

# The Interplay of Financial Support and Familial Duty: Adult Children's Contributions to Healthcare for Older Parents in Rural China

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**Background:** Older adults in rural China bear a significant proportion of their healthcare expenses through out-of-pocket payments, resulting in a considerable financial burden on their families.

**Objective:** This study aimed to explore the key factors influencing adult children's involvement in financing healthcare expenses for their elderly parents in rural China.

**Methods:** Data were collected by in-depth interviews using a semi-structured interview guide approved by all researchers. Inductive content analysis was employed to analyze data. A total of 15 participants were involved in the study.

**Results:** Adult children primarily assume responsibility for their elderly parents' healthcare expenses in rural China, with occasional support from government subsidies. The principles guiding cost-sharing among adult children include filial piety, fairness, capability, and traditional gender roles. When adult children decline to take on the financial responsibilities, they may face pressure from the family members, the community, and local authorities, in some cases, elderly individuals may even resort to legal recourse. The state covers the healthcare expenses for older individuals without children through the "Five Guarantees" program and elder care institutions.

**Conclusion:** This study highlights the financial dynamics within families in rural China, emphasizing the need for improved support systems to alleviate the burden on adult children and their elderly parents.

**Keywords:** healthcare expenditures, filial piety, elderly care, family responsibilities

## Introduction

In 2003, China initiated the New Rural Cooperative Medical Care System (NRCMCS)<sup>1</sup> to enhance the healthcare access for its rural population. Under this system, rural seniors receive varying levels of insurance coverage for medical treatment based on factors such as hospital grade, illness type, and treatment form.<sup>2,3</sup> In 2016, the government merged the Urban Residents Basic Medical Insurance (URBMI) with the NRCMCS, leading to the establishment of the Urban and Rural Residents Basic Medical Insurance System (URRBMI). This integrated framework has significantly decreased hospitalization rates and out-of-pocket expenses for major illnesses.<sup>4,5</sup> However, the remaining expenses are primarily borne by families, which still places a substantial financial burden on the rural elderly individuals.<sup>6,7,8</sup>

Existing research indicates that, unlike Western contexts where elder care is increasingly institutionalized and insurance-based, rural China maintains a strong family-centric model of elder support.<sup>9–11</sup> While anthropology and sociology provide useful frameworks through theories of reciprocity and intergenerational support,<sup>12,13</sup> the primary theoretical foundation ultimately stems from China's filial ethics. This model reveals how caregiving obligations in rural China are deeply rooted in Confucian ideals of filial piety, which continue to influence intergenerational financial flows and caregiving practices, even amidst socioeconomic modernization.<sup>14,15</sup> Within this framework, adult sons bear the primary responsibility for the care and support of their parents, providing for their basic needs, including food, clothing

housing, and transportation. In cases of illness, sons are expected to assist with medical care and caregiving.<sup>16</sup> Moreover, the ethos of filial piety extends beyond individual families to encompass the entire community and local elites, creating a collective expectation for children to fulfill their duties to their elders.<sup>17</sup> This social imperative proves particularly critical as the majority of elderly individuals in rural areas lack pensions, rendering them predominantly reliant on their adult children for coverage of medical expenses.<sup>18–20.</sup>

Although previous studies have examined the role of adult children in financing healthcare for their elderly parent, few have explored the underlying motivations and socio-cultural factors driving these behaviors.<sup>21–23</sup> Understanding these factors is crucial for designing culturally sensitive health and social policies that promote not only financial security but also the broader quality of life, emotional well-being, and social participation, all of which are essential for healthy aging.<sup>24</sup> To address this gap, this study will employ inductive content analysis to explore the main factors influencing the participation of adult children in financing healthcare expenses for their elderly parents in rural China.

## Methods

### Study Design

This study employed inductive content analysis following the framework established by Elo and Kyngäs (XXX) to collect and analyze the data. The approach is particularly suitable in contexts where existing theory or research literature on a phenomenon is limited,<sup>25</sup> as it allows for a comprehensive understanding of participants' perspectives, personal experiences, and attitudes that emerge directly from the data.<sup>26,27</sup> Semi-structured interviews were conducted to explore the main factors influencing the participation of adult children in financing healthcare expenses for their elderly parents in rural China. Data analysis supported by qualitative data analysis software, particularly the use of NVivo.

### Participant Recruitment

This study was conducted during March to April 2022 in two villages located in Jiangxi Province, southern China. The selected villages had a substantial population of elderly people, with over 300 individuals aged 60 and above, which provided a viable pool of potential participants. Moreover, one of the authors of this study was from a nearby town, which facilitated the authors' role as an interviewer in contacting the participants. Owing to the significant differences between the local dialect in Jiangxi and Mandarin, researchers could communicate more smoothly using the local dialect and obtain more in-depth information. It is noteworthy that because the area where the researchers lived was at a certain distance from the research field, this also avoided the possibility of researchers being overly familiar with the participants and generating bias or prior knowledge. Despite national COVID-19 policies in place during the study period, the surveyed areas reported no cases of community transmission, allowing resident lives to remain largely unaffected. As a result, the analysis was able to exclude any epidemic-related impacts, providing a clearer focus on the socio-cultural and motivational factors influencing adult children's financial support for their elderly parents.

This study utilized purposive sampling to collect data.<sup>28,29</sup> The inclusion criteria for participants were as follows: (1) aged 60 and above; (2) had experience seeking medical care, and (3) did not have hearing impairment, Alzheimer's disease, or severe mental illness and were able to understand the interviewer's questions, express their opinions clearly and respond accordingly. During the recruitment process, the researchers initially engaged three elderly individuals with diverse sociodemographic characteristics (eg, gender, family structure) through personal networks and subsequently expanded the participant pool utilizing a snowball sampling technique. While snowball sampling facilitated access to hard-to-reach individuals, it is important to acknowledge the potential for sampling bias inherent in this method. To mitigate this issue, we actively sought variation in key sociodemographic factors such as age, gender, income, marital status, number of children, during the recruitment process. This proactive approach is reflected in [Table 1](#), which illustrates the diversity of our sample. We ensured that our recruitment strategy accurately represented the demographic diversity of the population, with all participants providing informed consent to participate in the study.<sup>30</sup>

**Table 1** Characteristics of Participants

Variables	N=15	Percentage (%)
<b>Gender</b>		
Male	8	56.25
Female	7	43.75
<b>Age</b>		
60-65	2	12.50
66-70	3	18.75
71-75	5	31.25
76-80	3	25.00
≥81	2	12.50
<b>Marital status</b>		
Married	14	93.75
Single	0	0
Divorced	1	06.25
Other	0	0
<b>Household income (CNY/yr)</b>		
≤5000	2	12.50
5001-10,000	2	12.50
10,001-20,000	3	18.75
20,001-50,000	6	37.50
50,001-100,000	2	12.50
<b>Number of children</b>		
Only son(s)	3	18.75
Only daughter(s)	1	06.25
One or more sons and one or more daughters	10	68.75
Childless	1	06.25
<b>Mode of living</b>		
Living alone	4	25.00
Living with a son	9	62.50
Living with a daughter	0	0
Nursing home	2	12.50
<b>Payment of medical fee</b>		
The elderly themselves	3	18.75
Children bear	6	37.15
The elderly and the children each bear the part	6	43.75

## Data Collection

The primary method for data collection in this study was semi-structured interviews.<sup>31</sup> To comply with national gathering-avoidance policies and accommodate the health needs of elderly participants, home-based face-to-face interviews were administered. A team of three well-trained researchers conducted each interview, with roles rotating among primary interviewer, note-taker, and observer to minimize disruption and potential bias. Each interview lasted between 20 to 45 minutes, allowing for in-depth exploration of participants' perspectives while being mindful of their comfort and well-being. Prior to the main data collection, a pilot interview was conducted to refine the interview guide. This process ensured that the questions were clear, culturally sensitive, and relevant to the participants. The researchers followed ethical principles of qualitative research by providing participants with a clear and concise explanation of the research objectives prior to the interviews.<sup>29,32</sup> To facilitate in-depth discussions on the participants' experiences with medical payment, the researchers used a semi-structured interview guide (Table 2), focusing on the principles and perceptions of children paying for their elderly parents' medical expenses and how such principles are implemented. Participants were encouraged to share their medical experiences with paying for medical expenses during the interviews. All interviews were recorded with participants' consent for academic purposes.<sup>2</sup> The recorded audio was transcribed by HL and TJ and

**Table 2** Interview Guide

Number	Questions
1	Who is responsible for paying your medical expenses when you are sick?
2	What guiding principles inspire adult children to assume the responsibility of financing healthcare costs for their elderly parents?
3	What external factors compel adult children to shoulder the financial burden of their parents' medical expenses?
4	What are the sources of funding for healthcare expenses of the elderly that are not dependent on family support?
5	What are some of the expectations that elderly individuals have regarding their healthcare costs?

subsequently reviewed by TJ to ensure transcription accuracy.<sup>32,33</sup> In this study, data coding commenced immediately after the first interview was conducted. After conducting 13 interviews, the newly recorded interviews did not yield any new significant information. Consequently, 2 additional interviews were conducted, but no further valuable or novel information was obtained. The study ultimately included a total of 15 participants.

## Data Analysis

The research employs the inductive content analysis method, which is a qualitative research approach that systematically describes and elucidates the collected data.<sup>34,35</sup> Specifically, this study follows a three-stage process of content analysis. In the open coding phase, two researchers carefully scrutinize the transcribed data and independently document the titles of each participant's experience.<sup>36</sup> In the category creation phase, the list of categories is grouped under higher-order headings. In the abstraction phase, detailed subcategories are grouped into main categories through iterative discussions and the use of visual aids, including diagrams and matrices.<sup>37,38</sup> This study followed Lincoln and Guba's (1985) criteria to ensure trustworthiness. Credibility was ensured through triangulation and peer debriefing; dependability through detailed documentation of the coding process; transferability by describing the context and participants in depth; and confirmability through audit trails and discussion of reflexivity.<sup>39</sup> To enhance the credibility of the study, the two researchers conducted independent coding of all the interviews. When discrepancies occurred in the reduction or abstraction of the data, a third researcher reviewed the codes. Any disagreements in coding were fully discussed until a consensus was reached, and the disagreement was resolved.<sup>37</sup> Additionally, the coding process involved expanding and modifying the codes to ensure their utmost detail. Feedback loops were also employed to ensure the rigor of the study.<sup>40</sup> To enhance trustworthiness, member checking was employed by sharing summaries of findings with selected participants to validate interpretations.

## Results

The demographic characteristics of participants were showed in [Table 1](#). In this study, 5 themes were identified.

### Theme I: Potential Financial Contributors for Healthcare Costs of Older Individuals

Aside from the New Rural Cooperative Medical System, the healthcare expenses incurred by the rural populace in China may be covered by a range of potential sources, such as older adults themselves or their offspring, as well as the government and rural collective economy through social welfare initiatives.

#### Financial Independence

For older individuals who have better family conditions and some savings, they independently bear the costs of their medical expenses. As participant 2 said: "Last year, I underwent heart bypass surgery and covered the expenses with my personal savings, amounting to over 10,000 yuan. Therefore, I didn't have to rely on my children for financial support".

Generally, older individuals manage to pay for their own medical expenses within their financial capabilities. As participant 10 stated: "For minor illnesses, I don't want to trouble my children. If I have a serious illness that I cannot afford to treat, then my children will have to pay for it".

### Financial Dependency on Their Adult Children

Since most rural older adults have little savings or farming without pension and employee health insurance, they mainly rely on their children to pay for medical expenses. Participant 4 said: “I have chronic corpulmonale and arteriosclerosis, which costs 1000 yuan per month for treatment. I cannot afford my medical expenses, so my son purchases my medications every month from the hospital”. Similarly, participant 12 said: “In rural areas, we don’t have pensions like those who work in Institutions or companies, so we rely on our children. I have health problems such as high blood pressure, heart disease, and occasional stomach issues, and my children visit the hospital regularly to buy my medicine”. In addition to sons, daughters sometimes help share the cost of medical expenses. As participant 15 said: “Earlier this year, I fell down and broke my hip bone into several pieces., which ended up costing around 70 to 80 thousand yuan. Thankfully, my two sons and daughter helped me share the medical expenses”.

### Government Assistance and Subsidies

The government also provides relief and subsidies to families with serious illnesses. Due to the implementation of the national rural poverty alleviation policy. Some economically disadvantaged elderly individuals have also reported receiving assistance from local government and village committees when they fall ill. As participant 3 said: “I suffer from severe osteoporosis and am unable to stand up. I require frequent medication, which costs at least 20,000 yuan annually. On top of that, my elder son has intellectual disabilities, and my younger son has been working outside with a low income for years. To alleviate the financial burden, the government has been granting me special subsidies every year, which amount to more than 300 yuan per month”.

## Theme 2: Factors Influencing Adult Individuals in Financing Healthcare for Their Older Parents

Family support serves as the main form of care for elderly individuals in rural areas, and the payment of their medical expenses is governed by principles such as filial piety, fairness, capability, and adherence to traditional gender roles.

### Filial Piety

Participants believe that children should be filial, and it is their duty to cover their parents’ medical expenses when their parents fall ill. As participant 15 said: “We hope our children will be filial, as we raise them with the expectation that they will support us in our old age and take care of us when we are sick. When parents become ill, who else can we rely on but our children? Without our children, what is the point of having had money ourselves?” The expectation of filial piety also carries a significant social dimension, as it represents the responsibility of direct kin to provide care for their elderly relatives. Failure to meet this obligation is often met with condemnation from society at large. Participant 10 said: If a child is unfilial and unwilling to pay for their parents’ medical expenses, it would make me very sad. The whole village would also look down on my family”.

At the same time, filial piety also sets the basic scope of obligation, especially emphasizing the filial duty of male offspring and the partial duty of daughters in Chinese rural society. Participant 6 said: “Daughters get married and become a part of other families, so we cannot expect too much from them. However, my sons and grandsons will inherit my property, so they have a responsibility to cover my medical expenses”.

### Fairness

There is a widely shared perspective among participants that sons should be equitable in assuming the financial responsibility for their elderly parents’ medical expenses. This principle is based on the belief that all sons are entitled to equal inheritance and share equivalent responsibility for supporting their parents. The distribution of financial responsibility for the medical treatment of the elderly also reflects this expectation of equal support. As participant 13 said: “I have type 2 diabetes, and the monthly costs are quite high. If my sons do not share the expenses fairly, those who contribute more may feel resentful, and even if they do not express it, their wives may also feel that it is unfair”. In addition, participants generally believe that under the premise of similar living standards among sons, the principle of fairness is the most sustainable way. As participant 16 said: “If it is not fair, the most honest son will always bear the

most, and one day he will give up on you. Only when it is fair and everyone bears roughly the same burden, will there be no disputes among sons.

### Capability

The ability of individuals to bear the medical expenses of the elderly should also be taken into account. Among the children of the elderly, there are always economic differences. At this time, public opinion also allows children to bear the cost of their parents' treatment according to their ability. Participant 7 said: "During my heart surgery last year, my financially stable eldest son covered the expenses, while my laborer youngest son did not contribute, which my eldest son understood".

The ability principle also emphasizes voluntariness. However, the rural society has higher expectations for those with stronger abilities. Participant 11 stated: "For example, if you are the most capable of earning money among three sons, then most people in the village will think that it is reasonable for you to bear more payment obligations. The stronger your ability is, the greater your responsibility is". Although children with poor conditions can be exempted the cost, they should still do what they can do for parents. Participant 14 said, "Despite my youngest son's poor economic situation, he provided care for me during my surgery and hospitalization last year. That's enough".

### Traditional Gender Roles

In rural china, the daughters who are married out and become members of other families also play an important role in the medical process and payment. Participant 9 said: Even after getting married and moving away, daughters still have an obligation to provide necessary financial support when parents get sick, as they owe their parents a debt of gratitude for giving birth and raising them". In addition, daughters often have better relationships with their parents than sons and are more willing to selflessly contribute for their parents. Participant 10 said: "Daughters are like warm coats in the winter, often returning home to take care of their sick parents. When I fell ill two months ago, my daughter not only gave me 2000 yuan but also purchased the best medicine for me". However, daughters' obligations are not as mandatory as sons. Participant 16 said, "It's already very good if your daughter can come and visit you when you are sick. As for how much money she gives, it doesn't matter".

## Theme 3: External Pressure Forcing Adult Children to Bear the Medical Expenses of Their Older Parents

In situations where the medical expenses of elderly parents are substantial, there may be instances where adult children are unwilling or hesitant to fulfill their obligation to provide financial support. In such cases, pressure exerted by relatives, communities, and administrative authorities may act as a catalyst to prompt children to fulfill their obligations. In the event that all attempts prove futile, parents may opt to seek legal assistance as a means to ensure that their children fulfill their duties.

### Relatives' Role in Ensuring Financial Support for Parents' Medical Expenses

Relatives have the obligation to supervise their children to treat their parents' illnesses. Participant 9 said, "I have kidney disease and need expensive monthly dialysis. After a few months, my sons wanted to give up, but my brother called them all together and demanded they pay in front of the family".

The most authoritative elders in the big clan play important roles as witnesses and supervisors, and the head of clan represents the authority of the entire clansman, which has a significant constraint on the behavior of children. Participant 6 said, "To be honest, when I fell ill at last year, my sons couldn't come to a consensus on how to pay for my medical expenses. Fortunately, the clan head and some of my brothers intervened and made them split the costs equally, which ultimately saved my life".

In addition, uncles from mother side also have the right to demand that children share the cost of their mother's medical treatment. Participant 12 said, "My brother mediated a negotiation between my sons to split the cost of my heart surgery. He requested 5000 yuan from my elder son and 4000 yuan from my younger son to fund the procedure. This allowed me to receive the necessary medical treatment".

### Role of Village Committee in Elderly Care and Dispute Resolution

As the representative of the public authority in the community, the village committee and village cadres play an important role in supervising villagers to fulfill their obligations of supporting and providing medical treatment for their elderly parents. Participant 8 said, “When a child in our village refuses to care for their parents, village officials will intervene to persuade them. If they still refuse, their access to other village benefits may be suspended”.

The village committee’s persuasion has a certain function. Participant 11 said, “A neighbor, who is unfilial to his parents. Once, when his elderly mother had a dizzy spell, he ignored her. The village officials found out, scolded him and demanded that he take his mother to the hospital immediately. If he refused, his subsistence allowance would be suspended”. Village officials also act as intermediaries to mediate disputes among brothers over medical expenses. Participant 14 said, “Sometimes children have disputes over how to fairly share medical expenses. At this time, village officials will ask the children to sit down and negotiate together”.

### Role of Township Government Officials in Enforcement and Maintaining Local Moral

The township government officials, as members of the official administrative system of the state, possess a higher level of authority compared to the village officials. It is incumbent upon them to undertake the responsibility of supervising the children’s duty to provide medical treatment for their parents. Participant 4 said, “It’s usually the family’s duty to take care of the elderly, and officials don’t usually intervene. But if a child fails to pay for their parents’ medical expenses and it leads to serious consequences, officials may step in and enforce the child’s responsibility”. In addition, government officials have a supervisory role because they have a responsibility for local governance, and similar incidents of evading medical bills can have a significant impact on local morals and order, they have to intervene. Participant 13 said: “In our village, an old man had surgery for acute cholecystitis, but his sons left him at the hospital, hoping the medical expenses would be covered by hospital. The town mayor and some police later intervened, and the sons were forced to pay the expenses”.

### Legal Action as a Last Resort for Resolving Matters of Filial Piety

In the event that matters concerning filial piety cannot be resolved through familial, communal, or administrative channels, legal action may be pursued in court. As participant 8 said: “I told my son, if he doesn’t treat me when I am sick, I will sue him in court”. In addition, parents resorting to legal action against their children is often seen as a shameful and undignified act, so they usually only do so as a last resort. Participant 3 said, “While it may be embarrassing to take legal action, if I were in that situation, I would have no choice but to seek help from the court”.

## Theme 4: Support for Childless Families in Elderly Care

In China’s rural areas, there are also a large number of elderly people who have only daughters or no children. As the most important caregiver for elderly care in the family is the son, when the elderly have no children or their daughters get married and move away, their medical expenses are usually covered by the rural “Five Guarantees” system, Elderly Care Homes, or mainly through adoption of a son to bear the medical expenses.

### “Five Guarantees” System

The ‘Five Guarantees’ is a rural pension system in China that provides for the basic needs of elderly individuals who lack support from family or whose children are unable to provide for them. This system includes provisions for food, clothing, medical care, housing, and funeral services. Participant 5 said, “Since my two daughters have gotten married and moved away from our village, and I don’t have a son, my wife and I have become recipients of the ‘Five Guarantees’ household. The village committee now helps cover some of our medical expenses”.

When elderly individuals who are receiving support through the ‘Five Guarantees’ system pass away without heirs to inherit their property, their assets are used by the village collective for other public welfare projects.

### Elderly Care Homes

Elderly care homes are residential facilities that cater to the elderly population and are typically located in townships. In elderly care homes, the full medical expenses for the elderly are covered by the care home and the local government. The

estates of the deceased elderly residents are often used to fund the care of other elderly individuals within the facility. Participant 8 said, “If you fall ill at the elderly care home, the government will cover your medical expenses and the care home will take you to see a doctor at no cost to you”.

Elderly people who have sons usually do not go to elderly care homes, participant 16 said: “Sending elderly parents to elderly care homes is considered unfilial and unvirtuous, and it shirks the responsibility of caring for and treating elderly parents”.

## Discussion

This study serves as an important addition to quantitative research that primarily investigates the effects of policy changes on medical expenses, out-of-pocket costs, and reimbursement rates for rural residents at various levels.<sup>41,42</sup> Most quantitative studies on healthcare payments tend to overlook the elderly rural population and fail to explore the complex social and value factors that contribute to their medical cost-sharing. Consequently, this study, taking a qualitative approach, holds immense significance in providing a comprehensive understanding of the policy and social-cultural contexts that influence healthcare payment issues among rural elderly individuals.

According to the study, healthcare expenditures in rural China are primarily borne by families, including elderly individuals' personal savings, their children's contributions, and government subsidies, in addition to the cost of the URRBMI. Sons are the main contributors to healthcare expenses, which is consistent with a previous study on the pattern of elderly care in rural Chinese households.<sup>43</sup> However, daughters also voluntarily cover a portion of the expenses. When elderly individuals have personal savings, they typically cover their own medical expenses, particularly those who receive a pension. The government also provides economic assistance to sick elderly individuals through various forms of subsidies, poverty alleviation, and social relief programs. These findings reflect a hybrid “state subsidy model” where familial responsibility remains foundational despite state interventions, contrasting with Western welfare systems.<sup>44,45</sup>

In line with prior research on healthcare expenses for the elderly,<sup>46,47</sup> filial piety emerges as a paramount principle when it comes to covering their medical costs, even amid the weakening of patriarchal models and increased migration. Several participants reported that all children should contribute financially, particularly since sons who fail to do so may face significant social disapproval. Sons are expected to have equal payment obligations, while children from more privileged family backgrounds and greater financial resources should bear a larger portion of the financial burden.

Although sons are expected to be the primary caregivers, this study shows increasing involvement by daughters, which may reflect a renegotiation of gender roles in contemporary rural China. In China, sons are the primary bearers of healthcare expenses, and the daughters are married out and become members of other families, and they often are regarded as the “outsiders”.<sup>48,49</sup> Aligning with existing research on the role of daughters in the care of elderly parents in rural China,<sup>50</sup> it is expected that daughters also demonstrate the essential virtue of filial piety and offer financial support to the best of their abilities for medical treatment.

Regarding the obligations that children are unwilling to undertake, there are supervisory duties for them to cover the medical expenses of their elderly parents, starting from the immediate family unit to the wider community and local governments.<sup>14,51</sup> The authoritative figures within a family have an obligation to require their children fulfill the obligation of supporting their parents. This is particularly important if the mother's uncle has the right to demand that his son fulfill the obligation of treating his parents. As the authority in the community, the village committee and officials also represent the community to persuade and constrain children's unfilial behavior. Resonating with previous studies on the needs of social governance, our study found that local governments tend to monitor adult children to fulfill their obligation.<sup>52–54</sup> It is important to note that since the rural society generally regards elderly care as a ‘family matter’, external authorities can only exert public opinion pressure but cannot have strong enforcement power.<sup>55</sup> This multi-tiered supervision system mirrors Gubrium's concept of “care constellations” but uniquely integrates grassroots governance with kinship networks.<sup>56,57</sup>

Regarding the issue of medical expenses for elderly individuals who have only daughters or no children, it mainly depends on the implementation of national institutional systems, particularly the “five-guarantee” elderly support system and elderly care homes established in China's rural areas. This is supported by previous findings that most of the elderly in the “five-guarantee” households or elderly care homes are either childless or their sons have passed away, and their

treatment expenses can only be borne by the government and the village collective.<sup>58,59</sup> In addition, some elderly people without sons may also assume the obligation of paying for medical expenses through adoption, but because the adopted son is not biologically related, they may be less willing to fulfill the obligation of providing medical treatment to their adoptive parents.<sup>60</sup> Similar to the “family substitution model” observed in Vietnam, China’s institutional solutions highlight the state’s compensatory role when familial support is absent.<sup>61</sup>

Elderly individuals generally believe that due to the relatively high cost of medical expenses compared to rural income, even self-funded medical expenses are difficult for their children to fully bear. They commonly call for higher reimbursement rates and simplified reimbursement procedures under the URRBMI, particularly for large hospital treatments.<sup>62</sup> Additionally, similar to studies in other areas,<sup>63,64</sup> they believe that the government and society should provide more types of insurance services, especially medical insurance for the elderly. They hope that market-oriented insurance companies can reduce insurance fees and thresholds, allowing some elderly individuals to participate in insurance, and that claims can be simplified. Furthermore, they believe that there is a balance between the burden of medical expenses on children and fulfilling their filial duty. Elderly individuals expect their children to be willing to seek medical services for them; however, they also strive to avoid adding to their children’s burden, especially when facing serious illnesses or terminal illnesses. They wish to prevent their children from falling back into poverty due to illness. Their demands reflect a pragmatic adaptation: while they value the principle of filial piety, they also recognize its limitations in the context of exorbitant healthcare expenses.

## Strengths and Limitations

To the best of our knowledge, there has been relatively little research on healthcare payment for elderly individuals in China, particularly with a lack of qualitative studies. Although significant efforts were made to ensure reliability and validity in this study, there are still several limitations. As researchers culturally familiar with the rural setting, this facilitated access but also posed challenges in maintaining analytical distance. Specifically, qualitative research focused on a single region may not have universal applicability. In this study, only an area of average economic development in southern Jiangxi province was examined, and there may be differences in elderly healthcare payment in other regions, such as more developed medical insurance and collective economic support in the east and relatively underdeveloped economic conditions in the west. Therefore, more field investigations are needed for corroboration. Furthermore, we believe that further research should also expand to include the study of adult children’s payment for elderly healthcare across China and explore specific measures to improve the healthcare payment dilemma for elderly individuals throughout society. Notably, while the COVID-19 pandemic affected healthcare access and financial conditions, our study—limited by its regional focus and timeframe prior to December 2022—did not account for these effects. Future research is needed to explore their impact.

## Conclusion

The findings confirm that the burden of healthcare costs for the rural elderly predominantly rests on families, particularly on sons, although daughters are taking on an increasingly active role in supporting their elderly parents. Besides, the government also provides special subsidies for families in need. However, many children are unwilling to fulfill their obligations. At this point, it becomes the responsibility of relatives, communities, and local governments to supervise and persuade. When these external authorities prove ineffective, some elderly have to sue in court. For elderly individuals without children, the state and village collectives bear some of the financial responsibility through the “Five Guarantees” system and elderly care homes.

This reliance on familial financing not only highlights a significant vulnerability in the healthcare system for rural seniors but also poses broader socio-economic implications. Studies have demonstrated that medical expenses can severely impact a family’s finances and are a major contributor rural poverty. To address this issue, it is necessary to increase reimbursement rates under the URRBMI and provide more affordable and accessible insurance products to ensure that elderly individuals in rural areas have comprehensive medical coverage and to alleviate the burden on their families.

## Data Sharing Statement

The original data will not be shared in order to protect participant confidentiality, however further information which does not compromise confidentiality data can be obtained from the corresponding author on a reasonable request.

## Ethical Considerations

This study was approved by the ethics committee of Qufu Normal University. All methods were used in accordance with the relevant guidelines and regulations. Written informed consent was obtained from all study participants. This study complies with the Declaration of Helsinki.

## Disclosure

The authors declare that they have no competing interests in this work.

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