

A Brief Exploration of the Challenges Facing Rural Residents' Old-Age Care and Governance from an Embedded Perspective

-- Based on Field Research in Village F, Yunnan Province

Yanan Shi ^{1, †}, Yuzhao Shen ^{2, †}, Jinan Gou ^{3, †, *}

¹ School of Marxism, Northwestern Polytechnical University, Xi'an, Shaanxi, CO 710129, China

² School of Management, Lanzhou University, Lanzhou, Gansu, CO 730000, China

³ School of Humanities Social Sciences, Beihang University, Beijing, CO 100191, China

* Corresponding author: Jinan Gou

†These authors contribute equally

Abstract: Based on four months of fieldwork in Village F, Yunnan, this study employs embeddedness theory to analyse how rural residents' current elderly care practices and needs are mismatched within spatial, resource, social, and cultural contexts. This discrepancy manifests as threefold misalignments in housing, social interaction, and value systems; deficiencies in funding, services, and facilities; and disruptions to local identity, rights frameworks, and trust systems. It further highlights the elderly care predicament arising from shifting perceptions of filial piety, family dynamics, and risk management. Proposed solutions include: creating proximity-based spaces to fulfil rural elders' autonomy needs; increasing resource investment to reduce rural care costs; revitalising local identity through enhanced village regulations and equitable systems; and fostering new filial practices to transform intergenerational dynamics and rights awareness. These measures aim to optimise spatial, resource, social, and cultural embeddedness for rural care security, thereby alleviating elderly care dilemmas.

Keywords: Rural Elderly Care; Embeddedness Theory; Dilemma Status; Governance Pathways.

1. Introduction

Since the beginning of the 21st century, China's economy has developed rapidly, with industrialisation and urbanisation continuing to advance, leading to significant improvements in material well-being, healthcare standards and life expectancy. However, the country's total fertility rate has now fallen to 1.05 [1], which is far below the replacement level of 2.1. By the end of 2023, China's population aged 60 and over had reached 296 million, accounting for 21.1% of the total population, whilst the population aged 65 and over stood at 209.78 million, representing 14.5% of the national population. The intensifying crisis of population ageing will weaken economic growth potential, increase the burden of pension provision, reduce independent innovation capacity, and trigger challenges in social governance. Among these, pension provision is the primary issue facing an ageing society. The 'Opinions of the Central Committee of the Communist Party of China and the State Council on Deepening the Reform and Development of Elderly Care Services', issued on 30 December 2024, stated: "We must accelerate the development of a comprehensive elderly care service network and optimise the supply structure of elderly care services, which is based on home-based care, supported by the community, underpinned by professional institutional care, and integrates medical care with elderly care." Implementing a proactive strategy to address population ageing and establishing a comprehensive elderly care service system have become urgent priorities for national stability and for safeguarding and improving people's livelihoods.

Due to China's urban-rural economic divide, the waning influence of the 'big government' philosophy, accelerating

urbanisation and an inadequate pension system, the situation regarding elderly care in rural areas is more severe than in urban areas. Firstly, in 2024, the per capita disposable income of urban residents in China stood at 54,188 yuan, whereas that of rural residents was merely 23,119 yuan—equivalent to 42.66% of the urban figure [2], resulting in lower economic income levels and a reduced capacity to afford elderly care services. Secondly, the 'small-scale settlement' structure of rural villages makes it difficult to construct elderly care facilities; these facilities serve a limited population, require substantial capital investment, and have a long cost recovery cycle, leading to insufficient incentives for both the public and private sectors to invest in such facilities. Thirdly, according to data from China's Seventh National Population Census, the proportion of elderly people aged 60 and over in rural areas stands at 23.8%, which is 7.99 percentage points higher than in urban areas. Furthermore, in 2021, the proportion of elderly people in rural areas who were either fully or partially incapacitated was 13.9%, 4.3 percentage points higher than in urban areas, resulting in relatively greater demand for care. Finally, China's traditional models of 'raising children to provide for one's old age' and 'family-based elderly care' have gradually disintegrated under the impact of urbanisation and industrialisation, lacking both the social atmosphere and practical feasibility for implementation. Furthermore, the low educational attainment and social status of the elderly in rural areas mean they have insufficient policy influence. Consequently, it has proven difficult to implement either government-led public, basic and security-oriented elderly care services, or market-led diversified, high-quality and personalised elderly care services in rural areas. Therefore, strengthening research into the challenges faced by

rural residents in relation to elderly care and exploring pathways for optimisation is of significant importance.

Currently, academic research on the issue of elderly care for rural residents primarily focuses on three areas. Firstly, the care needs of rural residents: scholars have proposed four distinct research dimensions—namely, three, four, five and six. Li Zhaoyou et al [3] and Li Yuanlei et al.[4] proposed a three-dimensional perspective on needs based on daily care, emotional support and healthcare; Guo Jingcheng classified rural residents' elderly care needs into four categories—highly elastic, weakly elastic, inelastic and dispensable—based on the degree of demand elasticity[5]. Yao Zhaoyu categorises these into five types: basic survival needs, psychological needs, relational needs, daily care, and legal assistance [6] Xu Rui et al. endorsed the classification into six dimensions: daily care, financial support, professional rehabilitation training, home nursing, psychological counselling, and companionship [7], have enriched the research perspective on the care needs of rural residents. Secondly, the challenges facing rural residents in terms of elderly care are concentrated in four areas: funding, market participation, service providers, and ethical and cultural considerations. At present, the supply and demand for elderly care funding in China are gradually becoming unbalanced [8]. Furthermore, “the income structure reliant primarily on basic pensions and the preservation and appreciation of pension value face challenges”[9], and some rural residents rely on fiscal expenditure for their pensions, resulting in a heavy fiscal burden [10]. Market participation in rural elderly care is severely lacking, and a diversified supply system has yet to take shape[11]. In developed regions, rural areas may be able to establish a ‘semi-marketised’ elderly care model [12], but it is difficult to extend this model to rural areas nationwide. There are issues regarding the professionalisation and localisation of care service personnel[13]. Furthermore, there is a significant gap between the total number of staff and theoretical requirements, and the age structure is not particularly reasonable [14]. Furthermore, rural inheritance customs, identity, and local traditions influence residents' elderly care arrangements[15]. The transition from family-based to institutional care may give rise to cognitive, ethical and unexpected risks in elderly care[16]. Thirdly, the governance of challenges in rural elderly care primarily involves four approaches: institutional reform, digital empowerment, coordinated development, and a shift in mindset. It is necessary to improve the institutional mechanisms for farmers' elderly care and prioritise the allocation of elderly care resources to rural areas [17] to achieve a three-way synergy between the interests of stakeholders, action resources and governance mechanisms[18]. This can enhance the inclusiveness and accessibility of smart elderly care products[19], and upgrading digital infrastructure to effectively bridge the urban-rural digital divide[20]. A multi-pronged approach should be adopted to enhance the level of public services for rural elderly care, effectively integrate resources, and establish a diversified elderly care service system[21], and efforts must be comprehensively advanced and coordinated across the individual, family and societal levels. It is imperative to construct a new form of ‘filial piety’ that is equitable and democratic, to promote a return to family-based care, to strengthen the development of township nursing homes, to advance the integration of medical care and elderly care, and to transform traditional notions of elderly care.

In summary, whilst academic research on elderly care in rural China has yielded substantial findings, there remain areas requiring further development. Firstly, research perspectives have predominantly focused on aspects such as care needs, institutional mechanisms, funding sources and market participation, whilst insufficient attention has been paid to spatial disparities, resource shortages, social structures and ethical shifts in rural elderly care. Secondly, research methods are predominantly based on quantitative analysis using big data statistics, with a lack of qualitative research grounded in the practical realities of frontline elderly care. Therefore, through a four-month field study in Village F, Yunnan Province, this paper combines field findings with embeddedness theory to systematically examine the challenges faced by rural residents in China regarding elderly care, and to explore practical governance pathways, thereby providing insights for the development of rural elderly care practices and policy formulation.

2. Analytical Framework and Fieldwork

2.1. Analytical Framework

Embeddedness theory is a key theoretical framework in the fields of social security studies and socio-economics. In social security studies, the application of embeddedness theory has focused on home-based, community-based, and institutional care for the elderly. Through a critical examination of various isolated models of elderly care among urban residents, it advocates for an integrated approach that combines multiple care models. Research into embedded elderly care service paradigms has centred on the integration of digital technology into elderly care, community-embedded care facilities, integrated medical and care services, and the embedding of social organisations within elderly care services. Regardless of the specific entities or methods involved, such ‘embedding’ essentially leverages the spatial advantages of proximity to family and the resource advantages of integrating diverse entities and technologies. Rural elderly people have a strong attachment to their homeland and are reluctant to relocate to their children's places of work or to care homes for cross-spatial care. Furthermore, as social security levels in rural areas are currently low and most children have limited financial means, the key to achieving high-quality care for rural residents lies in how to adjust spatial arrangements and integrate resources. Consequently, spatial embedding and resource embedding form the perspective through which to examine the care issues faced by rural residents.

Economic sociology has offered numerous interpretations of embeddedness theory. Polanyi first introduced the concept of ‘embeddedness’ in **The Great Transformation**, arguing that a market economy centred on redistribution is embedded within society; embeddedness theory thus serves as a bridge between economics and sociology. Scholars have further developed this theory, proposing two models: ‘structural embeddedness’ and ‘relational embeddedness’. The former emphasises the overall function of social networks, their structure, and the position of key nodes within the network; the latter measures the strength and nature of social relationships based on ‘frequency of interaction, degree of intimacy, duration of the relationship, and the content of mutual services’, embedding all behaviour within complex social relationships. Zukin and DiMaggio expanded the dimensions of embeddedness to include cultural

embeddedness, arguing that when actors make choices, they are easily constrained by ‘traditional values, beliefs, faith, religion and regional traditions’. Old-age care for rural residents represents an overlap of economic and social activities; it is situated within the complex social relations of ‘Rural China’, involving interactions between different actors, whilst also being influenced by the traditional culture of ‘filial piety’. Consequently, social and cultural embeddedness have become key dimensions for examining the issue of old-age care for rural residents.

In summary, this paper examines the issue of elderly care for rural residents from the perspectives of spatial, resource, social and cultural embeddedness, arguing that the effective integration of these four dimensions plays a crucial role in rural elderly care. Through long-term field research in Village F, a framework of the ‘spatial-resource-social-cultural’ predicaments in rural elderly care has been progressively constructed. Drawing on existing research, this study explores optimal pathways for achieving spatial, resource, social and cultural embeddedness.

2.2. Fieldwork

To systematically examine the current state of the embedded challenges facing elderly care for rural residents in China, the author has selected Village F in Yunnan Province as the fieldwork site. Firstly, the primary source of income for the villagers of Village F is crop farming. With the implementation of urbanisation, targeted poverty alleviation and the rural revitalisation strategy, the village has gradually emerged from poverty, and the villagers’ mindset is in a transitional phase from the ‘rural China’ to ‘modern society’. Secondly, the village has a registered population of 986, of whom 271 are aged 60 or over, accounting for 27.48% of the registered population. Among these, 23 are elderly individuals who are either completely or partially incapacitated or suffer from dementia, indicating a lack of adequate elderly care resources and safeguards. Finally, it is common for young and able-bodied workers in Village F to migrate to cities for employment, where they typically purchase or rent accommodation. Minors, due to the closure of primary and secondary schools in the village and town, follow their parents to urban areas for schooling, exacerbating the hollowing-out and ageing of Village F. Consequently, Village F reflects the current situation in China’s rural areas, characterised by a large base and high proportion of elderly residents, alongside a significant number of those who are incapacitated or partially incapacitated. It exhibits the features typical of rural regions: a relatively underdeveloped economy, the persistence of traditional customs, a marked impact from urbanisation, and inadequate elderly care provisions. Selecting Village F as the site for this field study provides strong representativeness for exploring the challenges and governance of elderly care among China’s rural residents.

Once the location was confirmed, the author travelled to Village F in two phases: July–August 2024 and January–February 2025. In the first phase, semi-structured interviews were conducted with leaders of the Village F Committee and staff at nearby elderly care institutions to gain an understanding of the village’s basic circumstances and the current state of elderly care. In the second phase, I immersed myself among the elderly residents of F Village to observe their daily lives and the challenges they face in old age. I conducted interviews with elderly individuals of varying ages, genders, educational backgrounds, occupations and physical

conditions. Information regarding elderly individuals with disabilities or dementia was primarily obtained through introductions by relevant personnel. Interview transcripts and field notes collectively form the analytical data for this paper; in the subsequent discussion, references are uniformly cited using the format ‘date-interview transcript’ and ‘date-field note’.

3. The Embeddedness Dilemma in Rural Elderly Care

In rural China, factors such as economic restructuring, increased population mobility and shifting values have led to constant changes in the economic foundations, family structures and ethical norms that underpin traditional models of elderly care. Discrepancies in the spatial, resource, social and cultural contexts of current rural elderly care models have led to a mismatch between existing care provision and actual needs, creating an embedded dilemma that hinders the establishment of a systematic, low-cost rural elderly care service system. The following sections will examine the spatial, resource, social and cultural dimensions of this embedded dilemma in rural elderly care.

3.1. Spatial Embedding Dilemmas: A Triple Mismatch of Residence, Social Interaction and Values

Space is not merely an absolute physical entity, vessel or environment; it also encompasses people-centred social relationships and social values, possessing threefold attributes: material, social and value-based. Changes in the residential space for elderly care among rural residents lead to shifts in their social and value spaces, which run counter to their care needs, resulting in a triple mismatch of residence, social interaction and values.

The misalignment of residential spaces for rural residents in old age. This misalignment is primarily caused by the following three scenarios. Firstly, rural elderly living alone or with their spouses in their homes. In Village F, a large proportion of the young population has migrated for work, leaving behind ‘empty-nest’ elderly who largely care for themselves or rely on their spouses. As fellow villagers of similar age gradually pass away or move to different parts of the village, interaction among the elderly diminishes, creating ‘residential isolation’ within the village. Secondly, moving to urban areas to live with their children. Some children from affluent families, with less demanding jobs and a strong sense of filial piety, bring their elderly parents to the city to care for them. Most elderly people are compelled to move, becoming largely separated from their previous living environment and feeling profoundly uncomfortable with the hygiene standards, behavioural norms and catering services of urban life. Thirdly, some partially disabled or very elderly people are sent by their children to specialist care homes, severing ties with their previous living environment and experiencing feelings of ‘unhappiness’, ‘unfamiliarity’ and ‘inability to adapt’, ultimately failing to enjoy a positive care experience.

A disconnect in social spaces for rural elderly care. After leaving their original living environments, most rural elderly are unable to adapt to their new surroundings in the short term. Some, lacking smartphones or unfamiliar with voice and video chat functions on messaging apps, struggle to maintain regular contact with family and friends; even when communication occurs, it fails to replicate the effectiveness of

face-to-face interaction, leading to gradually strained relationships. Within Village F, the management capabilities of relevant authorities and the village committee have gradually strengthened. Entertainment activities favoured by the elderly, such as playing cards and drinking alcohol, are no longer encouraged and have been strictly prohibited during certain periods. Consequently, some elderly residents find socialising and leisure activities dull and unfulfilling, unable to recapture the sense of fulfilment they once experienced. Elderly residents in care homes come from different regions, with varying living environments, personality traits and life experiences, making it difficult for them to communicate effectively with one another in the short term. On occasion, arguments between residents escalate into verbal abuse or even physical altercations. This misalignment in social spaces diminishes the sense of well-being in the later years of rural residents.

A misalignment in the value system regarding elderly care among rural residents. The majority of residents in Village F aged 60 and above previously made their living from farming. They are hard-working people who hold the belief that one should ‘work until the day they die’. They find it difficult to accept a ‘do-nothing’ approach to retirement, believing this would rob them of their sense of purpose and value. They hope to earn an income through labour to support themselves or supplement their children’s finances. Most rural elderly are extremely frugal, whilst a few are even overly hard on themselves regarding their lifestyle and health—refusing to buy food, seek medical treatment or spend money—which often leads to dire consequences, requiring their children to spend more time and money on subsequent care. Furthermore, most elderly in Village F are not particularly concerned with the length of their lives, but rather with dying with ‘dignity’, that is, ‘passing away peacefully in one’s own bed’; they object to the idea of not being at home when they die. One elderly resident remarked:

“It’s not just me; my wife, my friends and I all firmly believe that one must die at home. The sayings ‘to die of old age in one’s own bed’ and ‘to return to one’s roots’ mean exactly that. I don’t want to go and live with my son and daughter-in-law in the city, and I certainly don’t want to go to a care home. If I were to die away from home, not only would it be a source of embarrassment to my children, but for me personally, it would be a great regret.” (12 January 2025 – Interview Transcript)

3.2. The Dilemma of Resource Embedding: A Relative Lack of Funding, Services and Facilities

The quality of elderly care is determined by the resources available; generally speaking, the greater the investment in resources, the better the quality of care. The scarcity of elderly care resources for rural residents stands in stark contrast to the diversity of care needs, creating a significant bottleneck to improving people’s livelihoods and developing high-quality elderly care in rural areas. Research indicates that the lack of rural elderly care resources is primarily evident in three areas: funding, services and facilities.

Rural residents face a shortage of care funding, coupled with inequitable distribution. Rural areas lack the internal impetus and capacity for care provision; market-based participation in care provision is insufficient; and the traditional family-based care model cannot be sustained effectively in the long term due to the rapidly increasing life

pressures faced by the younger generation. Consequently, rural residents’ care funding relies heavily on government finances. However, the state’s current strategic focus and development priorities are centred on urban areas, resulting in a significant disparity in fiscal subsidies for urban and rural elderly care. The New Rural Pension Scheme was designed with rural realities in mind and launched at a modest level; its funding standards and actual benefits are aligned with economic development and the financial capacity of all parties, yet they can only meet the most basic needs of rural elderly people. In Village F, the pension received by elderly farmers differs by a factor of several dozen from that of retired ‘system-insider’ pensioners in the same village. One elderly resident remarked:

“At present, the monthly pension for elderly villagers who previously worked in agriculture is only 200–300 yuan; mine is 245 yuan. The village Party secretary, who used to be a clerk at the town government, now receives a monthly pension of over 6,000 yuan. The difference between our pensions is dozens of times, and when he is hospitalised, medical insurance reimburses over 90% of his expenses, leaving him to bear only a small portion of the costs. My monthly pension of 245 yuan isn’t even enough to cover my food; I dare not go to the county hospital if I fall ill. The state invests too little in rural pension funds, and the distribution is unfair.” (14 January 2025 – Interview Record)

Pension services for rural residents are relatively lacking. This deficiency manifests in three aspects. Firstly, there is a shortage of care staff. In Village F, there are 271 elderly residents aged 60 and above, with 217 living in the village. However, there are only 11 care staff members, all of whom are dedicated to serving semi-dependent, dependent and dementia patients. Consequently, elderly people with basic self-care abilities or those who are partially dependent are unable to receive care from these staff members. Secondly, the existing care staff are relatively elderly and work on a part-time basis. All 11 care workers are women, with an average age of 62; the oldest is 66 and the youngest 57. This situation involves individuals born in the 1960s caring for those born in the 1940s and 1950s. After returning home in the evenings, they must still attend to household chores and farm work, meaning they cannot devote all their time and energy to their professional duties. Finally, the care staff lack professional skills. All 11 care workers are villagers from the local village or neighbouring villages; the highest level of education is secondary school. Only one has received professional training in elderly care; the others are only capable of performing daily care tasks such as laundry, cooking, conversation and liaising with the elderly residents’ children, as well as providing some emotional support. They are unable to meet care needs such as rehabilitation training, legal assistance and medical support.

There is a relative lack of elderly care facilities in rural areas. The living facilities, fitness facilities, smart facilities and medical facilities required for rural elderly care are all insufficient. Research findings from Village F show that 64% and 51% of the 217 elderly residents living in the village do not have washing machines or air conditioners in their homes, respectively, and 41% of them use wood-burning stoves for cooking; 44% of the elderly believe there are no suitable fitness facilities within a 3-kilometre radius, whilst 88% consider the fitness equipment at the village committee square to be a ‘whitewash project’—dangerous and unusable; 83% regard mobile phones as essential smart devices for home-

based care (enabling communication with their children), whilst only 11%, 7% and 2% of those living in the village possess a thermometer, blood glucose monitor and blood pressure monitor respectively. Some elderly people have already recognised the inadequacy of care facilities in rural areas. For example:

“I am 71 years old. In my youth, I worked in the private construction sector, and decades of high-intensity labour have left me suffering from several conditions, including high blood pressure and emphysema. Village F has virtually no facilities for elderly care, smart devices or medical equipment, and the doctors’ professional competence is poor. My neighbour suffered a sudden cerebral haemorrhage one night; as the village clinic lacked the necessary equipment, the doctor was powerless to help, delaying the emergency response. By the time she was taken to the county hospital, she had already passed away.” (20250204 – Interview Record)

3.3. The Dilemma of Social Embedding: Dysfunction in Rural Communities, Rights and Credit Systems

Individual consciousness and behavioural choices cannot be divorced from objective reality; they evolve in tandem with changes in social conditions. The advancement of urbanisation and industrialisation has led to a mismatch between the current state of social embedding and the elderly care needs of rural residents. This manifests as the constant transformation of traditional rural communities, a misalignment in residents’ awareness of their rights regarding elderly care, and the gradual breakdown of rural credit systems, creating significant difficulties for rural residents in accessing elderly care.

Traditional rural communities are undergoing constant change. For thousands of years, China’s agrarian society has maintained a way of life characterised by men tilling the land and women weaving. Residents have built resource networks, expanded social connections, experienced humanistic care and adhered to ritual norms within their villages. The mindset of ‘attachment to one’s homeland and reluctance to move’ has always persisted, with many wishing to ‘be born here and die here’. The current wave of urbanisation and industrialisation has triggered large-scale population movements. Young and middle-aged adults now almost exclusively work and live in cities, altering the demographic structure of traditional villages. Rural areas have consequently been left predominantly populated by the ‘Three Eights and Six Zeros’ (referring to women and those aged 60 and over). For those remaining in the village to age, social interaction has dwindled and interpersonal relationships have become limited. Former friends have ‘moved away, fallen ill or passed away’; they often do not recognise the young and old they encounter. When seeking someone to chat with or confide in, they find that there are no familiar relatives or friends in sight, leaving them feeling profoundly lonely. The elderly in rural areas are in urgent need of emotional support.

Residents’ understanding of their rights regarding elderly care is misplaced. Long-standing centralised authority and the ‘big government’ philosophy have led farmers to rely heavily on the state. Faced with the gradual disintegration of traditional family structures and the unreliability of family-based care, most rural elderly cling to government pensions as a ‘slender straw’, viewing them as a ‘mighty tree’ capable of providing them with a stable and healthy life. In Village F, 74.6% of the elderly believe the government should bear full

responsibility for the villagers’ old-age care. Some fail to understand that the pensions provided by the government are a safeguard of their rights to survival, development and healthcare, viewing them instead as a ‘gift’ or an act of ‘benevolent governance’ from the state. One person remarked:

“I am 78 years old. From what my parents told me and my own experience, in the past farmers only ever provided grain and labour to the government; the government never provided pensions to farmers. My son is not very dutiful, and my daughter’s family is poor; she has two children to raise and cannot provide me with financial support. The pension is the government’s greatest act of ‘benevolence’. Although 200-odd yuan a month is not much, it allows me to buy daily necessities such as steamed buns and Chinese cabbage, ensuring I do not starve to death.” (20250204 – Interview Record)

Some elderly villagers view the agricultural tax they previously paid as their own pension insurance and find it hard to accept that the pensions of retired ‘system-insiders’ in the same village are dozens of times higher than their own; their sense of entitlement is completely misplaced. For example:

“In Village F, the yield per mu used to be just over 160 kilograms; in poor harvest years, it was less than 100 kilograms. The villagers could not even feed themselves properly, yet they still paid exorbitant agricultural taxes to the government. The entire village’s farmers toiled in the fields their whole lives, never using agricultural machinery, relying entirely on manual labour. Having paid agricultural tax their entire lives, and as fellow citizens of the state, the pensions of over ten people from Village F—including *** and *** (who work in the city)—are dozens of times higher than those of ordinary farmers.” (20250117 – Field Notes)

The rural credit system is gradually breaking down. Under the influence of urbanisation and industrialisation, traditional rural interpersonal relationships, modes of interaction and the credit system have undergone profound changes. The hierarchical structure of interpersonal relationships is gradually shifting from a trust-based system founded on kinship and geographical ties to a contractual system based on the law. However, due to the expansion of market transactions and an imperfect trust system, trust crises frequently occur in rural areas. Rural residents harbour little trust in care homes, care staff, and elderly healthcare services, and certain specific conflicts surrounding elderly care have further amplified this mistrust through various media channels. According to research, among the elderly residents of Village F, the proportion who believe that care homes, care staff, healthcare services, and smart elderly care systems are fraudulent stands at 74%, 60%, 55% and 81% respectively of the total elderly population in the village; furthermore, 73% of the elderly residents believe that none of these can deliver the expected outcomes for elderly care.

3.4. The Dilemma of Cultural Embedding: The Transformation of Filial Piety, the Family and Perceptions of Risk

The concepts of filial piety, the family and risk perception within traditional culture aligned with the order requirements and elderly care needs of an agrarian society. The tradition of ‘filial piety at home and loyalty to the state’ successfully established a ‘unity of family and state’ ideology. However, the high degree of marketisation and strong mobility in modern society have dealt a severe blow to traditional social

structures and ethical culture, making it difficult for traditional concepts of filial piety, the family and risk perception to be effectively embedded within the current rural elderly care system, thereby creating a dilemma for the elderly care of rural residents.

Traditional notions of filial piety give rise to conflict. Traditional intergenerational relationships in rural areas follow a complex ‘feedback loop’: whilst parents are raising their own children, they are also expected to participate in the upbringing and development of their grandchildren, thereby shouldering a heavy burden of family responsibility. The resulting concept of ‘filial piety’ forms the foundation of family cohesion and old-age security. It requires children not only to provide for their parents and ensure their material well-being in old age, but also to demonstrate care, respect and companionship, ensuring parents feel the warmth of family and combining ‘provision’ with ‘happiness’. However, in Village F, whilst some elderly residents have shouldered the responsibilities of raising their own children and participating in the upbringing of their grandchildren, their children—due to work pressures, financial difficulties, living apart, or limited energy—are unable or unwilling to fulfil their duty to support their parents. This has left some elderly people suffering greatly, whilst their children are full of grievances. One elderly woman said to her son:

“I worked tirelessly to raise four children, helped them buy homes in the city, provided for their weddings, and contributed to the upbringing of my grandchildren. Now my children all have their own jobs, my grandchildren have grown up, and I am growing old and in poor health. The state provides me with a monthly pension of nearly 300 yuan, yet my children are reluctant to fulfil their duty to support me.” (20250112 – Interview Transcript)

“It’s not that I’m unwilling to support my mother; I know she has sacrificed a great deal for us and is in poor health. But I currently have two children of my own to raise, and my monthly wages go towards repaying the mortgage and car loan. To make ends meet in the city, I work over 13 hours a day, and my wife is constantly pressuring me for a divorce. The financial and emotional burden is immense; I don’t know how much longer I can hold on.” (12 January 2025 – Interview Transcript)

Traditional family structures are changing. In traditional agricultural societies, family structures, functions and relationships have long remained intact and stable, providing fundamental value and significance for the elderly care of family members. Within the family, the elderly not only receive financial support from their children but also comprehensive assistance in daily care and emotional comfort. However, research findings from Village F indicate that, on the one hand, there has been a rise in small, nuclear families with fewer children across the village, leading to an increase in the elderly dependency ratio and a heavier financial burden on children. On the other hand, rapid social development has rendered the work and life experience of the elderly in Village F inadequate to cope with the opportunities and challenges of modernisation. The centre of family power has shifted from ‘traditional patriarchy’ to the younger generation, triggering an ‘ethical shift’ in resource allocation. Furthermore, urbanisation has drawn large numbers of young and able-bodied people from rural areas into cities, transforming the traditional intergenerational cohabitation model into a situation where the elderly are left behind alone, whilst the financial and ethical responsibilities that children should bear

towards their elders continue to diminish.

Perceptions of the risks associated with elderly care have shifted. Currently, Village F has largely moved away from the traditional notion that ‘an elderly person in the family is a treasure’. Some government officials, care service staff, family members of the elderly, and even the elderly themselves view rural seniors as a ‘social risk’. For various reasons, staff at the local police station and village committee maintain a separate register of elderly people aged 60–70 who live alone and are in relatively good health, conducting monthly ideological education sessions to prevent the emergence of destabilising factors. Some family members and the elderly themselves label rural seniors as “useless”, “a waste of resources”, “a burden on their children”, “a burden on society” or “a social risk”, failing to recognise the significance and value of the elderly. A significant proportion of care home staff, driven by risk considerations, are reluctant to admit elderly residents who are particularly advanced in age or suffer from underlying health conditions, and are unwilling to provide care for those with physical or cognitive impairments, in order to avoid being implicated should any special risks arise.

4. Governance Approaches to Addressing the Challenges Facing Rural Elderly Care

At present, there is a significant disparity between the current state of elderly care in rural areas—shaped by spatial, resource, social and cultural contexts—and the actual needs of the elderly. This has not only given rise to numerous challenges in elderly care but has also gradually evolved into an issue concerning the long-term stability of the nation and social equity and justice. To construct a rural elderly care security system that effectively addresses risks, aligns with rural realities, meets diverse needs, and balances efficiency with equity, it is necessary to optimise the current state of rural elderly care within the context of spatial, resource, social and cultural embeddedness, thereby facilitating the resolution of the challenges faced by rural residents in this regard.

4.1. Optimising Spatial Embedding: Creating Home-like Spaces to Meet the Autonomy Needs of Rural Elderly

At present, the spatial embedding of rural elderly care is incompatible with the ‘semi-modern’ mindset and ‘localised’ care aspirations of rural elderly, necessitating urgent optimisation. This can be achieved by promoting mutual-aid-based care within villages, establishing ‘community-based’ care facilities nearby, and using smart communication technologies to ‘shrink’ spatial distances, thereby creating ‘home-based’ care environments for rural elderly people that meet their needs for daily living, social interaction and self-fulfilment.

Firstly, mutual-aid-based care within villages should be promoted to preserve the traditional lifestyles of rural elderly people. In rural areas, with the exception of those who are incapacitated, suffer from dementia or are ill, the policy of ‘keeping as many as possible in their villages’ should be upheld, encouraging the elderly to age in place. Village women left behind and younger elderly residents should form mutual-aid organisations, pairing up to provide support. This not only offers services such as cooking, laundry, cleaning and shopping for the elderly, but also involves active

participation in professional training to acquire skills in basic care, health exercises and health monitoring. Improving incentive and feedback systems, such as the 'Time Bank', allows points to be earned based on the difficulty and duration of mutual aid services. These points can be redeemed for future care for oneself or relatives, or for subsidies such as cash, seeds or mobile phone credit. At the same time, village committees, senior citizens' associations and village representatives should jointly establish a management body to strengthen oversight of mutual aid elderly care organisations and service providers. This body should implement the principle of 'transparent accounts and transparent management' to provide better services for the elderly in rural areas.

Secondly, 'community-based' care homes should be established locally. Most rural elderly people believe that care homes are not only expensive, but also have environments and standards that are too 'upmarket'. Furthermore, the majority are located on the outskirts of cities, far from rural areas, making transport inconvenient; once admitted, residents are highly likely to feel 'out of place', 'unhappy' or 'uncomfortable'. Therefore, 'down-to-earth' care homes should be established in densely populated neighbourhoods or market towns. On the one hand, these require lower investment and charge affordable fees, making them affordable for rural families; moreover, the elderly do not have to leave their familiar surroundings, and their living habits remain consistent with their previous lifestyle. On the other hand, neighbourhoods and market towns offer convenient transport links, allowing the elderly's relatives and friends to visit at any time using their own electric scooters or farm vehicles, thereby providing the elderly with ample social opportunities and enabling them to experience happiness in their later years.

Finally, use smart communication technologies to 'bridge' the spatial gap. Research revealed that among the 217 elderly residents aged 60 and over living in Village F, 28% did not possess communication devices such as mobile phones or smartwatches; of those with mobile phones, 42% could only answer calls and not make them, whilst 86% used 'senior-friendly' phones capable only of making and receiving calls. Only 30 elderly residents had mobile phones with video-calling capabilities, of whom 26 were proficient in using their phones to video-chat with family and friends. Observation revealed that the mental well-being of these 26 elderly individuals was slightly better than that of their peers; they all believed that video calls could alleviate the 'pangs of separation' and lift their spirits. Therefore, rural elderly people should be provided with smartphones and taught to use them proficiently, thereby 'bridging' the social gap for the elderly.

4.2. Optimising Resource Allocation: Increasing Investment to Reduce the Cost of Rural Elderly Care Services

Inefficient resource allocation is one of the primary causes of the current challenges facing elderly care in rural areas; therefore, there is an urgent need to optimise the current state of resource allocation. Specifically, governments at all levels should increase investment in rural elderly care resources; rural areas need to effectively consolidate existing resources; and market entities should actively participate in rural elderly care services. Through the concerted efforts of these three parties, the rural elderly care resource system can be

improved and the cost of rural elderly care services reduced.

Firstly, governments at all levels should increase investment in rural elderly care resources. Governments at all levels should raise funds from multiple sources to strengthen the safety net for rural elderly care and healthcare, establish a multi-tiered pension subsidy mechanism featuring regional innovation, and uphold healthcare policies that combine individual contributions with fiscal subsidies, ensuring that rural elderly people are provided for in their old age and receive medical treatment when ill. We must comprehensively consolidate the achievements of targeted poverty alleviation and continue to advance the rural revitalisation strategy. By revitalising rural industries to promote rural economic development, we can expand and strengthen the economic 'pie', ensuring that the rural elderly care sector has the funds, the confidence to spend, and the capacity to utilise them effectively. The allocation of elderly care facilities must be optimised. In rural areas, efforts should not only focus on constructing care homes, fitness plazas and day-care centres, and purchasing medical equipment, fitness apparatus and daily necessities to improve physical infrastructure, but must also enhance the professional competence of rural doctors to meet the medical needs of the elderly. Concurrently, the supply of care staff in rural areas must be increased, with a focus on their skills training to ensure they possess professional knowledge and expertise.

Secondly, rural areas must effectively consolidate existing resources. As constructing new care facilities from scratch entails significant expenditure and makes it difficult to recoup costs in the short term, rural areas could lease idle primary schools, village committee offices, or similar premises, or utilise vacant residential plots and private homes to achieve low-cost construction, channelling funds primarily into interior refurbishment and the provision of care supplies. When hiring service staff, priority should be given to villagers from the local village and neighbouring villages. It is advisable to employ middle-aged women who are unable to work away from home, or younger elderly people who have left the labour market but still possess the capacity to work, thereby reducing staffing costs. For daily necessities such as grain and vegetables, the principle of local procurement should be upheld. Utilising village collective land and private plots for growing fruit and vegetables, as well as rearing poultry and livestock, not only ensures the freshness and healthiness of ingredients but also reduces procurement costs. Leverage existing rural resources to promote elderly care for residents.

Thirdly, market entities can actively participate in rural elderly care services. China's rural areas have a large, rapidly growing elderly population, yet elderly care services suffer from poor accessibility, high costs and sustainability challenges. The sector is currently in its infancy, representing an untapped blue-ocean market. Market entities can actively participate in elderly care services for rural residents by investing in the construction of retirement homes, day care centres and mutual-aid care homes. The focus should be on developing specialised care services for frail, partially frail and dementia-affected elderly people, as well as affordable, inclusive care services that meet the needs of farmers. Furthermore, rural residential care projects could be developed to attract urban elderly residents to live in rural areas on a short- or long-term basis. Moderate support should be provided for courtyard economies and handicraft production suited to the light physical labour capabilities of

rural elderly people, thereby broadening their income streams and enhancing their ability to pay for care.

4.3. Optimising Social Integration: Revitalising a Sense of Belonging to the Local Community, and Refining Village Regulations and Fairness Systems

The appropriate integration of social factors into rural elderly care can improve the current state of material provision for the elderly in rural areas, narrow the urban-rural gap in elderly care, regulate the mental well-being of the elderly in rural areas, fulfil emotional needs, and promote happiness in old age. Based on research, efforts should begin with reshaping rural residents' sense of belonging to their local community, improving village regulations and codes of conduct in rural areas, and promoting fairness and justice in rural elderly care services, thereby achieving the optimisation of social factor integration into rural elderly care.

Firstly, reshaping rural residents' sense of local identity. This sense of belonging and identity is formed through long-term interaction with the geographical space, social networks and cultural customs of the rural community. Traditional local identity has gradually been eroded by the tide of modernisation, and reshaping this sense of local identity is a prerequisite for achieving rural revitalisation and securing elderly care. In the spatial dimension, we must resolutely oppose large-scale demolition and construction in rural areas. We must not only protect and restore public spaces such as well platforms and ancestral halls, but also improve the living environment and infrastructure to encourage young villagers to return to the countryside in their hearts. In the social dimension, we must innovate rural governance mechanisms, encourage active participation from those living away from home, and construct a new sense of rural collective identity and social networks to form resilient and vibrant rural communities. In the value dimension, we must actively promote the irreplaceable role of the countryside in ecological environments, the aesthetics of daily life, and spiritual home, guiding young villagers to develop confidence in rural life so that young and middle-aged migrant populations can return, stay for the long term, and settle down.

Secondly, village regulations and codes of conduct in rural areas must be refined. In ancient China, village regulations were established on the principles of 'loyalty to the sovereign and love of country, respect for the elderly and filial piety towards parents', serving as a projection of order and ritual ethics at the grassroots level. In modern rural areas, however, due to the waning influence of the 'land economy' and 'local gentry politics', traditional structures of order and ethical requirements no longer align with current rural realities; it is therefore necessary to establish village regulations and codes of conduct that are compatible with modern development. On the one hand, these new village regulations should encourage villagers to actively participate in matters such as the appointment and dismissal of personnel involved in elderly care and the allocation of funds. They should strengthen oversight of leading officials to prevent them from abusing their power for personal gain and harming the interests of the elderly, whilst advocating that care staff adopt a proper attitude, engage in thorough training, and fulfil their duties diligently. On the other hand, provisions regarding 'virtuous conduct' must be incorporated into village regulations and customs, instilling a tacit consensus grounded in civic morality or collective interests, so that these are internalised

as behavioural guidelines for self-cultivation, integrity, family harmony and filial piety in the hearts of villagers. For example, clauses such as 'integrity comes first', 'a people cannot stand without trust', 'prohibition of disobedience and failure to support parents', and 'prioritising parents' emotional needs' should be included in village regulations to rebuild a new rural credit system and system of filial piety.

Thirdly, we must promote fairness and equity in rural elderly care. Firstly, all social stakeholders should voice their concerns reasonably and actively advance reforms to the elderly care system, promoting the comprehensive integration of social security accounts across different provinces, urban and rural areas, and occupational sectors. Pension disbursements should be determined by reference to individual social security contributions and regional economic development levels, whilst ensuring that pension disparities between different provinces, urban and rural areas, and occupational sectors do not become excessively wide. Secondly, all social stakeholders should adhere to the principle of 'contributing money where one has money, and labour where one has labour', extending resources such as professional care, medical rehabilitation, and cultural and sporting activities to rural areas. Particular attention should be paid to the care needs of the elderly who are incapacitated, of advanced age, or living alone. The safety-net function of social forces should be strengthened to promote the equalisation of elderly care services. Finally, all social stakeholders should step up public awareness campaigns to clarify that the pensions of rural elderly people are dedicated funds intended to meet their material, medical and cultural needs, and do not constitute part of their children's income. Children should not coerce their elderly parents into handing over their pensions for their own use, thereby jointly promoting fairness and justice in rural elderly care.

4.4. Optimising Cultural Integration: Developing a New Form of Filial Piety, Transforming Intergenerational Relationships and Perceptions of Rights

Culture serves to integrate and foster a sense of identity, provide norms and guidance, and educate and shape individuals within society; it plays a vital role in the provision of old-age care for rural residents. To ensure that culture is effectively integrated into the current system of old-age care for rural residents, rural areas must develop a new form of filial piety, rural families must alter traditional intergenerational patterns, and rural residents must cultivate a modern awareness of rights, thereby optimising the effectiveness of governance in addressing the challenges of rural old-age care.

Firstly, rural areas must develop a new form of filial piety. Rural communities should promote a modern culture of 'filial piety', discarding the traditional notion of 'blind obedience to parents'. Filial piety should be founded on the equality of family members in terms of personality and status. Elderly men should progressively diminish, or even relinquish, the supreme position within the family derived from the combination of 'paternal authority' and 'marital authority' in traditional agrarian societies, thereby reconstructing family ethical relationships. Children should pay close attention to the mental well-being of the elderly, ensuring that traditional notions such as 'a man does not shed tears easily' and 'respect for elders' do not lead to the neglect of their emotional needs. They must actively assume primary responsibility for

providing psychological comfort to the elderly. Furthermore, there should be a gradual shift away from ‘filial duty’ towards ‘filial devotion’, moving away from the requirement that children personally care for their parents within the filial piety system. Instead, a new evaluation system for filial piety should be established, centred on financial support, professional care services and emotional comfort.

Secondly, rural families need to transform their traditional intergenerational models. Rural elderly people should endeavour to understand modern lifestyles and recognise that the traditional family concept of ‘clan-based living with several generations under one roof’ has changed; the downsizing of family structures and the imbalance in intergenerational reciprocity are now evident. Although young people generally endorse the cultural values of family-based elderly care and filial piety, they often find themselves unable to meet the financial and practical care needs of their parents due to pressures relating to housing, employment, family life, children’s education and future prospects. In their behaviour, rural elderly people need to draw some inspiration from Western models of intergenerational relations, emphasising their own independence and autonomy. They should set aside traditional moral and ethical burdens to some extent, adopt a modern understanding of rights and obligations, and avoid shouldering responsibilities that are not their own, thereby forging new intergenerational relationships.

Thirdly, rural residents need to cultivate a modern awareness of rights. Currently, rural elderly care is undergoing a conceptual shift from an ‘ethics of duty’ to a ‘rights-based’ approach. The traditional family support model, in which the elderly occupy a passive, dependent position, will gradually be replaced by a rights-based model underpinned by modern social security. Elderly care is not merely a family responsibility, but also an obligation that the state and society must fulfil. Rural public opinion and family values should not view the elderly as a heavy burden, nor should the status and value of the elderly be determined by the amount of their pension. Instead, multi-dimensional pathways for empowering rights and practical strategies should be established, translating national pension policies into language the elderly can understand, and encouraging them to collectively safeguard their own rights and interests. Elderly people in rural areas should adopt the correct perspective: ageing is a natural part of the life cycle and a universal process that every individual must undergo. This does not imply that they are ‘useless’; nor is the state pension a ‘handout’ from the government, but rather a reflection of the value of their labour in their youth, and the inevitable outcome of social rights, intergenerational solidarity and social integration.

5. Conclusion

Based on four months of fieldwork in Village F, Yunnan Province, and drawing upon the application and research of embeddedness theory in the fields of social security and socio-economics, this paper constructs a four-dimensional embeddedness model of space, resources, society and culture in relation to the current state of elderly care among rural residents. The study finds that deviations in the embeddedness of space, resources, society and culture, or the fact that existing embeddedness patterns do not align with the current reality of elderly care among rural residents, have led to a series of challenges in this area. Consequently, the

following recommendations are proposed: creating spaces close to home to meet the needs of rural elderly for autonomy; increasing resource investment to reduce the cost of rural elderly care services; reshaping a sense of local identity to improve village regulations and the system of fairness; and developing a new form of filial piety to transform intergenerational relationships and perceptions of rights. These measures aim to optimise spatial, resource, social and cultural embedding respectively. It is hoped that rural elderly people will gain greater security, happiness and fulfilment, thereby achieving a sense of security in old age and a happy later life, and promoting the healthy development of rural elderly care services.

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