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Filial Beliefs, Social Support, and Well-Being Among Older Adults in Rural China

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ABSTRACT

In China, care for aging parents is ingrained in Confucian ideals of *xiao* and has become a legal obligation, yet older adults in rural China are underrepresented in aging research. Data were obtained from Wave 1 of *The Longitudinal Study of Older People in Anhui Province, China* (n = 1,597, aged 60 years and older). This study used cross-sectional linear regression models to examine whether age group, sex, marital status, educational attainment, support given, support received, and filial belief items were associated with psychological well-being and life satisfaction among older adults in rural China. The analysis emphasizes three primary domains: age, sex, and family/community support. Female sex was associated with lower psychological well-being and marginally lower life satisfaction. Support given was positively associated with both outcomes. Support received was negatively associated with both outcomes, suggesting that support received in the context of health problems may reflect health decline, dependency, or reduced autonomy rather than functioning only as a positive social resource. Findings underscore the importance of the direction of family support and the role of family contribution in later life among older adults in rural China.

INTRODUCTION

In China, care for aging parents is ingrained in Confucian ideals of xiao and has become a legal obligation, as mandated by Chapter II: Maintenance and Support by Families in the Law of the People's Republic of China on Protection of the Rights and Interests of the Elderly. The Dual Filial Piety Model distinguishes two dimensions of Confucian filial piety: authoritarian filial piety, in which the younger generation suppresses their own wishes to obey the older generation based on seniority, and reciprocal filial piety, in which the younger generation takes care of the older generation out of gratitude instead (Yeh & Bedford, 2003). Filial beliefs in this study refer to beliefs about the obligations and expectations connecting older parents and their adult children, including financial support, living arrangements, proximity, and family contribution.

Rural China has certain conditions that distinguish it from urban China. Conditions ranging from greater reliance on family-based support networks to lower educational attainment (Mao & Han, 2018; Xiao et al., 2026), as well as changes in multigenerational living arrangements (Zhao, 2023), may alter the

previously documented associations among filial beliefs, social support, psychological well-being, and life satisfaction in urban contexts. With more limited access to formal social services, rural older adults rely more heavily on family-based support and filial obligations to shape their psychological well-being and life satisfaction. Though they constitute a large and distinct population, older adults in rural China are underrepresented in aging research relative to their urban counterparts.

Psychological well-being refers to affective states such as happiness, loneliness, and a sense of purpose. Life satisfaction refers to a cognitive evaluation of one's life overall. Many studies have examined the relationships between psychological well-being, life satisfaction, and demographic characteristics such as age and sex. Lee et al. (2022) showed that Asian females scored higher than all other demographic groups in the study (White, Black, Hispanic, and Asian) on all six indicators of well-being—emotional health, physical health, meaning and purpose, character strengths, social connectedness, and financial security. Yet Asian males scored lower on character strengths and social connectedness. These findings suggest that demographic characteristics may influence psychological well-being in distinct ways across different social groups, highlighting the importance of examining whether similar patterns are present among older adults in China. This conclusion, however, is difficult to generalize to rural populations, as urban populations are more likely to be educated and healthier, and rural populations are more likely to live alone (Mao & Han, 2018). In this study, support given refers to household help or personal care that older adults provide to family members, friends, or neighbors. Support received refers to household help or personal care received because of health problems.

Social support processes are similarly linked to well-being outcomes. Intergenerational support is associated with life satisfaction differently across age groups. Chen and Jordan (2018) suggested that both the type and direction of support may matter, as associations with life satisfaction differed across younger-old, old-old, and oldest-old age groups. Support given and support received can be positively associated with health for both women and men, so long as they are moderate, because excessive support may elicit feelings of dependency and burden in older adults, worsening their mental health (Silverstein et al., 1996). According to Liu and Bai (2024), the positive effects of providing downward intergenerational financial support from older generations to younger generations include increased self-esteem. These positive effects were more evident among males, a finding that accords with established gender roles in which men may derive fulfillment and a sense of purpose from serving as family providers. Additionally, grandchild care is associated with higher life satisfaction among older Chinese adults. From this, Dong (2023) suggested that continued family contribution may improve meaning in later life, and, in turn, support life satisfaction.

The effects of holding filial beliefs on psychological well-being and life satisfaction have also been examined. Consistent with the idea that filial piety is multidimensional, Cheng and Chan (2006) demonstrated that filial behavior has different dimensions that may have distinct relationships with psychological well-being. After controlling for functional limitations and financial hardship, out of several forms of filial behavior examined, respect was the only filial behavior that consistently predicted psychological well-being, suggesting that specific filial beliefs and behaviors may not contribute equally

to psychological well-being and life satisfaction. The authors found no evidence to suggest that children exceeding their parents' filial expectations were detrimental to parental well-being. This calls for further examination of individual belief items rather than aggregate measures.

The limited knowledge regarding rural regions, compared with the extent of research on urban populations, raises the question of which demographic factors, support processes, and filial beliefs are stronger predictors of psychological well-being and life satisfaction among older rural Chinese adults. Based on prior research, older age was expected to be associated with lower psychological well-being and life satisfaction. The association between sex and the two outcomes was expected to be less clear, based on mixed findings in the literature. Support given was expected to be associated with greater psychological well-being and greater life satisfaction. Support received was expected to have a negative relationship with both outcomes, given that it was measured in the context of health problems and may reflect dependency rather than social support. Addressing these gaps, this study examines how age, sex, and family/community support relate to psychological well-being and life satisfaction among older adults in rural China.

METHOD

Data Source and Participants

Data were obtained from the Inter-university Consortium for Political and Social Research (ICPSR) data archive. The dataset, The Longitudinal Study of Older People in Anhui Province, China, was accessed via ICPSR's online repository and is publicly available upon registration (Silverstein & Li, 2016).

This study used Wave 1 data from a two-wave panel study of adults aged 60 years and older residing in Chaohu, Anhui Province. The study collected data from a sample of 1,715 adult participants through a multistage random sampling process: 12 rural townships were randomly selected from 126 townships in Chaohu, and then 6 administrative villages were randomly selected from each township. After being grouped into two age groups—younger-old adults aged 60 to 74 years and older-old adults aged 75 years and above—one eligible participant was selected from each household. The eligibility criteria selected the older partner when the household contained partners in different age groups, and the first partner when both partners were in the same age group. A randomly selected substitute replaced the non-selected partner. See Table 1.

Table 1

Demographics and Participant Characteristics

Total (N = 1,597)	
Characteristic	**n (%)**
Age Group	
60–74 years	1000 (62.6)
75+ years	597 (37.4)

Sex	
Female	839 (52.5)
Male	758 (47.5)
Marital Status	
Married	856 (53.6)
Separated	50 (3.1)
Widowed	659 (41.3)
Divorced	14 (0.9)
Never Married	18 (1.1)
Education	
None	1247 (78.1)
Primary	291 (18.2)
Junior Secondary	47 (2.9)
Senior Secondary	8 (0.5)
Vocational	2 (0.1)
College (1–3 years)	1 (0.1)
University (4+ years)	1 (0.1)

Note. The analytic sample was reduced from 1,715 to 1,597 participants after listwise deletion across all study variables.

Measures

Psychological well-being. Psychological well-being was measured using nine items that assessed experiences during the previous week: happiness (Q601a), loneliness (Q602a), sadness (Q603a), enjoyment of life (Q604a), loss of appetite (Q605a), trouble sleeping (Q606a), feeling less useful (Q607a), having nothing to do (Q608a), and having fun in life (Q609a). Participants' responses were coded as 1 = Rarely, 2 = Sometimes, and 3 = Frequently. Six negative items, Q602a, Q603a, Q605a, Q606a, Q607a, and Q608a, were reverse-coded. Internal consistency was acceptable (Cronbach's α = .77). Items used a three-point response scale, and responses were rescaled to a 0–1 metric prior to averaging. Higher scores indicated greater psychological well-being.

Life satisfaction. Eight yes/no items were used to assess participants' life satisfaction: one's life has been better than most people's lives (Q601b), satisfaction with one's life (Q602b), finding daily activities interesting (Q603b), the last few years being the best of one's life (Q604b), wanting to change one's life (Q605b), finding life monotonous and uninteresting (Q606b), feeling old and tired (Q607b), and life matching one's hopes (Q608b). Responses were coded as 1 = Agree and 0 = Disagree. Positive items Q601b, Q602b, Q603b, Q604b, and Q608b were retained in the original direction, whereas three negative items Q605b, Q606b, and Q607b were reverse-coded. Internal consistency was acceptable (Cronbach's α = .78). The eight items were averaged into a composite life satisfaction score so that higher values consistently reflected greater life satisfaction.

Support given. Two yes/no items assessed support given: whether the participant had provided household help (Q704) or personal care (Q705) to family members, friends, or neighbors in the last 12 months. Internal consistency was moderate (Cronbach's $\alpha = .61$). The two items were averaged to create a composite score. Higher values indicate greater provision of support.

Support received. Two yes/no items assessed support received: whether the participant had received household help (Q701) or personal care (Q702) in the last 12 months due to health problems. Internal consistency was acceptable (Cronbach's $\alpha = .66$). The two items were averaged into a composite score. Higher values indicate greater receipt of support.

Family/community context: Filial beliefs. Filial beliefs were assessed by six items: children should provide financial support to parents in old age (Q501); parents should help children care for grandchildren when needed (Q502); older adults should remain economically independent from their children (Q503); children should live with parents when parents become old (Q504); adult children should live near aging parents to assist when necessary (Q505); and having a son secures old age best (Q506). Responses were coded as 1 = Agree and 0 = Disagree. Item Q503 was reverse-coded so that higher values reflected stronger endorsement of traditional filial expectations. Internal consistency among the six items was low (Cronbach's $\alpha = .34$); therefore, belief items were analyzed individually rather than as a composite scale.

Data Preparation

For all variables, responses "Refused," "Don't know/can't answer," or otherwise missing were treated as missing values and excluded from calculations of composite scores. Composite scores were calculated using the mean of available non-missing items for each respondent.

Statistical Analysis

All analyses were conducted in R using Wave 1 data. The final analytic sample from Wave 1 included 1,597 participants after listwise deletion across all study variables. Descriptive statistics were computed for all study variables, and internal consistency of multi-item measures was evaluated using Cronbach's alpha. Bivariate (Pearson) correlations were used to examine associations among psychological well-being, life satisfaction, and family/community support variables.

Linear regression models were estimated to examine associations between age, sex, family/community support, and levels of psychological well-being and life satisfaction. Marital status and educational attainment were included as covariates. Age group was entered as a categorical predictor (60–74 vs. 75+ years), and sex, marital status, and education were entered as categorical predictors. Unstandardized regression coefficients (B) are reported. Statistical significance was evaluated using a threshold of $p < .05$. Results were visualized using boxplots and scatterplots with fitted regression lines and confidence bands where appropriate.

RESULTS

Sample Characteristics and Descriptive Statistics

The Wave 1 sample included 1,715 participants. The final analytic sample included 1,597 participants after listwise deletion across study variables. Unless otherwise noted, descriptive statistics and regression analyses are based on the final analytic sample of 1,597 participants. The sample consisted of adults aged 60–74 and 75 and older, and was 52.5% female.

Mean psychological well-being was 0.64 (SD = 0.22), and mean life satisfaction was 0.61 (SD = 0.27). Mean levels of support received and support given were 0.57 (SD = 0.39) and 0.44 (SD = 0.42).

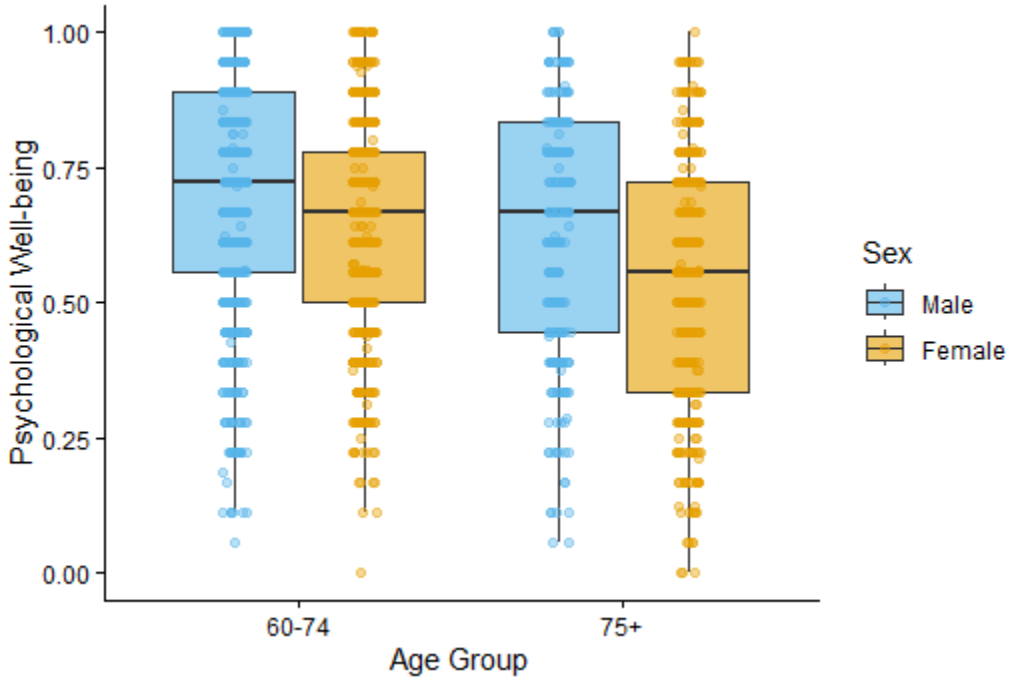
Psychological well-being and life satisfaction were moderately correlated ($r = .62$, $p < .001$).

Demographic Predictors of Psychological Well-Being

Participants aged 75 years and older reported significantly lower psychological well-being than those aged 60–74 ($B = -0.07$, $p < .001$). Females also reported lower psychological well-being than males ($B = -0.04$, $p < .001$). See Figure 1.

Figure 1

Psychological Well-Being by Age Group and Sex



Note. Boxplot showing psychological well-being scores by age group and sex. Individual participant values are shown as jittered points.

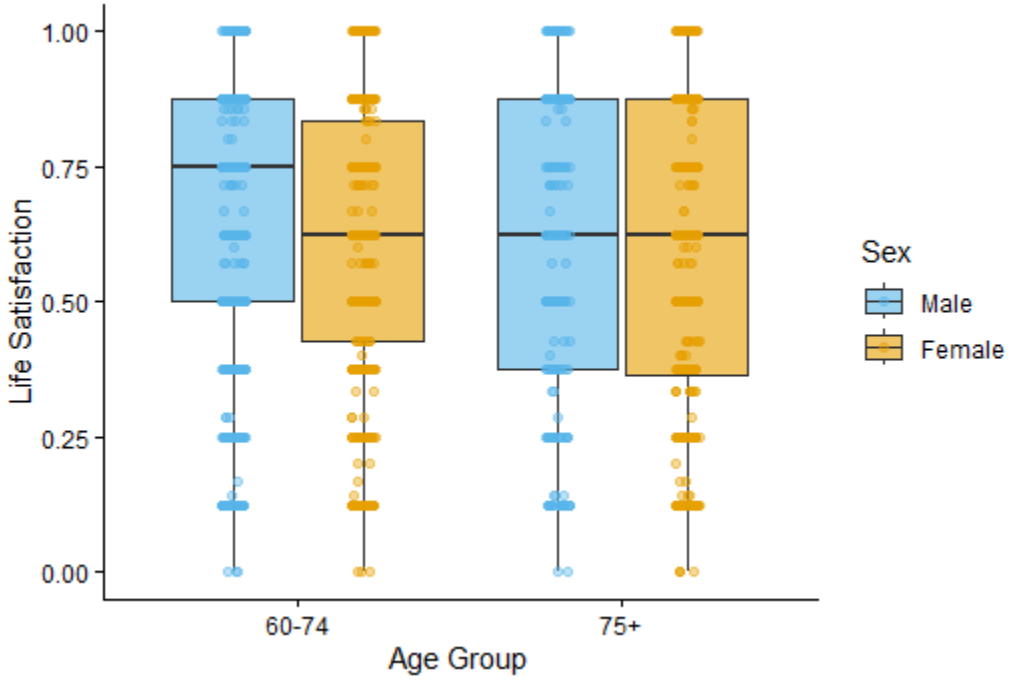
The overall model was statistically significant, $F(12, 1584) = 10.58$, $p < .001$, explaining 7.4% of the variance in psychological well-being ($R^2 = 0.074$, adjusted $R^2 = 0.067$).

Demographic Predictors of Life Satisfaction

Participants aged 75 years and older reported significantly lower life satisfaction than those aged 60–74 ($B = -0.04$, $p = .014$). Females reported marginally lower life satisfaction than males, although this effect did not reach conventional statistical significance ($B = -0.03$, $p = .079$). See Figure 2.

Figure 2

Life Satisfaction by Age Group and Sex



Note. Boxplot showing life satisfaction scores by age group and sex. Individual participant values are shown as jittered points.

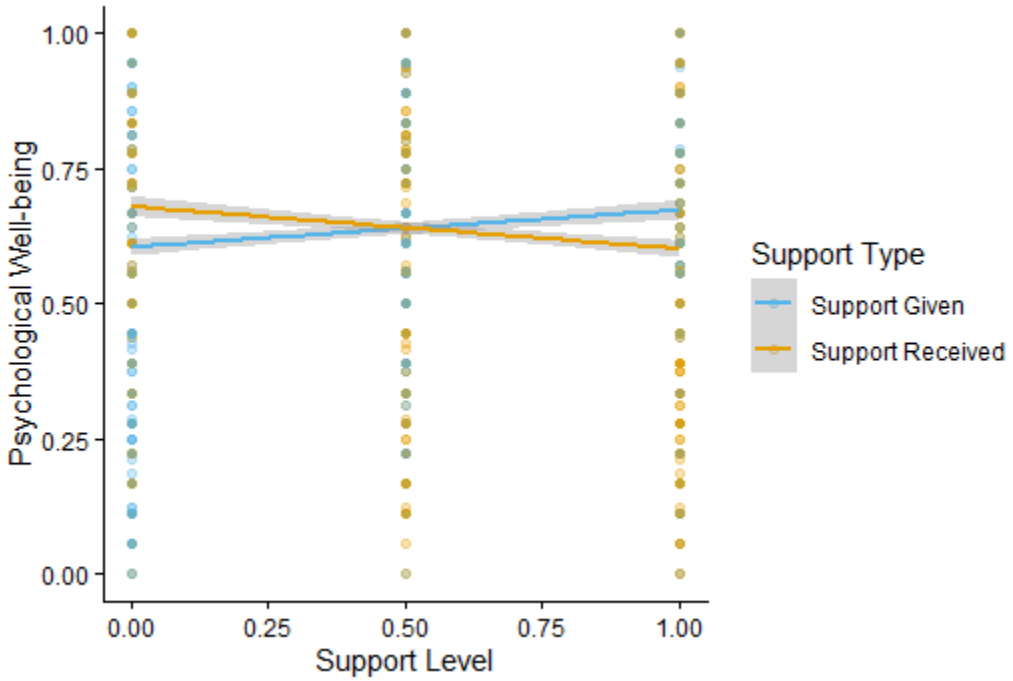
The overall model was statistically significant, $F(12, 1584) = 4.75$, $p < .001$, explaining 3.5% of the variance in life satisfaction ($R^2 = 0.035$, adjusted $R^2 = 0.027$).

Support Given and Received

Psychological well-being. Support dynamics were significantly associated with well-being. Support given was positively associated with well-being ($B = 0.06$, $p < .001$), whereas support received was negatively associated ($B = -0.09$, $p < .001$), after controlling for age, sex, marital status, and education. See Figure 3.

Figure 3

Support Given, Support Received, and Psychological Well-Being

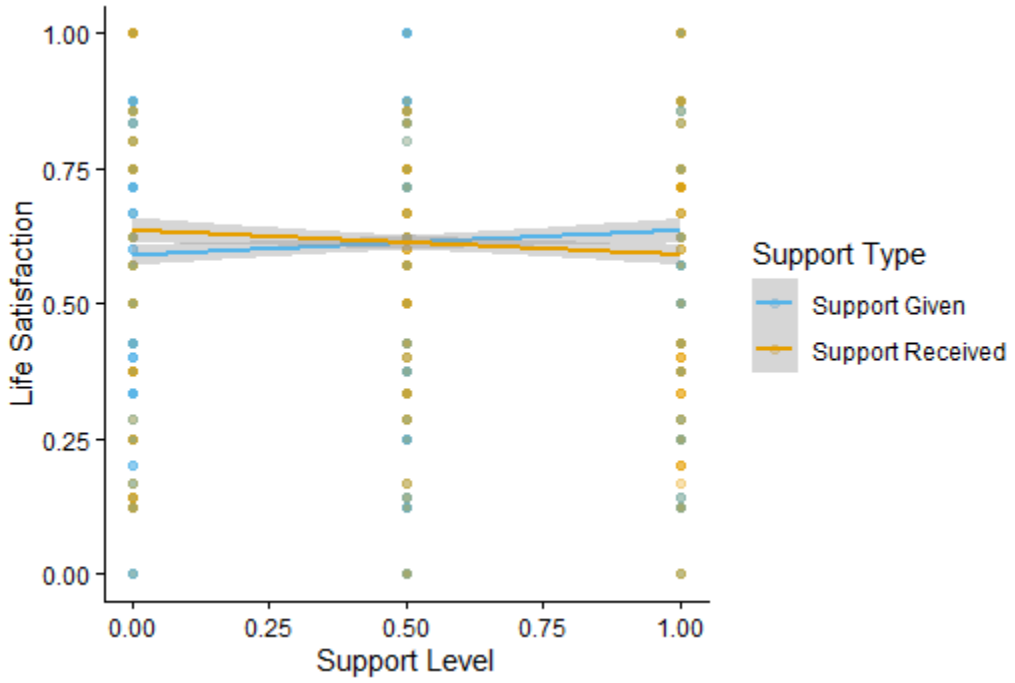


Note. Scatterplot showing associations between support given, support received, and psychological well-being scores. Individual participant values are shown as points, with linear regression lines and confidence bands overlaid.

Life satisfaction. Support dynamics were significantly associated with life satisfaction. Support given was positively associated with life satisfaction (B = 0.04, p = .014), whereas support received was negatively associated (B = -0.05, p = .003), after controlling for demographic characteristics. See Figure 4.

Figure 4

Support Given, Support Received, and Life Satisfaction



Note. Scatterplot showing associations between support given, support received, and life satisfaction scores. Individual participant values are shown as points, with linear regression lines and confidence bands overlaid.

Family/Community Support and Filial Beliefs

Psychological well-being. Individual filial belief items were not significantly associated with psychological well-being after controlling for demographic characteristics. None of the six belief items (Q501–Q506) significantly predicted well-being ($p > .05$).

Life satisfaction. Individual filial belief items showed limited association with life satisfaction after controlling for demographic characteristics. Among the six items (Q501–Q506), only Q502 ("parents should help children care for grandchildren when needed") was significantly positively associated with life satisfaction ($B = 0.12$, $p = .024$), while all other items were not statistically significant ($p > .05$).

DISCUSSION

Summary

The results are organized around three primary domains: age, sex, and family/community support. Older age was associated with lower psychological well-being and life satisfaction, while female sex was associated with lower psychological well-being and marginally lower life satisfaction. Support given was positively associated with both outcomes, whereas support received was negatively associated with both

outcomes. Within the family/community domain, filial belief items showed limited associations with the outcomes, with only the grandchild-care belief associated with life satisfaction.

Interpretation

The age and sex findings suggest that well-being was lower among groups more likely to experience health limitations or reduced social support. Adults aged 75 and above may face greater physical and social vulnerability. Females' lower psychological well-being may reflect gendered differences in health, caregiving history, and economic resources (Matud et al., 2020; Zhao et al., 2022). Taken together, the age and sex results suggest demographic differences in well-being, but the modest R^2 values indicate that these factors explain only a limited portion of individual variation.

A central finding involved the direction of support. Support given and support received were associated with outcomes in opposite directions, suggesting that social support should not be treated as a single positive construct. Liu and Bai (2024) found that providing downward intergenerational financial support was associated with higher self-esteem among older Chinese adults. Chen and Silverstein (2000) similarly found that providing instrumental support to children improved the psychological well-being of older Chinese parents. Ren et al. (2022) also connected intergenerational ties and generativity to older adults' well-being. Providing support may reinforce a sense of purpose and family contribution, consistent with the well-being benefits found across these studies. The direction of these associations is central to the study's claim: giving support was associated with better outcomes, whereas receiving support was associated with worse outcomes. This pattern is consistent with prior literature emphasizing that the meaning of support depends on its direction and context (Chen & Jordan, 2018; Silverstein et al., 1996).

By contrast, receiving support may have carried a different meaning in this study because the support received items measured household help or personal care received because of health problems. Support received may have been a marker of health decline, dependency, or reduced autonomy rather than a positive social resource. Silverstein et al. (1996) suggested that excessive support can be linked to feelings of dependency or burden. Huang and Fu (2021) also showed that the effects of intergenerational support among the oldest-old may vary depending on circumstances such as economic status. Thus, the negative association between support received and both outcomes may reflect the psychological effects of needing care and being dependent, rather than simply the effect of receiving care. Because support received was measured only when help was needed because of health problems, the negative association should not be interpreted as evidence that receiving supportive relationships is inherently harmful. Instead, the measure may capture care need, health limitations, dependency, and reduced autonomy.

Most individual filial belief items were not associated with the outcomes, suggesting that abstract endorsement of traditional filial expectations may be less important than actual family roles. However, one belief item was significantly associated with life satisfaction. Dong (2023) and Cheng and Ariyo (2023) both found that grandchild care was associated with higher life satisfaction among older Chinese adults. Cong and Silverstein (2012), using rural China data, showed that grandchild care is part of a wider system of intergenerational exchange. This result supports Cheng and Chan's (2006) argument that filial

behavior has multiple dimensions that may relate differently to well-being. In this study, the significant belief was not about what children owe parents, but rather how older adults continue to contribute meaningfully to younger generations. Given that the study tested six belief items individually, the single significant finding for grandchild care ($p = .024$) should be interpreted cautiously, especially because of the scale's low internal consistency ($\alpha = .34$).

Limitations

This study has several limitations. First, the sample analyzed was selected from Chaohu, Anhui Province, a specific region in rural China. Chaohu is in a rice-growing region, and Talhelm et al. (2014) showed that rice- and wheat-growing regions in China may differ psychologically, suggesting that regional context matters. Conclusions drawn from the Chaohu sample should be generalized to other rural Chinese populations with caution. Second, the analyses were cross-sectional, so causation cannot be determined. Third, support given, support received, and filial beliefs were measured with brief items that may not capture the full complexity of family exchange. The low internal consistency of the filial belief items also suggests that future studies should use more comprehensive measures, such as validated filial piety scales (Fu et al., 2020). Finally, though the models explained a modest proportion of variance in both outcomes ($R^2 = 0.074$ and $R^2 = 0.035$, respectively), other unmeasured factors such as health status, economic resources, and social characteristics may account for additional variance in psychological well-being and life satisfaction. Health status was not included as a control variable. This may partially explain the negative associations between support received and well-being, as poorer health likely leads to greater support receipt and lower well-being.

Strengths

This study has several strengths. The study focuses on a rural Chinese sample and addresses a meaningful gap in aging research, which is largely centered on urban populations. The representativeness of the findings within this population is supported because the study uses a large, community-based sample recruited via multistage random sampling. The study separated support given from support received, which is conceptually important because the two forms of support showed opposite associations with both outcomes, a pattern that a composite support measure would have overlooked. Finally, analyzing filial beliefs through individual items rather than a composite belief score identified one belief regarding grandchild care that was associated with life satisfaction, a pattern that a composite belief score would have masked.

Future Directions

Future research should use longitudinal data to examine how support patterns predict later changes in well-being. Studies should also test mechanisms such as autonomy, usefulness, loneliness, self-esteem, and generativity. Future research should compare multiple rural regions with more detailed measures of intergenerational support, including emotional support, financial transfers, household help, personal care, and grandchild care. These directions would help clarify whether the present findings are specific to Chaohu or reflect broader patterns among older adults in rural China. Future studies should also use graded measures of support intensity and frequency rather than binary yes/no indicators.

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