

# Dancing With Care: Promoting Social Inclusion Among Older Women in China Through a Novel Preventative Care Model

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**Submitted:** 31 July 2023 **Accepted:** 13 November 2023 **Published:** 25 January 2024

**Issue:** This article is part of the issue “Community Development and Preventative Care With Older People: New Values and Approaches” edited by Fiona Verity (Brunel University / Swansea University), Frances Barker (Solva Care), Mark Llewellyn (University of South Wales), Simon Read (Swansea University), and Jonathan Richards (University of South Wales), fully open access at <https://doi.org/10.17645/si.i403>

## Abstract

This article examines how a new form of preventative care provision—dancing with care (DWC)—promotes social inclusion among older women in China and explores whether DWC can be regarded as an effective way to address the challenges these older women face in improving their social inclusion and achieving a healthy lifestyle. Our study demonstrates that various dimensions of DWC play a vital role in addressing the difficulties these older women encounter in their struggle to end their own social exclusion: These dimensions include levels of happiness, social network involvement, access to social support in “preventative care terms”, and the role of own’s grandchildren as a means to social bonding. Various dimensions of DWC align with the concept of preventative care for older women in urban communities. Using semi-structured interviews in selected “DWC communities” located in southern China, this article demonstrates that DWC contributes to addressing older women’s social inclusion by providing preventative care. In addition, we also performed an empirical data analysis that included institutional regulations for DWC design and implementation, publications by DWC communities, and academic research focused on DWC communities. DWC proposes an appealing path for older women to actively engage with and within their community. Furthermore, it offers valuable insights into the potential of a new model of preventative care and our conclusions will serve as a reference for enhancing social involvement among older individuals globally.

## Keywords

China; dancing with care; older women; preventative care; social involvement

## 1. Introduction

Community care for older adults has long been a point of contention (G. Huang et al., 2022). Specifically, conflict exists between policymakers and older people over care support, needs, and issues related to one's personal choice and possible arrangements within care service clusters, among specialists, and in light of available services in a community (G. Huang et al., 2022; Tomioka et al., 2016). Much of the recent discussion relates to the provision of preventative care for older people, particularly women (Jerliu et al., 2014); and while the Chinese government does support older individuals with preventative care at the policy level (National Health Commission & National Office on Aging, 2020), the demand for such preventative care services in China have augmented in the face of an increasingly aging population and in an effort to improve people's health and promote healthier lifestyles. At the same time, the impact of low fertility rates in China, a decrease in family size, and the three-child policy have increased the need for older women (as grandmothers) to assist with the responsibility of family care.

Due to the need for family care support and the expectation of intergenerational care services, from the year 2000 to 2022, many women over 60 followed their adult working children and moved to urban communities (Du et al., 2019; Liu et al., 2022). However, as newcomers with insufficient time and energy to rebuild their social networks, such women found themselves isolated in their new communities and passively excluded from their former familiar social network (Liu et al., 2022). They faced challenges to their own social inclusion and were hampered by feelings of unhappiness and loneliness, by health conditions that were often the result of age (thus with no pressing medical treatment), and this resulted in their exclusion from—and inability to create—social networks (Zhong & Peng, 2020). A usual strategy for improving this situation is addressing such challenges faced by older people through a social capital theory approach and the basic dimensions of trust, networks, and norms (Bourdieu, 1986; Gray, 2009; Norstrand & Xu, 2012). This article sustains the notion that social capital theory provides a pathway to deal with these challenges; grounded in the Chinese context, it provides an alternative theoretical basis on which to establish a new model for preventative care provision to foster older women's energy and keep them relatively involved in their community and potential social networks.

The article promotes a new form of preventative care provision—dancing with care (DWC)—and examines how this enhances feelings of social inclusion among older women in Chinese urban communities. In exploring whether DWC is effective in promoting a healthy lifestyle for older women, we will specifically emphasize the following dimensions: (a) levels of happiness and (b) social network involvement, (c) access to social support for preventative care services, and (d) the role of own's grandchildren as a means to social bonding. The article will first present the background upon which DWC developed in China (Section 2), followed by the analytical framework (Section 3) and method approach (Section 4) used in our study. The empirical analysis (Section 5) presents the findings of this new design for preventative care provision and, based on the interviews, discusses the degree to which it could contribute to older Chinese women's social inclusion in urban communities. Section 6 is the conclusion.

## 2. The Past and Future of DWC

The concept of DWC was developed based on early definitions of “community care,” such as those put forward by the Chinese Social Welfare Department and the Chinese Quality of Life Programme (Lee et al., 2018; Tang,

2015; Xu & Chow, 2006); it is also closely aligned with concepts described in the United Nations Convention on the Rights of Persons With Disabilities (Wu et al., 2019). Broadly speaking, community care (a) involves an accommodation that is adequate, appropriate, and accessible to the individual in need of care, from a range of options ordinarily available to the wider population; (b) enables individuals in need of care to choose where they should live, with whom, and how, at least to the greatest possible extent; and (c) finds the resources for them to successfully participate in their community (Tang, 2015). Drawing from these basic principles, a new care-friendly community service for older people emerged in China that established preventive care as its key area of intervention (National Health Commission & National Office on Aging, 2020) and found in *dancing* a means to promote healthier lifestyles.

The basic aim of preventative care is to identify and deter health issues from developing and thus promote early disease prevention, which is more cost-effective than medical treatment (Maciosek et al., 2017). Preventative care services include general physical examinations and selective programs designed to detect illnesses in the population (Wang et al., 2019). Some preventative care services are fully funded by government budgets, whereas others are treated as an integral part of disease management regimens and are covered by medical insurance schemes (Maciosek et al., 2017; Wang et al., 2019). In China, literature has shown that the promotion of preventative care also influences the use of preventative care among the population (C. Huang et al., 2016; Lee et al., 2019), which prompted the Chinese government to promote DWC as a new model of preventative care provision in urban communities to improve older people's health and, we argue, enhance their social inclusion (see also Mi, 2016).

Over the last few decades, DWC has been a legal, openly organized preventative care practice (National Department of Sport, 2017a, 2017b). What we call "DWC communities" (communities that have embraced this practice) differ from traditional communities in that they can obtain financial support from local governments by organizing DWC competitions, which are a good way to encourage older people to engage with DWC while simultaneously promoting the practice. DWC communities and activities are encouraged and organized throughout China, particularly in South China, by the Chinese central and local governments (e.g., Ren & Liu, 2022). Participants usually join DWC activities in the form of nonprofessional dancing, such as folk, modern, street, and Latin dance, with high-decibel and rhythmic music, after dinner (National Department of Sport, 2017a). Participants may also join DWC activities and dancing schedules on weekends and during their leisure time.

DWC is believed to be beneficial to the physical and mental health of older people while contributing to remedying some of the difficulties that older people face, namely concerning their social involvement in the community and feelings of loneliness and unhappiness (Mi, 2016; Yang & Yuan, 2016). Such challenges notably afflict women and researchers have argued that regular participation in DWC activities may effectively reduce depression levels in postmenopausal older women (Gao et al., 2016). Specifically, physiological function, emotional function, mental health, and social function may be significantly improved in older women who take advantage of DWC practices compared to those who do not (Mi, 2016).

A second challenge women confront in old age is the lack of social networks. Reforming one's social networks in an urban community is especially difficult for older adults without effective social support as most are usually considered "neighbor strangers": Older adults may live close by to one another and in the same building but they hardly know each other (Yuan, 2019; Zhong & Peng, 2020). In addressing this obstacle, research

findings suggest that older women who actively participate in DWC activities within their community receive more support compared to those who do not (Ou et al., 2022). Furthermore, it has been observed that older women with poorer healthcare conditions or greater potential care needs receive even more support within the DWC network (Yang & Yuan, 2016).

A third difficulty faced by older women is that they require preventative care but are sometimes unable to access effective community services. Older people with preventative care needs differ from those with other types of care needs (e.g., long-term care) as most preventative care does not require urgent medical treatment (Gao et al., 2016; Li, 2016). An analysis of the promotion of DWC has demonstrated that older people—and older women specifically—benefit from DWC “as preventative care” in that it satisfies their emotional needs, promotes continuous physical mobility, facilitates information exchange, and increases their sense of happiness in life (Yuan, 2019).

Overall, people have a lower chance of communicating and forming social connections in an urban environment (Zhong & Peng, 2020), but older women have reported that feelings of loneliness can be relieved by participating in DWC activities (Ou et al., 2022). For older women, DWC allows them to express their feelings with dancing partners (Yuan, 2019), which is another way DWC can be seen as an effective way to promote social communication within a community (Yang & Yuan, 2016).

As suggested in the literature, a useful approach to address challenges to the social inclusion of older women and ensure that their preventative care needs are met must involve the development of practices that intervene “as preventive care.” This is the core objective of China’s DWC (Ou et al., 2022; Yuan, 2019) and our detailed discussion will hopefully highlight the usefulness of this new form of preventative care and how it impacts social inclusion.

### 3. Analytical Framework

A central challenge for Chinese society is the rising number of older women moving into urban communities due to family care responsibilities, which often increases their isolation from past and potential social networks (MacLachlan & Gong, 2022). Based on social capital theory (Bourdieu, 1986), trust, networks, and norms have become basic dimensions in understanding the formation and use of social capital in today’s society—and tackling social problems related to old age from the perspective of social capital theory is a common strategy (Norstrand & Xu, 2012). However, in China, social capital comprises a relatively stable social network that usually exists in neighborhood relationships until people’s living patterns change (Meng & Xue, 2020). Older women moving into urban communities due to family care responsibilities, thereby removing themselves from familiar social networks and contributing to their own social exclusion, is an example of such changes in pattern (Shui et al., 2021). Nevertheless, we argue that the original three dimensions of social capital theory can help explain the challenges that older women face in achieving social inclusion and provide a new theoretical basis to respond to these challenges.

Social capital theory’s trust dimension, for instance, asserts that older people may question their trust in unfamiliar people, especially in urban communities, due to a lack of efficient communication. Consequently, they tend to block themselves out from their community, which leads to unhappiness and social exclusion. The network dimension helps explain why older people may experience less social support because they lack

an effective social network. The norm dimension helps explain how older people's use of social capital changes along with variations in their family members and the relationship they establish with one another, in particular the changing role of younger generations in the family.

Different aspects of DWC may align with these dimensions of social capital theory in how they address older Chinese women's feelings of unhappiness, loneliness, exclusion, and their inability to access community services. Our analysis, however, expands beyond a social capital theory approach and focuses on how DWC influences one's levels of happiness, social network involvement, and access to social support for preventative care services, as well as places grandchildren as a means of social bonding.

We primarily focus on DWC practices implemented in 10 pilot DWC community projects in the Anhui province and will discuss the degree to which DWC can inspire future Chinese preventative care provision models considering current challenges faced by older women and the results of establishing DWC in urban communities.

First, we measured whether access to DWC contributed to positive changes in happiness among older women and found that participating in DWC activities could indeed increase their levels of happiness if its design encouraged older women's participation; otherwise, it would be ineffective. Access to DWC as "preventative care" could be social network-exclusive if participation in DWC activities was selective (i.e., targeted at specific groups of local people or people within a certain social network) and strictly social background-tested (i.e., requiring continuous living experience in the community or as per the recommendation of other DWC participants); otherwise, it would be inclusive. In preventative care terms, social support concerns the extent to which older women feel assisted, both psychologically and personally; our findings show that women felt mostly confident of the support of their DWC companions, who provided them with practical, informal support, specifically to those with more urgent needs. A final aspect that we considered was how grandchildren can be a means to social bonding, since older women find in them a motivation to socialize with other DWC participants.

By looking at DWC as a means of preventative care provision, we question how older women's need for social inclusion can be met while accommodating their preference for remaining in an urban community, and with their families, for as long as possible. Our study does not focus on sustainable funding sources for Chinese DWC initiatives, which have been studied previously (Gao et al., 2016). Though all residents (including middle-aged residents) are encouraged to participate in DWC activities, most participants in DWC activities in our study were older women, mainly because the most prevalent form of DWC is dancing, which is more easily accepted by women than men in Chinese society (for a gender comparison see Yuan, 2019).

## 4. Method

In addition to the fieldwork (interviews), we also performed an empirical data analysis that included institutional regulations for DWC design and implementation—including government statistics and local regulations in the Anhui province (Isoaho et al., 2021) and academic research focused on DWC communities (e.g., Ou et al., 2022). The analysis included, when available, data on the prevalence of DWC communities in targeted provinces in China, the progress of DWC communities, any information on how (and how many) older women access DWC in their local communities, whether they receive any support by participating in

DWC activities, and to what extent the government or social organizations promote DWC activities. Data about China in the years 2017–2023 were collected and reviewed by a research team from Anhui Normal University. These researchers were asked to describe DWC communities in terms of size, form, organization, staffing, location, and participation. A template was used in the data collection to retain all data sources. These were carefully examined to assess, as much as possible, their internal consistency and locate any variations between different sources.

A series of in-depth semi-structured interviews were conducted with older women in 10 DWC communities in the Anhui province, South China (see Table 1). We used a snowballing approach in two cities—Wuhu and Hefei—to select these DWC communities (see also Bhutta, 2012). In Wuhu, officials from the Wuhu Civil Affairs Bureau were asked to recommend two DWC communities that met the following criteria: (a) were located within the jurisdiction of the selected city; (b) had official community documents supporting DWC activities and practiced continuous DWC activities for more than one year; (c) had at least one non-profit organization (NPO) joining the organization of DWC activities, lasted for more than one year, and had had continuous DWC activities in the past six months; and (d) had community staff and heads of NPO organizations who are willing to actively participate in the research. Interviews were then undertaken in a total of five selected/recommended DWC communities. Interviewers followed the same procedure in Hefei.

Fifty-five responses were included in the study. Those interviewed included eight representatives from official or government positions at the regional and local levels, seven community staff members in charge of the development of DWC, 39 representatives of DWC communities, and one academic (see Table 2). We contacted residents based on the following inclusion criteria: They had to be female and older than 60; had to be living in the community for at least nine months, have participated in DWC activities in the past six months, be able to clearly express their views, and be willing to participate in our research after understanding its purpose. With the support of community staff and NPO leaders in each community, we randomly selected residents who regularly participated in DWC activities via WeChat group: We divided users into multiple WeChat groups, deleted duplicate residents based on their usernames and avatars, and randomly selected 12 candidate residents. We then randomly selected one person from these 12 selected residents; if they refused to participate in our study, we randomly selected another one from the remaining 11 residents. This process was repeated until four residents were selected from each community.

Interviewers comprised well-trained university students with elevated interview skills and over two years of experience conducting resident interviews. All interview questions were prepared by the research team. The Declaration of Helsinki was strictly followed. The research plan was submitted to and approved by the Ethics Committee of the Anhui Normal University (AHNU-ET2023089). During the implementation phase, we respected the dignity and decision-making rights of each respondent, informed them of the research purpose in advance, and obtained their informed consent before conducting the research. We focused on protecting the respondents' wellbeing. As the main interview subjects of this study were older women, time and location were arranged following the respondents' requirements to ensure their convenience, privacy, and safety. In addition, when we interviewed 13 women aged over 70, community doctors accompanied us to answer any possible emergency; doctors didn't directly participate in the interviews and were on standby in the waiting room. No public health problems were reported during the interviews.

**Table 1.** Data collection from DWC communities.

DWC communities	Location	Population (thousands)	Community description
WZY	Yijiang region, Wuhu	24	The community encompasses approximately 0.87 square kilometers. It is a relatively new community, established about 10 years ago, with mostly commercial housing and some resettlement housing.
WHC	Yijiang region, Wuhu	9	The community encompasses approximately 0.17 square kilometers. It is a relatively new community, established about 14 years ago, with commercial housing only.
WSH	Yijiang region, Wuhu	4	The community encompasses approximately 3 square kilometers. An old community, established about 30 years ago, it comprises mostly resettlement housing and some self-structured housing.
WXG	Jinghu region, Wuhu	11	The community encompasses approximately 1.1 square kilometers. It was established in 2006, with mostly commercial housing and some resettlement housing.
WFH	Jinghu region, Wuhu	12	The community encompasses approximately 0.7 square kilometers. It is an old community established about 30 years ago, with mostly resettlement housing and some self-structured housing.
HBH	Baohe region, Hefei	8	The community encompasses approximately 0.7 square kilometers. It was established about 15 years ago with all commercial housing.
HWG	Baohe region, Hefei	7	The community encompasses approximately 2.0 square kilometers. It was established about 21 years ago with resettlement housing and some self-structured housing.
HQL	Yaohai region, Hefei	85	The community encompasses approximately 20.1 square kilometers. It was established about 22 years ago, with mostly commercial housing and some resettlement and self-structured housing.
HWL	Yaohai region, Hefei	11	The community encompasses approximately 0.3 square kilometers. It was established about 18 years ago with commercial housing only.
HJX	Shushan region, Hefei	17	The community encompasses approximately 0.9 square kilometers. It was established about 30 years ago, with mostly commercial and some resettlement housing.

**Table 2.** The interview respondents.

Interviewee	No.	Average age	Female (percentage)	Average years involved with DWC	Chronic disease (percentage)
Officials	8	42.0	37.5	14.8	—
Community staff	7	35.9	71.4	9.3	—
Scholars	1	52.0	0	19.0	—
Older women	39	68.9	100	6.7	51.1

Reports from each interview were prepared in Chinese, translated into English, and crosschecked using professional language editing services. The reports from the interviews were thematically analyzed and initially coded based on the following interview topic guide:

- What were the most impressive *changes* and *advantages experienced* by older women due to—and in their involvement with—DWC?
- What changes were there concerning older women's *social involvement*, including how they got to know more people, understand their community, and participate in other social activities with peers from DWC practice?
- What were the *care barriers*, if any, in the development of a community living? To what extent do peers from DWC help older people with *care needs* and share their experiences with examples?
- To what extent have peers from DWC contributed to *sharing* medical care *information* or utilizing medical services?
- Who or what were the facilitators of the development of DWC communities, in terms of government and policy?

Focus was placed on variations in the extent to which DWC contributed to the social involvement of older women in their community, as well as on the DWC dimension that was developed based on social capital theory.

Overarching themes and subthemes were identified for each of the listed topics. Three members of the lead research team focused on community living read and coded the reports, and all themes and subthemes were collated into one document (preserving the identification of each community). Any aspect that didn't immediately fit into one of the initial themes was also recorded along with quotations, in case it proved useful in illustrating any key points. The second and third authors collated all the subthemes for the final synthesis. Changes experienced due to support received from DWC practice was one of the topics for which most information was available; in such cases, themes and subthemes were summarized. Interviewees from the same community often raised similar themes, for instance, they usually mentioned that peers from DWC practice help older people with care needs and share their experiences. All quotations provided in this article are illustrative and respondents are not identified.

## 5. Analysis and Findings

### 5.1. Happiness

In our interviews, older adults were asked about their social interactions and levels of happiness before and after participating in DWC activities. Compared to their state of mind before they began participating in DWC projects, respondents reported a positive increase in happiness and provided significant examples. An older woman respondent said that the happiest time of her day was dancing with partners at DWC activities. For DWC participants, happiness is a consequence of sharing an emotional experience and finding someone to talk to:

Happiness: I would not say it's a factor, but I can feel it when I am with my peers in DWC. No. I am not lonely, and I have someone with whom to share my feelings.



Another respondent, a leader in a DWC team, found that the happiness she felt after participating in DWC was extremely high, something she had seldom felt before:

I organize the dancing team every evening and send messages about our arrangements through the WeChat group. This was the first time I felt I could do something meaningful that I liked. I voluntarily offer my support to team members facing difficulties.

Family care responsibilities that were being undertaken before respondents joined DWC activities continued well after that, and highly efficient family care work was profound in older women. One DWC participant expressed herself in the following manner:

I was here [in the city] to take care of my granddaughter, for whom I had to cook and take to kindergarten because my daughter and son-in-law were busy. I felt exhausted by family work before DWC. Afterward, I found that many of my DWC peers shared similar experiences with me. I feel emotionally supported and see myself more positively, with better quality sleep.

This relatability increased their desire to participate in the community. Another participant stated:

At first, I was afraid that they [DWC peers] would push me out. However, they are friendly with me. Dancing makes me have regular dinners and better sleep, and I feel happier and healthier [than before].

Dancing felt like a daily enjoyment, as one participant explains:

My husband danced with me every evening. We both felt happy and healthy, as it was obvious that we did not need to visit doctors so often. I felt an unexpected relaxation....No, [dancing] is not a task; it is rather an enjoyment that we should have.

Respondents continuously reported positive experiences of happiness and health improvement. The reasons for this are complex, but key factors include their increased social involvement/connection, psychological support from their peers, and enhanced physical mobility. Some DWC participants even mentioned activities outside the DWC project such as nurturing the neighborhood's cats or scheduling online shopping, which had a strong impact on their feelings of life satisfaction and self-worth:

Sometimes, they [DWC peers] talk in the WeChat group about helping cats find their hosts and invite us all to save hungry lost cats around the community. I was happy to join them. I feel like peers in DWC were another family in which I could be recognized as a friend.

Older women had frequent contact with their neighbors because they felt happy about participating in DWC activities. During the interviews, many respondents regarded DWC interactions positively, which increased their desire to contact other people outside DWC practice, particularly neighbors. For example, a participant expressed:

I refused to have more contact with neighbors because I felt isolated from these young people...but eventually, I helped our neighbor by treating their young boy to a meal when they had an emergency. I felt happy to help them, and we were not "stranger neighbors" from then on.

## 5.2. Social Network Involvement

A possible reason why happiness generally increased after participating in DWC activities is that respondents rapidly established a social attachment with their community through dancing. As a participant stated:

People care about others and interact with them, so it is a reality that they can see. You can see it, in reality, every evening, outside the window in the summer, and even in garages when it rains, and in online chats.

As more and more older people joined DWC practice, most of them feels that it is easy to connect with their peers, as stated by DWC team member:

We have new participants all the time, our dancing team has reached over 50 [people]. There were only 10 participants at the beginning....Although new members are not familiar with us, we come to know them quickly because [they] were one of our peers.

A sense of social involvement in DWC communities is established by the organization of extensive social activities by dancing members, as per institutional regulations for DWC design and implementation. In some instances, networks are formed that are quite extensive, and stable communities support the development of additional activities, which promotes far-reaching networks. As stated by one participant:

It is possible to travel for a short time with peers in the dancing team, as in one-day travels nearby on weekends. I feel safe doing so and we also have each other's backs when people face difficulties or challenges.

Social interactions vary according to the intensity of the interpersonal connection. Community organizations encourage older women to socialize by promoting a communal concern for each other's well-being; through DWC, older women are instilled with unprecedented confidence. One respondent, who expressed concerns after having moved to an urban community, acknowledged:

Our community supports DWC and formed an organization by building community dancing activities. They [the DWC team] stated that this was a preventative care service for older people. I was included without difficulty and felt integrated with the DWC team members. I think [there was] an easy connection.

Communication through dancing activities forms a social bridge that strengthens the community, with residents being closely connected and sharing similar goals in their daily lives, such as improving their health and staying active. On the other hand, while residents were generally open-minded, their awareness of being included in the community and their desire to support others was also a reflection of institutional regulations. The aim of DWC communities is to improve older people's health through novel preventative care activities—like dancing—instead of forcing them to perform regular medical checks. Policies encourage older people to find psychological support by joining DWC projects while publicly proposing ideal social involvement expectations. However, respect for the individual's desire is maintained, as one of the representatives at the local level explains:

Residents are free to join DWC and financially support [these activities] in the community, but we do not knock on people's doors to spread news or push them to participate.

One community staff member stated:

We observed that most older women who joined DWC activities spontaneously found a suitable team by first trying to follow the music during or after dinner. Next, they engaged with the team, followed by further communication with other dance teams.

### **5.3. Social Support for Preventative Care**

A strong social involvement among DWC participants resulted in older women feeling supported and more confident in their daily lives. As a consequence, it became more common for them to support each other with regular health checks and while visiting doctors. One DWC participant stated:

Members of the dancing team encouraged me to undergo health checks twice a year since I have heart problems. I felt supported and turned my negative attitude into visits to doctors, since I saw what they had done in practice.

This often resulted in direct instances of residents providing practical and informal support, particularly to those with urgent needs, as stated by another respondent:

I suggested that our dancing members who are nurses offer blood pressure checks to peers in the DWC team....We all help each other out, and if I am not feeling fine, I can also phone some of them.

Support also varied from a psychological to a personal one:

I was upset due to a health problem [and] doctors seemed to do nothing besides persuade me to rest....So it was friends from the dancing team who visited me and helped me with [my] terrible emotional conditions.

Some community staff also reported communicating with facilitators to improve the space allocated to DWC practice and promote preventive care activities:

Our dancing space was organized by the community, but it was a blank square without grass. There was no outside light. We suggested that the Community Hall improve lighting and support us by building public exercise equipment residents could benefit from. Although it took them two years to do so, our DWC team members [now] have more options to exercise in the same space where we dance every day.

### **5.4. The Role of Grandchildren**

Caring for grandchildren is an important element within Chinese society, and older women in DWC communities engaged significantly with their peers by relating to each other's care work for the younger generation:

Well, I send my grandson to school and bring him home after school every day, so I am familiar with other “grannies” who do the same. Sometimes, I go to the supermarket with other “grannies,” as we both need to cook for our family.

Grandchildren also play a role in the social bonding of older women, with grandmothers either getting together when their grandchildren play outside or helping each other with picking up children from school. One DWC participant stated:

[Two of us] organized a support schedule....All grandchildren were from the same kindergarten. Each of us is responsible for picking up two children every two days, taking them to the playground, and monitoring their safety. The other is responsible for cooking dinner. We take turns.

One DWC participant expressed the social value of including her grandchildren in her socialization process:

I feel that my grandchildren give me an incentive to connect with others because many people do so. You just feel that you must. If you hesitate, people ask if you want to do so.

## 6. Discussion

### 6.1. A Supportive Agenda for Old Age

As presented in the existing literature (e.g., Chen et al., 2021), DWC can be considered a key element in a supportive agenda for old age. Designed as a new form of providing preventative care support, it gives residents a high level of control over their lives. That said, it’s important to acknowledge that, due to its structural design—specially geared toward older women—DWC is only available to residents with mobility. Consequently, residents with poor health conditions who require home care services are excluded. DWC is popular because it promotes the social inclusion of older women and helps maintain/improve their psychological health, instead of traditional preventative care models that only endorse regular medical checks and screenings. Although preventative care agendas have long been developed worldwide, the Chinese DWC concept is the first to offer both lifetime physical and psychological support concerning the health of older women in the Chinese context. Its popular Chinese name is *guang chang wu*.

### 6.2. Social Connection

Participating in DWC activities can increase one’s sense of belonging, improve life satisfaction, increase social trust, promote positive and healthy lifestyles, and improve social recognition among older women. These traits are also reflected in the “trust dimension” of social capital theory. Social interaction with dancing partners also promotes self-realization among older women, while improving their subjective well-being. In addition, older women rely on their peers in DWC to obtain emotional support and life information, which is conducive to alleviating loneliness, thereby reducing their psychological dependence on family members. The willingness of older women who participate in DWC to become involved in its social support network can redirect their need for support from their original family to society. This encourages them to interact with a single, pluralistic social network, thereby reinforcing the “network dimension” from social capital theory. Non-relative social groups or organizations, such as DWC, can provide emotional communication and psychological safety for older women,

improving their life satisfaction and quality of life. Moreover, DWC helps form social connections with mutual care services, which differs from traditional healthcare and long-term care concepts. The “care” in DWC refers to preventative care attitudes, including both physical and emotional support, and participants of DWC are both care service providers and receivers in the Chinese context. Nevertheless, we argue that the development of this Chinese preventative care provision was somewhat influenced by the strong familial relations inherent to Chinese traditional culture. This could be regarded as the empirical practice of the “norm dimension” from social capital theory. This may explain why older women are willing to move to urban communities with their adult children to provide family care services for the next generation.

### **6.3. Social Activity and the Prevention of Disability**

Our analysis indicated that participation in DWC was necessarily associated with feelings of desire to participate in social activities. DWC seemed to infuse older women with a willingness to engage in social interaction and improve their physical and mental health conditions, which might decrease their chances of potential disability problems. DWC is sufficient to meet older adults’ needs and maintain their sense of self-promotion, thereby avoiding the negative effects of self-exclusion. We observed that DWC participants rapidly developed a sense of being active while aging. This was a positive experience for most older women. Our analysis also suggested that the rapid formation of a sense of a DWC community was at least partly dependent on the fact that Chinese social policy supports this form of community development at the regulation level, while local governments promote development by positively implementing such policies.

The level of support experienced by the participants appeared to rely on their feelings of connection in the DWC community. Despite a general feeling of mutual concern for each other’s well-being, it would not be accurate to say that all older women felt included in the DWC community. Our interviews revealed that older women were part of a constituent of residents who maintained a willingness to improve their health condition and decrease their chances of becoming disabled. These women often took the initiative to “involve” themselves in different ways in the DWC community. While DWC communities promote social cohesion and everyone looking out for each other, they are no substitute for urgent medical care services.

## **7. Conclusion**

This study provides an overview of a new form of preventative care in China in urban communities—DWC. It aimed to explore whether DWC can be regarded as an effective way to solve the challenges that older women face in improving social inclusion and maintaining a healthy lifestyle. This study argues that different dimensions of DWC interact with those established within social capital theory, and contribute to the response to these challenges—which include happiness, social network involvement, social support for preventative care services, and regard of grandchildren as a means to social bonding—while adhering to the development of the preventative care that older women definitely need in urban communities. The findings reveal that DWC contributed to promoting healthy lifestyles of older women while exploring a new definition of preventative care. Specifically, it helped to promote happiness and social involvement, build support for preventative care service delivery, and regard grandchildren as a social bond. The DWC community contributed greatly to addressing older women’s physical and psychological preventative care needs and desire for social involvement. DWC communities can serve as a reference for international community development and contribute to preventative care management in the future. However, this study

also has limitations. First, it focuses only on one form of Chinese preventative care, DWC. Other forms of preventative care, such as brisk walking with care, should be explored in future research. Second, we believe that additional social groups, such as older men, middle-aged men, and middle-aged and younger people, should be included in future research of DWC. Gender differences should also be included in future research because it is important to explore the impact of gender on preventative care outcomes through DWC.

### Acknowledgments

We thank our student research assistants for their support in the data collection: Hui Zhu, Kong Teng, Junpeng Chen, Wenwen Yan, Jieyu Miao, Mengqi Long, Ziling Lu, Qianqian Zhang, and Meiyin Hu.

### Funding

This article was made possible due to funding from the National Social Science Fund (grant number 23BSH086). The role of this funding body is to support the design of the study and the collection of data.

### Conflict of Interests

The authors declare no conflict of interests.

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