

Comparing caregivers to older adults in Shanghai

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ABSTRACT

Background. This paper compares family caregivers (spouses and children) with nannies hired to care for older adults in Shanghai, and describes similarities and differences between the three types of caregivers in terms of socio-demographic factors, health of the caregiver and older adult, the care provided and the perceived impact on the caregiver. It also presents a preliminary examination of whether nannies more closely resemble fictive kin or paid workers in terms of their relationship with the older adult.

Methods. Structured face-to-face interviews were conducted with 200 randomly chosen informal caregivers to older adults in two largely middle-to-upper class Shanghai neighbourhoods. Quantitative analyses include bivariate and multiple regression analyses.

Results. Wives predominate as caregivers; nannies and children often care for widowed women. Family caregivers provide care for substantially longer periods than paid nannies, provide significantly more care in this role, perceive their health to be worse, are more burdened and worry more about the older adult than do nannies. The strongest predictor of not being burdened is being a nanny.

Conclusions. Paid nannies have a more restricted role than family caregivers and seem to internalise its demands less. They reflect a commodification of the caregiving role in which they become filial agents through a sub-contracting of filial piety that does not include the emotional aspects of that role.

Key words: Caregivers; Frail elderly; Intergenerational relations; Moral obligations

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INTRODUCTION

The traditional notion of filial piety in China teaches children to provide care to their parents as they age. While the traditional notion is still accepted,¹ empirical evidence suggests its form is changing.² Daughters-in-law now often provide care to their own parents rather than to their parents-in-law and spouses often provide more care to one another than was evident in the past. In some instances, we find the fulfilment, or at least partial fulfilment, of filial obligations through the hiring of nannies to look after the elderly parent,³ where nannies are considered informal caregivers not formal workers. This paper

compares spouse, child, and nanny caregivers in an empirical study of 200 caregivers to seniors in Shanghai, the People's Republic of China (PRC), with a particular interest in how seldom-studied nannies differ from spouse and child caregivers. In a preliminary way we examine whether nannies more closely resemble fictive kin or paid workers in terms of their relationship with the care recipient.

Review of the literature

The traditional Chinese notion of filial piety obligates children, notably sons, to provide care for their elderly parents. Reciprocity and intergenerational exchange

are emphasised with sons favoured economically and legally in return for expected care in old age. The gendered value of children views daughters as 'shibun' (goods of lost value) because when they marry, they belong to the husband's family and not to their family of origin. Nevertheless, daughters-in-law are critical in the care of older adults because it is they who traditionally provide the hands-on care for their parents-in-law, the husbands' parents.⁴⁻⁶ Stories of troubled relationships between daughters-in-law and mothers-in-law in China are legendary.⁷

Tumultuous political, social and cultural change since the mid 20th century has resulted in shifts to traditional filial piety. Civil rights were given to individuals, including gaining the right to decide who to marry; women gained the right of property and civil equality with men; and daughters shared responsibility for their parents equally with sons. Smaller families, contraception and abortion were all promoted; overproduction of children was both forbidden and penalised.^{1,8,9} The very notion of filial piety was officially attacked as feudal into the 1970s, but the state subsequently re-embraced it as a virtue stemming from the child's gratitude rather than from obedience and obligation. Adult children, notably women, were seen as carers for elderly parents in a society where there was no welfare state or public services.^{1,8,9}

Changes in the cultural norm of filial piety seem to be reflected in changes to the practice of caring for ageing parents. Children are living less often with their elderly parents, with national figures ranging from 30% to 50%.^{10,11} Between 1977 and 1982, only 31% thought it best that married children not live with their parents. By 1984-85, 48% to 68% of parents did not want to live with any of their married children.¹² The younger generation adheres less to the notion of filial piety than does the older generation.^{13,14} In Shanghai^{6,15} and other parts of China,^{14,16} daily support is usually from daughters (rather than daughters-in-law). Care provision from a spouse is also increasing.¹⁵ This shift away from care by daughters-in-law to more care from own children and from spouses has been documented. Little has been reported about how spouse and child caregivers are similar to or different from one another, especially among Chinese populations, in terms of their socio-demographic characteristics, their own health and well-being, the care they provide, or their concerns

for the future.

We know even less about the (partial) fulfilment of filial obligations through the hiring of a nanny for the care of a parent. Among Chinese living in the United States, such care represents a commodification of this role and the ability to pay for care for one's parents is symbolic of social value within a capitalist society.³ Paid care, in this sense, reflects a sub-contracting of filial piety whereby the hired help become filial agents and, at times could arguably become fictive kin. The notion of fictive kin introduces intimacy into the relationship and enables the maintenance of a sense of a cultural ideal of family caregiving.¹⁷ Fictive kin (also known as ritual kin, quasi-family, pretend relatives, non-kin kin) refers to a relationship that is not based on blood or marriage but nevertheless includes some of the rights and obligations, instrumental and affectional ties usually associated with family ties.^{18,19}

The combining of payment and caring into one role is aptly phrased as 'the commercialisation of intimate life'.²⁰ There can be benefits. After studying home care workers, these paid care workers become fictive kin in order to derive satisfaction from their work, to feel good about themselves, resulting in advantages for both care recipient and caregiver, giving the caregiver a sense of well-being.¹⁷ Nevertheless, the nanny situation differs from home care workers in that nannies typically live in the residence with the parent(s) so that the distinction between public and private spheres, between work and leisure, between paid and unpaid labour, between a pay cheque and a rent cheque is further obliterated. This embodies patriarchal notions of the worker/citizen in a central premise that care labour is not citizenship-appropriate labour.²¹

In Shanghai, nannies have no legal protection. They are at the mercy of the employer who can expect them to be available for 24/7 work. They work within the private sphere of the home outside of any public scrutiny. Rural migrants move to Shanghai for employment and must register in order to enter the city (similar to 'badanti', foreign care workers, in Italy²²). They have 3 months, after which they must have a job or they are removed from the city. They can become citizens only after 12 years; before that time, the jobs they are permitted to take are restricted. It should be noted that the success of the one-child

policy in China means fewer children are available to care for ageing parents (although there has been some relaxation of this policy in recent years, allowing 'only' children who are married to one another to have two children of their own i.e. replacement children). This paper explores how nannies differ from spouse and child family caregivers using a sample of caregivers to seniors in Shanghai. Preliminary analyses also explore whether they more closely resemble fictive kin or paid workers in terms of their relationship with older adults.

METHODS

Data were collected in face-to-face interviews with caregivers to seniors in Shanghai. The intent was to collect data from family caregivers for a comparison study with caregivers in Canada, with paid workers excluded. Nonetheless, because families insisted that the 'informal' or 'family' caregiver was the nanny, it was decided that nannies should be interviewed as well. Data collection took place during 2003. Each interview lasted a mean of 50 minutes. Interviews were conducted in either Mandarin or Shanghaiese within two 'neighbourhoods' with a reliable sample of older adults. The two selected neighbourhoods were considered largely middle and upper class, probably accounting for the high proportion of nannies (i.e. many of these families could afford to hire care workers in the home). Caregivers to older adults were selected randomly within each neighbourhood. Names were drawn until a sample size of 200 was achieved; the refusal rate was 2.5%. All participants were given a cup of soup and a facecloth as a thank-you token.

Participants were asked about basic demographic information and information on the care they provided, their burden, perceived health, worries about the care recipient in the future, and the care recipient's health. Specifically, questions covered the relationship to the care recipient (spouse, children, nannies), gender (male/female), education in years, monthly pay in Chinese yuan, whether they lived with the care recipient and room and board was provided (yes/no), any special training they received in order to care for the care recipient (yes/no), age (in years), marital status (married or not) and the number of months they had been providing care.

The extent of assistance provided by the carer with

finances, phone calls, shopping, dressing wounds, decision-making, emotional health, and dealing with social behaviour was recorded (5 categories from no assistance to total assistance). In terms of the care recipient's health, caregivers were asked whether the recipient currently had high blood pressure, coronary heart disease, stroke, diabetes, joint problems, bladder incontinence, or bowel incontinence. The total number of chronic health problems was computed. Carers were also asked whether the care recipient required a wheelchair (yes/no), any aids or assistive devices (number recorded), needed a mobility aid (yes/no), or received home visiting or counselling services (yes/no for each). The care recipient's functional ability was measured in terms of basic activities of daily living (ADL), the extent of assistance with dressing, getting in and out of bed, mobility outside the home, washing the face and brushing teeth, using the toilet, eating (5 categories from no assistance to total assistance). The total numbers of ADL difficulties were also summed. To determine the burden level, respondents were asked, "Generally speaking, how much burden do you feel caring for the elderly?" Response categories were 0 (not at all), 1 (a little), 2 (moderate), 3 (a lot), 4 (very heavy). Respondents were also asked, "Are you worried about the future of the cared-for elderly?" The response categories were 0 (no such feeling), 1 (seldom have such feeling), 2 (sometimes have such feeling), 3 (frequently have such feeling), 4 (always have such feeling). Perceived health was measured by asking, "How is your health now?" Response categories ranged from 1 (not good) to 4 (good).

Two other questions were asked of all caregivers. "Do you feel that you should take care of the elderly person or stay with her/him for a longer time?" (4 original categories collapsed into no/yes). "Do you feel he/she should not frequently change caregivers?" (4 original categories collapsed into no/yes). Both questions probably have different meanings depending on whether the caregiver is a family member or a nanny. For the former the questions speak to their concern for the well-being of the older parent and their role in caring for him or her. For the paid nanny the questions could refer to their own job security.

In order to assess who the nannies are and how they differ from spouse and child caregivers, frequencies and bivariate correlations were initially

TABLE 1
Characteristics of caregivers

Characteristics	Caregiver (%) [*]		
	Nanny	Spouse	Child
Gender [†]			
Male	0	38	32
Female	100	62	68
Caregiver education [†]			
≤8 years	97	70	40
>8 years	3	30	60
Mean (range) age (years) [†]	47 (31-71)	74 (55-94)	55 (20-84)
Monthly pay (yuan)			
<500	38	-	-
501-750	54	-	-
>750	8	-	-
Living arrangements [‡]			
With care recipient	92	100	90
Not with care recipient	8	0	11
Mean (range) caregiving (months) [†]	20 (1-120)	98 (2-360)	83 (2-516)

* Values are presented as percentages unless otherwise stated

[†] p<0.001

[‡] p<0.05

conducted. Logistic regression analyses permitted assessment of the ways in which caregivers differ from one another while controlling for a number of other factors. Because the dependent variable is categorical (nanny, spouse, child caregiver or nanny, family caregiver) tests for assumptions of linearity, multicollinearity and homoscedasticity were conducted prior to the analyses. In order to further explore whether nannies resemble fictive kin or paid workers, ordinarily least square regressions were conducted with burden, perceived health and worry about the future of the care recipient as the dependent variables. Because of the restricted sample size, only variables significantly related to the dependent variable at the bivariate level were entered into the regression analyses.

RESULTS

In total, 200 caregivers were interviewed of whom 81 (40.5%) were spouses, 57 (28.5%) children, and 62 (31.0%) paid nannies. As **TABLE 1** shows, all the nannies were women, most (97%) had ≤8 years of formal education, and were paid very little (92% made <750 yuan a month). Almost all (92%) lived with care recipients and had their room and board provided. 77.4% had no special training for this job.

Their mean age was 47 (range, 31-71) years. On average they had been working as a nanny for 20 (range, 1-120) months.

Nannies differ from spouses and child caregivers only in certain respects. Nannies are more likely to be female and to have less education than either children or spouses. The vast majority of all caregivers are living with the care recipient; not unexpectedly, the figures reach 100% for spouses. Spouse caregivers tend to be older than child or nanny caregivers; nannies tend to be younger than the other two groups. Nannies are more likely to have been providing care for a shorter period of time than children and spouses (a mean of <2 vs 6.9 vs 8.2 years).

The characteristics of the care recipient are shown in **TABLE 2**. Given differential gender longevity, men are primarily cared for by spouses, whereas women are more likely to be cared for by their children or by nannies. Those who are married tend to be cared for by a spouse, while those who are widowed tend to be cared for by a child or a nanny. In addition, those with more education are more likely to be cared for by a spouse, whereas care recipients with less education are more likely to be cared for by their children or a nanny. Neither the number of sons nor

TABLE 2
Characteristics of care recipients

Characteristics	Care recipients by (%)		
	Nanny	Spouse	Child
Gender*			
Male	24	62	25
Female	76	38	75
Marital status*			
Married	36	100	33
Widowed	64	0	67
Education*			
≤8 years	79	38	79
9-12 years	21	62	21
Bronchitis†			
Yes	27	11	16
No	73	89	84

* p<0.001

† p<0.05

TABLE 3
Assistance with activities of daily living by types of caregiver

Activities of daily living	Caregiver (%)		
	Nanny	Spouse	Child
Finances*	13	88	75
Phone calls*	19	58	63
Shopping†	61	73	83
Dressing/Undressing†	74	56	70
Dressing wounds†	42	64	53
Decision making*	11	52	44
Emotional support*	52	88	77
Dealing with social behaviours*	21	56	44

* p<0.001

† p<0.05

the number of daughters that a care recipient has is related to whether they are cared for primarily by a spouse, child or nanny.

The health of the care recipient is largely unrelated to who their primary caregiver is. Whether the care recipient has high blood pressure, coronary heart disease, stroke, diabetes, joint problems, more chronic health problems, needs a wheelchair, uses one or more aids (a mobility aid in particular), uses home visiting or counselling services, are all unrelated to who their primary caregiver is. However, a care recipient with bronchitis is somewhat more likely to be cared for by a nanny (p<0.05, **TABLE 2**).

Few significant differences are evident when examining the areas in which assistance is provided (**TABLE 3**). Specifically, nannies are less likely to assist with finances, phone calls, shopping, dressing wounds, decision making, emotional help or dealing with social behaviour. The only instance in which a nanny is more likely to help is in the area of dressing (p<0.05). In terms of basic ADL, a spouse or child is more likely to assist if the care recipient has difficulty eating; a spouse is more likely to assist with bladder or bowel incontinence whereas the child is least likely to do so.

Therefore, the nanny caregiver is likely to be

TABLE 4
Caregiver perceptions

Perceptions	Caregiver (%)		
	Nanny	Spouse	Child
Perceived health*			
Not good	3	57	33
Moderate	24	37	39
Good	73	6	28
Worry about care recipient's future*			
No	58	26	33
Yes	42	74	67
Caregiver's burden†			
No	16	7	9
Some	53	44	32
A lot	31	48	60

* $p < 0.001$

† $p < 0.05$

hired to look after a mother who has less education, is widowed, and probably suffers from bronchitis. The nanny is not involved in providing assistance with many ADL and indeed is not likely to assist in these areas, including instrumental ADL, other than dressing the care recipient.

In terms of their own health, nannies are more likely to perceive their health as better than either children or spouses; indeed they report the best perceptions of health, followed by children, with spouses reporting the least good health. Similarly, nannies worry less about the future of the care recipient and feel less burdened by caregiving than do children or spouses. Spouses worry the most; children feel the most burdened (**TABLE 4**).

A logistic regression is shown in **TABLE 5a**. It shows who are likely to be nannies as opposed to child or spouse caregivers, controlling numerous factors at one time. It helps distinguish each of these categories of caregivers. Chronic health of the care recipient is significant, with those caring for individuals with worse chronic health less likely to be a nanny caregiver. While only bronchitis, among all of the chronic conditions measured, showed significance at the bivariate level, many others revealed a non-significant tendency for family to care for those with the condition and, in the summed item, to care for those with more chronic conditions. The regression analyses suggest that, when controlling for other

factors, this reaches statistical significance. Both living with the care recipient and not worrying about the care recipient's future are also predictive of having a nanny as a caregiver as opposed to a family member ($p=0.01$). The strongest correlates however are caregiver health and months caregiving. Caregivers who perceive their health as better are 4.01 times greater than one to be a nanny than to be a family caregiver. Those who have been providing care for the least amount of time are also most likely to be nannies. These data suggest that nannies tend to see their health as better and have probably been called in only after the family member has been providing care for some time, given the differential reported earlier, with spouses and child caregivers providing care for significantly longer times than nannies.

The predictors of burden were then examined within an ordinary least square (OLS) regression analysis (**TABLE 5b**). Being a nanny is a predictor of experiencing less burden, as is not assisting with eating, and needing a break. These three variables explain 15% of the variance in burden. Of relevance for us is the fact that being a nanny is predictive of having less burden.

TABLE 5c shows the OLS regression when worrying about the care recipient is the dependent variable. In this case, an impressive 45% of the variance is explained. The strongest predictor is a question asking whether the caregiver should care

TABLE 5
Multivariate analyses

(a) Nanny as caregiver: logistic regression analysis			
Independent variable	B	Wald	Exp (B)
Living with care recipient	1.10	8.67 [†]	3.00
Chronic health care recipient	-0.52	4.02 [†]	1.68
Caregiver's health	1.40	22.76 [†]	4.04
Months caregiving	-0.95	18.29 [†]	0.39
Worry about care recipient's future	-1.41	6.94 [†]	0.24

-2LL=115.28, Model chi square=130.86, Goodness of fit=14.15
Note: dependent variable=nanny vs family caregiver; the results were virtually the same when 3 categories were used (nanny, spouse, child)

(b) Burden: ordinary least square regression analysis		
Independent variable	Beta	t
Nanny as caregiver	-0.17	-2.31*
Activities of daily living: eating	0.19	2.68 [†]
Help with decisions	0.12	NS
Need respite	0.18	2.71 [†]

F=8.27, df=4 & 195, p<0.001

(c) Worry about care recipient: ordinary least square regression analysis		
Independent variable	Beta	T
Gender (care recipient)	-0.26	-2.72 [†]
Care recipient depends on nanny	0.12	1.20
Concern for caring for care recipient longer	0.48	4.60 [†]
Concern for consistency in caregiver	0.23	2.44*
Care recipient's activities of daily living: dressing	0.21	2.14*

F=11.13, df=5 & 56, p<0.001, adjusted R²=0.45

* p<0.05

† p<0.01

‡ p<0.001

for the older adult longer. That is, those having a greater concern about caring for the person longer are more likely to be worried about the care recipient. A second significant measure asks about whether the caregiver to the older adult should be stable rather than change frequently. Those who said there should be consistency in the caregiver were more likely to worry more. In addition, females worry more as do those assisting the care recipient with dressing.

These three regression analyses suggest that caring for older adults with fewer health problems, living with the care recipient, and not worrying about the older adult's future are all predictors of being a paid nanny. The strongest predictors though are having better perceived health themselves and providing care for a shorter length of time. The regression analysis with burden as the dependent

variable demonstrates that being a nanny is predictive of less burden from this role. Those worrying more about the older adult are those who want to care for that person longer, who believe that there should be consistency in the caregiver to the older adult, women, and those assisting with dressing.

CONCLUSIONS

This paper has examined three types of caregivers to older adults in Shanghai: spouses, children, and paid nannies. It has examined who they are, how they are similar to and different from each other, highlighting the distinctiveness of nannies. In relatively middle to upper class neighbourhoods in Shanghai, spouses predominate as caregivers to older adults, being typically wives caring for their husbands. Nannies represent only slightly more caregivers than do children. Both these groups tend to be caring for

widowed women. Interestingly, the number of sons and daughters the older adult has is unrelated to who their caregiver is. The older adults in this study typically bore their children prior to the one-child policy. These data suggest that future generations with only one child may not differ substantially in terms of who the caregiver is. The spouse may well continue to provide care in old age, and when families can afford to do so, paid nannies will be popular, perhaps more so when both child and child-in-law are employed outside the home. They further suggest the extent to which the traditional practice of filial piety, which relied heavily on daughters-in-law for most of the hands-on care, is quickly becoming history. None of the families approached for this study named a daughter-in-law as the main family caregiver.

Interestingly, when nannies are hired, they tend to assist with basic and instrumental ADL less than do family members. That is, they do not seem to be hired to do heavy care work. Nannies, perhaps not surprisingly, given that they tend to be younger and to do less care work, also tend to perceive their health as better than do spouses or children, to feel less burdened by their caregiving, and to worry less about the future of the older adult. Spouses worry the most but children feel the most burdened. As Shanghai's middle class grows, nannies may well become more popular as carers for older parents, potentially taking on more and heavier care as demands on employed children increase.

Because data were not collected as a means of examining the commodification of care through the paid nanny role, only a preliminary assessment of this aspect was possible. Nevertheless, these data suggest that paid nannies more closely resemble paid workers in terms of their relationship with the care recipient than they do fictive kin. Although families insisted that these nannies were 'informal' or family caregivers, these data suggest that they are not fictive kin as in the United States.^{3,17} Rather, the data suggest a commodification of this role, reflecting a subcontracting of filial piety, whereby hired help become filial agents.³

This is evidenced in the more restricted nature of their assistance, their significantly better perceptions of their health, their less worry about the older adult and their less burden experienced in this role. That

is, the paid care relationship seems to entail fewer emotional bonds where care is provided more through affective ties. Instead it involves a more clearly delimited role in terms of tasks performed and emotional demand experienced. If these findings are confirmed in other studies, they suggest that increasing use of paid care in the home will mean that emotional interaction for the older parent will be left largely to the children to fulfil; if not, older adults may go without.

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