

Analysis of Responsibilities Undertaken by Families and the State in Solving Elderly Care Issues under Contemporary Social Policies

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Abstract: Amid robust global economic expansion, worsening population ageing and the gradual roll out of urban-rural integrated development systems, China has attached paramount importance to the governance of ageing population. Population ageing in China entails daunting hurdles as well as promising developmental prospects. Rural ageing poses substantial negative repercussions on the progression of rural revitalization. Urban ageing confronts tangible practical predicaments nonetheless, it embraces immense latent prospects awaiting in-depth excavation and realization. Employing literature research and policy content analysis, this paper explores the supply of elderly care resources in urban and rural areas, defines the functional orientation and bounden obligations of families, and dissects supporting policy frameworks based on the contextual features of population ageing in urban and rural regions. **Keywords:** population aging; elderly care services; urban-rural differences.

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1. Introduction

Currently, through the urban-rural integration development strategy, China unifies new urbanization and rural revitalization, promotes two-way flows of urban-rural factors, facilitates equal access to basic public services, achieves high-quality integrated urban-rural development, and helps realize Chinese modernization and the goal of common prosperity. In this process, many challenges will be encountered, among which population aging is a very prominent phenomenon. According to the data of the Seventh National Population Census, the proportion of rural population aged 60 and above reached 23.81%, which is 6.61 percentage points

higher than that in urban areas.[1] The aging degree in China is continuously deepening. At the same time, due to declining birth rates, a continuous decrease in the proportion of working-age population, and extended life expectancy, China's population aging will become even more prominent in the coming decades. In rural areas, labor demand is low, the supply of elderly care services is seriously lagging, and the scarcity of medical and elderly care resources makes the elderly care problem more difficult to solve. In comparison, urban elderly care services are more comprehensive; by raising the retirement age, enhancing the working capacity of the elderly, and having better medical services and a wider choice of pension insurance than rural areas, urban areas are better positioned. This paper examines urban and rural elderly care service measures and the roles and responsibilities of families from the aspects of population aging and corresponding policy schemes in both cities and villages.

2. Current Situation of Population Aging in China

By 2024, China's population aged 60 and older surpassed the 300-million mark for the first time, hitting 310.31 million and making up 22.0 percent of the national total. The group aged 65 and above stood at 220.23 million, taking up 15.6 percent of the overall population. The nation has stepped into the stage of deep population aging, with its aging degree ranking among the upper-middle level worldwide. Persistently low birth rates and rising life expectancy keep driving the aging trend forward.[2]

Beyond that, the elderly population in China is still growing steadily and continuously. In 2025, the number of elderly people increased by around 13 million nationwide, and if this growth pace persists, it is projected that by 2035, the number of people aged 60 and above in China

will surpass 400 million, making up more than 30% of the total population and officially stepping into a super-aging society. At that point, the elderly group will become an integral and vital part of the social population structure, exerting an influence on everything from daily family life to the formulation of national policies that guide social operation. Alongside this continuous growth, the structure of aging is also evolving gradually, with the trends of advanced aging, empty-nest aging and disability becoming more and more obvious year by year. The proportion of elderly people over 80, those with disabilities or semi-disabilities, and elderly people living alone keeps rising-these groups often have an urgent need for daily care, medical support and emotional comfort.[3] This not only boosts the social demand for elderly care services in a substantial way, but also imposes a heavy care burden on numerous ordinary families. For many families, taking care of elderly relatives, particularly those who are in advanced age or have disabilities, has become an unavoidable pressure that affects the work and life rhythm of the younger generation, even bringing about conflicts between work and family care at times. In terms of regional distribution, China's population aging also presents distinct differences between urban and rural areas as well as among different regions. The aging degree in rural areas is much higher than that in urban areas: as a large number of young and middle-aged laborers leave their rural hometowns to seek better job prospects and living conditions in cities, rural areas are suffering from a serious "hollowing-out" phenomenon, with a large number of left-behind elderly living alone without timely care. Unfortunately, rural areas are relatively short of medical and elderly care resources, and their capacity to provide pension security is quite weak-many rural elderly people have to rely on their own scanty savings or the financial support from their children working in cities, which makes the aging problem in rural areas more prominent and worrying.[4] In contrast, eastern coastal areas and major central cities, benefiting from concentrated population, higher living standards and better medical conditions, have a longer average life expectancy, leading to a relatively higher degree of aging. Although these cities are equipped with more complete elderly care facilities and services, they also face mounting pressure in caring for a large number

of elderly people, especially the growing group of elderly people in advanced age and those with disabilities. This ultimately forms an aging pattern characterized by "uneven development between urban and rural areas and varying situations among different regions".

2.1 Decline in Birth Rate and High Proportion of Elderly

Low fertility and longevity are continuously deepening aging. After 1949, China experienced three baby booms: 1950-1958, 1962-1975, and 1981-1991. In 2015, the first batch of the baby-boom population began to enter age 65. The second and third baby-boom populations will enter age 65 in 2027 and 2046 respectively, leading to a stepwise upward trend in the elderly population. Because the fourth baby boom has not occurred, low fertility will accelerate the aging trend. It is estimated that around 2030, China will enter a super-aged society with a proportion exceeding 20%, after which the share will continue to rise rapidly to about 37.4% by 2060. In terms of aging degree, China entered an aging society in 2000 (65+ population exceeding 7%), and entered a deeply aging society in 2021 (65+ population exceeding 14%). In 2022 and 2023, the proportions of elderly aged 65 and above were 14.9% and 15.4% respectively. Internationally, the global aging level was about 9.8% in 2022, while high-income and upper-middle-income economies were 19.2% and 12.2%, respectively. China's aging degree exceeds that of upper-middle-income economies and closely follows high-income economies.[5] According to the "medium scenario" of the China Population Forecast Report 2023 by Yuwa Population, China is expected to enter a super-aged society with a share exceeding 20% around 2030, after which it will continue to rise rapidly to about 37.4% by 2060, stabilize for a while, and then rise again to about 46% by 2080 and beyond. At that time, nearly half of China's total population of 800 million will be elderly.

2.2 Rapid Aging and Obvious Trend of Advanced Age

China's population aging process has been gathering pace. Between 2001 and 2010, the share of people aged 65 and older rose by an average of 0.2 percentage points each year. Between 2011 and 2023, that annual increase climbed to 0.5 percentage points, reflecting a marked acceleration.

The older population is generally split into two groups: the pre-octogenarian elderly (under 80) and the advanced-age elderly (80 and above). People in the younger group generally enjoy better health and are mostly self-reliant in daily life.^[6] Those in the advanced-age group tend to have weaker health conditions and rely more heavily on daily care and support.

In 2023, China's advanced- age population aged 80 and older reached nearly 40 million, representing roughly 2.8 percent of the country's total population.

3. Urban-Rural Differences in Aging

Significant differences exist between urban and rural aging. The degree and speed of aging of the rural elderly population are generally higher than those in urban areas, and there are obvious differences in health status.

3.1 Degree of Aging

Per the results of the Sixth National Population Census, the share of the elderly residing in urban areas rose from 6.67% to 7.68% over the decade 2000-2010. In rural regions, this figure jumped from 7.56% to 10.06% within the same period. The contrast clearly reveals that rural localities witness a much quicker pace of population aging than urban counterparts.

Statistics released in 2021 further indicate that the proportion of residents aged 60 and above in rural areas stood at 23.81%, versus merely 15.82% in cities. Such a glaring gap underscores the acute severity of aging challenges faced by rural communities.

A significant increase in life expectancy is another key factor driving the acceleration of aging.^[7] As China's economy and society develop rapidly, its medical security system has been continuously improved, the level of public health services has kept rising, and the ability to prevent and treat various diseases has been significantly enhanced. At the same time, people's living standards and health awareness have also improved steadily—all these factors together have promoted a steady increase in average life expectancy. The concentrated aging of the historical "baby boom" generation is the most direct driving force behind the rapid development of aging in China in the short term. In the 1960s and 1970s, China experienced a large-scale baby boom, with more than 25 million births each year, forming a huge "baby boom" generation. Since 2020, this generation

has successively entered the elderly stage of over 60 years old, bringing an annual increase of about 20 million elderly people.^[8] This has directly driven the rapid expansion of the elderly population and made the aging rate show a "explosive" growth trend in the short term. In addition, the accelerated urbanization has further exacerbated the urban-rural differentiation of population aging.

3.2 Health Status

Empirical findings confirm that elderly urban residents achieve substantially higher healthy aging outcomes than their rural peers. This gap largely stems from stronger family support, higher socioeconomic standing, and more complete social welfare protections in urban settings. Rural medical resources remain severely inadequate, leaving many rural seniors without prompt access to medical care when ill. As age advances, the urban-rural disparity in healthy aging gradually narrows, demonstrating a clear convergence pattern.

Currently, China's average life expectancy stands at 78.2 to 78.6 years, a qualitative leap from 68.55 years in 1990.^[9] The continuous decline in mortality has prolonged the survival time of the elderly, leading to a steady increase in their total number, especially the significant growth in the population of elderly people over 65 and even 80 years old. Meanwhile, China's disease spectrum has undergone remarkable changes: once life-threatening acute infectious diseases have been effectively controlled, while chronic diseases such as cardiovascular and cerebrovascular diseases, cancer, and Alzheimer's disease have become the main threats to the health of the elderly.^[10] These chronic diseases are characterized by long courses and slow recovery, which prolong the elderly survival with illness and further add to the medical and care burden brought by aging.

3.3 Impact of Population Mobility

Population migration serves as a key contributor to the urban-rural aging disparity. Official data released by the National Bureau of Statistics shows that the scale of rural-to-urban migrant population has hit 249 million, an increase of 100 million over the 2010 figure. Young generations are increasingly reluctant to remain in rural locales, opting to relocate to towns and cities in pursuit of superior employment prospects and permanent residency.^[11] Such

population outflow drives up the proportion of senior residents in rural communities, which in turn widens the demographic aging divide between urban and rural regions.

With the continuous improvement of China's urbanization rate, a large number of young and middle-aged rural laborers have moved to cities in pursuit of better employment opportunities and living conditions, resulting in a massive loss of young and middle-aged population in rural areas and an increase in the number of left-behind elderly.[12] As a result, the rural population structure has shown the characteristics of "aging and empty-nest". Although cities have gathered a large number of young and middle-aged laborers, which has alleviated the aging pressure to a certain extent, with the improvement of living standards and medical conditions in cities, people's life expectancy has become longer, and the number of elderly people over advanced age and those with disabilities has also been increasing, making the pressure of elderly care in cities continue to rise.

4. How to Improve Elderly Care Issues

China's population aging is an inescapable trend that will grow increasingly acute. It poses not merely a challenge to social progress, but also a potential opportunity-where dilemmas exist, solutions emerge, even sparking remarkable innovations. The state's obligations center on institutional safeguards and the supply of public services, while families bear the primary responsibility of emotional sustenance and daily care. Guided by relevant policies, the two form a complementary synergy, neither dispensable. The state, society and family are mutually reinforcing and interdependent in their development: the interests of families and civil society must align with national goals, and the state in turn relies on the strength of families and society.[13] In analyzing the evolution of China's elderly care service policies, therefore, focus should be placed on the intersection and interaction of the rights, obligations and interests of these three stakeholders, as well as the institutional mechanisms and the construction logic of the system at different stages.

4.1 Impact of Pension Insurance

With the accelerated progression of China's population aging, the state has continuously rolled out and refined elderly care policies,

striving to construct a multi-level, sustainable elderly care service framework. For instance, the full coverage of basic pension insurance, coupled with the advancement of enterprise annuities and personal savings-based pension insurance, has furnished the elderly with more steady sources of income. Pensions have become the primary livelihood support for numerous elderly individuals, alleviating their reliance on their children's financial assistance-this shift has eroded the traditional notion of "raising children for old age" and propelled families to transition from a "dependency-oriented" model to an "autonomous" one.[14] The government has also devised institutional measures such as tax incentives, flexible retirement schemes and care leave policies; these initiatives encourage social participation in elderly care services while easing the care burden on the younger generation. The impact of the New Rural Pension Insurance on the well-being of rural elderly shows no disparities across gender or age, yet varies with education level and regional location. Rural elderly with lower educational attainment and those residing in western regions experience a weaker impact. Research indicates that pension receipt markedly enhances the happiness of rural elderly in eastern regions and those with middle-to-high incomes, with pension insurance exerting a more pronounced effect on boosting the well-being of rural elderly populations.

4.2 Regulation and Supervision of Medical Institutions

The state has revised the Administrative Measures for Elderly Care Institutions, mandating institutions to submit a credit commitment letter at the time of archival filing, and recording regulatory violations into the national joint disciplinary system for dishonest entities. It enforces the national standard Basic Specification for Service Safety in Elderly Care Institutions as a binding requirement, compelling facilities to carry out routine inspections of fire safety, food hygiene and building structural safety, and install video monitoring systems across all public premises. The state has also released the Criteria for Identification of Major Hazardous Risks in Elderly Care Institutions, stipulating that institutions failing to complete required risk rectification shall be ordered to suspend operations for thorough reform.

In 2025, a targeted pilot scheme will distribute electronic consumption vouchers to elderly

people with moderate and severe disabilities, to cover expenditures related to home-based care services, institutional residential care and other eligible elderly care expenses. In terms of strengthening the legal and ethical obligations of adult children to support elderly parents, the latest elderly care policy packages deliver particularly tangible benefits to the rural elderly population. The integration of the urban and rural resident pension insurance system has consolidated supporting policies including the New Rural Pension Scheme, which has effectively lifted consumption capacity and optimized consumption structures among rural households, and eased family-based elderly care pressure through stable income protection and optimized inter generational support mechanisms. By unifying urban-rural pension benefit benchmarks and raising basic pension benefits, this policy establishes a sustained income stream for rural families.

For illustration, rural residents aged 60 and above who participate in the pension insurance program receive an average annual pension benefit of more than 900 yuan, with benefits tiered directly in line with individual contribution grades: higher annual contributions during the working period translate to higher pension payouts after reaching the eligibility age.^[14] Individual pension contributions are managed in the form of personal savings accounts, accruing standard interest over the contribution period; any unused account balance can be withdrawn in full in accordance with relevant provisions.

4.3 The State's Active Response to Aging

Since China shifted its focus from addressing aging-related issues to actively responding to population aging, General Secretary has delivered a series of important instructions and directives on aging work since the 18th National Congress of the Communist Party of China. He put forward forward-looking new concepts, new thinking, new strategies and new requirements for the cause of aging. He proposed the three principles for responding to aging work: timeliness, scientific and comprehensiveness, and emphasized that population aging concerns the overall national development and the well-being of hundreds of millions of people.

Pension service policies have evolved from promoting the development of elderly care undertakings to advancing the coordinated

development of elderly care undertakings and the elderly care industry, promoting the high-quality development of elderly care services and the silver economy through the construction of the policy system.

The Fourth Plenary Session of the 19th Central Committee of the Communist Party of China first proposed the initiative of actively responding to population aging and accelerating the construction of an elderly care service system featuring coordination among home, community and institutional care, and integration of medical treatment, elderly care, health preservation and rehabilitation.^[15]

From the perspective of workers, delayed retirement enables them to gain higher economic income, more employment opportunities and a stronger sense of social identity. Meanwhile, it also brings challenges such as job transfer and salary adjustment, blocked career development, and increased living burdens.

From an enterprise perspective, delayed retirement contributes to sustaining the stability of core employee teams. Enterprises, however, confront a array of challenges: escalating labor costs, diminished staff turnover rates, and heightened inter generational frictions.

4.4 Family Elderly Care Provides Happiness

With "filial piety" as the core, blood kinship as the bond, family responsibility as the ethics, and inter generational feedback as the method, the family-based elderly care model and concept originated in the Pre-Qin Period. The responsibility of family elderly care has both legal compulsion and moral obligation. The legal dimension includes active support and daily care, while the moral dimension includes ethical emotional care and spiritual comfort.

According to the Civil Code, children's obligation to support their parents is based on blood relationship and cannot be exempted for reasons such as unequal property distribution; it stipulates that children must pay alimony.^[16]

Current literature has verified that the impact of family elderly care on the happiness and mental health of the elderly is stronger than that of state and social elderly care, and family elderly care remains the mainstream elderly care model in rural China. However, with the normalization of urban-rural population mobility and the binning of rural family structures, the function of family elderly care is increasingly weakening and cannot shoulder the heavy responsibility of

elderly care. The weakening of family elderly care functions highlights the necessity of social elderly care, and economic development and social progress provide the possibility for social elderly care, making it a new model of rural elderly care.

4.5 Ethical and Moral Constraints

As contemporary population aging becomes increasingly severe, relying solely on state-related systems is insufficient; the efforts of each family are also needed. Family elderly care has a deep cultural foundation and unique familial value; social elderly care cannot easily replace family elderly care, and the regaining of favor of family elderly care abroad indicates that family elderly care remains important.^[6]

Traditional filial piety culture requires children to support their parents, but modern society needs to balance individual pressures and family responsibilities. The family is the direct entity of natural ethical spirit, with love as its rule. Love is a feeling with a natural form of ethics; love enables people to recognize the unity of individuals as family members.

Studies have shown that daily care has no significant effect on the happiness of the younger-old and the older-old; economic support has a significant positive effect on the happiness of the younger-old but no significant effect on the happiness of the older-old; spiritual comfort has a significant positive effect on the happiness of elderly people of all ages, and its effect on the happiness of the younger-old is significantly greater than that on the older-old.

Family elderly care can significantly enhance the happiness of rural elderly people, with the enhancing effects of daily care, economic support, and spiritual comfort increasing in that order. Social elderly care can also significantly enhance the happiness of rural elderly people, with the effect of medical insurance being stronger than that of pension insurance. The effect of family elderly care on the happiness of rural elderly people is stronger than that of social elderly care.^[3]

5. Summary

The state and families should not work separately in isolation; rather, they must complement each other's strengths and join forces to improve both the quality and long-term sustainability of elderly care services. For families, they should take on the responsibility

of caring for the elderly according to their own actual circumstances, so as not to bear an overly heavy care burden. At the same time, they can make flexible use of all kinds of elderly care resources offered by the state, including community care services and home-based care services tailored for the elderly. For the state, it is necessary to refine policy support to provide solid guarantees for family-oriented elderly care. Specifically, it can adjust and optimize pension subsidy policies, organize training sessions for family caregivers, and push forward the renovation of home environments to meet the needs of the elderly.^[17] All these measures will help lighten the burden of family care and strengthen the effective connection between family care and social elderly care services. Eventually, we will be able to build an elderly care model characterized by "families taking their responsibilities, the state providing basic support, and all sides working in coordination", alleviate various pressures caused by population aging, and help attain the goal that the elderly can live a well-supported, happy and secure life.

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