

Article

How Can the Modern Chinese Family Retirement Function Be Separated and Sustainable?

Jiayun Liu ^{1,*}, Jianyuan Huang ¹ and Huimin Li ^{1,2} 

¹ Research Institute for Population Science, School of Public Administration, Hohai University, Nanjing 211100, China; hhuhjy@hhu.edu.cn (J.H.); 190214140004@hhu.edu.cn (H.L.)

² School of Marxism, Taishan University, Tai'an 271021, China

* Correspondence: 180214050002@hhu.edu.cn; Tel.: +86-15850689652

Abstract: In the context of hybrid changes taking place in population and family structures, it is widely perceived that the function of the family as a place where older people retire has weakened. Family support has lost its vitality and has been replaced by public support. However, since the elderly are inseparably connected to their family, it is relevant to rethink and analyze how modern families' pension functions can be sustainable. Based on structural functionalism and the family modernization theory, we construct an analytical framework to understand how the family ageing function operates separately. Fieldwork was carried out in Nantong, a place where the population has drastically aged. We documented different types of households to explain the changes and differences in modern family ageing. The results show that it is not simply a general weakening, but that a differentiated development pattern has separated the family functions and that there is a functional alternative path to compensate for sustainable development. That is, the economic function is strengthened and compensates for the weakened service function. Based on our research, we argue that families and the government should share the responsibility of meeting the diversified and specialized needs of older people in families where economic functions have strengthened and service functions have weakened. In families where both sets of functions have weakened, the government needs to overtake those functions. Today, family retirement function has been revitalized and redeveloped.

Keywords: family retirement; economic function and service function; functional separation; functional compensation



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1. Introduction

Due to declining fertility and increased longevity, the world has had to actively face problems linked to an ageing population and a lack of children [1,2]. In China, elderly people represent the largest share of the population and are also the portion of the population that is growing the fastest. According to the 7th National Population Census (the Seventh Census), there were 264.02 million people aged 60 and over of which 190.64 million people were aged 65 and over in 2021 [3]. These numbers indicate that life expectancy is likely to continue to increase in countries for which there are accurate data [4]. It is expected that the population aged 80 or over will grow faster than any other population across age groups. Indeed, it is expected that the population over 80 will grow from approximately 22 million (1.5% of the total population) in 2015 to 115 million (8.2% of the total population) by 2050 [5]. China abolished its one-child policy in 2015; however, it is unlikely that the abolition of that policy will slow the pace at which the Chinese population is ageing in the short term [6]. Moreover, there are differences across Chinese provinces in regard to the pace at which the population is ageing. These differences show a general spatial pattern that extends from east to west. The development of a dual economy in China has led younger people to choose to live in cities where their quality of life is better. Therefore, migration

flows from rural areas to urban areas have accelerated [7], and generations are now also separated by geography. An ageing population, the Chinese having fewer children, and population mobility have brought great challenges and opportunities to China. Who ages and how? The issue of ageing has been on the agenda of every family and society, and it needs to be treated and solved appropriately.

Families are burdened with multiple economic and social challenges when supporting the elderly (dependent) population. In China, the dependency ratios are high [8,9]. Furthermore, it has been shown that, as people age, they become dramatically limited in their daily activities (ADLs) and daily instrumental activities (IADLs) [10]. In China, as in most countries, older adults with functional limitations are primarily cared for by family members, with additional paid care when available and affordable [11,12]. The Chinese family is connected through blood ties and has always been primarily responsible for caring for the senior population.

In this study, we generally reflect on the changing development path and sustainability likelihood of the modern family based on its function for the older population to retire. This function strengthens and enhances the family capacity, responds to the demand for elderly services, and promotes the development of a system in which services for the elderly are guaranteed. In this paper, we first review the literature on the topic, including studies on the status of population ageing in China, family retirement function, family modernization, structural functionalism, etc. We then propose an analytical framework to separate the family from its function as a caretaker for ageing family members. Then, we report back from our fieldwork for which we selected urban and rural communities to illustrate the changes taking place in families' economic and service functions linked to ageing. We then draw some policy implications from the study and make concluding remarks. Chinese socialism has entered a new era, requiring new modes of development, new demands, and new ways of thinking. Our study on the sustainability of the family as the caretaker for the elderly population applies beyond the region of Jiangsu Province; indeed, it has national and global significance.

2. Materials and Methods

This study relies on fieldwork to reveal that the role of the family as the caregiver for elderly people has not only declined as a whole, but also that the caregiving function has been separated from the family and that alternative services have developed. This finding challenges the literature that supports the idea of the family losing that caregiver role. Therefore, it is necessary to clarify what is entailed in the "family caregiver function" and what the literature has exposed.

2.1. Literature Review

In general, research on the issue of retirement has presented cases where consensus and divergences coexist. As society has changed, studies on ageing have increasingly been based on a consensus. This consensus is that the function of the family as a source of support is weakening, and China has transitioned from a society where families took over care of their elderly family members to a society where the state is replacing the family to care for older people through pension systems. Based on this assertion, scholars have been keen to conduct research on the state-sponsored pension system and its policies, artificially separating family support from state support, and focusing on the latter.

2.1.1. Family Retirement Function

Technological progress and social changes have led to the defunctionalization of the family, with the economic, educational, and recreational functions of the family gradually weakening and shifting outward. Eventually, the family is expected to retain only its emotional and nurturing functions [13]. William F. Oberg argued that the modern family has lost some of its original functions and that some traditional functions have been partially transferred to other forms of organization [13]. Scholars have generally contended that

three elements characterize ageing in the family: care, financial support, and spiritual comfort [14]. As a place for people to live once they retire, the family has lost some of its appeal. Traditionally, the more children a family had, the more productive it was, so that the weaker members of the family were secure [15]. However, factors such as family nucleation [16], female employment [17], and residential separation have led to a reduction in the traditional resources of modern families and an increase in the number of empty nesters, which in turn has weakened the function of the family as providers of in-home care for older people. As the per capita life expectancy has increased, factors such as increased incidence of illness and disability [18] have made the needs of older people more diversified and specialized. It is therefore difficult for the family to provide security for older family members. With insufficient economic support and a lack of daily care and spiritual comfort [19], the caregiving function of the family for older family members has seriously changed, so much so that this function has even completely disappeared, remaining only as a symbol. Families are no longer where older people find care, and that system is dead or close to dead [20]. Scholars have even found through empirical research that the situation is particularly difficult for rural families, where support for the elderly has diminished by 30.7% for spiritual comfort, 25% for economic support, and 5.6% for daily care [21]. Other domestic and foreign scholars have also argued that family support for the elderly has lost its vitality and that the socialization of elderly care services is an inevitable trend as the role of the family in caring for the elderly continues to weaken. Hence, social support for the elderly has replaced family support [22].

Only a few scholars have questioned the weakening of the family in caring for the elderly and argued that this assumption is one-sided and lacks a sufficient theoretical and practical basis. Some scholars have shown that in modern societies, some of the traditional functions of the family are not lost but only transferred; for example, Parsons [23] argued that when certain functions of a unit are “lost”, it may mean that these functions are transformed into other functions, so that it is not a simple question of “loss” but a “natural” transfer. The Chinese family, which is based on deep traditions, remains resilient in fulfilling its functions as the place where children are born, nurtured, and raised [24]. Moreover, the productive function of the family has been strengthened as the family builds an economic basis to prepare for retirement. Scholars have divided elderly care into economic and service dimensions and found that the role of the family in taking care of the elderly has generally weakened. However, economic support has shown both patterns of strengthening and weakening, so scholars have put forward a theory that differentiates family caregiving for older adults [25].

2.1.2. Functionalism

Structural functionalism is one of the main theoretical schools of Western sociology and was originally proposed by the American sociologist T. Parsons in the 1940s. Parsons argued that social systems, and indeed action systems as a whole, share broadly similar basic functional requirements: adaptation, goals, integration, and latency. Among these, adaptation refers to a system’s ability to adapt to an environment and derive adequate resources from that environment. Attaining goals means a system can mobilize resources to accomplish its own development goals. Integration coordinates the development of each subsystem to maintain balance and stability in the overall system and prevent serious disorders. Latency keeps common values stable within a system and maintains basic patterns in people’s social relations. Structural differentiation is accompanied by functional differentiation, and the different parts of social organizations acquire different functions that maintain the “life” of the whole organizational structure [26]. Merton further proposed an analytical functionalist paradigm, overturning the assumptions of functional universality and indispensability, and argues for a theory of explicit-subliminal function, positive-anti-function, and functional alternative choice [27].

2.2. Analytical Framework

Based on the literature, we construct an analytical framework for this study (Figure 1). In terms of theory and modelling, we employ structural-functional theory and the AGIL model as a foundation because their definition and interpretation of functional separation and alternative compensation are valuable. Adaptive descriptions from Spencer's theory of functional change and Merton's theory of functional alternative choice are also considered for a more accurate description and model. Based on the literature and our fieldwork, we redefine the meaning of the family caretaking function by dividing it into an economic function and a service function. In this framework, family members, including children, spouses, and grandchildren, provide resources for elderly individuals. The economic function mainly means economic support, and the service function includes basic medical care, rehabilitation care, daily care, spiritual care, and hospice care.

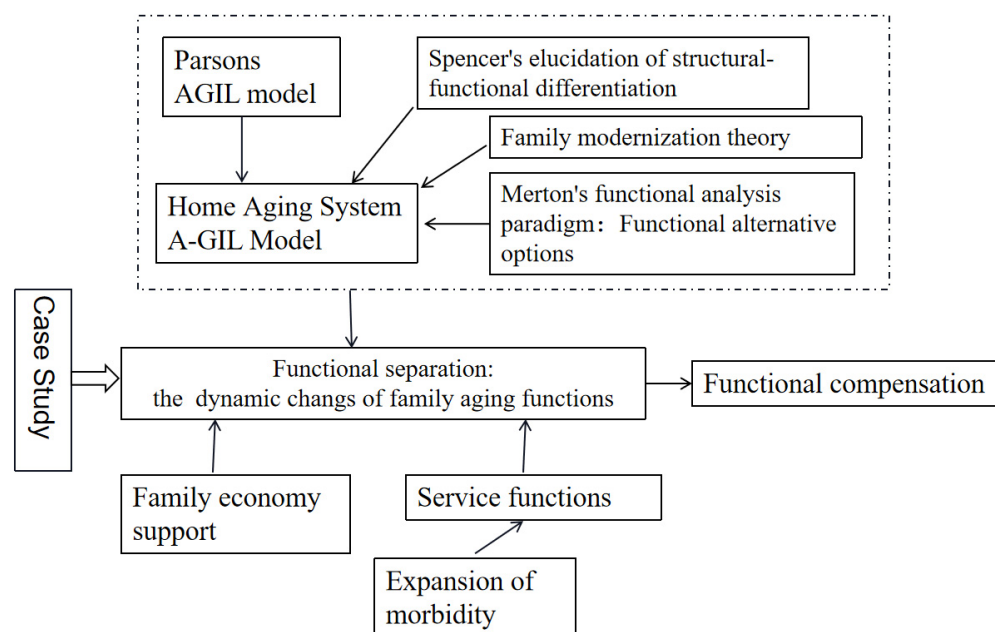


Figure 1. Analytical framework.

To profile the changes in the family's role in caretaking for older adults more comprehensively, we place families on a continuum from traditional to modern. We focus on grandparents, fathers, and younger people to understand their attitudes towards elderly individuals, and we observe and interpret the changes families go through in the way they care for elderly family members from a dynamic perspective. Considering the characteristics of elderly individuals, we add sickness and disability to expand the concept of ageing as a point of support for the intrinsic logic in family decisions about eldercare.

2.3. Methods

A qualitative approach was used in this study. We interact with the study participants in multiple ways to gain an interpretive understanding of their behavior and meaning-making habits. To ensure that the analysis reflects as full a picture as possible of the Chinese family caretaking functions, we consider the following factors in selecting our sample areas. First, we consider representation. We selected Jiangsu, in eastern China, because it is one of the first regions in China to go through the demographic transition. This study is conducted in Nantong, Jiangsu Province, which is known as the "hometown of architecture" and the "capital of longevity". Moreover, it is both modern and traditional and has a long cultural history. Furthermore, its population has greatly aged. The second factor we consider is coverage. China is unevenly developed, with an especially stark urban–rural dichotomy. This dichotomy has led to the emergence of different characteristics across

urban and rural families. Therefore, our research covers both urban and rural areas, and the participants include both employees in companies and organizations, self-employed workers and farmers, etc.

We deployed the methods of observation and semistructured interviews at the field site. Research data are derived from fieldwork, covering the period from May to December 2020. We focus on urban and rural families in Nantong Wuyao. Semistructured interviews with family members, including the elderly and adult children, lasted at least one hour each. We focus on documenting intergenerational interactions between older people and their adult children. To better document the way in which the family provides care to elderly individuals, the research team also interviewed the directors and staff of relevant elderly care service organizations, whose experiences also play an important role in this analysis. Most interviews are recorded with their permission, and all interviewees are anonymized. Specifically, the interviews address basic information about participants' living conditions (e.g., age and sources of income) and experiences of and feelings about ageing, including financial and service issues. The interviews also collected information about basic medical care, rehabilitation and life care, spiritual comfort, and how families view restructuring in daily work and leisure activities. The elderly interviewed are those aged 60 and above, and adult children are the descendants of eligible elderly people. According to the academic research norms, the names of interviewees in the text have been technically processed. Details about the sample and data collection are summarized in Table 1.

Table 1. Detailed description of relevant data collection.

Interviewee	Gender	Age	Category	Total Cumulative Length of Interviews
ZX	Female	45	Adult child	4 h
YD	Male	70	Elderly	3 h
LY	Male	75	Elderly	3.5 h
ZH	Male	72	Elderly	3 h
YY	Male	67	Elderly	2 h
LN	Male	82	Institutional elderly	1.5 h
YH	Female	42	Agency Staff	2 h
ZY	Female	49	Administrator	6 h
DS	Male	75	Institutional elderly	4 h
LN	Male	58	Adult child	3.5 h
ST	Male	42	Adult child	1.5 h
HXT	Male	80	Elderly	2 h
SY	Male	65	Elderly	2 h
ZB	Male	68	Elderly	3 h
LB	Male	79	Elderly	2 h
SX	Male	69	Elderly	2.5 h
ZHM	Male	77	Elderly	3 h

Note: The names of the interviewees have been kept anonymous.

Interview data are fully transcribed and translated from the Nantong dialect to Mandarin, and the data are coded and analyzed. We analyzed the data, including interview transcripts and field notes, through an iterative process. We reflect on the qualitative data, and key themes emerge through repeated sorting and grouping. Finally, our analysis relies on the thematic coding of the themes we extracted from the fieldwork data, and we connect the codes.

Possible Prototypes for the Development of the “Economy-Services” Function

To scientifically investigate the changing function of the family in old age, this study proposes multiple developmental patterns based on the “economic-services” dimension (Figure 2). These patterns can be broadly divided into four types, namely, “enhanced

economic and service functions”, “strengthened economic function-weakened service function”, “weakened economic function-enhanced service function”, and “weakened economic and service functions”.

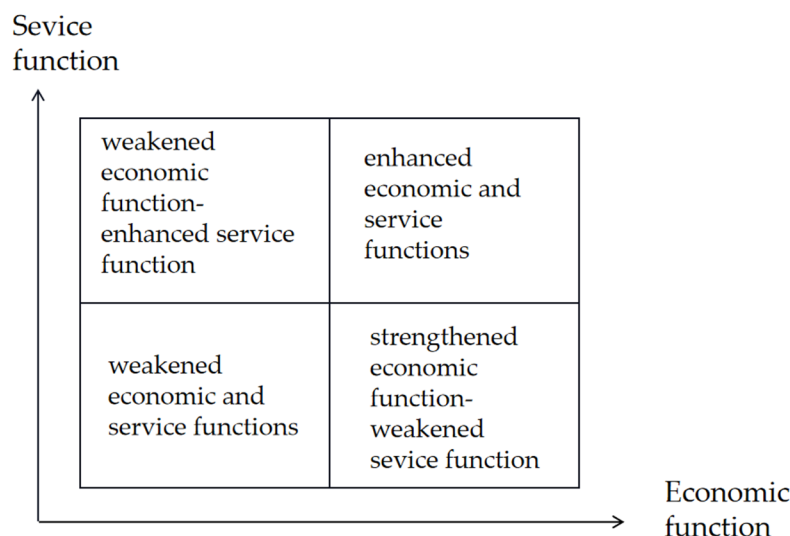


Figure 2. Possible hypothetical patterns of development of “economic-services” functional changes.

3. Results and Analysis

The function of the family is not fixed; it has developed throughout history according to the characteristics of the times. Modernization has led to a change in the concept of elderly care and elderly services, and new features have emerged in the way modern family care for the elderly. Three key themes emerge from our desk research, surveys, interviews, and group discussions. The Section 3 of this paper is structured around these themes, for which we create shortcuts: “separation”, “decline”, and “differentiation”.

3.1. Separation of Economic and Service Functions

We visited people and organizations related to multifamily, home-based senior care services and private senior care services. We found that modern families prefer diversified senior care services as they seek a good quality of life in old age and an intergenerational atmosphere.

During our investigation and interviews, we found that over 80% of adult children in rural families seek out employment in cities. Therefore, these families are affected by structural and demographic changes, resulting in an increase in the number of empty-nester families and elderly people living alone in these areas. Because they lack time and energy, most children are unable to provide daily care for elderly individuals, especially those who live alone. In the survey, some elderly individuals indicated that they bought home-based care services (such as meal delivery, cleaning, bathing, and medical care) or lived in institutions with their families fulfilling part of their needs by purchasing socialized care services. Hence, family support for the elderly has been externalized, and economic and service support functions have separated.

Therefore, this study divides family caretaking functions into two categories: economic and service oriented. The service functions specifically involve basic medical care, rehabilitation services, daily care, spiritual services, and hospice care. Generally, in modern families, the financial and service functions in caretaking for the elderly are separated. The authors visited many families, home care service organizations, private care organizations, and other related organizations. We found that modern families are more inclined to choose diversified care services. For the elderly people experiencing financial difficulties within their families, the government provides basic old-age services if these elderly individuals meet certain criteria. The determination of third-party caregiver qualifications is made through bidding and negotiation. Sometimes, children in the family provide financial support, buy home care services for elderly individuals, and make it possible for older

people to take classes and enjoy their old age. In some families, the elderly members live in institutions so they can receive professional nursing services, and their children regularly visit them and keep them company. In these cases, the expenses are paid through the elderly person's own pension or savings or subsidized by family members. However, when families have the financial ability to buy higher-quality personalized elderly care services and carry out health management, the elderly live in middle- and high-end elderly care institutions.

In the modern Chinese family, taking care of the elderly members is increasingly bifurcated. These families purchase socialized elderly care services to substitute in some sense their function as caretakers by replacing the services the family is no longer performing. Ultimately, financial and service functions are separated. Families with financial means pay for part of their elderly family members' needs by purchasing socialized senior care services. For eligible elderly individuals who have financial difficulties, the government purchases basic senior services through bidding and negotiation. However, the elderly community still requires economic support and intergenerational emotional support from their family, and the family and its kinship network are still irreplaceable [28]. Due to the long-term separation between generations, the spiritual and emotional needs of the elderly might not be met. Generally, children only come home to visit their relatives for special occasions, such as short holidays and during the Spring Festival. Usually, they comfort their loved ones through videophone and other channels. Moreover, the classical virtue of "filial piety" cannot be completely replaced by outside care. The family is still primarily responsible for elderly individuals, and the family's financial function remains dominant, while the service function has been externalized.

3.2. Decline in Home Care Services

Societal changes and the rapid development of the market economy have changed the experience, education, income, and perceptions of the elderly population and their children. Accordingly, people have a new understanding of and demands for elderly care. Intergenerational care has become increasingly strained due to rapid urbanization and increased labor mobility. Families becoming smaller, separating adult generations, also plays a role. Our research finds that families experience a general decline in their role as caretakers for elderly individuals. Moreover, elderly individuals receive insufficient daily care and spiritual care and face difficulties in obtaining basic professional medical care and rehabilitation care. The general weakening of the household service function precludes the hypothetical "enhanced service function" sample combination.

3.2.1. Decline in Daily Life Caretaking Function

The health status of the elderly is closely related to the cost of care. Self-care ability and the prevalence of chronic diseases are the main indicators used to measure the health of elderly individuals. Currently, the family is still the main source of long-term care. National statistics show that by the end of 2020, China's population aged 65 and over exceeded 190.64 million, accounting for 13.5% of the total population, and the dependency ratio among the elderly population climbed to 19.7%. Furthermore, the demand for family caretaking resources increased. However, as people age, their physiological functions gradually change; semidisabled and disabled elderly people need additional care services, which increase the burden placed on the family. Our investigation shows that the elderly mainly stay with their families and that their children not only provide them with financial assistance but also take care of them and provide them with spiritual comfort, especially in rural areas.

The reduction in the size of the family has led to the shrinking of the caregiving resource base. The more children they have, the more likely it is that parents and children live together and the greater the elderly person's access to care [29]. A dramatic increase in the needs of older adults will naturally require additional human resources, and the reduction in family size will reduce overall support [30]. However, families' resources are

shrinking, and from a situation in which multiple children supported one parent, we now see fewer children supporting many elderly family members. The “Seven universal” has dropped to 2.62, and the average household size has fallen to three people [3]. The study finds that rural communities have more children than urban communities. In the village survey, there are few families with only one child, and most families have many children. In contrast, urban families have two children at the most, and many have only one child.

Moreover, family caregiving requires a certain amount of time, energy, and financial support, and there are inevitable conflicts in families with fewer children. On the one hand, there are fewer family members who can be caregivers, and on the other hand, caregiving may affect the family’s financial situation. The study finds that caring for ageing parents “squeezes out” childrens’ own employment opportunities and takes away from the time they spend working [31]. Children remain the primary caregivers for the elderly when they become frail [32]. In an economy with a market division of labor, such care “crowds out” labor opportunities and working time, which in turn can affect the income within the family. This paradoxical linkage is expressed in the testimony by Mrs. ZX, an adult child:

“Compared to the period when I had a job, my income is definitely less now. I used to earn 4000 to 5000 per month, but now the family depends on the child’s father alone because of caring for elderly individuals. I am okay in the short term; there is the old capital I saved. I plan to find some part-time work or feed livestock to increase income . . . ”

Moreover, when family members reach an agreement on pensions, elderly people choose to go live in institutions to obtain better access to appropriate services, and family members bear the economic cost for the elderly people living in these institutions.

It is important to note that double salary income is the primary choice for “421” families, those that have multiple generations from only-child households, with higher salaries being better, and there is almost no possibility of quitting to take care of parents at home. Young people place more emphasis on their own nuclear families and are relatively less involved in caring for their elderly parents [20].

Women in the workforce and different generations living in different places cause a shortage of caregiving individuals. In the traditional Chinese family ethos, the common pattern in the gender division of labor is that the man goes out to work while the woman looks after the house. Women are often the ones managing the household and caring for elderly individuals, and caregiving activities are always seen as a “natural duty” for women [33]. Men only occasionally take care of their parents and are more responsible for household expenses than individualized care, i.e., men provide financial support. Women are the main bearers of household chores and parental care, i.e., spiritual and emotional comfort and daily care [34]. With the development of the modern industrial economy, women have moved from the “backyard economy” to the realm of productive labor [35]. As women have become an important part of the labor market, the proportion of dual-earner or dual-worker households has increased, breaking the traditional gender dichotomy and division of labor. Rises in female employment rates have directly led to a reduction or a lack of human resources in caregiving within a family. In a village in Wu Yao, from which many have out-migrated for employment, most people left behind are elderly, and over 80% of the children have left.

According to the “Seventh National Survey” data, there are now 376 million transient people in China. The mass labor exodus has reduced and fragmented the size of the family left behind to care for elderly individuals, changing the structure and the resources available to sustain the traditional order and the traditional elderly care system [36]. We find that the rural labor force is now largely out of the country and that most of the people left behind are elderly individuals who are self-reliant and live at home unattended. The fact that different generations no longer live under the same roof makes it difficult for children to ensure continuity and timeliness in caring for the elderly generation and reduces the elderly person’s access to services that could be provided by their adult children. As LY described:

“Children are not with me . . . I am over seventy years old, can still take care of myself, try not to trouble them, know that it is not easy for them out there. It is stressful...”

The absence of children has a negative effect on empty nesters, reducing the resources available to them and causing difficulties in daily care and emotional comfort.

3.2.2. Insufficient Spiritual Care

Unlike material support, spiritual comfort plays an important role in elderly care [37]. Dual demographic and family structural changes have altered how the family functions and the ability of families to fulfil the spiritual needs of older adults in rural areas [38]. Spiritual care for the elderly presents unique characteristics.

The helplessness of “empty nesters and elderly people living alone”. Changes in housing patterns have led to a gradual increase in the proportion of seniors living alone or with their spouse [39]. Children move away from their parents and seek out lucrative opportunities, for example, through job hunting. This detached flow makes them unable to live in close proximity or provide care services, and some parents often support their choice. Because of the lack of life security, timely medical treatment, and emotional comfort and communication, empty nesters are more likely to feel lonely [40]. Some studies have shown that the elderly are better cared for by their children when they live with them, and conversely, when they do not live together, the elderly benefit from fewer resources [41].

Empty nesters generally believe that the medical care they receive is not timely. The older they get, the more worried they are about getting sick. They can tolerate minor illnesses, but it is difficult for them to obtain treatment for major illnesses. In addition, they are even more afraid of the situation that “no one knows about acute illnesses”. For example, ZY states:

“One more thing to say about it is that we are old and not well. We are worried about getting sick. Not only is it inconvenient to go see a doctor, but there is no one to take care of us. In general, we put up with minor illnesses and pains, and we seek medical attention when we truly cannot avoid it...”

As children leave to seek out work and intergenerational households become rarer, elderly people become lonely, which results in depression and even suicidal tendencies [40]. Children’s busy lives and lifestyles often make visiting home a luxury. Children only come back on special occasions, such as the Spring Festival. It is then possible for the family to reunite for a moment.

Missing after “online” communication. In traditional rural society, face-to-face and close communication and interaction are the norm. Communication is indispensable for people to maintain emotional relationships. Elderly people live with their relatives, and their specific needs are not obvious. In contrast, long-distance travelling and intergenerational separation are normalized. People do not have enough time and energy to balance work and family and childcare and companionship, so virtual remote communication has become the main mode of communication [42].

The study finds that over 90% of children maintain phone or video contact with their parents at least once a week, and the generations do not appear to be isolated from each other by geographical separation. This is illustrated by YY’s feelings:

“Children go away to work; it is not very realistic for them to come back to see us often. We call a lot and talk on video . . . ”

Thanks to mobile network technology such as WeChat, people can share information instantly as if they were together. This form of communication compensates for the lack of “companionship communication”, alleviates loneliness, and helps maintain intergenerational cohesion [43]. However, internet communication cannot completely replace face-to-face interaction but is a necessary compensation option [44]. Parents generally do not want to actively disturb their children’s working life and choose to passively wait for their children to contact them. Even if they do contact them to confide in them, they rarely

do so. In those two-way interactions, good news is usually reported rather than bad news. Online communication cannot make up for and replace in-person interactions, and having children and grandchildren around is something the elderly miss the most.

There is no substitute for “offspring’s filial piety”. Chinese families attach great importance to the ethical relationship of kinship, and children’s filial piety always plays a central role in the support system. Traditional intergenerational relationships are still prevalent, and both parents and children are important components of the mutual support network [45].

Although things have changed, support from children is still the most unique and important form of support. Kinship traditionally constitutes the deepest bond between people, and the spiritual comfort provided by children is extremely important to the life of elderly individuals and is difficult to replace with any external service resources.

In the survey, elderly people receiving care services generally praise and recognize the attentiveness and human touch of the service. People say that those who take care of them are “not relatives, but like relatives”. Nevertheless, the elderly still look forward to their offspring visiting them often. The happiness they obtain from a phone call or a visit can last for a long time, and there is no substitute for children’s filial piety. Socialized elderly care services can supplement and compensate for the inability of family members to provide the same care but cannot satisfy the elderly person’s need for their children’s affection and cannot replace filial piety. This is evident in the following account by Y, an agency worker:

“What we do is service, but even if we do a good job, it is always difficult to meet the elderly person’s need for the affection of their children. Only the children can bring this affection to elderly individuals... The elderly person’s children no longer visit. They may come once a week or once a month or fix a set time to video chat... Grandma Zhou videos with her family every Friday night at 6 pm, and our caregivers help with establishing the connection. It is obvious to us that she is very happy that day.”

3.2.3. Medical, Health, and Nursing Professional Services Function

Older adults are more likely to suffer from noncommunicable diseases, such as stroke, cardiovascular disease, diabetes, hypertension, and Alzheimer’s disease [46], and may even have multiple comorbidities [47]. The theory of disability expansion [48] suggests that the increase in life expectancy per capita, advances in medical technology, and improved living standards have simultaneously increased the survival rate of the older, less healthy elderly, and “saved” many of those who might have died under previous medical and living conditions. The result is an increase in the average physical disability rate of elderly individuals. The typical characteristics of the elderly community “with illness and disability” limit their access to certain care services, and the demand for “medical, health, and nursing” services has increased.

Families face long-term challenges in investing in eldercare. The survey finds that the needs of 50% of disabled elderly living at home are rarely met, and those who are institutionalized receive better nursing care; elderly individuals with moderate to severe disability need still more care services. Z, an agency director, states the following:

“In the process of supporting my parents, I found that it is too difficult for one family alone to take care of elderly individuals. On the one hand, they cannot spare more human resources to take care of them personally, and on the other hand, there are specialists in the field, and the elderly community needs more focused professional services and care as their bodily functions decline. Institutionalization is often the best way to take care of elderly individuals, for example, in the case of elderly individuals with disabilities and Alzheimer’s disease. These conditions require a great deal of energy and effort from family members over a long period of time, and the results of care may not always be satisfactory and may increase intergenerational conflict . . . We have elderly people here whose families were reluctant to send them to an institution at first and were worried about being blamed [as unfilial] by others, but because of the pattern of risks and pain caused to the elderly people and their children due to poor care, they finally decided to let

the elderly person stay in an institution and receive comprehensive care. The safety of the elderly person is guaranteed, and the children are relieved to be able to visit every now and then . . . ”

The problems of daily care and professional medical care for the elderly community are highlighted, and there is a shortage of long-term care workers [49]. Older people are less likely to receive services from their children, especially after major illnesses, and there is a general decline in the capacity of families to provide at-home care, spiritual care, and “medical and health care”. We found that the services required in the different stages of old age are less available at home. Moreover, in the case of severe disability requiring specialized care, it is difficult for ordinary family members to provide adequate care. The lack of professional services affects the overall quality of life of the elderly generation and their families, and they must rely on external sources of support. H had this to say:

“As the saying goes, every family has a skeleton in the closet. Looking for the outside, people might think that I have many children and grandchildren and that I am very happy . . . Two years ago I had a stroke. Now, my mobility is limited, and I am in a wheelchair. I often need help and a bib when I eat. I need to be taken care of. Before, my children were bored with me, and I also did not feel good . . . I’m not bedridden yet. Four of my children live in the countryside and do not think it is good to live in a nursing home where the family has no face, but it is truly not good to remain sick for a long time . . . ”

For chronic disease management, especially for elderly individuals who are physically ill, healthcare is the most important element of care. It is difficult for family members to master scientific and professional skills. Rehabilitation services require the guidance and training of professional physicians and, in some cases, specialized equipment, which requires a high level of professionalism and considerable time and effort from service providers. Care dependency has become the norm for elderly individuals suffering from severe disability, which requires almost 24 h of on-call attention to provide quality care. It is important to note that while hospice services are largely provided by social care abroad, in China these public services are still in their infancy.

3.3. Divergent Economic Function of the Elderly Facing Retirement

Since China underwent reform and opened up its economy, people’s income level has increased significantly, and the overall economic conditions of families have improved, consolidating the ability of families to take care of the elderly and making it easier for families to provide financial support to elderly individuals. However, while the per capita disposable income of urban and rural residents has increased, disparities in family income levels still exist (Figure 3), and polarization in family economic levels has emerged.

This study finds that there is a clear gap between the elderly individual’s financial resources and that of their families (Table 2). Overall, families’ support for the elderly generation shows two trends. Some families’ financial support ability has strengthened, while some families’ financial support ability has weakened.

Table 2. Basic overview of the main survey sites.

Indicators	City			Rural		
	NT Zone	NR Zone	NQ Zone	ND Village	RW Village	QN Village
Annual per capita household income (ten thousand yuan)	5.3	4.6	4.8	2.6	2.2	2.5

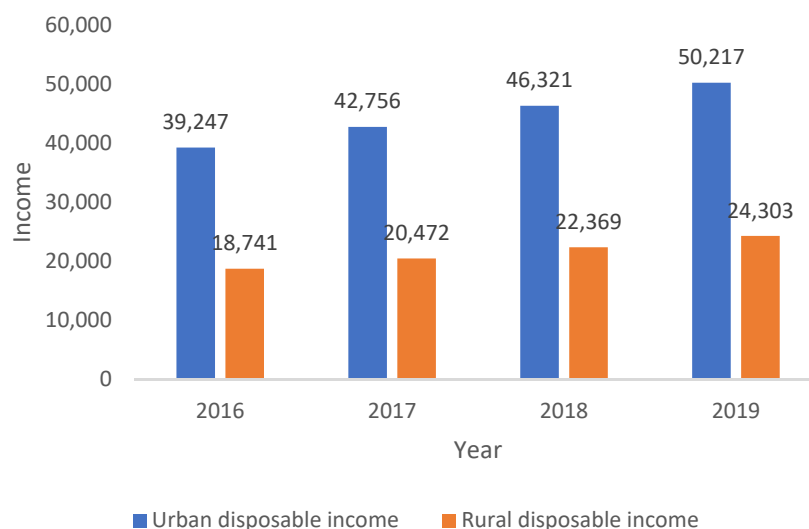


Figure 3. Urban and rural per capita disposable income in Nantong, 2016–2019. Note: The data was obtained by collating data from the Nanjing Bureau of Statistics (Nantong Bureau of Statistics. <http://tjj.nantong.gov.cn/ntstj/tjgb/tjgb.html> (accessed on 26 July 2022)).

3.3.1. Partial Strengthening in the Family Economic Function

Urban households within the same region generally have higher per capita disposable income than rural households. In ND and QN villages, we found significant differences between the income levels of rural households across different regions. In general, regardless of urban or rural status, households that can afford to place elderly people in institutions have more financial means than the average households. As D described:

“We have two incomes in our household. Our pension is 7000 to 8000 yuan per month, and our children work in colleges and universities. Our financial situation is still okay . . . ”

The social security level of rural residents is significantly lower than that of urban residents, and the income gap between them is obvious [50]. The livelihood of the rural elderly community is mostly ensured by their own children or other family members, mostly through financial support. This finding shows that transfers from children play an important role in elderly support [51]. To improve the family’s economic conditions and find a better living environment, many offspring seek employment outside the villages. On average, at least one person per household does so. Such an intergenerational division of labor improves the overall household income and increases the ability of children to provide economic support to their parents. Moreover, it gives the children the capacity to subsidize more household expenses and become a stable source of economic support for family members who retire. Some scholars have argued that when family members work outside the village, they can improve the level of economic support they provide the elderly [52]. S argued:

“My son and daughter-in-law are not with me in Zhejiang. My son works in an electronics factory, earning six or seven thousand yuan a month; my daughter-in-law works in a garment factory, earning about four or five thousand yuan a month. They earn more than if they stayed home to farm. The family house has three floors and every month they both regularly send us remittances amounting to about one thousand five hundred yuan . . . ”

In addition, large differences in income across different types of jobs (e.g., government agencies, state-owned enterprises, private enterprises, and the self-employed sector) can widen the income gap between households. Some of the children in rural families are employed in institutions or companies that provide them with relatively high, stable income, and those children can provide stronger financial support to their parents than others can in other families. For example, Zhang’s daughter works as a lawyer, and her

son-in-law is a corporate executive. The family income level is high, and the annual filial payment from the children amounts to approximately CNY 40,000.

We also find that in large families, if one of the children is close by, he or she remains responsible for care, i.e., contributes directly, while the other children who work outside the home and are not able to be close are responsible for providing financial support. This is the arrangement in L's family:

"We are two brothers with our own jobs. I work at a university as a professor, and my parents live with my brother in my hometown. I am busy at work and rarely go home to spend time with my parents, but I usually take the initiative to make more phone calls and video greetings. When I do not have time, my spouse and children will also call the elderly for a chat. My brother who lives near my parents' home is responsible for taking care of them. When they need medical expenses or costly items, I am the one who mostly pays for them."

3.3.2. Weakened Economic Function in Some Families

Due to inadequate social security in China, especially in rural areas, elderly people generally have lower pension levels, resulting in an increase in the income inequality gap [53]. The ability for these families to support the elderly economically is weak, and the elderly are in a more difficult situation. Children who work outside the village are limited in their ability to contribute due to the high cost of living in their place of residence. Therefore, their personal ability to contribute is low, and they limit their support to basic necessities. In these areas, the level of economic support to the elderly community has not substantially improved. There has even been an intergenerational economic backflow phenomenon. The survey shows that 40% of households in rural communities have difficulty providing for their elderly members financially. Our research uncovered some similar cases.

Liu X's son dropped out of junior high school to work and has been limited by his low level of professional skills, so he changes jobs frequently. As he has grown older, his work opportunities are limited, and his income can only cover his own expenses. The old man must raise his grandchildren at home in addition to taking care of himself. As people age, their physiological functions decline, and their own labor income decreases, making life more stressful.

Poverty caused by illness is an important cause of the decline in the economic income of some families and cannot be ignored. Older adults tend to have a higher incidence of financial hardship given their particular stage in the life cycle. The deterioration of physical health in old age and the impact of disease can lead to higher levels of poverty for individuals or whole families [54]. On the one hand, illness can damage the economic situation and human capital of the family, thus reducing the level of economic income for the family [55]. On the other hand, the increase in medical fees changes the structure of family expenses by making it harder to hire childcare and provide education. Increased medical expenses are also not conducive to the growth of family economic income [56]. Studies have shown that for every 10% decrease in population health, poverty vulnerability increases by approximately 6% [57].

As a result, there are divergent differences in the development of the economic function of the family. Some families' economies have been significantly strengthened, and some families' economic functions have been weakened. This also shows that the family economic function can be divided into two types: strengthening and weakening.

4. Discussion and Conclusions

Through fieldwork, this research analyzes the changes occurring in the ways families take care of the elderly in traditional and modern households. In general, the level of care the family provides to the elderly has weakened, and we observe differences in the economic ability to care for elderly individuals. This is principally why the family caretaking function in modern China has continued to change.

4.1. Discussion

4.1.1. Weakness Theory Misconceptions

The academic community has explored family pensions from multiple perspectives, such as population mobility, the family structure, pension culture, and intergenerational relationships, and the conclusions regarding the changes in the function of family retirement are consistent and form the theory of the weakening function of family retirement [20–22]. This study rejects the keynote judgement of the existing literature on the theory of the weakened function of family old age as biased and overly absolute. Some scholars have argued that due to the change in the size of the family to a smaller core and the labor market participation of women, who were formerly the main care providers, the burden from caring for elderly family members has increased, and gradually, the function of family support has weakened [58]. Some of the findings of this paper are consistent with this conclusion, but such views in the existing literature only assert a weakening of the family elderly function at the level of the weakening of the service function. They ignore the fact that employment enhances the productive function of the family, raises economic income, and strengthens the material basis for old age. This increase in household economic productivity also supports a combination model of weaker services and stronger economy. It is also central to the research in this paper, which examines it in an integrated manner to prevent generalizations.

While only a few scholars have raised doubts about the weakening theory, few have explored in depth the manifestations of changing trends in the family's eldercare function. Some scholars have analyzed only certain aspects of this function, such as the fact that migration and population mobility have increased the economic income of the family [59,60]. This research found that while some families have significant economic income gains, there are also some migrants with limited income, which does not significantly improve the life of their parents in old age. Even reverse flows of intergenerational support can occur. This also reflects the divergence and disparity in the economic income function of households.

This paper enriches the nuances of the function of family retirement, examines its changing patterns in a comprehensive manner, and then explains how the differentiation of the function of contemporary family retirement has developed.

4.1.2. Why Is the Family Ageing Function Separated from Other Functions?

Changes in population and family structure have disrupted the traditional “feedback” balance in intergenerational support. In recent years, the concept of family has been extended to recognize different living arrangements, such as cohabitation or single-person households (whether near or far) [61]. Large-scale labor migrations have taken place due to families' economic and development needs, especially in rural areas [62]. Additionally, geographical distance affects other aspects of support that are important, particularly day-to-day care for the elderly [63]. On this point, this study recognizes that the family living arrangement does not significantly affect the financial support given by children to the elderly, but it does affect the provision of day-to-day care and emotional comfort. Studies conducted in Asia and some Latin American countries have supported the theory that outmigrating children often tend to provide economic support to their elderly parents, while the siblings left behind compensate by providing day-to-day care and emotional support [59]. This was also confirmed in the Nantong research.

In China, thousands of years of traditional filial culture have meant that intergenerational mechanisms within the family still play a great role [60]. Some studies have shown that daughters are more inclined to provide day-to-day care and emotional support, while sons are more inclined to provide financial support [64]. However, this study finds that modern families have broken the traditional gender dyadic division of labor, with women also taking on employment to support household finances. The difference between the level of financial support provided by sons and daughters has narrowed [65]. This is especially true in families in which there are only daughters and where there is only one daughter, with no other sibling to share support responsibilities.

In addition, there is the factor of geriatric health and disease. Zeng's empirical analysis found that the "disability compression theory" effect and the "disability expansion theory" effect are synergistic in the Chinese elderly population and showed the applicability of both theories to different stages in the elderly generation's life course [66]. It has been found that the prevalence of ADL disability among older adults in China has declined over the past 20 years [67], while the proportion of older adults with physical disabilities has increased significantly over the last 10 years. In China, the prevalence of Alzheimer's disease in 2010 increased by 44.4% among people aged from 65 to 69 and by 43.7% among people aged from 95 to 99 [68]. The increased number of semidisabled and disabled elderly people means that family members must devote more care time and energy to medical expenses and that the cost of care has increased sharply. At the same time, some illnesses make acute demands on care structures and require specialized knowledge and technical skills. Dual care requirements are generally difficult to meet within the modern family. In the Nantong area, especially for those with disabled elderly family members, the care service needs of the elderly are hardly available in their entirety within the family and need to be separated and transformed into purchased services.

4.1.3. Sustainability under Separation

Booming senior services. In countries other than China, senior care services have started developing earlier, covering long-term care, care insurance systems, and pension funds [69]. In the face of the growing demand from the elderly for health and services, it is crucial to provide quality elderly services [70]. Today, families rely on socialized elderly care services to care for older family members because those services can provide more professional, effective and multilevel care to elderly individuals. This shift has diminished the role of families in society. China's senior care services have developed from the traditional goal of ensuring survival and basic necessities to the more complex function of ensuring development, improving quality of life, and increasing efficiency in service delivery [71]. The data show that there are 329,000 types of elderly service institutions (including private eldercare institutions and community-based elderly service institutions) and facilities in China, and the number of beds is 8.21 million [72]. The number of educational institutions for the elderly continues to increase. The spiritual and cultural life of the elderly continues to be enriched, and more elderly people now actively participate in community governance, culture, education, and health activities. In the era of the internet+, the elderly service industry has been transformed and upgraded, and new business ventures, for example, in the realms of education and training, culture and entertainment, health and wellness, and residence and retirement, have emerged.

The economic function compensates for the service function. As an important aspect of public goods, senior care services can be produced through the collaboration of specialized institutions or the division of labor in other industrial sectors [73]. This trend can effectively reduce costs, improve the quality of public services [74], and provide a basis for the family to have a role in facing the ageing of family members. With the increase in family income and its purchasing power, the family is able to provide the elderly with high-quality, professional, and personalized services through the purchase of adequate social services at different times in the three stages of old age [75]. In addition, the development of technology, which makes life more convenient and comfortable, also contributes to creating a pleasant environment in ageing-friendly facilities or home care services.

Functionalists such as Parsons believe that government intervention is functionally necessary to solve social problems through social welfare services [76]. The quasi-public nature of elderly care services dictates that its development cannot be achieved without government support. From the research findings, the government guarantees economic security by ensuring the basic living standards of the elderly and improves the elderly's assistance and welfare system. To provide eldercare services, the government has established a policy of purchasing subsidies for these services [77]. The government has also strength-

ened its function as a purveyor of protection for the elderly through public institutions such as homes for elderly individuals.

4.2. Conclusions

In order to re-examine the development of the family ageing function, this study takes into account the changes in the dual function of economy and services in an integrated manner. Based on a survey of rural and urban households, home care services, and senior care service institutions in Nantong, Jiangsu Province, this study explores the current role of the family in taking care of the elderly in terms of financial and service support. We found through field research that the following misconceptions in the theory of the weakening of the family pension function exist: (1) The concept is not well-defined, and the conclusions are drawn in a biased manner. The previous studies of the function of family old-age care is narrowly defined as life care and spiritual care but ignores an important function of economic support, which inevitably leads to the one-sided theory of the weakening of the family. (2) There is a lack of a systematic integration of ideas, and the links between the main bodies of family elderly care functions has been severed. The three functions of economic support, life care, and service provision are distinct from each other but are complementary and indispensable. It would be biased to conclude that the function of the family in old age is weakening on one basis only. This study explored the changes in the development of family ageing functions through an integrated examination of two main aspects: economic and service functions.

The deeper urbanization and ageing are, the richer the content of the family retirement function. The content of the family function has changed from the traditional support-oriented approach to the combination of medical, health, nursing, and multiple care. That is to say, traditional economic support, life care, and spiritual comfort have been diversified to financial support, basic medical care, rehabilitative care, living care, spiritual care, and hospice care. The elderly pay more attention to spiritual care, and the professional needs of disabled and semidisabled elderly are increasing. Therefore, families can no longer meet these particular demands of elderly care. Aging is a service for a specific population, so different types of elderly people and families need different support priorities. Correspondingly, the content of the elderly's needs also varies at different stages. During the period of high ability and stability, the elderly have a stronger need for spiritual care. In addition to intergenerational emotional interaction in the family, social and emotional support can also be achieved through senior universities, travel, and sports to enhance the sense of well-being in old age. They can buy scientific and technological products or home-based care services to improve the level of living. For the semidisabled elderly, professional basic medical care, rehabilitation care, and life care services are needed to meet their individual needs. For the deactivation stage, it mainly focuses on long-term care services and needs more professional services.

The family's economic and service functions for the aged have separated. In the process of supporting the elderly, families have developed a compensatory development pathway under the separation of functions—compensating for weakened service functions through the economic purchase of related services. In the hypothesis of four development models, the research integrates the investigation of the present situation of economic and service functions. It is found that the family pension function is divided into two modes: “strengthened economic function-weakened service function” and “weakened economic and service functions”. Different types of families present two functional compensation paths in the performance of the elderly functions. When families provide less economic support, the government assumes that responsibility and provides the elderly with basic protection that meets their basic needs. Families with more means compensate financially for not providing day-to-day care by paying for socialized elderly care services and guaranteeing their older family members a pleasant life.

The sustainable development of the functional compensation path cannot be separated from the division of labor and resource cooperation among many actors, such as the family,

the market, and the government. The government needs to increase policy and financial support and promote intergovernmental cooperation to realize resource integration among civil affairs, health care, medical care, disabled persons' federation, etc. On the one hand, it should study and formulate family development policies to guide and strengthen inter-generational support in terms of lifestyle, daily visits, life care, and spiritual care. On the other hand, the government should guide and support the socialized aged care service development institutions, introduce relevant preferential support policies, and follow-up relevant supporting policies, such as construction subsidies, operating subsidies, purchase of service policy support, etc. The government should simplify the related processes and procedures, reduce unnecessary burdens of institutions, stimulate the enthusiasm and initiative of service institutions, and improve the allocation of institutional resources and the training mechanism of nursing staff.

5. Future Work

This subject is highly relevant for China as well as for most modern countries world-wide. On the basis of this research, in the future, we will further delve into the construction of indexed measures of the relevant functions; investigate the changing needs of the elderly and of families in different states of old age in depth; explore the mechanisms underlying responsibility sharing between multiple actors such as families, the market and the government; clarify the boundaries of responsibility; and build a better system of elderly services.

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