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Caregiving Challenges among Frail Elderly Who Have Lost Their Only Child: A Qualitative Study in Urban Chongqing

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Abstract: The loss of an only child ((in Chinese, Shidu) creates profound emotional trauma and structural vulnerabilities for elderly parents in China, especially those who are frail and living without reliable family-based care. Despite growing recognition of their plight, little is known about the multidimensional caregiving challenges they face in urban contexts. This study aims to explore the lived experiences and caregiving difficulties of frail elderly who have lost their only child in Chongqing, a rapidly aging municipality. A qualitative phenomenological approach was adopted to capture the subjective realities of this vulnerable group. Purposive sampling was used to recruit 11 frail elderly who have lost their only child from two urban communities, and data were collected through in-depth interviews. The transcripts were thematically analysed using Braun and Clarke's six-step framework. The findings reveal five interrelated caregiving challenges: economic stability with lingering risks, physical decline and chronic illness, emotional loss and psychological trauma, social withdrawal and shrinking life space, care deficits and future anxiety. The study underscores the importance of developing affordable long-term care schemes, expanding psychosocial interventions, and strengthening community safety mechanisms for frail elderly who have lost their only child. These findings provide critical insights for policymakers, community workers, and social organizations seeking to improve eldercare models and design more inclusive, culturally sensitive interventions for vulnerable older adults.

Keywords: Frail elderly who have lost their only child; caregiving challenges; qualitative; urban aging; Chongqing China

Introduction

In the late 1970s, China implemented the One-Child Policy as part of its national family planning strategy. In 1982, this policy was formally written into the Constitution, advocating that each couple should have only one child (Jiang et al., 2013). Although it contributed significantly to controlling population growth and promoting economic development, the policy also gave rise to a unique family structure, namely "only-child family" (Blair et al., 2022; Wang & Hu, 2020). The policy officially ended on January 1, 2016, with the nationwide implementation of the two-child policy. With rapid socioeconomic development and increasing life uncertainties, mortality among only children has also risen, resulting in a growing number of parents who have lost their only child. Influenced by traditional Chinese values such as "raising children for old age," these individuals face not only profound and enduring grief from the loss of their child but also the harsh reality of lacking legal caregivers in old age (Ning et al., 2022).

According to statistics, there are currently over one million Shidu families (in Chinese) in China, with at least 76,000 new cases emerging each year (Zheng et al., 2016; Wang & Hu, 2020). For many parents, children represent more than lineage continuity; they provide emotional support, identity, a sense of social belonging, and future security, including economic and caregiving support (Alavi et al., 2011; Li et al., 2025; Hoffman & Hoffman, 1973; Wu & Penning, 2018). The death of an only child is a life-altering and traumatic experience that severely impacts parents' physical and mental health as well as overall quality of life. This vulnerable group not only suffers from deep psychological trauma but also faces multiple challenges due to the weakening of the traditional family-based elderly care system.

In Chongqing, which is China's youngest municipality, the care needs of older persons who have lost their only child are further complicated by the city's mountainous geography, spatial isolation, and high population mobility, which gives rise to unique regional caregiving challenges. Importantly, as this population ages, a significant proportion of bereaved parents experience frailty, a clinical syndrome characterized by physical decline, reduced mobility, chronic illness, and diminished physiological resilience (Sciacchitano et al., 2024; Lekan et al., 2024).

While previous studies have explored the psychological conditions and policy responses for parents who have lost their only child, relatively little attention has been given to those who are simultaneously frail. This gap in the literature is significant because frailty not only increases care needs but also exacerbates social isolation and emotional vulnerability. Therefore, this study seeks to explore the multidimensional caregiving challenges faced by frail elderly who have lost their only child in urban Chongqing. By highlighting their lived experiences, the study contributes to a deeper understanding of the intersecting vulnerabilities of this marginalized population and provides evidence-based insights to inform community care practices and policy interventions.

Literature Review

In the early 1970s, the Chinese government began to recognize the adverse impact of rapid population growth on economic development and gradually introduced systematic birth control policies (Basten & Jiang, 2014; Huang et al., 2021). The initial slogans emphasized "later, longer, fewer," encouraging later marriages and childbirth, extended birth intervals, and reduced family size (Gietel-Basten, 2024; Greenhalgh & Bongaarts, 1987). In 1980, the government officially proposed that "each couple should have only one child," marking the full-scale implementation of the One-Child Policy (Jiang et al., 2013). By 1982, family planning had been written into the Constitution, becoming a fundamental national policy. The policy was enforced more strictly in urban areas, where over 90% of families complied with having only one child, incentivized by the issuance of an "Only-Child Certificate" and associated benefits in housing, education, and healthcare (Wang 2024). In contrast, rural regions, driven by traditional preferences for larger families, exhibited more resistance, and implementation was relatively lenient (O'Brien & Li, 2017). From 2013 to 2021, in response to increasing population aging and labour shortages, the Chinese government gradually relaxed the One-Child Policy. It introduced a series of reforms, including the "Selective Two-Child Policy," the "Universal Two-Child Policy," and eventually, the "Three-Child Policy," reflecting a significant shift in the state's demographic and social priorities.

While the One-Child Policy effectively curbed population growth, it also introduced new social challenges such as the emergence of the 'Shidu' phenomenon. (Luo et al., 2021; Ngan et al., 2025). This term refers to elderly individuals who have lost their only child, a group that has been steadily increasing in China. It is estimated that there are now over one million Shidu families in the country, with approximately 76,000 new cases each year (Zheng et al., 2016; Wang & Hu, 2020). In Chinese society, children are not only expected to provide economic support for their parents in old age, but also serve as sources of emotional connection, self-worth, and social belonging (Wu & Penning, 2018). The death of a child is not only an extremely painful emotional experience, but also a traumatic life event. Research has shown that it significantly undermines the physical and mental health, as well as the overall quality of life, of bereaved elderly parents (Wang & Hu, 2019). Recent studies further indicate that Shidu parents are at high risk of prolonged grief disorder, social

isolation, and declining quality of life, especially when compounded by frailty or chronic illness (Bahrevar et al., 2025; Yuan et al., 2022).

As elderly who have lost their only child grow older, their care-related issues become increasingly prominent, posing a critical challenge in the context of China's rapidly aging society. Although some local governments have introduced support schemes targeting childless seniors, the overall coverage remains limited, particularly in areas such as long-term care services (Li, 2013). Based on a case study of 12 media reports, Song (2014) identified elderly care security as one of the most pressing concerns for elderly who have lost their only child often face multiple barriers, including financial strain, difficulties in accessing medical care, and exclusion from eldercare institutions due to the absence of legal guardians. Some also worry about having no one to manage their affairs after death. Moreover, research suggests that compared to physical needs, elderly who have lost their only child are more likely to experience deficits in psychosocial domains such as love, belonging, respect, and self-actualization (Ning et al., 2022). Liang et al. (2018) found that at the end of life, elderly who have lost their only child are more inclined to choose professional hospice care facilities, in response to the absence of children and the resulting crisis in end-of-life support. More recent work points out that community-based services, although expanding, still lack continuity and personalization, leaving frail Shidu parents vulnerable to fragmented support systems (Fang, 2020; Li, Alavi, & Shaari, 2025).

Frailty is a clinical syndrome that increases vulnerability to adverse health outcomes, including falls, hospitalization, and mortality (Fried et al., 2001). Recent evidence indicates that frailty prevalence is rising in China alongside population aging, and that frailty combined with bereavement creates cumulative disadvantages for older adults (Qin et al., 2023; Ye et al., 2024). This suggests that Shidu parents who are frail face a "double jeopardy," experiencing both declining health and the absence of family-based caregiving support. Social support plays a critical role in buffering stress and promoting well-being among older adults (Ning et al., 2022; Shin & Gyeong, 2023; Zanjari et al., 2022). Recent studies further reveal that declining family size and high internal migration in China have weakened informal support networks, increasing reliance on community-based services and volunteers, though these remain uneven in quality and continuity (Li et al., 2023; Rijeng et al., 2024).

In response to the multifaceted caregiving challenges faced by elderly who have lost their only child, a number of scholars have proposed rebuilding social support networks through the combined efforts of social work, community-based services, and institutional policy reforms. Jiao and Pei (2019) recommend mobilizing social organizations and community resources to provide tailored eldercare services for Shidu families. Similarly, Zhang (2015) advocates for the establishment of a specialized community eldercare system for childless seniors, including dedicated service programs within care institutions and cross-sectoral collaboration mechanisms. On the policy front, some researchers have proposed strengthening adult adoption regulations, improving pension schemes for childless elderly, and assessing the fiscal sustainability of these programs (Ijon et al., 2024; Yip et al., 2022; Zhang, 2015). Recent studies further call for cross-sectoral collaboration and welfare-technology integration to improve accessibility and efficiency of home help services for frail older adults (Ladegaard et al., 2022; Søndergaard, Andersen, & Frederiksen, 2024). These studies offer valuable directions for intervention, yet existing efforts remain fragmented and underdeveloped, particularly in urban settings where frail elderly who have lost their only child continue to face significant challenges in service accessibility, appropriateness of care, and social inclusion. These persistent gaps highlight the need for more integrated, equitable, and culturally sensitive eldercare models that address both physical vulnerability and psychosocial marginalization.

Methodology

1. Research Design

This study conducted a qualitative research design to explore the caregiving challenges faced by frail elderly who have lost their only child in urban Chongqing. This approach was adopted because it is particularly suitable for examining complex social phenomena and capturing the depth, richness, and diversity of individual experiences (Braun & Clarke, 2013; Creswell & Poth, 2016). It also enabled the researcher to

capture participants' subjective realities, emotional expressions, and social contexts related to caregiving and support (Dodds et al., 2022). By privileging the voices of frail elderly who have lost their only child, the study provides nuanced insights into their lived experiences and highlights challenges that might otherwise remain invisible in purely statistical accounts.

2. Study Location

Chongqing was selected as the study site due to its demographic diversity and complex urban environment, making it highly relevant for exploring the challenges of frail elderly who have lost their only child. The research focused on two communities: DCH Community in Shapingba District, an older urban area with traditional neighborhoods, and BH Community in Jiulongpo District, part of the modern and economically active High-tech Zone. These locations allowed for a diverse sample across different socioeconomic backgrounds and living conditions, helping to reveal how urban environments impact quality of life and social support for this vulnerable group.

3. Sampling Method

Purposive sampling was conducted because it enables the deliberate selection of participants who meet criteria directly aligned with the research objectives (Ahmad & Wilkins, 2025; Dahal et al., 2024). This strategy is widely recommended in qualitative studies, particularly when working with vulnerable or hard-to-reach groups, as it ensures that participants possess the specific characteristics necessary to provide rich and contextually relevant insights (Patton et al., 2015). Given the focus of this study on frail elderly who have lost their only child, purposive sampling was the most appropriate approach to capture their unique caregiving challenges. Participants were recruited according to the following inclusion criteria: (i) Must be 65 years of age or older. (ii) Must be classified as frail based on the Frailty Phenotype assessment tool (Fried et al. 2001) from the CGA Toolkit. (iii) Must have lost their only child. (iv) Must reside in either the High-tech Zone or Shapingba District communities.

4. Data Collection Procedures

Data were collected through in-depth, semi-structured face-to-face interviews, an approach considered the gold standard for researching sensitive topics involving vulnerable populations (Braun & Clarke, 2013). It provides flexibility to explore sensitive topics in depth while maintaining a consistent focus across participants, which is considered particularly effective when working with elderly individuals experiencing emotional trauma (Silverio et al., 2022). An interview guide was developed to explore participants' caregiving challenges across physical, psychological, and social dimensions. Interviews were conducted in participants' homes or quiet community spaces, each lasting 60–90 minutes. All sessions were audio-recorded with informed consent and transcribed verbatim for analysis. Key interview questions included: (i). What difficulties do you face in caring for yourself daily? (ii). How has your emotional state changed after losing your only child? (iii). Have you received support from the community, government, or others? Was it helpful? (iv). What are your concerns or expectations for future care?

5. Data Analysis

The data were analyzed using thematic analysis, following Braun and Clarke's six-step framework (Braun & Clarke 2006). This approach was considered appropriate because it provides a flexible yet rigorous way to identify, analyse, and interpret patterns within qualitative data, particularly when exploring sensitive topics and lived experiences of vulnerable groups (Nowell et al., 2017). Transcripts were coded iteratively, and emerging patterns were grouped into thematic categories reflecting participants' caregiving challenges. Constant comparative analysis was used to refine codes and identify similarities and differences across cases. ATLAS.ti software was used to assist in data organization, coding, and theme development.

6. Study Limitations

This study has several limitations. First, the small sample size of 11 restricts the generalizability of the findings to broader populations. Second, data were collected through self-reported accounts, which may be influenced by recall bias or participants' emotional states at the time of the interview. Third, the study was conducted in two urban communities in Chongqing, and therefore the findings may not fully capture the experiences of frail elderly in other regions or rural contexts. Despite these limitations, the study offers valuable insights into the caregiving challenges of frail elderly who have lost their only child and provides a foundation for future research with larger and more diverse samples.

The Findings

1. Profile of Respondents

A total of 11 frail elderly individuals who have lost their only child were selected through purposive sampling from two urban communities in Chongqing. The socio-demographic characteristics and frailty status of the participants are presented in Table 1. To maintain confidentiality while enabling traceability of qualitative data, each participant is identified using a code in the format CQ-SD- [Community Code]-[Initials]. For example, CQ-SD-BH-ZHANG Y refers to an interviewee named "ZHANG Y" from Baihe (BH) Community.

Table 1. Basic profile and frailty status of respondents

No.	Participant ID	Community	Gender	Marital Status	Age (years)	Frailty Status
1	CQ-SD-BH-ZHANG Y	BH Community	M	Married	76	Frail
2	CQ-SD-BH-JIANG P	BH Community	F	Widowed	75	Frail
3	CQ-SD-DCH-TANG LS	DCH Community	F	Divorced	66	Frail
4	CQ-SD-DCH-XU YD	DCH Community	F	Widowed	76	Frail
5	CQ-SD-DCH-LONG SQ	DCH Community	F	Widowed	75	Frail
6	CQ-SD-DCH-TANG H	DCH Community	F	Widowed	82	Frail
7	CQ-SD-BH-DU YG	BH Community	M	Married	68	Frail
8	CQ-SD-BH-LAN JY	BH Community	F	Married	65	Frail
9	CQ-SD-BH-LI M	BH Community	F	Remarried	69	Frail
10	CQ-SD-BH-OUYANG XH	BH Community	F	Divorced	66	Frail
11	CQ-SD-DCH-YANG XD	DCH Community	M	Widowed	70	Frail

As show table 1, In terms of gender distribution, 3 participants were male and 8 were female. This gender imbalance reflects the predominance of women in this population, which may be attributed to women's longer average life expectancy and their greater likelihood of experiencing widowhood or other family disruptions. Regarding age distribution, participants mainly fell into two age groups: 6 individuals were between 65 and 74 years old, while 5 individuals were aged 75 and above. This indicates that although all respondents were elderly, more than half were in the "young-old" category (aged 65–74), suggesting that frailty among elderly who have lost their only child is not limited to the oldest age groups.

In terms of marital status, 4 participants were married, including one remarried individual; 2 were divorced; and 5 were widowed, among whom one was currently in a cohabiting relationship. These figures reveal that nearly half of the participants had experienced spousal loss, and some faced both the loss of their only child and a partner, placing them at greater risk of emotional isolation. Participants were drawn from two communities: 6 individuals were from BH Community and 5 from DCH Community. This relatively balanced distribution supports comparative insights into the living conditions and service needs of bereaved frail elderly individuals across different community settings. All respondents were categorized as frail based on established clinical criteria.

2. The Challenges of Caregiving Faced by Frail Elderly Who Have Lost Their Only Child in Urban Chongqing Drawing on in-depth interview data from 11 participants, the findings reveal the multifaceted and intersecting nature of caregiving challenges, which extend across economic, physical, psychological, emotional, social, and care-related dimensions (see Table 4.2). These dimensions not only highlight the diversity of burdens faced by frail elderly who have lost their only child but also demonstrate how financial insecurity, declining health, psychological trauma, emotional vulnerability, social withdrawal, and deficits in caregiving resources are intertwined in shaping their everyday lives. This comprehensive view underscores the complexity of their circumstances and the need for holistic approaches to support and intervention.

Table 2. Basic profile and frailty status of respondents

Objective	Theme	Sub-theme
To explore the challenges of caregiving faced by frail elderly who have lost their only child in urban Chongqing	Economic stability with lingering risks	<ul style="list-style-type: none"> ● Current Financial Sufficiency ● Anxiety about Future Care Costs
	Physical decline and chronic illness	<ul style="list-style-type: none"> ● Functional Limitations and Daily Life Inconveniences ● Multimorbidity and Long-Term Health Burdens
	Emotional loss and psychological trauma	<ul style="list-style-type: none"> ● Profound Grief and Depressive Symptoms ● Emotional Triggers and Prolonged Psychological Distress
	Social withdrawal and shrinking life space	<ul style="list-style-type: none"> ● Disengagement from Community and Public Life ● Avoidance of Sensitive Topics and Stigmatized Identity
	Care deficits and related anxieties	<ul style="list-style-type: none"> ● Lack of Immediate Support in Emergencies ● Anxiety about Long-Term Care Arrangements

Economic Stability with Lingering Risks

Although most frail elderly who have lost their only child currently maintain basic living expenses through pensions, government subsidies, and senior allowances, together with medical reimbursements and additional community reimbursements, the underlying anxiety over future care costs remains widespread. Among the 11 participants in this study, 3 explicitly expressed concern about the affordability of long-term care, reflecting a condition of “surface-level stability with underlying insecurity.

Current Financial Sufficiency

Participants reported that their current financial resources were generally adequate to meet basic daily needs, particularly while they and their spouses remained capable of supporting and caring for each other. Most of them emphasized that their income, often derived from retirement pensions, government subsidies, or modest savings, was sufficient for food, utilities, and routine expenses. However, this sense of adequacy was described as conditional and frail, as it largely depended on their continued health. Once their health declined or unexpected costs arose, participants expressed concern that their financial stability could quickly become precarious.

“Right now, the two of us can still look after each other, and financially we’re okay.”

(CQ-SD-BH-LAN JY)

“After hospitalization, there’s a second reimbursement. After the first claim through health insurance, we can get another from the community. Medical expenses really aren’t too high.”

(CQ-SD-DCH-YANG XD)

Anxiety about Future Care Costs

However, with aging and inevitable physical decline, some participants expressed growing concern about the possibility of requiring professional caregiving support in the future. They noted that while family members traditionally shouldered the responsibility of care, the absence of children left them with no immediate fallback option, making reliance on external, market-based services increasingly probable. Yet, the high cost of these services, including long-term home-based assistance and institutional care, was perceived as far beyond their financial capacity. Participants feared that without accessible and affordable alternatives, they might face a dual vulnerability of deteriorating health and insufficient care, further compounding their sense of insecurity in old age.

“If I become immobile and need someone to take care of me, that will definitely be expensive. That’s what I worry about.”

(CQ-SD-BH-JIANG P)

“If one day we need to hire someone for care, the financial burden will be very heavy.”

(CQ-SD-BH-LAN JY)

Physical Decline and Chronic Illness

All 11 frail elderly who have lost their only child in this study reported experiencing varying degrees of physical decline, ranging from reduced mobility and chronic pain to fatigue and diminished functional capacity. Such health challenges not only restricted their ability to perform daily activities independently but also heightened their sense of dependency on others, thereby significantly reducing their overall quality of life. As their physical conditions worsened, participants described an increasing need for both routine assistance and potential long-term care support.

Functional Limitations and Daily Life Inconveniences

Many participants described a wide range of age-related health difficulties, including persistent joint pain, impaired mobility, hearing loss, sleep disturbances, and general physical discomfort. These conditions restricted their range of activity and increased their dependence on others for daily tasks. Some avoided walking around the house or performing household chores due to fear of falling, resulting in long-term homebound living. Over time, this fear contributed to long-term homebound living, further limiting opportunities for social interaction, reducing physical exercise, and reinforcing a cycle of frailty and dependency.

“I often have trouble sleeping and feel dizzy and unsteady. I don’t dare move around much at home, let alone go out to buy food or cook.”

(CQ-SD-DCH-LONG SQ)

“I have foot pain, so I no longer dance. Walking up and down here makes it even worse.”

(CQ-SD-DCH-TANG LS)

Multimorbidity and Long-Term Health Burdens

Multimorbidity, defined as the presence of two or more chronic conditions, was highly prevalent among participants. Seven out of eleven reported multiple chronic illnesses, including hypertension, diabetes, and stroke-related complications. These conditions not only imposed an ongoing health burden but also increased reliance on medical systems and community-based support. Collectively, multimorbidity emerged as a critical factor that intensified their care needs and reduced their capacity for independent living.

“I have high blood pressure and need to take medication every day.”

(CQ-SD-BH-DU YG)

“I have high blood pressure and diabetes, and I also had a mild stroke before. Luckily it wasn’t serious, and I can still take care of myself now.”

(CQ-SD-DCH-YANG XD)

Progressive physical decline and multimorbidity constitute major and ongoing health challenges for frail elderly who have lost their only child. These physiological limitations not only undermine their ability to live independently but also increase the likelihood of accidents, hospitalizations, and long-term dependency on external care. These factors collectively exacerbate their emotional isolation, intensify their caregiving needs, and form a critical component of their overall vulnerability.

Emotional Loss and Psychological Trauma

For frail elderly who have lost their only child, emotional suffering often outweighs physical inconvenience in both depth and duration. Within the framework of traditional Chinese familial values, children are not only viewed as carriers of lineage but also as the emotional and spiritual anchors of aging parents. The death of an only child therefore signifies the collapse of both the family structure and the most intimate intergenerational bond. In this study, all 11 participants reported some degree of emotional trauma. Their experiences can be categorized into the following two sub-themes:

Profound Grief and Depressive Symptoms

Most respondents described their grief as intense and long-lasting. Many expressed feelings of persistent sorrow, loneliness, and helplessness. Some reported visible symptoms of depression, including loss of interest in daily life, frequent crying, and even suicidal ideation. Some participants appeared composed in public but confessed to being emotionally overwhelmed in private. The pain of loss, deeply embedded in their daily lives, was difficult to verbalize or share with others.

“After my daughter passed away, I felt like my world collapsed. I often couldn’t stop crying.”

(CQ-SD-DCH-XU YD)

Emotional Triggers and Prolonged Psychological Distress

Specific social events such as holidays or family reunions often acted as emotional triggers, exacerbating their grief. Many participants described increased psychological suffering during such occasions, as these highlighted the absence of their child even more profoundly. The emotional loss experienced by frail elderly who have lost their only child manifests in sustained psychological trauma, compounded by cultural expectations and the irreplaceability of the child’s role. These emotional struggles often intertwine with physical deterioration and social withdrawal, resulting in a cumulative vulnerability that calls for long-term mental health support and intervention.

“I tell myself to move on and not to grieve all the time, but during holidays, when I see other families together, how could I not think of her?”

(CQ-SD-DCH-TANG LS)

Social Withdrawal and Shrinking Life Space

Following the loss of their only child, many frail elderly individuals experienced a marked decline in social engagement and a gradual intensification of isolation. In this study, 9 out of 11 participants reported progressive disconnection from their previous social networks, manifested in a reduced willingness to participate in community activities and limited interaction with neighbours, friends, and even extended family members. Some participants avoided contact with relatives or old acquaintances to escape painful reminders of their loss, which further deepened their sense of exclusion. This process of disengagement not only diminished their opportunities for emotional comfort and reciprocal support but also reinforced a cycle of loneliness and social invisibility. Drawing from these accounts, their experiences can be categorized into the following sub-themes, which reflect the underlying mechanisms and consequences of social withdrawal.

Disengagement from Community and Public Life

Several respondents noted that while they were once active participants in community events and neighbourhood gatherings, they deliberately chose to withdraw after the trauma of losing their only child. For many, the sight of other families with children or grandchildren triggered painful emotions, making social participation an unbearable reminder of their loss. Physical weakness and emotional exhaustion also contributed to prolonged periods of homebound living, which in turn reduced opportunities for casual encounters and informal exchanges with others.

"I used to dance and participate in activities, but not anymore. I stay home most of the time."

(CQ-SD-BH-LAN JY)

Avoidance of Sensitive Topics and Stigmatized Identity

Many participants expressed strong discomfort with conversations that reminded them of their deceased child, particularly in social settings where peers frequently discussed children or grandchildren. They described such discussions as painful triggers that reopened emotional wounds, often leaving them feeling alienated in group interactions. To protect themselves emotionally, some deliberately avoided contact with relatives, neighbours, or former colleagues, preferring solitude over the risk of encountering insensitive remarks or well-meaning but hurtful questions.

"I told my classmates my child went abroad, just to avoid the topic."

(CQ-SD-DCH-TANG LS)

"I'm not like other old people in the community. I don't like talking about children or grandchildren. I don't have anything to say."

(CQ-SD-DCH-TANG H)

This tendency reflects a form of self-stigmatization, a psychological defence mechanism through which individuals distance themselves from others to avoid being labelled as "Shidu" (bereaved of their only child). In doing so, however, they also sacrifice emotional support and meaningful connections, which may worsen feelings of loneliness and vulnerability. The social withdrawal observed among frail elderly who have lost their only child is not merely the result of physical decline, but also a trauma-driven response to emotional pain and anticipated social stigma. As their life space contracts and social bonds weaken, their overall well-being deteriorates further, reinforcing the need for targeted community-based interventions to rebuild trust and restore engagement.

Care Deficits and Future Anxiety

Frail elderly who have lost their only child face both practical and psychological challenges arising from the absence of a reliable caregiving system. On a practical level, they worry about who would respond in the event of sudden illness, accidents, or other emergencies, given the lack of immediate family support. On a psychological level, they struggle with persistent uncertainty about their long-term care arrangements, fearing dependence on costly market-based services or inadequate community resources. Their concerns can be broadly divided into two categories: immediate vulnerability during emergencies and enduring insecurity about future care.

Lack of Immediate Support in Emergencies

Nine participants recalled experiencing sudden health incidents at home, such as falls or fainting, where they felt frightened and helpless due to the absence of assistance. These experiences underscored their constant fear of being left unattended during emergencies, with no immediate support available. Such accounts illustrate the heightened vulnerability of frail elderly who have lost their only child, whose everyday accidents can escalate into potentially life-threatening situations without timely intervention.

“I once fell off a stool while cleaning. It took a long time before I could slowly get up. Another time, I slipped in the shower. I was terrified—what if I died and no one knew?”

(CQ-SD-DCH-TANG H)

Others expressed deep anxiety about seeking medical care on their own. They emphasized that long distances, crowded facilities, and the absence of a companion made even routine hospital visits highly stressful. This sense of vulnerability was further intensified by the contrast with peers who were accompanied by children or relatives, which reminded them of their own lack of family support. These accounts reflect the broader insecurity of frail elderly who have lost their only child, for whom access to health care is overshadowed by fears of isolation, declining health, and the absence of a dependable caregiver.

“Going to the hospital worries me the most. It’s far, crowded, and I’m scared something might happen without anyone there with me.”

(CQ-SD-BH-LI M)

Although some participants noted that they lived in communities where neighbours or volunteers occasionally checked in, these supports were not perceived as reliable in the context of emergencies. The unpredictability of health incidents and the limited presence of informal helpers left them feeling unsafe and unprotected. This illustrates how the absence of constant and dependable caregivers magnifies the sense of fragility, even when some social contact is present.

“My neighbors and friends are kind, but they don’t live with me. If something happens, they wouldn’t know, it’s not like they can watch over me all the time.”

(CQ-SD-BH-OUYANG XH)

Anxiety about Long-Term Care Arrangements

Beyond immediate risks, many participants shared deep concerns about future scenarios in which they may become severely disabled or cognitively impaired. Without children to rely on, most lacked clear long-term care plans, leaving them uncertain about who would provide consistent support or how they could afford professional services if needed. This uncertainty was often described as a source of chronic stress, generating feelings of helplessness and despair about aging without a reliable safety net. One participant who lived alone while caring for a spouse with Alzheimer’s disease said:

“I can still manage now. My wife is in the middle stage of Alzheimer’s, and I take care of both of us. If she gets worse, I’ll have to send her to a nursing home. But what if I become immobile one day, what will happen to me?”

(CQ-SD-BH-ZHANG Y)

The dual burden of immediate care gaps and uncertainty about long-term arrangements constitutes a structural caregiving crisis for frail elderly who have lost their only child. These individuals often live in fear, not only of being left alone during emergencies but also of facing the future without adequate support or security. These five thematic domains do not exist in isolation but are deeply intertwined, economic concerns intensify care anxieties; physical limitations reinforce emotional distress; and social withdrawal further compounds feelings of vulnerability. This interconnectedness reflects the complex realities of aging without filial support in an urban Chinese context

Discussion

This is consistent with previous studies that highlighted the severe psychological and social consequences of losing an only child in later life (Fang, 2020; Zheng et al., 2016; Yuan et al., 2022). In line with Bahrevar et al. (2025) and Ning et al. (2022), the present study also shows that bereavement among older parents often results in persistent grief, emotional vulnerability, and heightened dependence on external support systems.

Such outcomes underscore the need for sustained psychosocial interventions rather than temporary or ad hoc assistance. Similarly, Yin et al. (2018) identify this group as being at high risk of mental health problems, further reinforcing the importance of comprehensive and long-term support strategies. Collectively, these studies and the current findings confirm that child loss in later life produces layered vulnerabilities that extend beyond individual grief to systemic gaps in care provision. At the same time, this study contributes new insights that extend existing knowledge. While earlier research (e.g., Wang & Hu, 2020) suggested that child loss may exacerbate marital breakdown, the accounts of several respondents in this study revealed the opposite: spouses developed stronger emotional bonds and mutual reliance as they navigated grief together. This observation aligns with Zhang & Jia (2018), who argue that although bereavement generates profound trauma, it can also foster resilience and reinforce intimacy within families. This divergence highlights the heterogeneity of coping trajectories among Shidu parents, suggesting that the consequences of bereavement are not uniformly negative but shaped by contextual, relational, and cultural factors.

Beyond documenting challenges, the findings also carry practical implications. First, the strong anxiety regarding future care highlights the need to develop more affordable long-term care schemes tailored for childless elderly. Expanding community-based services and subsidized professional caregiving could reduce financial pressure. Second, the observed emotional isolation calls for integrating targeted psychosocial interventions into community programs, such as grief counselling, peer-support groups, and volunteer companionship initiatives. Third, the reliance on local networks in emergencies points to the necessity of building more responsive community safety mechanisms, including emergency alert systems and coordinated volunteer monitoring. These policy-oriented measures would directly address the overlapping vulnerabilities identified in this study. Despite its contributions, this study is limited by its small, localized sample, which may restrict broader applicability. Future research should consider larger, more diverse populations and adopt longitudinal approaches to capture changes over time.

Conclusion

This study explored the caregiving challenges faced by frail elderly who have lost their only child in urban Chongqing. The findings indicate that physical decline and chronic illness, along with emotional loss and psychological trauma, are the most pressing challenges. These are followed by social withdrawal and care deficits accompanied by anxiety about the future. The study underscores the need for affordable long-term care, targeted psychosocial support, and stronger community safety mechanisms tailored for childless elderly. Although limited by a small, localized sample and reliance on self-reported accounts, the findings provide valuable insights to inform community-based services and policy interventions. Future research should expand to larger and more diverse populations and employ longitudinal approaches to capture changes in care needs over time.

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References

- Ahmad, M., & Wilkins, S. (2025). Purposive sampling in qualitative research: A framework for the entire journey. *Quality & Quantity*, 59(2), 1461–1479. <https://doi.org/10.1007/s11135-024-02022-5>
- Alavi, K., Sail, R. M., Idris, K., Samah, A. A., & Omar, M. (2011). Living arrangement preference and family relationship expectation of elderly parents. *Pertanika Journal of Social Science and Humanities*, 19(Special Issue), 65–73.

- Bahrevar, V., Khankeh, H., Morowatisharifabad, M. A., Foroughan, M., & Rashedi, V. (2025). The grief of older parents over the loss of a child: A scoping review. *OMEGA—Journal of Death and Dying*. Advance online publication. <https://doi.org/10.1177/00302228251313828>
- Basten, S., & Jiang, Q. (2014). China's family planning policies: recent reforms and future prospects. *Studies in Family Planning*, 45(4), 493–509. <https://doi.org/10.1111/j.1728-4465.2014.00003.x>
- Blair, S. L., Madigan, T. J., & Fang, F. (2022). The one-child policy and demographic transitions. In *Mate selection in China: Causes and consequences in the search for a spouse* (pp. 41–60). Emerald Publishing Limited. <https://doi.org/10.1108/978-1-78769-331-920221003>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>
- Braun, V., & Clarke, V. (2013). *Successful qualitative research: A practical guide for beginners*. SAGE Publications.
- Creswell, J. W., & Poth, C. N. (2016). *Qualitative inquiry and research design: Choosing among five approaches*. Sage publications.
- Dahal, N., Neupane, B. P., Pant, B. P., Dhakal, R. K., Giri, D. R., Ghimire, P. R., & Bhandari, L. P. (2024). Participant selection procedures in qualitative research: experiences and some points for consideration. *Frontiers in Research Metrics and Analytics*, 9. <https://doi.org/10.3389/frma.2024.1512747>
- Dodds, S., Finsterwalder, J., Prayag, G., & Subramanian, I. (2022). Transformative service research methodologies for vulnerable participants. *International Journal of Market Research*, 65(2–3), 279–296. <https://doi.org/10.1177/14707853221139204>
- Fang, C. (2022). Dynamics of Chinese Shidu parents' vulnerability in old age: A qualitative study. *Journal of Population Ageing*, 15(1), 99–119. <https://doi.org/10.1007/s12062-021-09343-w>
- Fried, L. P., Tangen, C. M., Walston, J., Newman, A. B., Hirsch, C., Gottdiener, J., Seeman, T., Tracy, R., Kop, W. J., Burke, G., & McBurnie, M. A. (2001). Frailty in older adults: Evidence for a phenotype. *The Journals of Gerontology Series A: Biological Sciences and Medical Sciences*, 56(3), M146–M157. <https://doi.org/10.1093/gerona/56.3.m146>
- Gietel-Basten, S. (2024). Asian family planning programmes and the construction of fertility preferences. In *Reproduction policy in the twenty-first century* (pp. 53–67). Edward Elgar Publishing. <https://doi.org/10.4337/9781035324163.00012>
- Greenhalgh, S., & Bongaarts, J. (1987). Fertility policy in China: Future options. *Science*, 235(4793), 1167–1172. <https://doi.org/10.1126/science.3823877>
- Huang, W., Lei, X., & Sun, A. (2021). Fertility restrictions and life cycle outcomes: Evidence from the one-child policy in China. *Review of Economics and Statistics*, 103(4), 694–710. https://doi.org/10.1162/rest_a_00921
- Ijon, R., Azman, A., & Jamir Singh, P. S. (2024). Exploring sustainability in social welfare non-governmental organisations. *e-Bangi: Journal of Social Sciences and Humanities*, 21(1).
- Jiang, Q., Jiang, Q., Li, S., Jiang, Q., Li, S., & Feldman, M. W. (2013). China's population policy at the crossroads: social impacts and prospects. *Asian Journal of Social Science*, 41(2), 193–218. <https://doi.org/10.1163/15685314-12341298>
- Jiao, M., & Pei, J. (2019, November). Study on the ways of providing for the elderly people who lost their only child in Hexi District of Tianjin City. In *2nd International Conference on Humanities Education and Social Sciences (ICHESS 2019)* (pp. 576–581). Atlantis Press. <https://doi.org/10.2991/ichess-19.2019.121>
- Ladegaard, C. T., Bamberg, C., Aalling, M., Jensen, D. M., Kamstrup-Larsen, N., Madsen, C. V., Kamil, S., Gudbergesen, H., Saxild, T., Schiøtz, M. L., Grew, J., Castillo, L. S., Frølich, A., & Domínguez, H. (2022). Reaching frail Elderly patients to Optimize Diagnosis and Management of Atrial Fibrillation (REAFEL): A feasibility study of a Cross-Sectoral Shared-Care model. *International Journal of Environmental Research and Public Health*, 19(12), 7383. <https://doi.org/10.3390/ijerph19127383>

- Lekan, D. A., Collins, S. K., & Hayajneh, A. A. (2021). Definitions of frailty in qualitative research: A qualitative systematic review. *Journal of Aging Research*, 2021(1), Article 6285058. <https://doi.org/10.1155/2021/6285058>
- Li, J., Alavi, K., & Shaari, A. A. H. (2025). Primary and secondary stressors affecting family caregiver burden for disabled older adults: A systematic review. *Health & Social Care in the Community*, 33(1), Article 5109659. <https://doi.org/10.1155/5109659>
- Li, Y. (2013). A perspective on health care for the elderly who lose their only child in China. *Scandinavian Journal of Public Health*, 41(6), 550–552. <https://doi.org/10.1177/1403494813490252>
- Liang, Y., Liang, H., Wang, J., Xu, H., & Wu, B. (2018). End-of-life care preference: Examination of Chinese adults with children and those who lost their only child. *Journal of Palliative Medicine*, 21(11), 1596–1603. <https://doi.org/10.1089/jpm.2018.0043>
- Ngan, O. M. Y., Tsang, C. C. L., & Takahashi, S. (2025). Historical and cultural legacy of post-one-child policy: Is China ready to embrace planned oocyte cryopreservation? *World Medical & Health Policy*, 17(1), e70021. <https://doi.org/10.1002/wmh3.70021>
- Ning, N., Peng, C., Qi, M., Li, X., & Sun, M. (2022). ‘Nobody comes to help us’: lived experiences and needs of older adults who lost their only child in China. *International Journal of Qualitative Studies on Health and Well-Being*, 18(1). <https://doi.org/10.1080/17482631.2022.2153424>
- Nowell, L. S., Norris, J. M., White, D. E., & Moules, N. J. (2017). Thematic analysis. *International Journal of Qualitative Methods*, 16(1). <https://doi.org/10.1177/1609406917733847>
- O’Brien, K. J., & Li, L. (2017). Selective policy implementation in rural China. In *Critical readings on the Communist Party of China (4 vols. set)* (pp. 437–460). Brill. https://doi.org/10.1163/9789004302488_017
- Patton, C., Sawicki, D., & Clark, J. (2015). *Basic methods of policy analysis and planning* (3rd ed.). Routledge. <https://doi.org/10.4324/9781315664736>
- Qin, Y., Hao, X., Lv, M., Zhao, X., Wu, S., & Li, K. (2023). A global perspective on risk factors for frailty in community-dwelling older adults: A systematic review and meta-analysis. *Archives of Gerontology and Geriatrics*, 105, Article 104844. <https://doi.org/10.1016/j.archger.2022.104844>
- Rijeng, I. S., Alavi, K., Aziz, S. F. A., & Manap, J. (2024). Active ageing and older adults' volunteerism in Asia: A systematic review. *e-Bangi: Journal of Social Sciences and Humanities*, 21(3), 416–434.
- Sciacchitano, S., Carola, V., Nicolais, G., Sciacchitano, S., Napoli, C., Mancini, R., Rocco, M., & Coluzzi, F. (2024). To be frail or not to be frail: This is The Question—A Critical Narrative Review of Frailty. *Journal of Clinical Medicine*, 13(3), 721. <https://doi.org/10.3390/jcm13030721>
- Shin, H., & Gyeong, S. (2023). Social Support and Strain from Different Relationship Sources: Their Additive and Buffering Effects on Psychological Well-Being in Adulthood. *Journal of Social and Personal Relationships*, 40(8), 2538–2567. <https://doi.org/10.1177/02654075231153350>
- Silverio, S. A., Sheen, K. S., Bramante, A., Knighting, K., Koops, T. U., Montgomery, E., November, L., Soulsby, L. K., Stevenson, J. H., Watkins, M., Easter, A., & Sandall, J. (2022). Sensitive, challenging, and difficult topics: experiences and practical considerations for qualitative researchers. *International Journal of Qualitative Methods*, 21. <https://doi.org/10.1177/16094069221124739>
- Søndergaard, S. F., Andersen, A. B., & Frederiksen, K. (2024). APN nurses’ core competencies for general clinical health assessment in primary health care: A scoping review. *Scandinavian Journal of Caring Sciences*, 38(2), 258–272. <https://doi.org/10.1111/scs.13221>
- Song, Y. (2014). Losing an only child: The one-child policy and elderly care in China. *Reproductive Health Matters*, 22(43), 113–124. [https://doi.org/10.1016/S0968-8080\(14\)43755-8](https://doi.org/10.1016/S0968-8080(14)43755-8)
- Wang, N., & Hu, Q. (2020). Loneliness Trajectories: Evidence for staged intervention among Chinese bereaved parents. *Journal of Applied Gerontology*, 41(1), 134–141. <https://doi.org/10.1177/0733464820978808>
- Wu, Z., & Penning, M. J. (2018). Children and the mental health of older adults in China: what matters? *Population Research and Policy Review*, 38(1), 27–52. <https://doi.org/10.1007/s11113-018-9495-z>

- Ye, B., Li, Y., Bao, Z., & Gao, J. (2024). Psychological resilience and frailty progression in older adults. *JAMA Network Open*, 7(11), e2447605. <https://doi.org/10.1001/jamanetworkopen.2024.47605>
- Yin, Q., Shang, Z., Zhou, N., Wu, L., Liu, G., Yu, X., Liu, Y., & Liu, W. (2018). An investigation of physical and mental health consequences among Chinese parents who lost their only child. *BMC Psychiatry*, 18(1), 45. <https://doi.org/10.1186/s12888-018-1617-1>
- Yip, O., Dhaini, S., Esser, J., Siqeca, F., Mendieta, M. J., Huber, E., Urfer, J., Vounatsou, P., Obas, K., Briel, M., Schwenkglenks, M., Quinto, C., Blozik, E., & INSPIRE Consortium. (2022). Health and social care of home-dwelling frail older adults in Switzerland: A mixed methods study. *BMC Geriatrics*, 22(1), Article 857. <https://doi.org/10.1186/s12877-022-03551-2>
- Yuan, M. D., Wang, Z. Q., Fei, L., & Zhong, B. L. (2022). Prevalence of prolonged grief disorder and its symptoms in Chinese parents who lost their only child: A systematic review and meta-analysis. *Frontiers in Public Health*, 10, Article 1016160. <https://doi.org/10.3389/fpubh.2022.1016160>
- Zanjari, N., Momtaz, Y. A., Kamal, S. H. M., Basakha, M., & Ahmadi, S. (2022). The influence of providing and receiving social support on older adults' well-being. *Clinical Practice and Epidemiology in Mental Health: CP & EMH*, 18, Article e174501792112241.
- Zhang, X. (2015). Study on the pension rights of families that have lost their only child. *Beijing Law Review*, 6(1), 16–22. <https://doi.org/10.4236/blr.2015.61003>
- Zhang, Y., & Jia, X. (2018). A qualitative study on the grief of people who lose their only child: From the perspective of familism culture. *Frontiers in Psychology*, 9, Article 869. <https://doi.org/10.3389/fpsyg.2018.00869>
- Zheng, Y., Lawson, T. R., & Head, B. A. (2016). “Our Only Child Has Died”—A study of bereaved older Chinese parents. *OMEGA - Journal of Death and Dying*, 74(4), 410–425. <https://doi.org/10.1177/0030222815612285>