among *Shidu* parents, particularly in terms of government-provided financial and psychological support (Yin et al.,

2018), less attention has been paid to the agency of these parents in preparing for their own later life. Some recent studies have explored their engagement in future care planning, showing that many *Shidu* parents are not actively involved in preparing for old age (Chen et al., 2019). However, critical domains of preparation — such as financial planning and end-of-life arrangements—as well as the heterogeneity of preparation, remain underexplored. This study aims to address this gap by adopting a multidimensional approach, examining how *Shidu* parents prepare for old age across various life domains and the distinct states of preparations.

## **Data and Methods**

The aim of this study is to understand childless older adults' perceptions, attitudes, and actions regarding old-age preparation. Qualitative methods are well-suited for this investigation, as they are designed to address “how” and “why” questions, allowing for an in-depth exploration of participants' decision-making processes and personal experiences (Hennink et al., 2020). These methods are particularly effective in capturing complex, subjective phenomena that quantitative measures may fail to adequately represent.

### **Participants Recruitment and Data Collection**

This study focuses on *Shiduer*, older adults whose only child has died and who did not have or adopt another child. This population is particularly difficult to access, as *Shiduer* often conceal their identity due to the emotional distress and potential social stigma associated with their bereavement (Chen et al., 2020). Therefore, key informants and snowball sampling were used to recruit participants. The inclusion criteria for participants were as follows: (1) individuals aged 49 and older whose only child had died, (2) no other biological or adopted children, and (3) cognitive capability to participate independently in interviews.

As part of a larger project examining social support for *Shiduer* in China, we had previously established rapport with some participants through earlier research (Wang & Hu, 2019; 2022; Hu & Wang, 2023). Leveraging this network, along with the assistance of two key informants and a community staff member in Wuhan, we were able to reach an initial pool of 33 eligible participants. After explaining the study's purpose through social media platforms

like QQ and WeChat, 26 individuals consented to participate, while seven declined due to concerns related to time, health, or privacy.

A semi-structured interview guide was developed to collect both sociodemographic and socioeconomic data, as well as information on participants' thoughts and actions regarding old-age planning. Four key topics were explored in the interviews: 1) Awareness: Have you considered issues related to your old age? What concerns do you have about later life? 2) Perception: Have you made any plans for different aspects of your later years, such as finances, health, or housing? 3) Information Gathering: Have you discussed old-age planning with others or gathered any information on this topic? 4) Decision-Making and Actions: What specific actions have you taken, or do you plan to take, in preparation for your old age? While this interview schedule provided a basic framework, the semi-structured nature of the interviews allowed participants to express themselves freely, and interviewers were flexible in following participants' narratives wherever relevant to the central research questions.

The first author conducted all face-to-face interviews in Mandarin Chinese, between April and October 2022, in locations and at times convenient for each participant. Prior to each interview, the research aims were explained, and participants provided informed consent. Recognizing the potential for emotional distress during discussions of bereavement and future planning, the interviewer was attentive to participants' emotional states, allowing for pauses or withdrawal from the interview at any time. Interviews lasted between one and two hours, with an average duration of 86 minutes. All interviews were audio-recorded with participants' consent, and their anonymity and confidentiality were strictly maintained throughout the research process. This research obtained ethical approval from Guangzhou University.

## **Data Analysis**

We used summary statistics to describe participants' characteristics (See Table 1). The interviews were transcribed in Chinese verbatim and the transcripts were analyzed using Nvivo12. We conducted thematic analysis to identify themes around preparations for old age, following steps proposed by Braun and Clarke (2006). In the first stage, the authors read the

transcripts several times respectively to familiarize with the data and then conduct inductive coding separately. Discussions and consensus on coding structure were made every 10 transcripts analyzed. While encountering disagreements on codes, the authors then consulted another two qualitative researchers who are familiar with the area for advice. During the process, constant comparison were made between data and codes, codes and codes, to achieve coding accuracy and conciseness (Glaser, 1965). Stage one ended with a range of unstructured codes. In the second stage, we continued the strategy of constant comparison. Codes were merged, revised, and restructured into a three-tier coding tree, with the first level becoming the key themes of the finding.

## **Findings**

Old age security is a topic which *Shidu* parents often avoid but have to face. The analysis of their narratives revealed three key themes related to old-age preparation: concerns for old age security, resources facilitate old age preparation and motivation for old age preparation. Based on the participant's available resources and motivation, we further developed a typology of states of old-age preparation (See Figure 1), illustrating the varying levels of preparedness among the *Shidu* parents.

### **Concerns For Old-age Security**

For childless older adults in a society that heavily relies on family for old-age support, the absence of children often translates into heightened insecurity about care and support in later life. Nearly all participants expressed significant anxiety about their future, frequently using phrases like "deeply worried," "dare not to think about it," "pessimistic," and "fearful" when discussing their old age. Their concerns predominantly revolved around financial instability, the lack of caregivers, the prospect of loneliness, and dying without support.

#### ***Financial concern—who will support me?***

In China, adult children are a primary source of financial security for aging parents. *Shidu* parents, having lost their only child unexpectedly, often face greater financial difficulties

compared to parents with surviving children or those who are voluntarily childless. The unanticipated nature of their loss means that many *Shidu* parents have not made concrete financial plans for old age. In this study, while four participants reported no financial concerns, the majority expressed worry about affording future medical expenses, hospitalization, long-term care services, and the costs of institutional care.

*If my child were alive, she will support us financially. However, we have to rely on ourselves since she left us. My husband and I have a pension of around 4,000 Yuan per month, which is fine for daily living. But we cannot manage when we have health issues. Last year, my husband had a surgery which costed us 80,000 Yuan for medical expenses, and 200 Yuan per day for daily care. Until now, we spend 600 Yuan per month for his medication and most of which cannot be reimbursed from the medical insurance...For future plan of old-age care, I dare not to consider. It is hard... it seems that we may go to the institutions, however, we cannot afford the good ones neither do we want to go to the bad ones... (F02, female, aged 65)*

#### **Daily-living concern—who will care for me?**

In China's familistic culture, older adults commonly expect to age in their own homes with the support of their children, who are traditionally viewed as the primary caregivers. The loss of an only child, however, disrupts these expectations, leaving many bereaved parents uncertain about who will care for them in later life. Participants in this study expressed deep concerns over the absence of caregiving support, specifically citing worries about "having no caregiver during periods of disability," "no one to authorize medical procedures or nursing home admission," and "no one to handle emergencies in old age." Widowed participants, in particular, felt even more vulnerable due to the lack of both spousal and family assistance.

*My health declines along with age, and I was totally on my own after my husband passed away. In the recent two years, almost every night, I suffered from the same nightmare—I lie alone on the bed, cannot move and have nobody to support me. Such worry is around me all the time. I do not want to bother the relatives and I dare not to hire*

*the household helper. What if she abuse me? Then who will be there for me? I have considered the nursing home, but it is expensive and I cannot get used to the life there... em, headache. I really do not know what will be like in my future older age. (F20, female, aged 68)*

One key reason for these anxieties is the underdevelopment of formal social care in China. The country's "9073" model of care presumes that 90% of older adults will be cared for by their families at home, 7% will receive care in their communities, and only 3% will enter nursing homes. Given this framework, family remains the cornerstone of elder care, and those without family caregivers—primarily provided by adult children—experience heightened insecurity regarding their future care needs.

***Emotional concern—who will accompany me?***

For many Chinese parents, their children represent not only a source of care but also emotional fulfillment, leading some to become deeply reliant on them for emotional sustenance. After the death of their only child, *Shidu* parents often experience profound loneliness, as most have not built strong social networks and suddenly find themselves without the emotional anchor their children once provided. "Feeling lonely" was a recurring theme in this study, with many participants expressing how the absence of their child left them without meaningful companionship or purpose.

*Even if people do not always meet their adult children, they can frequently contact by phone, and they will have a hope to reunion on special days, such as the Spring Festival. A happy later life should be surrounded by children and grandchildren, isn't it? For us who have no offspring, who will really care about us? Now I try to avoid staying at home to avoid the feeling of loneliness, but what should I do when I cannot move? It will be horrible when you cannot move and have no one to speak to. ( F13, female, aged 62)*

Loneliness has become a predominant issue among *Shidu* parents, as the loss of their child not only strips away emotional support but also alters their social roles and sense of identity.

Many parents lamented that, had their child lived, they would now be surrounded by grandchildren, enjoying the later stages of family life. Instead, they are left with a void, leading them to feel as though life has lost its meaning.

***End-of-life concern—who will “bury” me?***

Death with dignity includes the element of a decent funeral in Chinese culture. Under Confucius norm, arranging the parents’ funeral after their death is an essential part of filial practice for adult children, especially the sons. For parents without offspring, this becomes a profound concern as they age. The absence of a child to perform these duties heightens their anxiety about end-of-life arrangements, leading to significant emotional and psychological pressure.

*As I age, I feel I’m getting closer to death, and I can’t help but worry about what will happen when I die. I often think it might be easier for the one who passes first, as the surviving spouse can take care of things. But for the one who dies later, it will be incredibly difficult—no spouse, no children, no one to arrange anything. The worst part is, there may not even be anyone to realize I’ve passed away...” (M22, male, age 67).*

In our fieldwork, we found that in cases where *Shidu* parents are widowed or divorced, funeral arrangements are often made by siblings or other relatives. However, this resource is unreliable, as siblings are often older people themselves or may be disconnected. To our knowledge, no formal support policy exists to address these concerns, leaving *Shidu* parents in a vulnerable position regarding their end-of-life arrangements.

**Resources Facilitate Old Age Preparation**

The ability of *Shidu* parents to prepare for old age varies significantly based on their access to key resources, including economic resources, social networks, and information-gathering capabilities. These factors not only shape their preparedness but also influence the level of confidence they feel in securing their future well-being.

***Economic resources***

Economic resources are a critical determinant of whether and to what extent *Shidu* parents can make plans for old age. Key sources of financial support include labor income, pensions, subsidies, savings, property, and social security. Participants with greater financial resources felt more secure about their old-age plans. For instance, some were able to afford decent care institutions and even offer financial incentives to friends or relatives to act as their future guardians. One participant highlighted this:

*Money is the first thing you need to prepare, otherwise you can do nothing. I visited dozens of care homes and truly understand how important money is. If you want someone to be your guardian, you need to offer benefits like money or property; otherwise, you are just a burden. (M22, male, 67)*

On the other hand, participants with fewer financial resources often exhibited a more passive or resigned attitude toward old age. One participant, who is still working past retirement age due to significant debt from his child's medical expenses, expressed his stark reality:

*Talking about preparation? It's probably just preparing for a thousand ways to die. When I'm old and really can't take care of myself, I'll embrace death calmly. (M06, male, 61)*

Economic hardship also strains interpersonal relationships and affects even basic end-of-life considerations. One participant mentioned how financial insecurity has isolated her from relatives and limited her ability to plan:

*When you have no money, relatives and friends distance themselves. I've thought about visiting care homes like others, but I've never gone because I can't afford to live there. Even buying a burial plot is beyond my means. I feel like I can't afford to live or die. (F04, female, 62)*

### ***Social networks***

Old-age preparation is not an isolated endeavor; it often requires the input and support of social

networks, particularly spouses and close relatives. Strong communication between spouses enables more comprehensive planning, as mutual understanding and cooperation ensure both partners are better prepared for old age. One participant shared:

*Communication is important, especially as we age. We discuss everything: how much to save, which nursing home to choose, and how the surviving spouse will live after one of us passes. Since our child is gone, we only have each other, and we must support each other through the rest of our lives. (F16, female, 68)*

However, many *Shidu* parents reported limited communication with their spouses. Some revealed that their marital relationships deteriorated after the death of their child, reducing opportunities for discussion about old-age preparation. One participant described this emotional distance:

*I haven't really discussed it with my husband. After our child passed, our marriage became just a formality, and we handle finances separately. He never tells me his thoughts, and I don't ask because it only brings sadness. (F26, female, 64)*

Beyond spousal relationships, kinship networks can play a crucial role in old-age care. Siblings and their children are often seen as substitute guardians and provide emotional and informational support. Participants with strong family ties felt more prepared for old age, as one participant explained:

*My siblings and their children are very good to me. We discuss my future care plans together, and I recently signed a guardianship agreement with my nephew. (F05, female, 70)*

In contrast, those without supportive relatives face significant challenges. One participant noted:

*After my child passed, I felt inferior to relatives and friends and rarely contact them. Preparing for old age is troublesome. The most important things are money and people,*

*and without a reliable person, many things are difficult to prepare for. (M22, male, 67)*

Additionally, many *Shidu* parents noted that support from government departments, community services, and social organizations remains minimal, leaving them to largely depend on personal networks. The assistance provided, such as small financial subsidies and occasional visits from community workers during holidays, is perceived as insufficient for addressing their complex needs in preparing for old age. One participant shared:

*We can't rely on the government; we can only rely on ourselves. The subsidies are a few hundred yuan a month, and on holidays, community workers might bring some gifts, but that's about it. (M22, male, 67)*

This lack of institutional support further intensifies their sense of isolation and uncertainty.

### ***Access to information***

Access to information is another critical resource for old-age preparation. Information seeking refers to *Shidu* parents' capacity to obtain, identify, and utilize aging-related information through social networks, internet platforms, and other means. In digital age, those with higher education levels and familiarity with digital tools are better equipped to gather information about aging-related issues, allowing them to make informed decisions. As one participant said:

*I've joined several Shidu QQ and WeChat groups where people share information about nursing homes, communal living, reverse mortgages, and guardianship agreements. It helps to learn about these things before making decisions. (M09, male, 66)*

### **Motivation of Preparation for Old Age**

The motivation to prepare for old age among *Shidu* parents reflects their willingness to take proactive steps in advance. Motivations varies significantly and is shaped by several factors: their belief in the effectiveness of preparation, their expectations for future life, and their current stage of grief. These influences determine whether they are willing to take proactive steps

toward preparing for old age.

### ***Perceived effectiveness of preparation***

Shidu parents' belief in the effectiveness of old-age preparation significantly affects their willingness to take action. Those who take a proactive approach often see preparation as a way to manage the uncertainties of aging. They recognize the importance of planning for potential future challenges like illness or disability. As one participant explained:

*Without children, we can only rely on ourselves for old age. The earlier you prepare, the more calmly you can live with dignity in old age. (F11, female, 72)*

In contrast, some parents hold a more fatalistic view, believing that planning for old age is futile due to the unpredictability of life. Their experience of losing their only child often makes them feel that life's uncertainties outweigh any potential benefits of preparation. As one Shidu parent stated:

*After my child passed away, I realized life doesn't follow plans. My biggest plan and hope—my child—was shattered.” (M14, male, 60)*

### ***Expectation for future life***

Expectations about future life also play a crucial role in shaping the motivation to prepare for old age. These expectations are tied to perceived health, life expectancy, and the sense of life's meaning after the loss of their child. Shidu parents who anticipate a longer life and feel a sense of responsibility for their own care are more likely to engage in preparation. For example, one participant noted:

*Considering my health, I might live to be 80. Longevity is the biggest risk! The longer you live, the weaker you become... Generally, by around 70 years old, independent living becomes difficult. That's why I've been looking at nursing homes for the past few years. (F23, female, 72)*

On the other hand, the loss of an only child profoundly affects *Shidu* parents' sense of purpose and their expectations for aging. Some have reconstructed a positive sense of meaning and hope for a dignified old age. One parent articulated this perspective:

*If you want to live a quality and dignified old age, you need to face and address your aging issues... Since I decided to live well for my daughter, I must take good care of myself.*  
(F19, female, 69)

In contrast, others experience a diminished sense of life meaning and pessimistic expectations for the future, which discourages proactive preparation. Many *Shidu* parents also face dilemmas about financial preparations, torn between securing future needs and maintaining current quality of life.

### ***Stages of bereavement and grief***

The time elapsed since losing a child and the associated grief stages significantly influence *Shidu* parents' willingness to prepare. Those in the early stages of grief often lack the energy and mindset to confront aging issues, while those who have grieved longer begin to engage with practical matters. One participant shared:

*In the first few years after my child passed, the pain was unbearable... Later, I slowly accepted my child's passing, realizing they would want us to live well.* (F11, female, 72)

Moreover, age is a critical factor, as older *Shidu* parents tend to recognize the urgency of preparations. Most participants over 65 had begun to plan for their old age, while those around 50 often viewed such preparations as distant concerns. One participant reflected:

*At my age, I'm still relatively young... Maybe I'll think about it when I turn 70. I haven't looked into nursing homes unless one day I'm old and cannot move. Right now, I'm just focused on living well in the present.* (M17, male, 54)

### **States of Preparation for Old Age Among *Shidu* Parents**

While concerns about old age security were a universal theme among Chinese *Shidu* parents, significant heterogeneity was observed in the resources available to them and their motivation to prepare. This led to the identification of four distinct patterns in their preparation states.

### ***Comprehensive preparations***

This group of *Shidu* parents exhibits both a high motivation, rich resources and strong capability for preparing for old age, resulting in comprehensive preparations. They emphasize the importance and urgency of personal old age preparation following the loss of their only child. They have clear, detailed plans for their future elderly life, and proactively use their available resources to mitigate potential risks. Their preparations cover financial security, physical health, social relationships, eldercare, and estate planning. They report that being prepared gives them a sense of control over their later years, helping them overcome negative emotions such as fear and pessimism. However, only a small number of participants (N = 4/26) indicated that they had made substantial preparations. As F11 stated:

*Old age preparation involves four main aspects: money, health, people, and the choice of eldercare. Financially, I have always saved money, and with my pension and property, I don't feel much pressure. Health-wise, I maintain a light diet, exercise regularly, and have routine check-ups to address any issues early. I aim to stay healthy as long as possible and not rely on others. Regarding a guardian, I've always been close to my niece, who takes good care of me, and I trust her completely. After my spouse passed away, I signed an agreement with her to handle major medical decisions, eldercare, and inheritance matters. If I can live independently, I'll stay at home; if not, my niece will arrange for a nursing home. I've visited dozens of homes and have a few options in mind. I've done everything I can think of to prepare, which gives me peace of mind. I believe my preparations are quite thorough. (F11, female, 72)*

### ***Sporadic preparation***

Parents in this category typically exhibit a strong motivation to prepare for old age and have

begun taking some preparatory actions. However, they encounter significant challenges due to limited resources, including insufficient financial savings, lack of social support networks, and restricted access to information. Consequently, their preparations are sporadic and vague, leading to pessimism about future eldercare. This group of parents requires substantial external support and has the potential to transition into the "Comprehensive Preparations" category. Notably, the majority of participants (N = 13/26) fall into this group.

While some have initiated financial preparations, their savings and anticipated retirement income often fall short of covering potential high medical expenses, caregiving costs, or nursing home fees. Additionally, many have considered eldercare and estate planning, but their limited resources and knowledge hinder concrete actions, leaving them in the information-gathering stage. One participant expressed:

*The older you get, the worse your health becomes, making eldercare more urgent. These issues are definitely on my mind. For example, should I go to a nursing home? Which one should I choose? ... I've visited some nursing homes, but I'm more uncertain now. I don't want to stay in a poor-quality one, and I can't afford a good one. I also hesitate to hire a caregiver for fear of mistreatment ... The more I think about it, the more complicated it seems. I feel confused and uncertain about where to start, and end up just thinking about it. (M22, male, 67)*

### ***"Go-with-the-Flow"***

This type of *Shidu* parent has a high capacity for eldercare preparation but lacks the motivation to do so. They typically have the necessary resources; however, they are influenced by beliefs such as "eldercare preparation is useless," "there are no high expectations for old age," and "eldercare is a distant concern." As a result, they focus more on their current living conditions, leading to minimal preparation efforts. A few participants in our study (N = 4/26) belong to this category and particularly require external support and eldercare preparation education to reshape their perspectives. One participant shared:

*I'll put it this way, I haven't made any preparations for old age because I don't think it's necessary. Normally, I have property and a pension, so I won't starve...Saving money is pointless as it depreciates. For minor illnesses, medical insurance is enough. If I get seriously ill and can't afford treatment, it doesn't matter since I have no children or obligations—dying wouldn't be a loss. As long as I can take care of myself, I'll live at home. If I become unable to care for myself, it's meaningless to continue living in suffering. Instead of compromising, I'd rather enjoy life while I can. (M14, male, 60)*

### **Resignation type**

This type of participants seems "giving up on themselves" and lack both the resources and motivation to prepare for old age. They often hold a negative and pessimistic view towards eldercare preparation, adopting a completely avoidant attitude and strategy, resulting in extremely low levels of preparation. Their actions are constrained by objective factors such as "lack of financial resources" and "lack of social support," as well as subjective beliefs like "preparation is meaningless and useless" and "loss of hope and confidence in future eldercare." Notably, nearly 1/5 of the study sample (N=5/26) falls into this category. These parents face the highest eldercare risk and require significant attention and intervention from the government and society. Additionally, the study found that, influenced by traditional cultural and family roles, *Shidu* fathers are more likely than *Shidu* mothers to avoid preparing for old age. As one *Shidu* father stated:

*I have no money, no people, and I don't know how to prepare. It's like living day to day; if I can get through today, that's enough. If I can't live anymore, then I won't. (M18, male, 63)*

### **Discussion**

China is undergoing profound social and demographic transformations in recent decades. Rapid population aging, declining fertility rates, and a shrinking family size have redefined the capacity for traditional family-based eldercare. The implementation of the One-Child Policy and its aftermath have led to a growing number of empty-nest families, and *Shidu* parents, those

who have lost their only child, represent one of the most vulnerable groups in this context (Feng & Zhan, 2018). This demographic shift, compounded by urbanization and changing family dynamics, has made the traditional reliance on filial piety for eldercare increasingly untenable (Zhang & Goza, 2016). As a result, the need for structured and proactive preparation for old age has become more pressing, especially for childless older adults like *Shidu* parents, who cannot depend on the support of adult children.

Our research highlights the critical concerns of *Shidu* parents regarding old age preparation. These include financial security, daily instrumental tasks, emotional needs and end-of-life issues, all of which are exacerbated by their childless status. In addition to identifying key factors that influence preparation, such as resources facilitate old age preparation and motivation of preparation, this study underscores the heterogeneity among *Shidu* parents' states of preparation. Some parents demonstrate comprehensive preparedness, leveraging strong resources and motivation, while others are hindered by a lack of resources or motivation, and even exhibit resignation toward future planning. These findings are consistent with existing literature on old-age preparation, highlighting the significance of socioeconomic status, social relationships, and psychological factors (Noone et al., 2010; Denton et al., 2004; Apouey, 2018), but this study uniquely contributes to understanding the specific circumstances of childless older adults within the Chinese sociocultural and policy context.

One of the novel contributions of this research is the development of a typology of preparation states. This typology outlines four distinct categories—*Comprehensive Preparation*, *Sporadic Preparation*, *Go-With-The-Flow*, and *Resignation*—and serves as a framework for understanding how the intersection of resources and motivation shapes old-age preparation. While previous studies have focused on general eldercare risks, our work deepens the analysis by capturing the nuanced ways in which the bereavement experience, cultural contexts, resources and motivations interact to determine levels of preparedness (Wu et al., 2020). Furthermore, by situating *Shidu* parents within broader discussions on aging and loss, we contribute a culturally grounded perspective on eldercare that can inform both domestic and international policy discussions.

## **Policy Implications and Practical Interventions**

Given the varying states of old-age preparation identified in this study, tailored interventions are necessary. For *Shidu* parents in the *Comprehensive Preparation* category, policy support should focus on ensuring continued access to quality healthcare and eldercare services. Those in the *Sporadic Preparation* group would benefit from financial assistance, expanded social safety nets, and eldercare planning resources to help them move toward comprehensive planning. For the *Go-With-The-Fow* group, interventions that reshape their beliefs about the importance of eldercare preparation, through education and social engagement, are crucial. Finally, the *Resignation* group requires the most intensive intervention, combining financial support, mental health services, and community-based social care to re-engage them in planning for old age. These tailored policies would not only address individual needs but also reduce the systemic risks associated with a rapidly aging and childless population.

Although rooted in the Chinese context, this study's findings have implications for childless older adults in other cultural settings. Many societies, especially in Asia and Southern Europe, rely on family-based eldercare, and as birth rates decline and aging populations increase, these issues are becoming increasingly relevant. In Western countries, where more developed social safety nets exist, childless older adults may still face challenges around loneliness, long-term care, and eldercare planning (Albertini & Kohli, 2021). The typology of preparation states developed in this research could thus be applied cross-culturally, providing a framework for analyzing how different populations of childless older adults prepare for old age.

## **Conclusion**

In conclusion, this study offers significant contributions to the understanding of old-age preparation among *Shidu* parents in China. By highlighting the diverse states of preparation and identifying key influences on planning behaviors, it advances both theoretical and practical knowledge in gerontology. The findings underscore the urgent need for tailored policy interventions that address the specific challenges in later life faced by *Shidu* parents, and they contribute to the growing global discourse on aging without children in an era of demographic

change.

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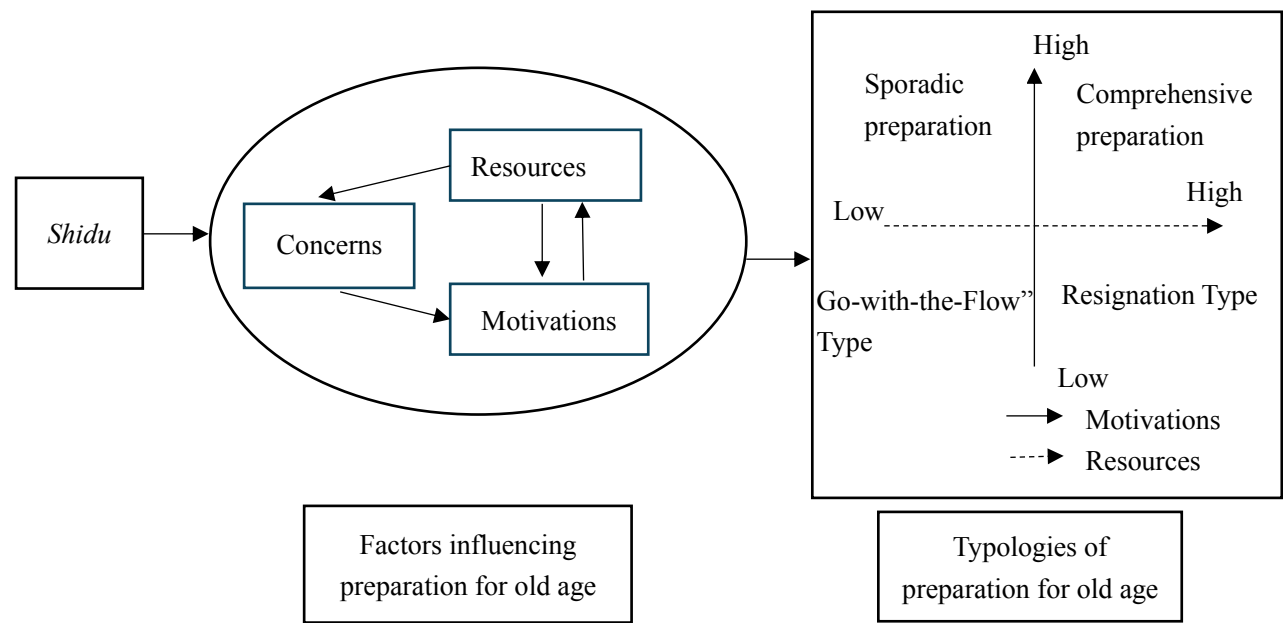
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Figure 1

A Typology of Preparation for old age among the Chinese *Shidu* Parents



**Table 1**

	<b>Category</b>	<b>N</b>	<b>%</b>
Gender	Female	15	57.7%
	Male	11	42.3%
Living region	Urban	23	88.5%
	Rural	3	11.5%
Current age	49-59	5	19.2%
	60-69	14	53.8%
	70+	7	26.9%
Age at bereavement	49-	6	23.1%
	50-59	15	57.7%
	60+	5	19.2%
Time since bereavement	1-5 years	3	11.5%
	6-10 years	12	46.1%
	11-15 years	8	30.8%
	16 years and over	3	11.5%
Educational attainment	Primary school and below	5	19.2%
	Junior high school	9	34.6%
	Senior high school	10	38.5%
	College and above	2	7.7%
Marital status	Married	19	73.1%
	Divorced	3	11.5%
	Widowed	4	15.4%
Living arrangement	Living with spouse	19	73.1%
	Living with relatives/friends	1	3.8%
	Living alone	6	23.1%
Self-assessment of economic status	Better than average	4	15.4%
	Average	14	53.8%
	Worse than average	8	30.8%
Self-reported health status	Good	6	23.1%
	Average	9	34.6%
	Poor	11	42.3%
Self-assessment of supportive social networks	Rich	6	23.1%
	Average	7	26.9%
	Poor	13	50.0%