

# The Demographics of “4-2-1” in China

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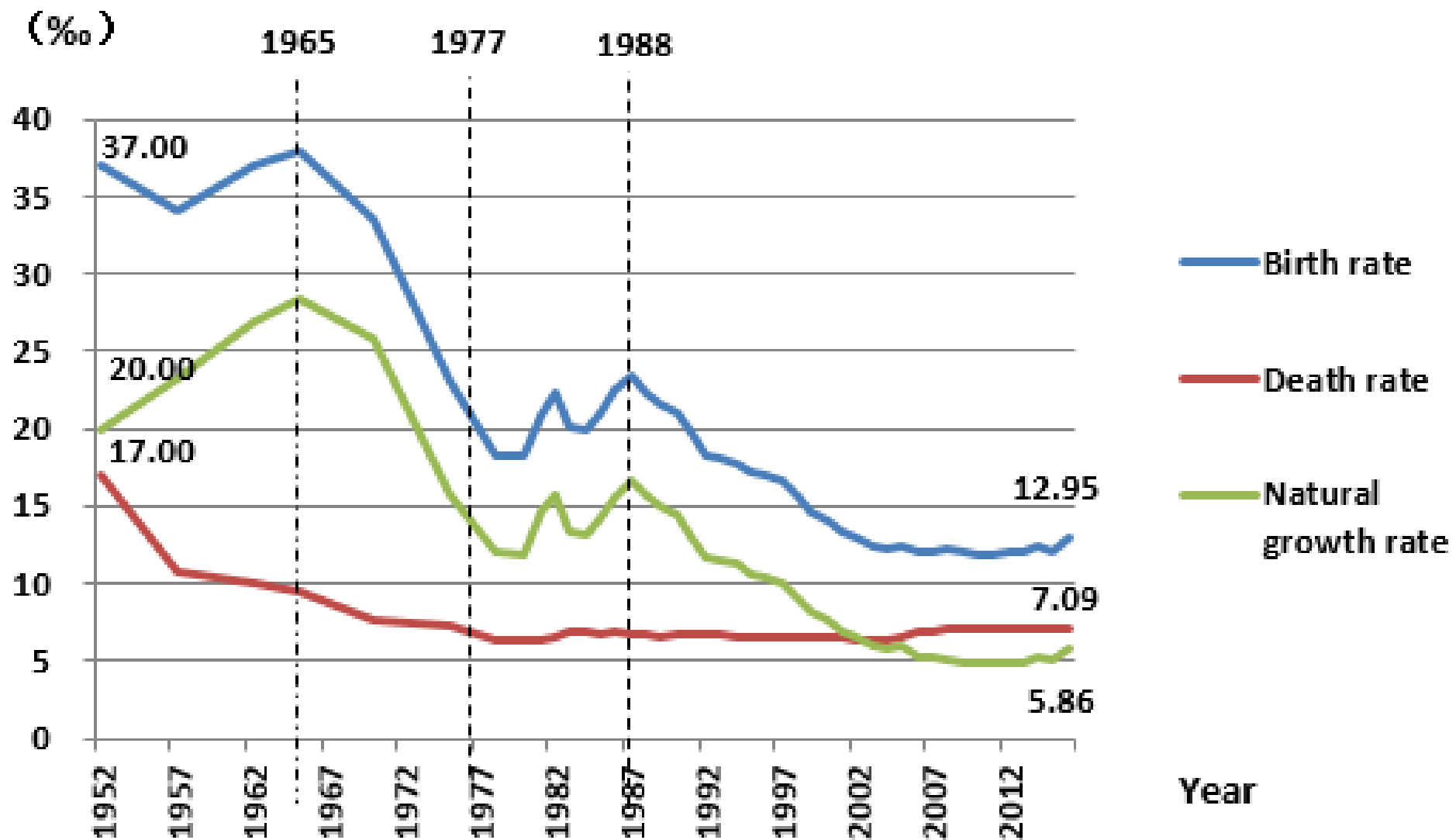
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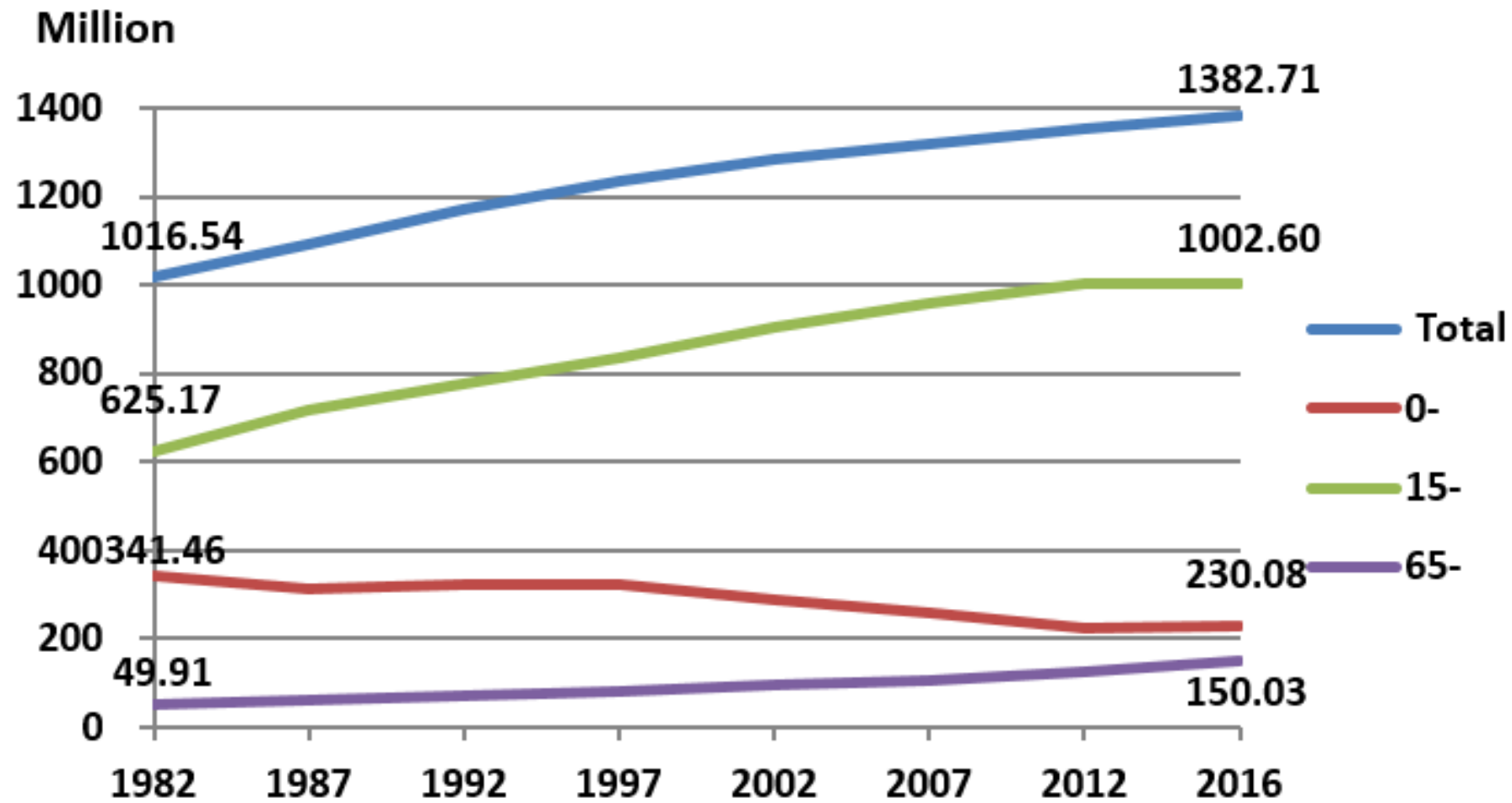


# Demographic Transition and Challenges



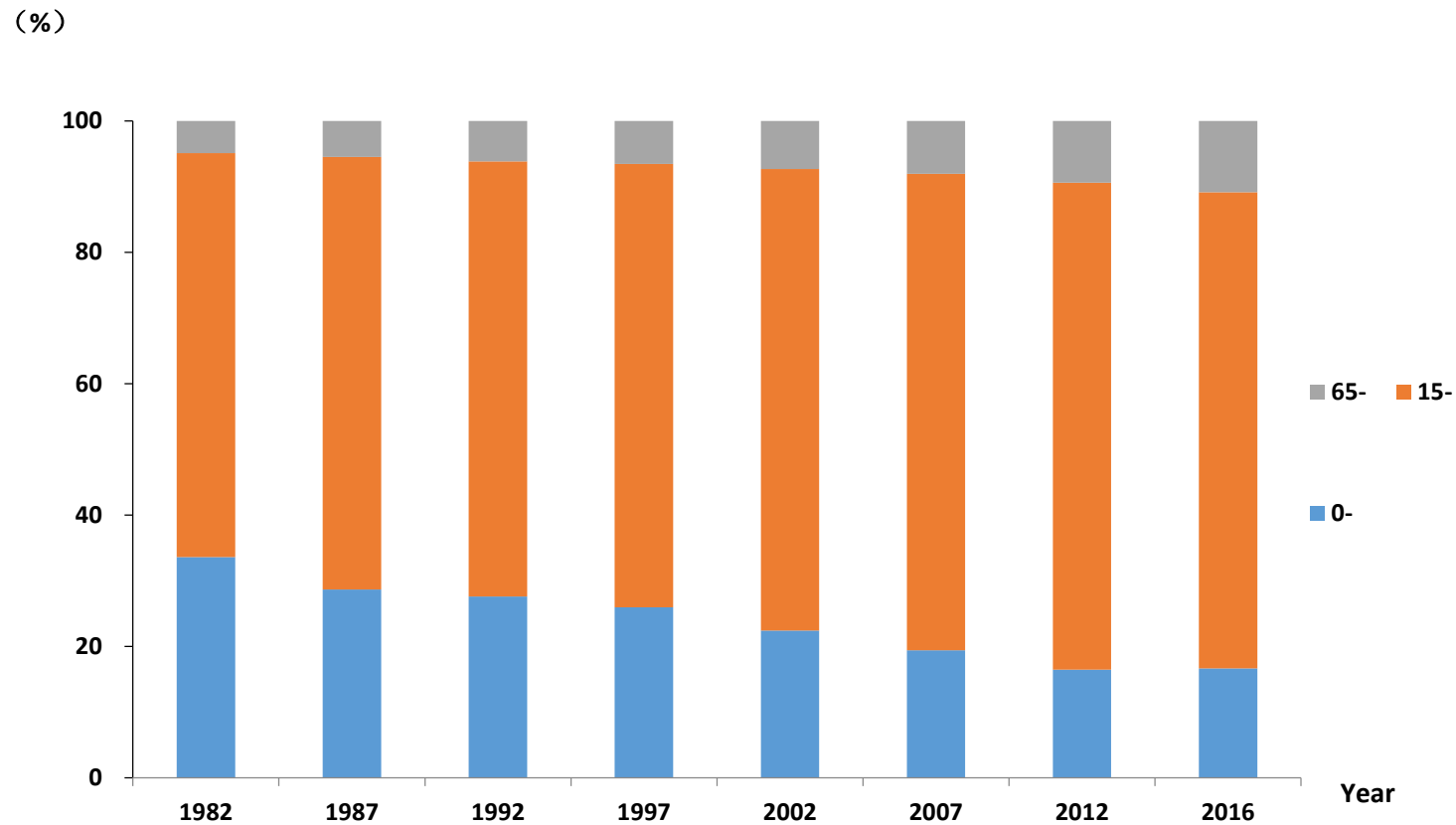
Source: China Statistical Yearbook of 2017

Figure 1 The change of birth rate, mortality rate and natural growth rate in China from 1952-2015



Source: China Statistical Yearbook of 2017

Figure 2 The change of population and distribution by age group in China from 1982-2016



Source: China Statistical Yearbook of 2017

Figure 3 Age structure of Chinese population from 1982-2016

Age group	1982	1987	1990	1995	2000	2005	2010	2015
0-14	33.6	28.7	27.7	26.6	22.9	20.3	16.6	16.5
15-64	61.5	65.8	66.7	67.2	70.1	72.0	74.5	73.0
65-	4.9	5.5	5.6	6.2	<b>7.0</b>	7.7	8.9	10.5

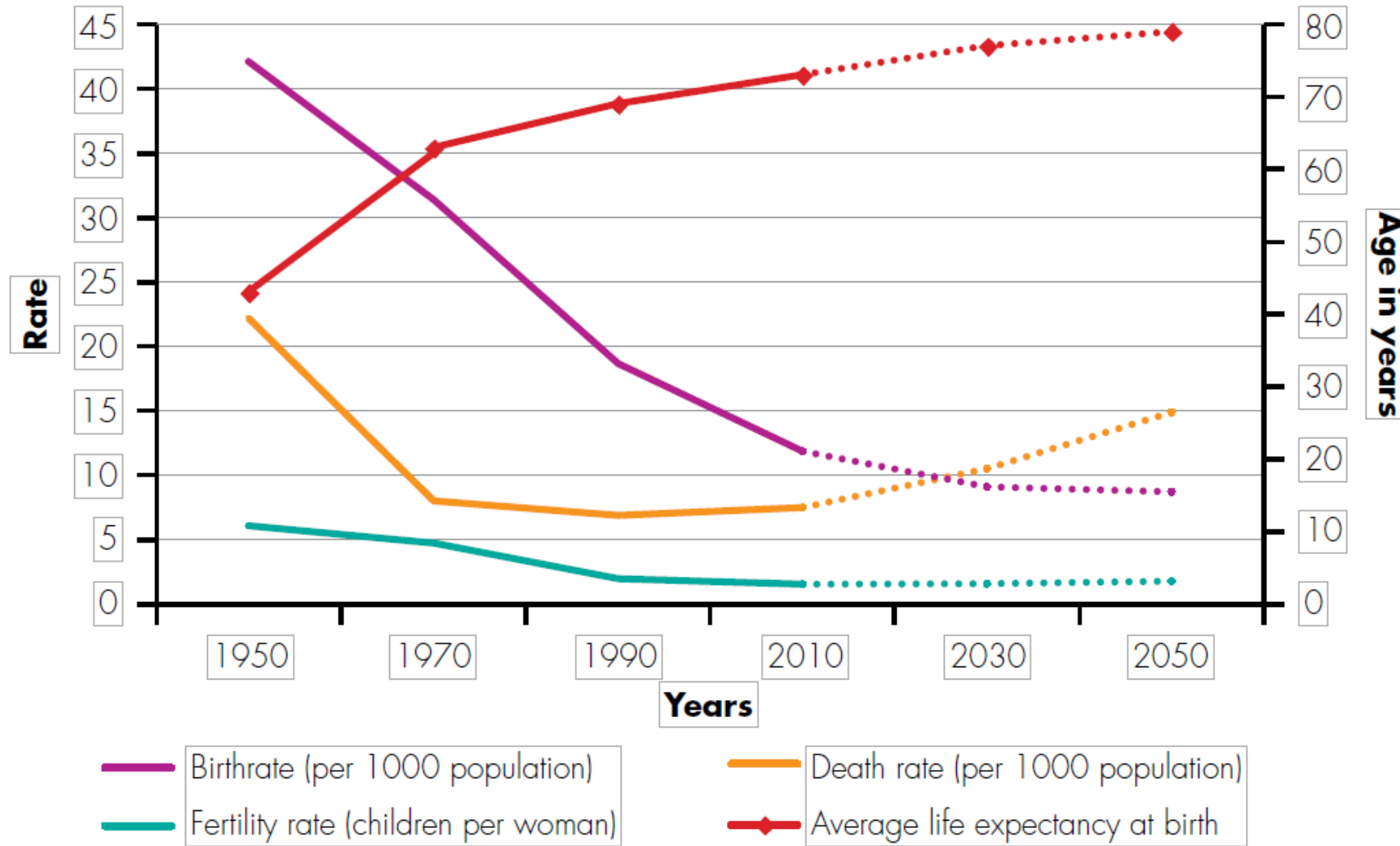
Table 1 Infant mortality and life expectancy

YEAR	infant mortality (‰)	life expectancy(years)		
		Total	male	female
Before new China	About 200	35.0	...	...
1973~1975	47.0	...	63.6	66.3
1981	34.7	67.9	66.4	69.3
1990	...	68.6	66.9	70.5
2000	32.2	71.4	69.6	73.3
2005	19.0	73.0	71.0	74.0
2010	13.1	74.8	72.4	77.4
2015	8.1	76.3	73.6	79.4
2016	7.5	76.5		

In 2015,

◆ average life expectancy of the world population was 71.4 years, male:69.1, female:73.7

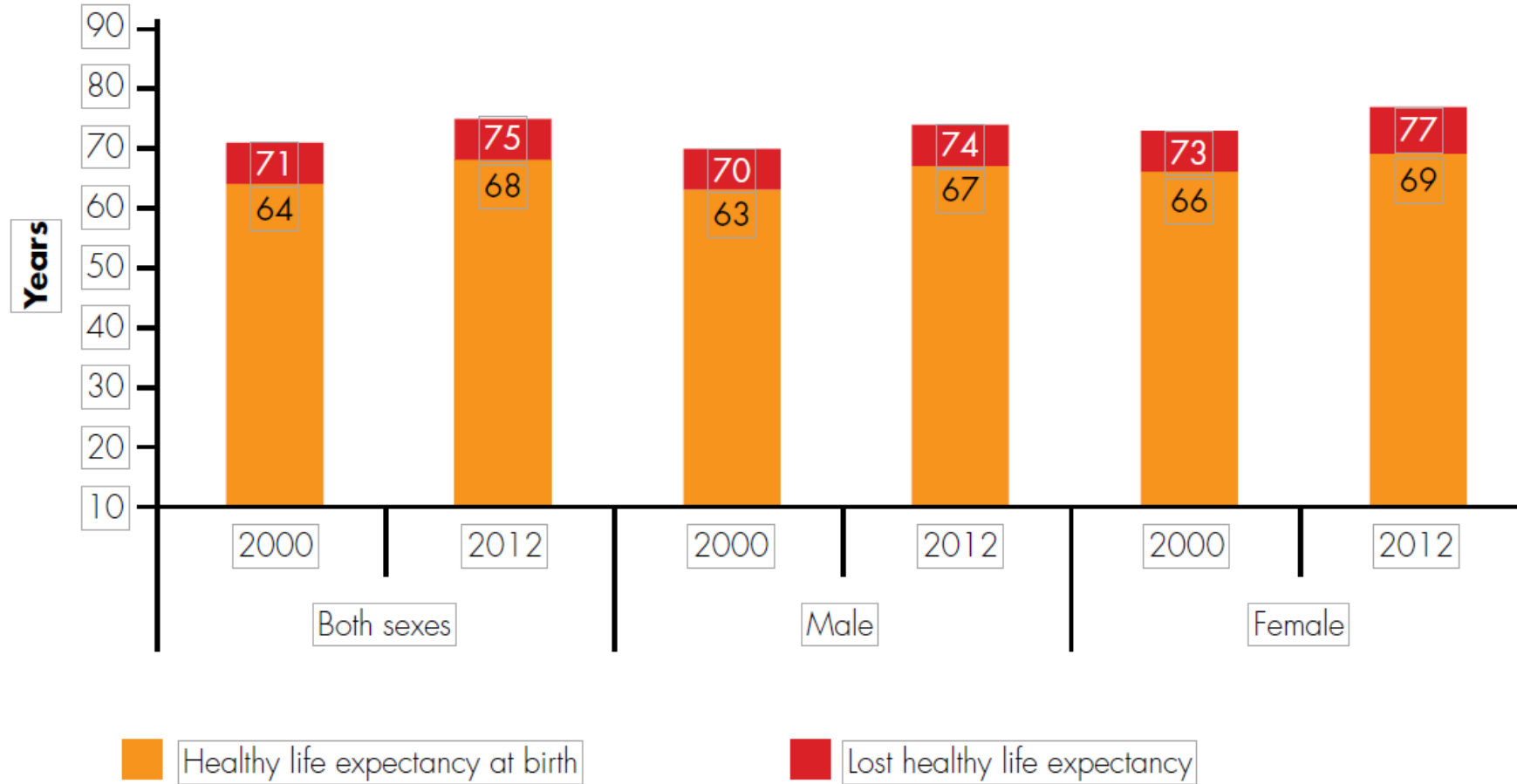
Figure 4 Demographic transition in China, 1950–2050



Source: UN DESA, 2013a.

Source: WHO, China Country Assessment Report on Aging and Health, 2015

Figure 5 Life expectancy, healthy life expectancy, and lost healthy life for men and women in China, 2000 and 2012



Source: WHO, 2012b.

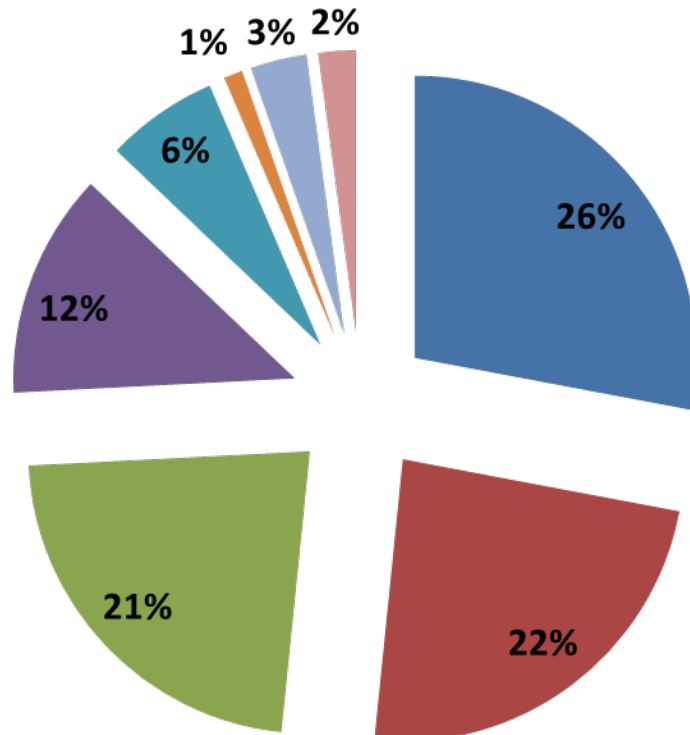
Source: WHO, China Country Assessment Report on Aging and Health, 2015

The equivalent lost healthy years is 7 years for men and 8 years for women in China, indicated the need for care.

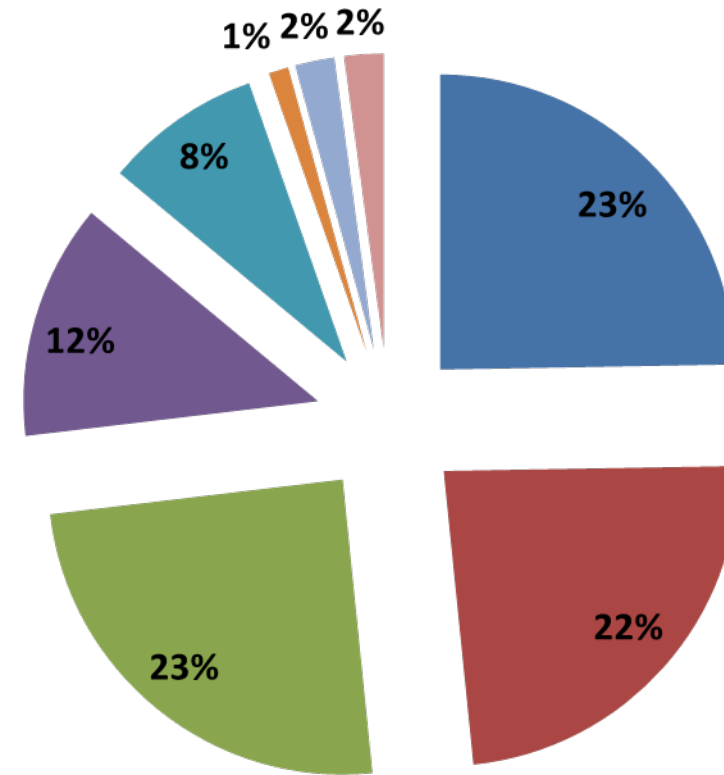


# Figure 6 Death causes constitution

## Urban residents' death causes constitution In 2015



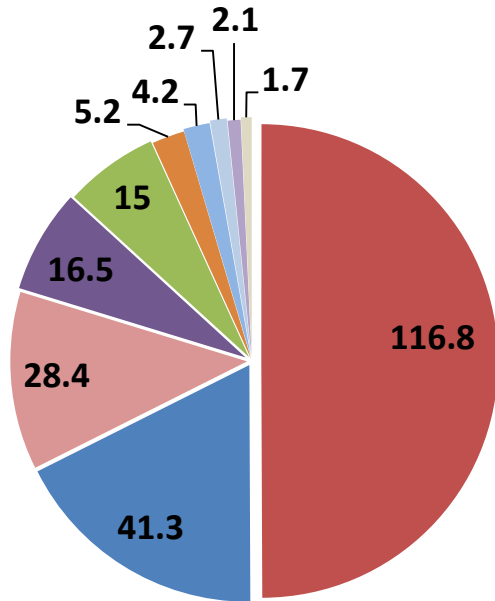
## Rural residents' death causes constitution In 2015



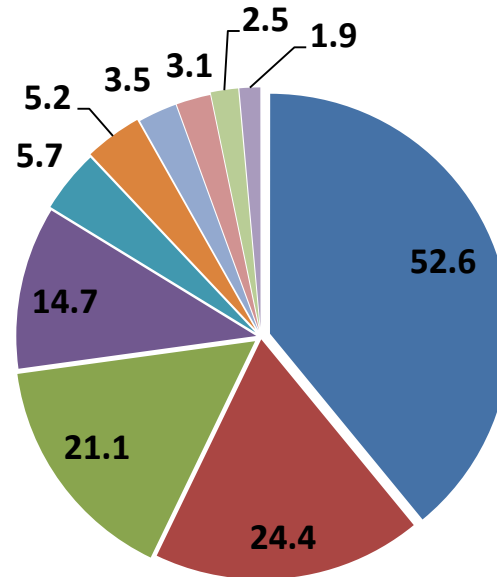
- Malignancy
- Heart disease
- Cerebrovascular disease
- Respiratory disease
- Injury and poisoning
- Other disease
- Endocrine, nutritional and metabolic disease
- Disgestive system disease

**Figure 9 Two-weeks prevalence by different diseases in 1993,2003,2013**

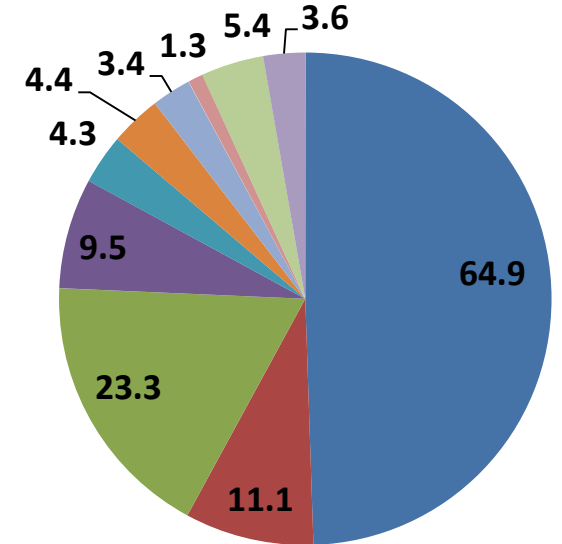
**2013**



**2003**

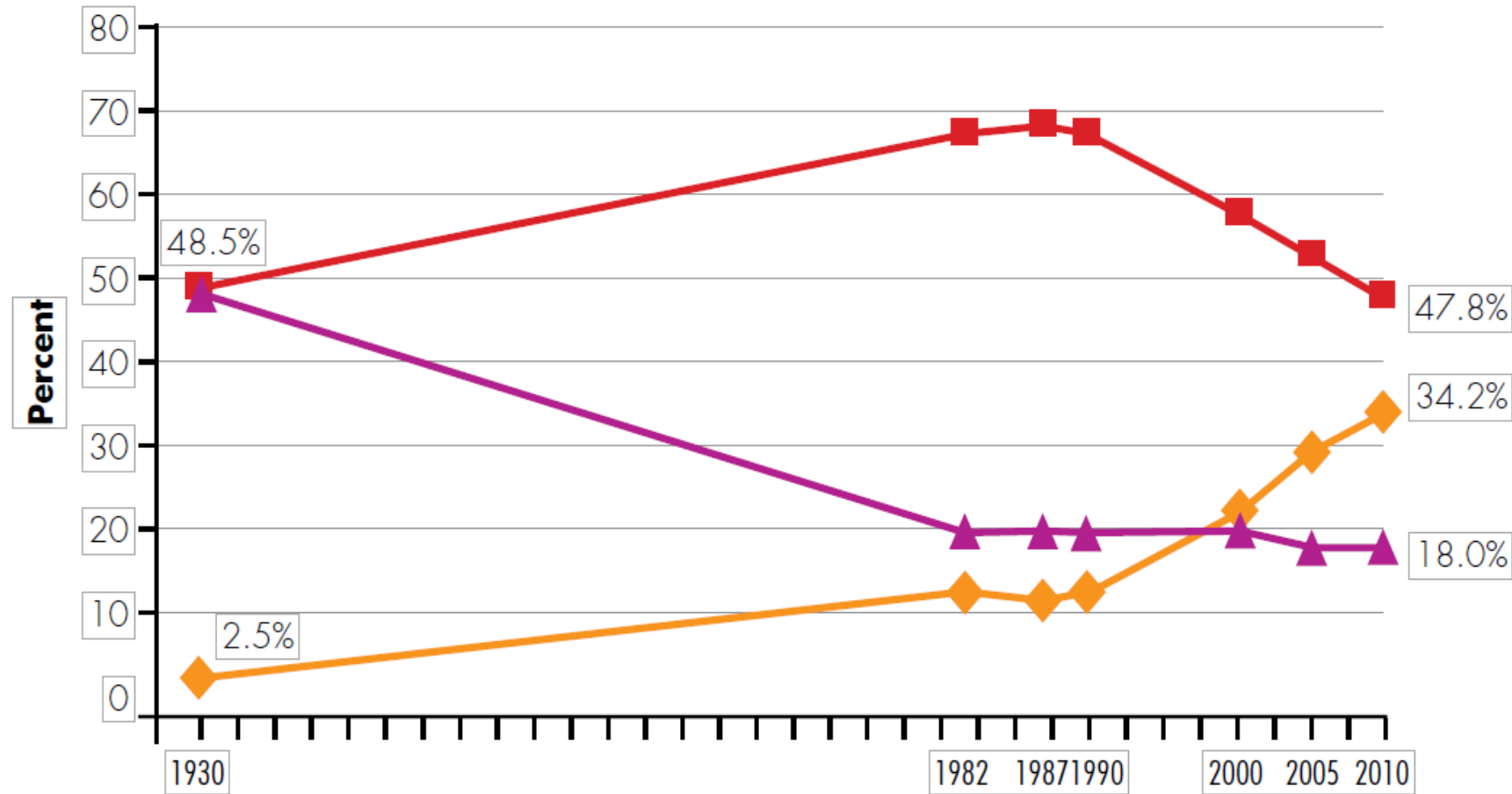


**1993**



- circulatory system
- respiratory system
- endocrine
- musculoskeletal system
- digestive system
- urinary & reproductive
- injury & poisoning
- nervous system
- dermal system
- malignant tumor

Figure 10 Changing trend of number of generations in the family, 1930–2010



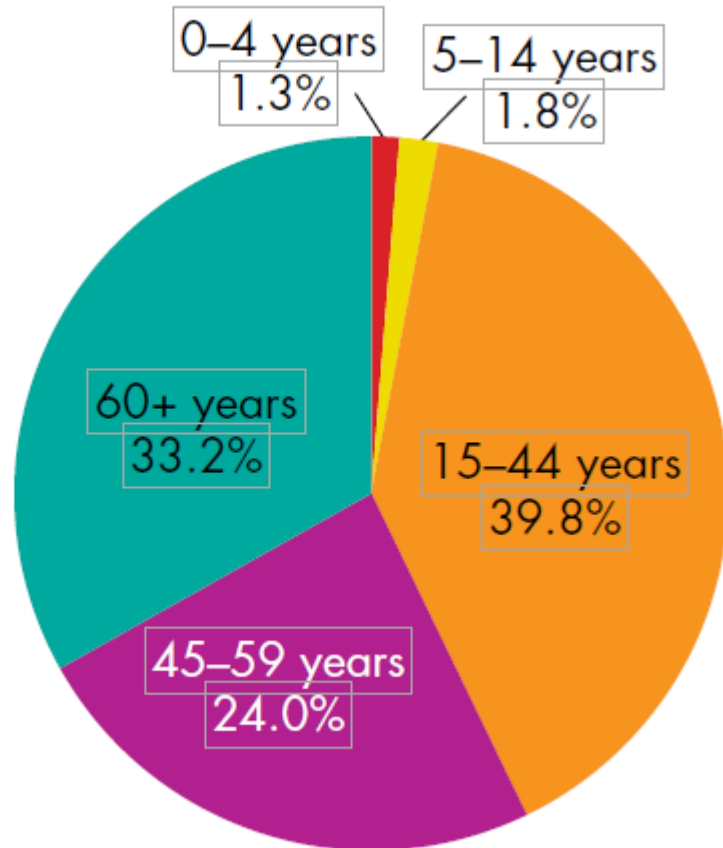
◆ One generation     
 ■ Two generations     
 ▲ Three generations

Source: Compiled by Yang J, 2012, from multiple sources.

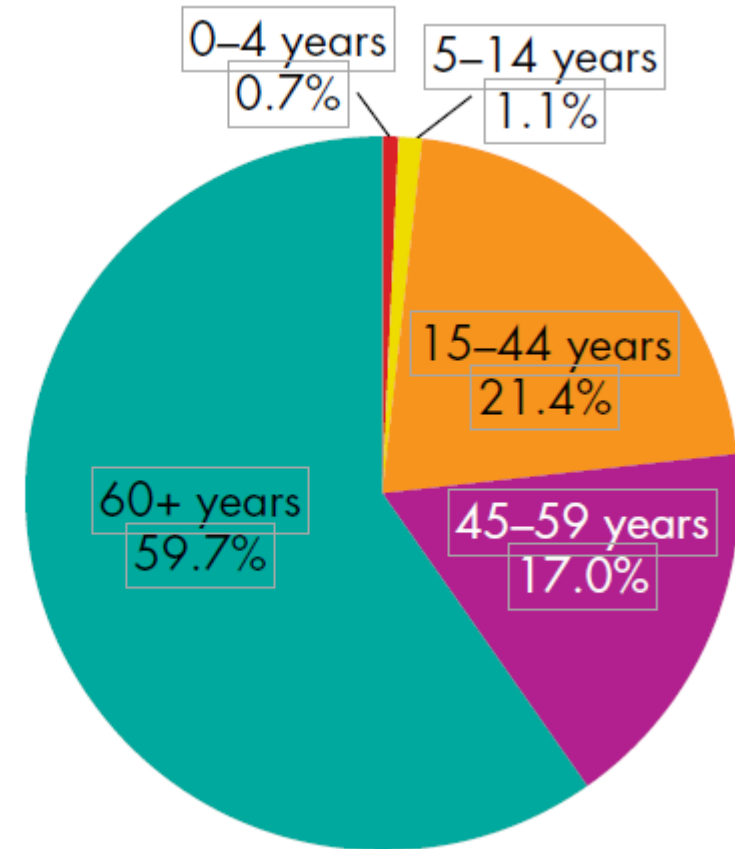
Source: WHO, China Country Assessment Report on Aging and Health, 2015

Figure 11 Prevalence of dependence

2010



2050



Source: Harwood, Sayer & Hirschfeld, 2004.

Source: WHO, China Country Assessment Report on Aging and Health, 2015

- Care dependence is a double burden:
  - it impacts the quality of life of older people
  - it can jeopardize families' economic health and quality of life



It is estimated, 108 million '4-2-1' families in 2015, mainly in urban.

**Rapid ageing &  
Huge number of  
the elderly**

**Old before rich**

**Family structure  
changed (size, risk of  
losing the only child)**

**Increasing demand for  
social services**

**Increasing the burden  
on children to take  
care of their parents**

**Impacting tradition of  
family generation**

**Challenges from the transitions → Health care, social support, etc**

# Solutions

# Care Arrangements for Older People

**In general (2000):**

- **Home care, community care, institutional care: 90:7:3, or 90:6:4**

**Special groups:**

- **One child family, esp. in rural or losing the only child, other vulnerable situation: more pension support from government or enterprises, society support, priority for institutional care, etc.**



# The Combination of Life Care and Health Care (2013)

**Institutional  
care**

**Setting up nursing home or clinic or collaborating with health facilities accordingly.**

**Community  
care**

**Day care center, community life care institute, collaborated with neighbor hospital and PHC facilities.**

**Home care**

**Encouraging PHC facilities providing home visit care and home bed services for the elderly who lies in bed for a long time, aged above 70 and living alone, action inconvenience, etc.**

**Health  
facilities**

# Long-term Care Insurance has been Piloted in Some Cities

Shanghai: piloted in 3 districts in 2017, all districts in 2018.

Main contents	
Basic orientation	Some compulsive independent scheme, ensure basic service.
Target people	Aged 60 and above + level 2-6 via professional assessment for care demand.
Service forms	Home and community care, institution care, inpatient nursing care.
Service items	27 life care items & 15 common clinical nursing care, service time according to level of assessment.
Financing & payment	About 1% of the premium of health insurance co-paid by individual and enterprises/agencies or government. 90% of cost paid by insurance, 10% by individual.

THANKS FOR YOUR ATTENTION!