

## **Changes in Elderly Care Responsibility Subjects and Dilemmas of Rural Elderly Care in China**

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**Abstract:** This article systematically reviews the evolution of rural elderly care responsibilities, from the absolute dominance of the family in traditional society, to the brief "collective-family" dual sharing during the collectivization period, and then to the return and reinforcement of family responsibilities after the Reform and Opening-up, up to the return of state responsibility and the preliminary emergence of market and social forces in the new century. The article reveals the current threefold dilemma facing rural elderly care: "limited state capacity, weakened family functions, and underdeveloped market." Finally, the article constructively proposes that establishing a new pattern of multi-party collaborative responsibility characterized by "state leadership, family support, and market participation" is the path to addressing the challenges posed by rural aging and achieving the grand goal of "care for the elderly" under the rural revitalization strategy.

**Keywords:** Rural Elderly Care; Responsibility Subject; Institutional Change; Family Elderly Care; State Governance

### **1. Introduction**

Against the backdrop of an aging population, rural areas are becoming the regions where the pressure of elder care is most concentrated and the contradictions are most prominent. According to data, the current degree of population aging in rural areas is higher than in cities, and the rate of increase over the same period is significantly greater than in urban areas. Therefore, rural elder care is gradually becoming an issue of public concern.

Elder care, in essence, is a process of responsibility allocation and fulfillment. Looking back at history, the main providers of elder care in rural China have not been fixed but have undergone a complex and tortuous

evolution alongside changes in national policies, economic structure transformation, and shifts in social perceptions. Systematically reviewing this evolution and analyzing the driving mechanisms and practical difficulties behind it is of crucial theoretical significance and practical value for constructing a rural elder care system that meets the requirements of the new era.

### **1.1 the Main Providers of Elderly Care in Traditional Society**

In traditional society, the elderly mainly relied on the support of their children for their care. With a small-scale agrarian economy at its core, land was the main means of production and a guarantee for old-age care, serving as an important foundation for fulfilling the family's internal elderly care function. The older generation maintained authority over the family by controlling property such as land, ensuring that children, as family members, obeyed and depended on their parents and consciously upheld patriarchal authority. Confucian filial piety culture provided a strong ideological norm for society. "Among all virtues, filial piety comes first"; supporting one's parents was seen as both a natural moral duty and a legal responsibility of children. The multi-generational cohabitation model made family-based elderly care practically possible. Informal organizations such as clans and extended families also played a certain supervisory and supportive role in elderly care. At this stage, the role of the state was marginalized and symbolic. Although successive dynasties advocated "governing the world with filial piety" and established legal provisions for "widows and orphans without support," the state's intervention in the elderly care of ordinary peasants was minimal, limited only to temporary, charitable relief for the very few destitute widows, widowers, and orphans. The family was undoubtedly the primary provider of elderly care in traditional society. Fei Xiaotong once

described China's support model as a "feedback model," in which the parent generation raised their children during childhood and received reciprocal care from their adult children in old age.

### **1.2 the Main Body of Old-age Care during the Collectivization Period**

After the founding of New China, during the collectivization period, land became collectively owned, and the family's elderly care function underwent a series of changes. On one hand, after land, as the main means of production for farmers, was collectively owned, elderly people lost control over traditional economic resources, and families ceased to be production units. On the other hand, the traditional authority of the elderly in the consumer unit has been broken. Families and arranged marriages have greatly undermined the authority of Confucian filial piety, and family elderly care has lost its cultural foundation. The family's elderly care function is weakening, while collective elderly support has been strengthened. The state promotes the rural "Five Guarantees" support system and policies and provides economic support, bearing part of the responsibility for social relief, but its functions are limited. The family remains the main body responsible for elderly care, and the elderly's needs for daily care and emotional comfort still depend on the family to provide.

### **1.3 the Main Entities Responsible for Elderly Care after the Reform and Opening-up**

After the reform and opening up, rural areas implemented the household contract responsibility system, separating land ownership from contracted management rights. Collectives owned land, and farmers obtained contracted management rights, laying the foundation for the development of the family economy and its restoring its security function. After the dissolution of the people's commune, the elderly care function of the collective also disappeared, and the family's elderly care function reemerged. However, with technological and economic development, non-agricultural employment opportunities have increased, and agricultural labor has migrated in large numbers. Market economy concepts are challenging traditional filial piety culture, and the traditional family's elderly care security function is also being challenged. During this period, because the state's direct responsibility in the elderly care

sector was largely weakened, the rural pension system effectively entered a fragile stage of "ambiguous responsibility subjects."

### **1.4 the Main Body of Elderly Care in the New Era**

Entering a new era, facing the increasingly severe rural elderly care issues and the social risks they bring, the country began to re-examine and assume its responsibility for rural elderly care, marking a period of comprehensive institutional construction of the pension system. Since 2009, the pilot of the new rural social pension insurance has been rapidly promoted nationwide and later merged with urban residents' pension insurance into the basic pension insurance for urban and rural residents. This marks the beginning of the country's provision of universal, institutionalized pensions for all rural residents. In addition, the new rural cooperative medical system and the minimum living security system also provide medical and basic living guarantees for rural elderly. The state continues to increase financial investment in supporting the "Five Guarantees," promoting the construction and development of support service facilities for rural people in extreme poverty. Although state responsibility is returning, laws and regulations still emphasize the primary responsibility of families to provide for their elders. However, facing the realities of empty nesting and an aging population, family elderly care resources are gradually depleting and urgently need external support. Guided by policies, some regions have begun to see private elderly care institutions enter the rural market, providing differentiated services. Social organizations, volunteers, and others have also begun to participate in activities providing care services for rural elderly. By this point, the main bodies responsible for rural elderly care have initially formed a multi-faceted framework composed of the state, families, and the market.

### **1.5 Summary**

From the perspective of population structure, rural aging in China shows overlapping characteristics of "advanced age, empty-nesting, and disability." Data from the seventh national census indicate that the elderly population aged 60 and above accounts for over 23% in rural areas, nearly 8 percentage points higher than in urban areas; the proportion of empty-nest elderly in rural areas exceeds 50%, and in some

provinces with high labor outflow, it exceeds 70%. The combination of advanced age and empty-nesting directly leads to a continuous increase in the number of disabled and semi-disabled elderly in rural areas, sharply expanding the demand for long-term care. However, the supply of rural elderly care services has long remained at a low and fragmented level, with structural contradictions between supply and demand becoming increasingly prominent.

From the perspective of institutional change, the evolution of the main bodies responsible for rural elderly care has always been closely linked to national governance objectives and adjustments in urban-rural relations. During traditional times, "imperial authority did not extend below the county level," and the state relied on family autonomy to achieve grassroots governance, with family-based elderly care serving as both an economic choice and a governance arrangement. During the collectivization period, the state incorporated farmers into the collective security system through people's communes, transferring part of the elderly care responsibility from families to the collective, which was essentially a redistribution of rural resources by the state and a collective sharing of social risks. After the reform and opening-up, the urban-rural dual system was solidified, and rural elderly care was pushed back onto families, forming a pattern of "primarily family bearing, supplemented by state relief," which became unsustainable under the impact of population mobility and shrinking family sizes. Entering the new era, the rural revitalization strategy has included "elderly care" as a key focus of livelihood security. The state's responsibility has shifted from "welfare safety nets" to "institutional universality," while the market and social forces are given important roles, making multi-faceted collaboration an inevitable choice.

From the cultural perspective, the weakening of traditional filial culture is not simply a moral decline, but an adaptive adjustment in response to social structural changes. Industrialization and urbanization have driven intergenerational value divergence, with the younger generation emphasizing individual independence and self-development, gradually diluting the traditional notion of "raising sons for old age"; meanwhile, rural young and middle-aged adults often work away from home, making

intergenerational separation the norm, and the practice of filial piety has shifted from "daily companionship" to "financial support with periodic visits," with spiritual support largely absent. The loosening of such cultural foundations has further weakened the cohesion of family-based elderly care and made the single-family care model difficult to sustain.

It is worth noting that rural elderly care is not only a livelihood issue but also a fundamental topic related to social stability and sustainable rural development. Currently, there are significant differences within the rural elderly population. Some are low-income seniors facing economic difficulties and lack of care, while others are middle- to high-income seniors with certain financial means who pursue quality elderly care; some are younger seniors who are healthy and self-sufficient and can participate in rural development, while others are long-term care-dependent high-aged seniors who are disabled or semi-disabled. This differentiation within the group makes a "one-size-fits-all" elderly care model difficult to apply and requires responsible parties to be more precise and differentiated in terms of supply methods, service content, and guarantee standards.

At the same time, the popularization of digital technology brings new opportunities for rural elderly care. The promotion of the internet, smartphones, telemedicine, and smart elderly care devices can effectively alleviate challenges such as long distances to services, limited resources, and lack of professional staff in rural elderly care. For example, services like remote consultation, online health monitoring, emergency calls via smart bracelets, and online meal assistance can break geographic limitations and improve the accessibility and convenience of elderly care services. However, rural seniors generally have low digital literacy, and the existence of the digital divide makes it difficult for new technology benefits to truly reach them. How to bridge the digital divide and promote the penetration of smart elderly care has become an important issue that the future construction of the rural elderly care system must address.

## **2. Structural Dilemmas of the Current Rural Elderly Care Responsibility System**

Although a multi-subject elderly care framework has taken shape in rural China, the system faces prominent structural contradictions, manifested in the triple dilemmas of insufficient state

security capacity, declining family care functions, and underdeveloped market and social participation.

### **2.1 Insufficient and Uneven Public Elderly Care Provision**

While the state has established a universal institutional elderly security system, the overall security level remains relatively low. The basic pension standard for urban and rural residents is insufficient to cover the basic living expenses of the rural elderly. In terms of service supply, public elderly care institutions are mainly oriented to special needy groups with limited coverage. Community-based elderly care services for ordinary rural residents are underdeveloped, with a severe shortage of professional nursing personnel and inadequate grassroots service capacity, resulting in a prominent "last-mile problem" in rural elderly care services.

### **2.2 Continuous Weakening of Family Care Functions**

Modernization and rural population mobility have fundamentally undermined the traditional family care model. On the one hand, rural migrant families face enormous pressures of urban living costs, children's education, and personal career development, restricting their economic capacity to support elderly parents. On the other hand, large-scale labor outflow has led to a high proportion of empty-nest elderly in rural areas, who lack daily care and emergency support, forming a prevalent "elderly-supporting-elderly" phenomenon. Long-term intergenerational separation also weakens emotional bonds between parents and children, resulting in the absence of spiritual support for rural elderly residents.

### **2.3 Inadequate Market and Social Participation**

The rural elderly care market suffers from low resident purchasing power, scattered demand, and low profit margins, failing to attract sufficient social capital investment. Market-oriented professional elderly care services are extremely scarce in rural areas. Most grassroots social organizations are small in scale, underfunded, and lack professional service capabilities. Their elderly care practices are mostly temporary charitable condolences rather than sustainable, professional, and personalized

care services, making it difficult to form an effective supplement to state and family elderly care.

The threefold dilemma intertwines and reinforces each other, forming a systemic problem for rural elderly care. At the national level, the total fiscal input is insufficient and regional differences are significant. In underdeveloped central and western regions, the coverage rate of rural elderly care service facilities is less than 40%, far lower than in the eastern regions. At the same time, the standardization and regulation of elderly care services are low, lacking unified service standards, evaluation systems, and supervision mechanisms, resulting in uneven service quality. At the family level, the trend towards smaller and more core households is evident. The average rural household has fewer than three people. The number of single-child households and families who have lost their only child is increasing, leading to a severe shortage of family care resources. Moreover, a large number of rural women laborers work away from home, making the traditional "daughter-in-law care" model unsustainable, and family care has fallen into the dilemma of "no one to rely on and no ability to shoulder the responsibility." At the market level, rural elderly care services face a structural imbalance with "excess low-end supply and insufficient high-end supply." Low-end care services are of poor quality and low cost, making it difficult to meet basic needs; high-end services such as professional rehabilitation care, mental comfort, and cultural entertainment are almost nonexistent. At the social level, the participation of volunteer services and public welfare organizations is low, lacking normalized and professional service mechanisms, which makes it difficult to compensate for the shortcomings of the government and market.

In addition, the long-standing urban-rural dual system has exacerbated the vulnerable status of rural elderly care. There are significant gaps between urban and rural residents in pension levels, medical security benefits, and the allocation of elderly care service resources, making it difficult for rural seniors to enjoy the same pension protection and services as urban seniors. At the same time, the land security function has weakened. With the advancement of urbanization, some rural land has been expropriated, and displaced farmers have lost

their traditional land-based old-age security. Meanwhile, expropriation compensation standards are low and social security linkage is inadequate, further increasing the risks of rural elderly care.

### **3. Optimization Strategies for Rural Elderly Care Governance**

To resolve the structural dilemmas of rural elderly care, it is necessary to break through single-subject governance logic and construct a coordinated multi-subject responsibility-sharing system with clear boundaries and complementary advantages.

#### **3.1 Strengthen State Leading Responsibilities and Improve Public Service Capacity**

The government should serve as the policy designer, fund guarantor, and service supervisor of the rural elderly care system. It is essential to establish a dynamic adjustment mechanism for basic pensions to steadily improve the security level of urban and rural resident pension insurance. Priority should be given to developing low-cost and accessible home-based and community-based elderly care services in rural areas. Governments should increase financial support for rural day-care centers and happiness homes to ensure their sustainable operation, bridging the gap of grassroots elderly care services.

At the same time, efforts should be made to promote the decentralization of elderly care service resources, increase financial support for underdeveloped areas in central and western regions as well as remote rural areas, and narrow regional disparities. Improve the infrastructure for rural elderly care services, achieve full coverage of township nursing homes and village-level day care centers, and equip them with necessary rehabilitation equipment, medical facilities, and cultural and recreational facilities. Establish and improve a talent cultivation system for rural elderly care services, relying on vocational schools and training institutions to provide professional training for elderly care workers, and enhance the professional quality of practitioners; at the same time, improve incentive mechanisms such as salary, benefits, and professional title evaluations to attract more professionals to engage in rural elderly care services. Strengthen the standardization of elderly care services, formulate service standards for rural home-based care, community care, and

institutional care, and establish service quality assessment and supervision mechanisms to ensure standardized and professional development of services.

#### **3.2 Consolidate Family Care Functions and Reconstruct Intergenerational Emotional Support**

Families remain the core carrier of daily care and spiritual comfort for the elderly, with irreplaceable emotional and social functions. The state and society should transform family elderly care from a mere legal obligation to a supported social responsibility by introducing targeted supportive policies. Financial subsidies and tax incentives can be implemented to reduce the economic burden of family elderly care. Enterprises are encouraged to implement flexible home leave systems to facilitate employees' regular elderly care and family companionship. Such measures help strengthen intergenerational emotional connections and rebuild warm and sustainable family care mechanisms.

In addition, the culture of filial piety in the new era should be reshaped, discarding the backward and rigid aspects of traditional filial piety, and promoting the core values of "respecting the elderly, loving the elderly, and being filial to the elderly." Filial piety culture should be integrated into family education, school education, and social publicity to guide the younger generation in establishing correct concepts of elderly care. A comprehensive family-based elderly support service system should be improved, providing home care, meal and bathing assistance, rehabilitation care, and shopping and errand services for elderly people living at home to reduce the burden on families. At the same time, a psychological care service mechanism for rural elderly people should be established, regularly offering psychological counseling and emotional companionship services to alleviate the loneliness and anxiety of rural seniors, thereby strengthening spiritual support.

#### **3.3 Guide Market and Social Participation to Diversify Elderly Care Services**

Preferential policies in land use, taxation, and financial subsidies should be adopted to attract social capital to invest in inclusive rural elderly care services. Innovative operational models including public-built private operation and government purchase of services can be promoted to improve the professionalization and

efficiency of rural pension institutions. Meanwhile, professional social work organizations and volunteer teams should be guided to sink grassroots services, providing sustainable professional support such as spiritual counseling, rights protection, and daily assistance for rural elderly groups.

At the same time, efforts should be made to promote the diversified development of the rural elderly care service industry, leveraging the advantages of rural natural ecology and local culture to develop characteristic elderly care models such as "ecological elderly care," "pastoral elderly care," and "cultural tourism elderly care," attracting urban seniors to retire in rural areas, revitalizing idle rural resources, and increasing rural collective economic income. Rural collective economic organizations are encouraged to use collective assets and idle houses to establish elderly care service facilities, develop localized elderly care models such as mutual aid care and neighborhood care, reduce the cost of elderly care services, and improve service accessibility. The rural elderly rights protection system should be improved, support for legal aid and rights maintenance for rural seniors should be increased, and illegal acts such as abuse and abandonment of the elderly should be severely punished to safeguard the legitimate rights and interests of rural seniors.

#### 4. Conclusion

The evolution of the main responsibility for elderly care in rural China is a history of moving from family exclusivity to diversified exploration. It reflects changes in the relationship between the state and farmers and is also a profound evolution of tension. Historical experience shows that placing excessive responsibility for elderly care on any single entity cannot cope with structural social changes. In the face of an increasingly certain trend of aging in the future, sticking to old models is futile. Only through systematic institutional innovation, clearly defining the responsibility boundaries of multiple entities such as the state, family, and market, and establishing effective coordination mechanisms, can a solid and caring rural multi-faceted elderly care safety net be woven, enabling every rural elderly person to have "care in old age, medical care in old age, purpose in old age, and happiness in old age."

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