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THE ROLE OF OLDER ADULTS IN FOSTERING FAMILY
RESILIENCE: A COLLECTIVE INSTRUMENTAL CASE STUDY OF
AT-RISK ELDER-HEADED HOUSEHOLDS IN A CHINESE
VILLAGE

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The Role of Older Adults in Fostering Family Resilience: A
Collective Instrumental Case Study of At-Risk Elder-Headed
Households in a Chinese Village

Li, Yong Zhen

A thesis submitted in partial fulfilment of the requirements for the
degree of Doctor of Philosophy

June 2022

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The ROLE OF OLDER ADULTS IN FOSTERING FAMILY RESILIENCE

Abstract

This study focuses on the supportive roles of older adults to their adult children and grandchildren, with the perspective of family resilience. Due to urbanization, elder-headed multigenerational households play an increasingly key role for individuals in coping with uncertainty and risks in life. In Rural China, older adults may have a limited and complex social network, affecting their supportive roles and well-being. This study examines the contributing roles of older adults in fostering family resilience of at-risk multigenerational households and how contextual factors implicate such roles.

This study employs the case study methodology. I conducted purposive sampling in Village One, which is located in Anhui Province, China. There were 12 elder-headed multigenerational household cases recruited in this study, where older adult caregivers were: breadwinners and decision-makers in the households, and have adult children and/or grandchildren affected by significant risks. This study employs semi-structured one-to-one interviews, direct observation, and document review for data collection. I used thematic analysis to analyze the research data.

With frameworks of family resilience, I identified significant risks affecting adult children and/or grandchildren, older adult caregivers' social support to them, implications to older adult caregivers with such supportive roles, and coping strategies used by older adult caregivers, as processes to build family resilience of at-risk elder-headed multigenerational households in Rural China. My study findings contribute to evaluating the applicability of family resilience frameworks in Rural China. Additionally, my study informs social work practice and research around older adult caregivers, which is at a beginning point in Rural

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China.

Keywords: older adult caregivers, family resilience, elder-headed multigenerational households, self-adjustment, social resource mobilization, Rural China, case study methodology, social work practice.

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Many things have changed since I was in the Ph.D. program. However, I believe that if I get better prepared for the future, it will be fine.

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Chapter 1: Introduction

This chapter provides an overview of the topics, contexts, and policies, that provide background knowledge regarding my thesis project.

The Rise of Multigenerational Households

Multigenerational households refer to households where adult children live with their parents or grandchildren reside with grandparents (with or without the middle-generation present) (Keene & Batson, 2010). Nowadays, multigenerational households play an important role in the lives of people and it is an increasing trend in some countries (Harrell et al., 2011; Ko, 2012; United Nations, 2019). For example, from 2009 to 2013, the number of multigenerational households in the UK increased from 1.3 to 1.8 million (Burgess & Muir, 2020). In 2011, about one in six Americans were living in multigenerational households, an increase by more than 10 per cent since 2007 (Generations United, 2011).

There are several reasons for the increase of multigenerational households, including increased longevity (Bengtson, 2001), economic crises whereby having more income earners under one roof is a coping strategy (Harrell et al., 2011; Ko, 2012), younger generations suffering from diseases that lead to skipped-generation households (Zimmer & Teachman, 2009). However, the role of older adult family members, specifically their contributions in a multigenerational family, which enhances family wellbeing in modern society, is largely ignored (Bengtson, 2001).

In China, the proportion of the three-generation household remains between 16.4 per cent and 16.7 per cent from 1982 to 2010, which accounts for a relatively large proportion of Chinese households (Hu & Peng, 2015). The proportion of skipped-generation households

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increased by 3.37 times from 1990 to 2010 in China, where 51.2 per cent comes from rural areas (Hu & Peng, 2015). In Asian society, intergenerational co-residence is viewed as a culturally ideal living arrangement (Ko, 2012). As the proportions of multigenerational households remain relatively large or are increasing in China and other societies around the world, they become an important unit of study.

Elder-Headed Households

Elder-headed households are where older adults' are the primary breadwinners and decision-makers (Kwan, 2018; Statistics South Africa, 2014). Elder-headed households are popular worldwide. For instance, in 2018, around one-third of all households in the UK were headed by older adults aged 65 and over (Age UK, 2019). In 2017, 31 million older adult Americans (aged 65+) were household heads (Joint Center for Housing Studies of Harvard University, 2019). There will be 1.4 million skip-generation households in America in 2020 (Carr & Utz, 2020). In 2019, 58 percent of Chinese older adults lived in elder-headed households (Kamiya & Hertog, 2020).

Older adults have difficulties and needs in heading households. In China, elder-headed households are more likely to be poor than those headed by younger people (Cai et al., 2012). Nyikahadzo (2013) found that food insecurity in elder-headed households is higher than that in younger people-headed households. The high proportion of young dependents (such as children and grandchildren) increases the percentage of poor elder-headed households and reduces older adult heads' well-being (Mapa, 2011). Mohd et al. (2018) found that female household heads, rural areas, low education levels, and not working are significantly associated with the poverty of elder-headed households. However,

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Srivastava et al. (2022) found that participating in decision-making and productive family activities can improve older adults' psychological health.

Social connections and services are important for older adults to head households (Government Office for Science, 2016). Specifically, elder-headed households can be supported by the housing, pension, education, family support, friends, neighbors, and social and economic services (Government Office for Science, 2016; Hu et al., 2020; Jane et al., 2017; Mapa et al., 2011; Statistics South Africa, 2014; Nyikahadzo, 2013). This study will focus on at-risk elder-headed households in China, an underexamined group in scholarly and policy discourse.

Intergenerational Relationships in Transition

After the foundation of the People's Republic of China, the intergenerational relationship between older adults and their adult children in rural areas have changed as a response to the socio-economic transformation of this country. In Chinese rural areas, parental authority and familism were once challenged by the state during the socialist construction period (Yan, 2003). After the economic opening and market-oriented reform older adults became economically disadvantaged compared to their adult children, which resulted in the decline of their power and position in the multigenerational family (Yan, 2003).

Since the 1990s in Rural China, parental authority has declined while the individual awareness and power of adult children have rose in intergenerational relationships (Yan, 2016). Yan (2016) argues that the obedience of adult children to their older adult parents, which is emphasized in traditional filial piety, have been largely abandoned by adult children.

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In the redefined filial piety, both generations emphasize emotional connections and intergenerational understandings (Yan, 2016). Further, in addition to this revised familial norm, a multigenerational family in rural areas focus more on the generation of grandchildren instead of its ancestors (Yan, 2016). As a result, older adults and their adult children cooperate to put more family resources and support on the generation of grandchildren (Yan, 2016).

Another trend in intergenerational family relations is the enhancement of grandparent-grandchild cohesion in Rural China during Chinese urban-rural migration. In the past 30 years, urbanization and industrialization have developed rapidly in China. In 2018, there were around 288 million migrant workers in China (National Bureau of Statistics, 2019). In the same year, there were about 7 million left-behind children in Rural China, and 96 percent of them were cared for by their grandparents (China Philanthropy Research Institute, 2019). Grandparents are usually the only choice to care for grandchildren, while their adult children migrate to work in the city (Silverstein & Zuo, 2021). Migrating adult children transfer money to their parents as gratitude for caring for grandchildren (Silverstein & Zuo, 2021). Dai (2019) argues that such fitting into the urban market of rural multigenerational families, emphasizing the discourse of efficiency and survival, is closer to being the result of capitalization than modernization. Li et al. (2018) found that grandparent-grandchild cohesion can build the resilience of left-behind children. Caregiving for grandchildren can positively and negatively affect older adult caregivers. For example, Tang et al. (2021) found that medium-level involvement in caring for grandchildren links with less depression in grandparents, and the grandparents viewed the caregiving as a method to build emotionally

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supportive intergenerational relations. In contrast, Wen et al. (2019) found that living in skipped-generation households affects negatively the emotional health of rural older adults in China, while the older adults prefer to live with only spouses or in three-generation households. Dai (2019) echoes this in her finding that being primary caregivers to grandchildren and families negatively affects the emotional and physical health of rural older adults in Chinese transitional communities.

These shifts in intergenerational relations provides important intergenerational culture to understand the contributing roles of older adults in multigenerational families and it is an important focal point to examine in supporting the health and wellbeing of families within Rural China.

Aging Issues Faced by Older Adults in Rural China

Rural China faces more and more serious aging. In 2019, older adults aged 60 and over in China exceeded 250 million, among whom 130 million are rural older adults (Sun & Lyu, 2021). The aged population in Rural China reached around 24 percent in 2020, while the aged population was about 16 percent in Urban China (Office of the leading group of the State Council for the seventh National Population Census, 2021). Not only is Rural China rapidly aging, but also decreasing in population. In 2020, about 64 percent of the entire population of China lived in urban areas, 14.21 percent more than that in 2010. Correspondingly, the rural resident population was about 164.4 million fewer than in 2020.

Most migrant workers are from the younger cohorts in Rural China. In 2020, 73.6 percent of migrant workers were aged 50 and younger (National Bureau of Statistics, 2021). Population shrinking and increasing aging in Rural China may contribute to many left-behind

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older adults. In 2016, left-behind older adults in Rural China reached 16 million (Zhang, 2019). The absence of adult children may increase the burden of older adults in parenting, production, and paying cash gifts (Evandrou et al., 2017; He & An, 2011). Cash gifts (which can reach tens of thousands of yuan per year) are given when attending weddings and funerals for example, and older adults would represent their migrating adult children to pay the money, yet may not be reimbursed from their adult children (Ye & He, 2009).

Older adults may face three main issues in Rural China. Firstly, the family support of rural older adults may have decreased. Traditionally, families and co-residence with adult children play a key role in supporting older adults in Rural China. Due to rural to urban migration, the proportion of older adults living alone or with spouse increased by 11.6 percent from 2011 to 2018 in Rural China (Chen et al., 2021). In contrast, Urban China witnessed an increase of only 3.7 percent in the same time period. Further, in 2018, it is estimated that 60 percent of adult children are not living in the same village with their parents, weakening the family support for older adults in Rural China.

Secondly, rural older adults may be more likely to have disabilities than urban older adults in China. In 2018, the disability rate of the rural population aged 60 and over was 26.5 percent, which was 9.3 percent higher than that of urban older adults (Chen et al., 2021). Thirdly, older adults in Rural China, tend to have lower incomes and less access to social welfare (or lower amounts of social income assistance). For example, the per capita basic pension for rural older adults was 126.7 yuan per month in 2017 (Lu et al., 2021). In 2018, the incidence of poverty among older adults in Rural China was 13.7 percent, 10.5 percent higher than their urban counterparts (Chen et al., 2021). With aging (which may lead to, for

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example, less income generating opportunities), more older adults in Rural China can fall into poverty.

Social Welfare Systems and Legal Frameworks for Older Adults in Rural China

Social welfare systems for rural older adults mainly include the minimum living subsistence system (最低生活保障), temporary rescue systems (临时救助), the rural five-guarantee system (农村五保供养制度), urban-rural resident medical insurance scheme (城乡居民基本医疗保险), and urban-rural social pension insurance systems (城乡居民基本养老保险). The laws related to the rights of rural older adults include “Law of the People’s Republic of China on the Protection of the Rights and Interests of the Elderly” (《中华人民共和国老年人权益保障法》) and “Law of the People’s Republic of China on the Promotion of Revitalization of Rural Areas” (《中华人民共和国乡村振兴促进法》).

The minimum living subsistence system. The minimum living subsistence system started in 1992 in Shandong Province (Lin, 2018). In 2007, the minimum living subsistence system, mainly funded by the central government, local governments, village collective income and capital, spread over China. In December 2020, seven percent (around 1.8 million) of rural residents were accessing the minimum living subsistence system in Anhui Province (which governs the city and the village participants of this study live), and the average of their allowance was 416.6 yuan per month (Department of Civil Affairs of Anhui Province, 2021; Office of the leading group of the seventh national census of Anhui Province, 2021a).

The minimum living subsistence system is means-tested. If households have an average income lower than the local minimum subsistence allowance and do not have high-value capital (e.g., cars and rental properties), dependent members (e.g., people under

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18, with disabilities or 60 years of age and older) in the households can access minimum subsistence systems which are in the form of financial support (Huainan Civil Affairs Bureau & Huainan Finance Bureau, 2021). The government examines the income and capital of households using such systems every six months (for households with non-dependent members) or a year (for households with dependent members). In 2022, the average rural minimum subsistence allowance in Huainan City (which governs the village participants of this study live) was 290 yuan per month per person while their urban counterparts received 557 yuan per month per person (Huainan Municipal People's Government, 2022).

Temporary rescue systems. In 2007, the Ministry of Civil Affairs began to prepare for the temporary rescue systems (Lin, 2018). In 2013, 26 provinces were implementing temporary rescue systems. In 2014, the State Council launched “Notice on the comprehensive establishment of temporary relief system” (《关于全面建立临时救助制度的通知》) to implement such systems nationwide. The temporary rescue systems are for residents in difficulty because of emergencies, accidental injuries, major diseases, or other special reasons (Huainan Municipal People's Government, 2021). These residents are not recipients of social welfare, or their social welfare cannot support their basic life. In Huainan City, the government provides a one-time allowance to residents using such systems, ranging from two to 12 times greater than the urban minimum subsistence allowances. Besides financial support, the government supports also include material and services for the needs of applicants in medical care, education, residence, employment, and disaster recovery (The State Council, 2020b). The temporary rescue systems began to be implemented nationwide in 2014 (Lin, 2018). Rural residents apply to their local governments for social rescue

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allowances and services (Operating procedures for minimum living security in Anhui Province, S.17; The People's Government of Anhui Province, 2015). The government will visit their households, examine the economic situation of the households, and publicize relevant decisions in their communities (Huainan Municipal People's Government, 2021).

Rural five-guarantee system. The five-guarantee system is for older adults, people under 16, or disabled people who have no legal supporters, no labor abilities, and/or no income sources (Zhan, 2010). The system provides them with materials, financial support, and service, including funerals. The five-guarantee system began to be implemented in 1956, and its funding come from village collectives. In 2006, “Regulations on the Provision of Five Guarantees in Rural Areas”(《农村五保供养工作条例》) was published. It states that governments primarily fund the system: “The government’s financial department should provide enough funds to implement the five-guarantee system on time and enhance the supervision on the usage of such funds” (Regulations on the Provision of Five Guarantees in Rural Areas, S. 19). In 2020, three percent of the rural older adult population accessed the system in China (Ning, 2021; National Health Commission of the People’s Republic of China, 2021). In 2021, 59 percent of elderly system users in Anhui Province resided in nursing homes (Anhui Provincial Department of Finance, 2021; Anhui Provincial Bureau of Statistics & Anhui survey team of National Bureau of Statistics, 2022). In 2021, the average of allowances reached 893 yuan per month in the system (Anhui Provincial Department of Finance, 2021).

Urban-rural resident medical insurance scheme. In 2003, China built a new rural cooperative medical scheme (Chou & Wang, 2019). In 2016, the State Council began to

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promote urban-rural resident medical insurance scheme (Anhui Provincial Tax Service State Taxation Administration, 2020). In 2019, in Anhui Province (where the participants of my thesis study are), the new rural cooperative medical scheme and basic medical insurance scheme for urban residents was replaced with the urban-rural resident medical insurance. In 2020, around 94 percent (57.2 million) of residents in Anhui Province were part of the urban-rural resident medical insurance scheme, and reimbursed about a total of 44.7 billion yuan (Anhui Medical Security Bureau, 2021; Office of the leading group of the seventh national census of Anhui Province, 2021b). Residents in Anhui Province need to pay 280 yuan per year to join the urban-rural resident medical insurance scheme, and the government matches another 550 yuan per person per year (Anhui Provincial Tax Service State Taxation Administration, 2020). Babies whose parents help them pay for the scheme within three months of their birth can access it. The reimbursement rate ranges from 40 to 85 percent of medical expenses in urban and rural public hospitals. The maximum claiming expenditures is 150,000 to 300,000 yuan per time.

Urban-rural social pension insurance systems. Anhui Province began to implement a rural social pension insurance scheme in 2009, which was later integrated and became a part of the new urban-rural social pension insurance systems in 2011 (Department of Human Resources and Social Security of Anhui Province, 2019). In the system, the more individuals contribute, the more the government funds them. In Anhui Province, residents can contribute (starting from 200 yuan per year and the government will match with around three to 20 percent of the funds (Department of Human Resources and Social Security of Anhui Province, 2020). When the scheme was implemented in 2009, Anhui residents aged 60 and over were

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given basic pension automatically without contributing, while other Anhui residents should pay the insurance fee year by year until they are 60 (Department of Human Resources and Social Security of Anhui Province, 2019). In 2022, the minimum pension is 120 yuan per month in Anhui Province (Department of Human Resources and Social Security of Anhui Province, 2022). The pension numbers depend on individual contributions to the systems. In 2020, about 79 percent of Anhui residents (around 48 million) were in the systems, and the expenditure was around 151 billion yuan (Department of Human Resources and Social Security of Anhui Province, 2021).

Elderly Rights Law and Law of the People's Republic of China on the Promotion of Revitalization of Rural Areas. Laws, such as “Law of the People’s Republic of China on the Protection of the Rights and Interests of the Elderly” and “Law of the People’s Republic of China on the Promotion of Revitalization of Rural Areas,” have been launched to protect the rights of rural older adults in the family and the society (Lu et al., 2021). The “Law of the People’s Republic of China on the Protection of the Rights and Interests of the Elderly” provide direction for the government, the society, and families to care for older adults, and families should play a primary role (e.g., Law of the People’s Republic of China on the Protection of the Rights and Interests of the Elderly, S. 6, 10, 35). Compared to the “Law of the People’s Republic of China on the Protection of the Rights and Interests of the Elderly,” the “Law of the People’s Republic of China on the Promotion of Revitalization of Rural Areas” provides a more specific description about how the state and social welfare should protect the right of rural older adults:

The State improves the social security system of urban and rural overall planning,

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establishes and improves the security mechanism, and supports rural areas to improve the social security management. The State should establish and improve the mechanism for determining the basic old-age insurance benefits of urban and rural residents and the normal adjustment of basic pension standards, to ensure that the basic old-age insurance benefits of urban and rural residents are gradually improved with economic and social development. The State supports farmers to participate in basic old-age insurance and basic medical insurance for urban and rural residents following regulations. The State encourages qualified and flexible employees and employees of agricultural industrialization to participate in social insurance such as basic old-age insurance and basic medical insurance for employees. The State should promote the overall development of the urban and rural minimum living security system, improve the level of social assistance such as the support of rural people in extreme poverty, strengthen care services for rural left-behind children, women and the elderly, the disabled and children in distress, and support the development of inclusive pension services and mutual pension services in rural areas (Law of the People's Republic of China on the Protection of the Rights and Interests of the Elderly, S. 54).

Social service networks for older adults in Rural China. The social service networks seem to be developing for older adults in Rural China. Since 2012, daycare centers, home-based care stations, nursing houses, associations of older adults, activity rooms for older adults have been built to complete the network of older adult services in Rural China (Lu & Sha, 2019). In China, 65.7 percent of villages had community service stations for older

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adults in 2020, which was an increase from 37.3 percent in 2016 (Ministry of Civil Affairs of the People's Republic of China, 2021). In 2020, there were 108,000 daily care centers in Rural China (The State Council, 2020a). Policy and decision makers and scholars posit that social welfare providers should enhance the current social welfare framework and encourage mutual support within the rural community, improving income, care support, social inclusion, psychological and physical health of older adults (Lu et al., 2021; The CPC Central Committee & The State Council, 2021; Qi, 2019). For example, “The advertisement and education about health knowledge should be enhanced in urban and rural communities, improving the health of older adults,” which was proposed in the seventh article in “Opinions of the CPC Central Committee and the State Council on Strengthening the Work on Aging in the New Era” (《中共中央国务院关于加强新时代老龄工作的意见》) (The CPC Central Committee & The State Council, 2021).

Rural vitalization strategy. The rural vitalization strategy is a crucial decision made in the 19th Chinese National Congress, written in the Communist Party Constitution (the Communist Party of China’s Central Commission for Discipline Inspection, 2017). It functions as the most important direction to guide rural development in China. The Chinese rural vitalization includes vitalization in industries, talents, culture, ecological environments, and organizations (The People’s Government of Linxiang, 2021). The Chinese rural vitalization aims to achieve industrial prosperity, ecological livability, rural civilization, effective governance, and the rich life of farmers within Chinese villages. As the “Opinions of the CPC Central Committee and the State Council on Strengthening the Work on Aging in the New Era” (《中共中央国务院关于加强新时代老龄工作的意见》) report, service centers

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and infrastructures for older adults should be strengthened, and mutual support should be encouraged for older adults within the community, combined with the rural vitalization strategy (The CPC Central Committee & The State Council, 2021). With such context, some scholars have proposed how the rural vitalization strategy can develop the social welfare of older adults in Rural China. Firstly, multiple support systems for older adults, including family support, social welfare systems, community support, and institutional support, should be enhanced and developed (Chen & Lu, 2021). Secondly, legislation and ethics should be built and practiced to protect filial piety. Thirdly, industries should be boosted to increase the incomes of villagers and the collective economy of villages. Fourthly, young older adults should be encouraged to do farm work with modernized skills and machines. Fifthly, incomes from fields (e.g., farming and renting) should be increased among villagers. Sixthly, sports facilities and cultural activities should be increased in Rural China. With such contexts, this study proposes more specific measures and service ideas to strengthen these practical directions and enhance the public welfare of older adults in Rural China by mapping out the challenges, needs, and resources the older adults have, as a response to the rural revitalization strategy.

Summary and Introducing my Research Objectives and Questions

Older adults in Rural China may be in a relatively socio-economic disadvantaged position compared to their urban counterparts, making the resilience of rural older adults important to support themselves and their families. In the context of urban-rural migration, rural older adults face decreasing obedience from their adult children, still playing a key role in sustaining their multigenerational families' welfare (e.g., China Philanthropy Research

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Institute, 2019). This study aims to examine the contributing roles of older adults in fostering family resilience of at-risk elder-headed multigenerational households and to examine how such roles are implicated by contextual factors including but not limited to community facilities (e.g., a commercial zone, a church and a community committee in Village One), economic development (e.g., villagers' livelihoods historically and their livelihoods now in Village One) and social norms (e.g., what social rules are widely accepted and practiced in terms of intergenerational relationships in Village One). This study seeks to: (i) provide a rich and in-depth description that captures the similarity, heterogeneity, and complexity of the contributing roles of older adults in fostering the family resilience of at-risk elder-headed multigenerational households, (ii) to explain how micro, mezzo, and macro factors and processes shape and influence such roles and processes and (iii) to provide direction for social work practice in supporting rural older adults' contributive role in the multigenerational households.

While I will reflect on my personal identities, experiences, biases, and beliefs that are relevant to my research topic, in Chapter three, as part of researchers' self-reflexivity (Tracy, 2010), I wish to briefly share my motivations to conduct this study. What motivates me to do this study is my childhood experience as a left-behind child when I lived with and was cared for by my maternal grandmother. Also, what I am interested in is the outstanding role of traditional Chinese norms in Rural China. Although I am an urban resident now, being empathetic and honest to participants and villagers helped me to build a friendly and trusting relationship with them in my fieldwork.

In the following, I present the theoretical framework and the literature review, which

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examines the international scholarly discourse on how older adults support their adult children and/or grandchildren when faced with adversities. Among these studies, eight studies are exploring this topic in the Chinese context. Chapter two will set the context for this study's aim, which is to explore the role of Chinese rural older adults in fostering family resilience of at-risk multigenerational households. The research questions are: (i) what significant risk do elder-headed multigenerational households experience in Rural China? (ii) how do older adults participate in coping with the significant risks? (iii) what are the implications of providing such support? (iv) what and how do contextual factors influence such participatory roles? (v) how and in what ways does the theoretical framework of family resilience explain family resilience in the context of Rural China?

Chapter 2: Theoretical Framework

In this chapter, I outline the theoretical literature on the concept of family resilience. Family resilience models could provide a framework to examine and understand the contributing roles of older adults in coping with significant risk experienced by elder-headed multigenerational households.

Why Family Resilience

The concept of intergenerational solidarity is used to study particular characteristics of the intergenerational relationship between adult children and older adult parents, and it has six dimensions including association, affection, consensus, resource sharing, the strength of familism norms and the opportunity structure for interaction in the intergenerational relationship (Bengtson & Roberts, 1991). Relationships and interactions among the dimensions affect intergenerational solidarity between adult children and older adult parents,

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where intergenerational relationship norms play a significant role (Bengtson & Roberts, 1991). This concept is similar to family resilience in identifying the strengths of a family with the attention on particular dimensions of familial relationships. Therefore, the concept of intergenerational solidarity is useful for this study concerning intergenerational relationships in some way.

However, family resilience is more suitable to inform the theoretical framework for the research issue of this study for the following reasons: i) intergenerational solidarity only focuses on studying the intergenerational relationship between children and parents, while family resilience is more open to being used to study any type of familial relationships including the relationship between grandparents and grandchildren; ii) intergenerational solidarity mostly focuses on interactive activities within the intergenerational relationship, while the interaction between family systems and their environments is another focus of the family resilience framework apart from interactive activities within the intergenerational relationship; iii) compared to intergenerational solidarity, family resilience has as a prerequisite that is there is at least a risk factor to a family; and iv) family resilience provides a broader framework to describe characteristics and processes of families which are tackling with risks, whereby intergenerational solidarity might function as a only a part of family resilience.

Family Resilience

Patterson's model. Patterson (2002b) conceptualizes family resilience as a resilient process in which protective and risk factors develop and result in the adaptation of a family. As a relational production of a family, this resilient process is a successful experience of a

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family to cope with family stress. Significant risk, viewed as a prerequisite for family resilience, refers to a high-risk status characterized by chronic and continuous exposure to adverse social conditions, a severe adversity, or a combination of them.

There are two kinds of family demands including normative and non-normative family demands (Patterson, 2002a). Normative family demands refer to expectable family life cycle changes. Non-normative family demands, which are usually unexpected and severe adversities, are more likely to be classified as significant risk compared to normative family demands. However, when normative family demands happen in a family at a socially unexpected timing, or the family encounters difficulty repeatedly in managing normative family demands, this may also be considered a significant risk to the family.

Protective factors and process of a family include family cohesiveness, family flexibility, family communication and family meanings, which could promote a family to be resilient (Patterson, 2002b). Family cohesiveness and flexibility are achieved by family communication. Family meanings include views of a family as the unit toward particular stressful situations and the world. Family cohesiveness is used to examine the extent of emotional connections among family members. Family flexibility refers to the process of a family to balance its change and stability.

Walsh's model. Family resilience refers to a family's process or capacity to adapt to its adversity (Walsh, 2016). Family adversity is caused by life challenges, crisis events, disruptive transitions, and persistent hardship of a family (Walsh, 2012). As nested contexts of family resilience, the family's ecological systems include peer groups, community networks, work settings, and broader social systems (Walsh, 2016). There are three key

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processes to building family resilience, organizational processes, communication processes, and belief systems. Organization processes include flexibility, connectedness, the mobilization of social and economic resources. Communication processes include clarity, open emotional expression and collaborative problem solving. Belief systems include making meaning of adversity, positive outlook, transcendence and spirituality.

Family Resilience as Conceptualized in My Study

Different dimensions of family resilience are specified in the two conceptual models. Patterson's (2002a) model provides a comparatively clear definition of significant risks as a prerequisite of family resilience. Walsh's model identifies key coping processes of the family to build family resilience. In this study, I tease out key dimensions of each model and combine these factors to guide my study (including for example, the research questions and data analysis). Patterson's model (2002a, 2002b), helps to explore the significant risk(s) experienced by elder-headed multigenerational households and examine how elder-headed multigenerational households respond to such risk(s). Walsh's (2016) model, is used to identify the key coping processes older adults participate in to build family resilience of at-risk elder-headed multigenerational households.

Chapter 3: Literature Review

Explanation of Integrated under-Review Work in Chapter Three and Contribution of Authors

In this chapter, I integrate some texts from a peer-reviewed published manuscript named "Exploring the Role of Older Adults in Fostering Family Resilience: A Scoping Review" (Li & Kwan, 2022). I am the first author of the manuscript, whereby I acquired,

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analyzed, and interpreted the data and led the writing of the manuscript (International Committee of Medical Journal Editors [ICMJE], 2022). Dr. Crystal Kwan is the co-author of the manuscript, and she meets the criteria for authorship as espoused by the ICMJE. The criteria are:

- 1) Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; 2) Drafting the work or revising it critically for important intellectual content; 3) Final approval of the version to be published; and 4) Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. (ICJME, 2022, para. 2)

Supportive Role of Older Adults in Multigenerational Families

Using the theoretical frameworks described above, I reviewed the literature regarding older adults' contribution within multigenerational families, and mapped out the existing evidence-based knowledge, knowledge gaps and directions of future research, in a scoping review that has been submitted for publication (see Appendix A for the full manuscript). In brief, a systematic approach in searching and including literature was adopted in this scoping review. Thirteen articles were included and revealed several key findings.

Following the family resilience framework, what significant risks multigenerational families experience (Patterson, 2002a), and what key coping processes older adults participate in (Walsh, 2016) are identified in this literature review.

First, significant risks multigenerational families experience included health problems of adult children/grandchildren (e.g., premature delivery, HIV, pregnancy loss, intellectual

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disabilities, emotional problems, experiencing trauma, and autism spectrum disorders) (Brødsgaard et al., 2017; Dolbin-Macnab et al., 2016; Foli et al., 2018; Howson & McKay, 2020; Huo et al., 2018; Huo et al., 2019; Iseki & Kazutomo, 2014; Kasedde et al., 2014; Lockton et al., 2020; Prendeville & Kinsella, 2019; Rutakumwa et al., 2015), emigration of adult children (Bailey et al., 2018; Kalavar et al., 2015; Marchetti-Mercer et al., 2020; Xu et al., 2018; Noveria, 2015), intergenerational tensions and/or abuse (Cohen et al., 2018; Thang et al., 2011; Conway et al., 2017; Dolbin-Macnab et al., 2016), financial issues (Dolbin-Macnab et al., 2016; Huo et al., 2019; Jiang et al., 2015), marriage issues (Dolbin-Macnab et al., 2016; Huo et al., 2018; Huo et al., 2019; Jiang et al., 2015; Kemp, 2007), substance use (Huo et al., 2018), and being victims of crimes (Huo et al., 2018).

Second, the review revealed that older adults provided various types of support (including instrumental, informational and emotional support) to their adult children and/or grandchildren during times of significant risk. In terms of emotional support for adult children, for instance, in Brødsgaard et al.'s (2017) qualitative intervention study in Denmark of 16 older adults (age range: 60-75), participants reported that they encouraged their adult children to share thoughts and feelings with them as a way to share the burden of care for their grandchildren. Regarding instrumental support for adult children, for instance, in Howson and McKay's (2020) qualitative study in the UK, which included 25 older adult participants (age range: 60-83), older adult parents reported that they needed to keep awake at night so that they could keep their soiled adult children with learning disabilities dry and clean. As one of the older adult participants in this study reported:

I could not sleep for two nights because he [adult child with learning disability] was

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restless. I get up every time he wets so I have to change him. Sometimes he soils, so I have to shower him at four o'clock in the morning. Nobody wants to know. (p. 315)

In terms of informational support for grandchildren, for instance, in Marchetti-Mercer et al.'s (2019) qualitative study in South Africa of 23 older adults (60+), the participants reported to teach their emigrating grandchildren the homeland language and cultural norms. One of the study's participant reported, "One Afrikaans-speaking grandmother, Maggie, tries to teach her grandchildren some Afrikaans words, since they now only speak English at home" (p. 12).

Regarding emotional support for grandchildren, for instance, Dolbin-Macnab et al. (2016) found in their qualitative study, that the participants expressed love to their grandchildren who suffered from abandonment by their parents or the death of their parents. As reported in Dolbin-Macnab et al.'s (2016) study, "Grandmothers were hurt and saddened when grandchildren had experienced difficult circumstances and did their best to address these issues by being available to their grandchildren and communicating their love to them" (p. 2201).

Third, regarding older adults' supportive roles for their adult children and/or grandchildren, the review highlighted how older adults experienced both positive and negative implications related to their contributing roles in the multigenerational family and how they used several strategies to cope with the significant risks and manage their such contributing roles.

The negative implications include psychological distress, decreased wellbeing, physical problems, intergenerational tensions, heavy workload and social support shortages regarding supportive roles of older adult parents/grandparents. For instance, in terms of

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psychological distress, in Xu et al.'s (2017) quantitative study, the caregiving burden for grandchildren was associated significantly with increased depressive symptoms of the participants. In terms of decreased wellbeing, in Howson and McKay's (2020) qualitative study, caregiving for adult children with intellectual disabilities deprived older adults' sleep. As one of the older adult participants reported, "I was not getting any sleep with the baby [adult daughter with disability] being awake half the night and [adult daughter with disability] being awake the other half" (p. 315). Regarding physical problems, in Cohen et al.'s (2018) qualitative study, the participants encountered their adult children's physical abuse for not giving their adult children money.

In terms of intergenerational tensions, Rutakumwa et al. (2015) found that the participants were in a tense relationship with the grandchildren they cared for. One of the study's participants reported:

I used to advise her (the grandchild) to behave well but she would not buy my advice and at last she got infected with HIV. She used to move away without my consent and would stay there for some time before coming back home. (p. 2130)

Prendeville and Kinsella (2019) qualitative study highlights the heavy workload experienced by older adults in providing support, as a daughter reported:

My mother was so good, when I was having very hard nights I would ring her and she would say bring him up... So I've been very grateful to my Mum, she has been sick her whole life and she shouldn't be here at all, she has been an unbelievable amount of strength and support to me she is the main person. (p. 742)

In terms of social support shortages, Lockton et al. (2020) found in their qualitative study that

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the older adult participants whose adult-child had experienced a pregnancy loss reported a lack of professional support for them. As one of the study older adult participants stated:

But even then you know they would call I mean there was no professional support available, not even at the hospital like there was no um (pause)... Yeah so there wasn't any support other than what we looked for ourselves. (p. 4)

The positive implications include positive emotions, improved mental health, expressed higher life quality, and social support. In terms of positive emotions, for example, Dolbin-Macnab et al. (2016) found that the participants gained enjoyment from their relationship with their grandchildren they cared for, a sense of fulfillment from caregiving for the grandchildren, and positive feelings from the grandchildren's respect and appreciation toward them. Chang and Huang (2020) found in their quantitative study that caring for grandchildren improved older adults' mental health significantly. In terms of life quality, Xu and Chi (2011) found in their quantitative study that helping adult children with household chores increased participants' life satisfaction significantly.

Regarding social support, Low and Goh's (2015, p. 311) study found that the participants who cared for grandchildren were more likely to be regularly visited by their adult children. As one of the study participants reported, "If I am not taking care of my granddaughter, my [adult] children would not come back every day...Because I am taking care of their child now, they have no choice but to come back regularly" (p. 311).

Older adult used strategies such as positive reframing, help-seeking, religious coping, open communication and avoidance (Walsh, 2016). In term of positive reframing, for instance, in the qualitative study of Howson and McKay (2020), the participants reframed

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their caregiving for their adult children with a disability as an opportunity to enhance their quality of life. The researchers found:

Twenty-three of the 27 parent carers reported that caregiving had enhanced their quality of life. They felt having a child with a learning disability allowed them to view life through a different lens. Father 3 [an older adult participant] commented: ‘My conclusion about the quality of life might shock you and everybody else but I think having a disabled daughter has improved my quality of life. It made me a better person. (p. 314)

In terms of help-seeking, for instance, Rutakumwa et al. (2015) found in their qualitative study that, the participants established a reciprocal relationship with grandchildren who were under their care. Rutakumwa et al. reported:

...The older carer had a different set of needs, which we categorised as immediate and strategic needs. Immediate needs pertained to instrumental support in executing routine tasks that were necessary for household survival. It is in relation to these needs that the older carer counted on the child [the grandchild cared by older adults] for help, particularly in performing household tasks that were too physically demanding for the older carer to perform. (p. 2125)

In terms of religious coping, for instance, in Dolbin-Macnab et al.’s (2016) qualitative study and the participants gained strength through praying. In this study, as reported:

One 68-year-old grandmother, who was raising two young grandchildren due to parental unemployment, described her views on how prayer helps sustain her when she said, ‘Despite the problems, I am always praying and asking for help because I

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believe that prayer causes change. (p. 2196)

Open communication (Walsh, 2016) was another coping strategy. In Brødsgaard et al.'s (2017) qualitative intervention study, the participants encouraged their adult children to share thoughts and feelings with them, viewing it as a method to reduce care burden of their adult children. Another example is Kalavar et al.'s (2015) mixed-method study whereby they found that participants used multiple communication technologies to contact their emigrated adult children regularly, which made the participants "feel connected" (p. 145).

Older adult parents/grandparents also used avoidance. An example of avoidance was highlighted in Thang et al.'s (2011) qualitative study, whereby an older adult parent shared the following strategy to avoid making their grandchildren upset with them, "You see, I don't interfere in their [their grandchildren's] affairs at all. We love him, but we don't ask him unless he tells anything. So when there's no interference, there cannot be any problems" (p. 555).

The Literature Review Revealed Several Important Knowledge Gaps that this Study Seeks to Address.

Knowledge gap #1: Lack of focus on personal strengths and capacities in family resilience. The relationship between individual family members and family resilience remains unexplored to a large extent. McCubbin and McCubbin (1988) argue that personal strengths of family members could contribute to building family resilience. Henry et al. (2015) considers individual family members as a subsystem of a family that affects family resilience. Individual family members have been recognized as an independent factor affecting family resilience. For example, Simon et al. (2005) argue that individual family members with

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resilient characteristics contribute to building family resilience. For example, These resilient characteristics include “a high level of spirituality, acceptance of their own and others’ personality traits, and adaptability to environmental changes” of adults and children’s “age, cognitive and emotional development, self-esteem, social orientation, achievement motivation, and social comprehension” (Simon et al., 2005, p. 429). However, such analysis has not been a focal point of examining family resilience.

Knowledge gap #2: Lack of scholarly attention on the contributing roles of Chinese rural older adults in at-risk multigenerational households. In the literature review, the helping activities of older adults for their adult children and grandchildren are studied in countries with various socio-economic and cultural contexts. In the literature review, previous studies with Chinese participants show that cultural factors play an important role in shaping the contributing roles of older adults who responded to normative demands of their multigenerational family within an easily manageable range (Low & Goh, 2015; Xu et al., 2017; Zhou et al., 2017). For instance, in Zhou et al.’s study (2017), rural Chinese older adults provided care for their grandchildren whose parents worked in urban areas. Contributing roles of older adults in response to significant risk primarily affecting their adult children/grandchildren in Rural China lack academic exploration.

Knowledge gap #3: Limited use of family resilience as a framework for understanding the contributing roles of older adults in at-risk multigenerational households. The use of the family resilience framework is limited in examining how older adults strengthen the well-being of at-risk elder-headed multigenerational households. A limited number of studies used a family resilience framework to examine how older adults

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provide care to their grandchildren (Dolbin Macnab et al., 2016). In this study, personal strategies and familial interactions regarding the contributing roles of older adults were discussed. However, paths about how individual family members enhance family resilience were not specified and clarified.

Knowledge gap #4: Limited examination of family resilience models in the

Chinese context. In the literature, previous studies with Chinese older adult participants, cultural context and social norms played an important role in shaping their contributive roles. For example, cultural ideas and traditional norms (e.g., continuity of blood in a family) about multigenerational relationships provided the reason and motivation for older adults to adopt such contributing roles, and older adults achieved self-satisfaction by taking the culturally assigned responsibilities for their adult children and grandchildren (Low & Goh, 2015; Xu et al., 2017; Zhou et al., 2017). Further, with the culturally recognized contributing roles, older adults could maintain social engagement and gain support from their adult children and grandchildren (Low & Goh, 2015; Xu et al., 2017; Zhou et al., 2017). Contextual factors (socio-cultural, political, economic, and physical/environmental, etc.) might also play an important role in shaping the roles of older adults to help their multigenerational families cope with significant risk, and is explored in this study.

Situating this Study

To summarize, there are several directions identified to further develop the concept of family resilience, and understand the contributing roles of Chinese older adults in at-risk multigenerational households. Theoretically, this study enriches the application of the family resilience framework in the context of Rural China and specify a path of how individual

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family members enhance family resilience. Empirically, this study enriches evidence-based knowledge on the contributing roles of Chinese older adults in elder-headed multigenerational households by exploring how older adults respond to significant risks experienced by their multigenerational families.

Research Questions

This study examines how older adult family members help to cope with significant risk and foster family resilience within at-risk multigenerational household they head in Rural China to address the four knowledge gaps identified from the literature review. My research questions are: (i) what significant risk do elder-headed multigenerational households experience in Rural China? (ii) how do older adults participate in coping with the significant risks? (iii) what are the implications in providing such support? (iv) what and how do contextual factors influence such participatory roles? (v) how and in what ways does the theoretical framework of family resilience explain family resilience in the context of Rural China?

Research Aims

This study aims to examine the contributing roles of older adults in fostering family resilience of at-risk multigenerational households they head and to examine how such roles are implicated by contextual factors including but not limited to community facilities (e.g., a commercial zone, a church and a community committee in Village One), economic development (e.g., what villagers live on historically and what they live on now in Village One) and social norms (e.g., what social rules are widely accepted and practiced in terms of intergenerational relationships in Village One). This study will: (i) provide a rich and

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in-depth description that captures the similarity, heterogeneity, and complexity of the contributing roles of older adults in fostering the family resilience of at-risk elder-headed multigenerational households, (ii) to explain how micro, mezzo, and macro factors and processes shape and influence such roles and processes and (iii) to provide the evidence and direction for social work practice aiming at supporting rural older adults playing the contributing role in elder-headed multigenerational household affected by significant risk.

Significance of the Study

This study is significant for the following contributions. Firstly, this study contributes to enhancing the evidence for the importance of older adults in at-risk multigenerational households. Secondly, this study enriches the evidence for gerontological social work practice in Rural China by making the voices of older adults heard. Thirdly, this case study research enriches the discussion about the influence of the rural Chinese context on family resilience, by examining how individuals and families interact with their community to improve family resilience. Lastly, this study provides the evidence and direction for social work practice aiming at supporting rural older adults and their heading at-risk multigenerational families in China.

Chapter 4: Methodology

My Research Paradigm: Social Constructionism Paradigm

Tracy (2010) argues that a key criterion for excellent qualitative research is sincerity, and this requires the research to be honest and transparent. Researchers should show their bias, goals, and shortcomings and how these affect the quality of the research. In this section, I report my paradigm, which is social constructionism, affecting the research process of this

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study. Social constructionism states that people interact to co-construct their understandings of the world, sharing social opinions and making practical implications (Allen, 2005; Galbin, 2014). In the process, language is a key tool to construct and disseminate knowledge about the world (Burr & Dick, 2017). The shared social understanding, such as cultural, political, and historical contexts, provides a meaningful framework for people to organize and explain their experience, producing new social reality (Allen, 2005; Crotty, 1998; Galbin, 2014).

Another way of understanding social constructionism is comparing it with different epistemologies, such as positivism and social constructivism. The difference between positivism and social constructionism is views on knowledge (Savin-Baden & Major, 2013). Positivists think knowledge comes from the fact and fact is objective, while researchers with social constructionism think knowledge is constructed through subjective experience and social interactions of people. Social constructionism is also different from social constructivism. With social constructivism, researchers should explore individual world constructions (Savin-Baden & Major, 2013). It believes that individuals construct knowledge instead of that knowledge is transmitted to individuals (Narayan et al., 2013). Individual constructions depend on the experiences and understandings of individuals. Alternatively, social constructionism centers on how perceptions of the world are co-created and shared in society (Savin-Baden & Major, 2013). Attuning to social constructionism means that researchers should explore how shared knowledge is developed through dialogue, negotiation, and interactions. Constructivism focuses on individuals, while social constructionism focuses on society (Young & Collin, 2004). In this study, I adopt social constructionism as my research paradigm, thus choosing to explore how contexts (e.g., cultural and social norms as

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shared conceptions in the village) shape older adults' resources, challenges, and coping processes in tackling significant risks of elder-headed multigenerational households.

Who Am I, In Relation to my Research Study?

Reflexivity is “the process of a continual internal dialogue and critical self-evaluation of researcher’s positionality as well as active acknowledgement and explicit recognition that this position may affect the research process and outcome” (Berger, 2015, p. 220).

Researchers’ positions include their gender, race, age, sexual orientation, immigration status, personal experience, linguistic tradition, beliefs, biases, preferences, ideological stances. In the following section, I shared my intention and position in conducting this study, which is another way of attuning to the criterion of sincerity as espoused by Tracy (2010) in what makes excellent qualitative research

As a 27-year-old Chinese woman, I was born, raised, and educated in Chinese cities, making rural participants feel different from me. Also, I got a relatively great education experience in universities, which won participants’ respect and admiration. I had done fieldwork several times individually or in groups in Village One when I was a postgraduate student at Peking University. The villagers were familiar with Peking University students, making me easy to build a relationship with them. Participants may be more willing to share their experiences with researchers who are sympathetic to their situation (Berger, 2015). In interacting with the villagers, I did not deny the difference between us, but I showed my sympathy about what they shared with me, which impressed them with honesty and care.

My grandmother had raised me alone for a year. When my grandmother was 82, my parents went to another city to work, and my grandmother took care of me, assisted by my

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second uncle. Therefore, I have a similar experience with participants in this study. Besides, I feel sympathetic for older adults who significantly contributed to their adult children/grandchildren, which prompted me to pay more attention to older adults as heads in the multigenerational household coping with the adversity. I interviewed older adults and their adult children/grandchildren in this study, which provided me with multiple lenses to study the phenomenon. Changing positions can shift the researcher's theoretical constructions of narratives from participants (Berger, 2015). The researcher should avoid using their pre-perceptions to understand and interpret participants' experiences. Two groups of participants shared different opinions toward the studied phenomenon, which I kept open to and made me pay attention to intergenerational collaborations as well.

Since nearly all my relatives live in the countryside, I have frequent and close interactions with people in Rural China, increasing my credibility to understand participants in this study. I had known social rules and values a bit in Rural China before entering the village. With this fact, participants believed I could understand their experiences and thoughts. My hometown, Henan province, geographically borders Anhui province, sharing similar racial, cultural, and social customs with participants. Also, participants can use their local language to communicate with me, which made interviews more fluent. Getting familiar with the local language enabled the researcher to sense potential sensitivity and find clues implied in interactions with participants (Berger, 2015). Some words were used frequently by the villagers to express particular thoughts and feelings. I captured and used these words in interviews and daily communications, making them feel understood and deepening our conversation.

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If the researcher has a “dual identity,” participants may not share information that they suppose is evident to the researcher (Berger, 2015, p. 224). To fix this issue, sometimes, I invited participants to explain their choices and activities. They thought the reasons were evident to a Chinese. I explained that I could not assume their thoughts, accepted by participants.

Research Design

In this research, I used a case study design and took at-risk elder-headed multigenerational households in Village One as cases (see case description in Appendix B). This section explained the case study methodology, why I used it, and how I applied it to this study.

Qualitative research. The qualitative research design explores subjective factors in the studied phenomenon, such as how individuals understand their experience and the world (Merriam, 1998). Therefore, qualitative research could provide a chance for particular groups to have their voices heard (Merriam, 2009). This study explores how older adults help to cope with significant risk and foster family resilience within at-risk elder-headed multigenerational households by investigating participants’ subjective experiences and contextual factors. Therefore, qualitative research is most suited to address the research questions of this study and to fit the aims of my research. With the case study design, the researcher can gain an “in-depth understanding of the situation and meaning for those involved” in a bounded unit (Merriam, 1998, p. 19). To capture contextual factors and a more fulsome narrative of participants’ experiences, the case study design is employed in this study.

Case study methodology. Three foundational authors, Robert Stake, Robert Yin, and

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Sharan Merriam, contributed to building the case study methodology (Brown, 2008). Their works provide researchers with key guidelines to conduct case study research (Yanzan, 2015).

Stake (1995, p.2) agrees with Louis Smith (1978), who defined the case as “a bounded system.” The case is an “integrated system” with boundaries and working parts; It is “a specific, a complex and functioning thing” (Stake, 1995, p2). Merriam (1998) emphasizes the boundaries of the case, which help to exclude what will not be studied (Miles & Huberman, 1994). Merriam (1998, p. 34) defines the case study as an “intensive, holistic description and analysis of a single entity, phenomenon or social unit.” The case is an instance of some issue, topic, or hypothesis.

The case may be embedded with contexts (both in spatial and temporal dimensions) in a blurred status (Merriam, 1998; Yin, 2012). Yin (2018) argues that case study research assumes that contextual factors play an important role in explaining the studied phenomenon. According to Cronbach (1975, p. 123), “interpretation in context” is a characteristic of case study research. Thickness and richness of the description of the case are required in case study research so that various variables and relationships among the variables have chances to be shown in the description, which is important to answer the research questions as well (Merriam, 1998).

Merriam (1998) focuses on the qualitative case study, in which the researcher holds a holistic view of the studied phenomenon and considers the effect of its contexts and processes. The researcher needs to study the whole situation to identify its working factors. The case study method is suitable to answer “what”, “how” and “why” questions because it

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can provide rich descriptions and insightful explanations of the studied case (Yin, 2012, 2018). Unlike Merriam and Stake, who promote a qualitative approach in case study research, Yin (2012) advocates a mixed-method design. Therefore, I am guided primarily by the works of Stake and Merriam.

In this study, at-risk elder-headed multigenerational households in Village One are taken as cases. In China, villagers share social atmospheres, natural environments, community facilities, and cultural norms within their village. These factors which interact with at-risk elder-headed multigenerational households, may differ between villages.

Collective instrumental case study. Case study designs can be classified into three types: the intrinsic case study, the single instrumental case study, and the collective instrumental case study (Stake, 1995). The intrinsic case study is used to understand a particular case, while the instrumental case study uses the case to explore an issue. In this study, I employed the instrumental case study design to understand the phenomenon that is how older adults cope with significant risk and foster family resilience of elder-headed multigenerational households in the context of Rural China.

The case study research in which multiple cases are studied is called a collective case study (Stake, 1995). I employed the collective instrumental case study design to study several instrumental cases focusing on the phenomenon. I take at-risk elder-headed multigenerational households in Village One as the cases. In this collective instrumental case study, the multiple cases are compared with each other to explore intra-group similarities and differences among the cases, which are important to induce the characteristics and the rationale of the studied phenomenon (Baxter & Jack, 2008).

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Ethnographers may need to spend certain periods in fieldwork, which the case study may not (Suryani, 2013). Besides, Ethnographers emphasize the importance of observation in collecting data, while the case study can primarily use interviews to collect data (Suryani, 2013). I chose such a research design and primarily used interviews to collect data because of my limited time, resources and control in studying cases across varying contexts. Despite the limits, researchers can still maximize the exploration of the studied phenomenon with an accessible case and refined understanding of it (Stake, 1995). I chose Village One as my fieldwork site. I conducted fieldwork several times in Village One before and built acquaintance relationships with villagers there. Leaders and villagers in Village One provided me a great convenience to complete my case study in their village, which enabled me to maximize what can be learned from the village regarding the studied phenomenon. I also used ethnographic techniques (including observation, four-month fieldwork, and document review) in this study to capture a comprehensive understanding of the studied phenomenon.

Limitations of Case Study Research

The case study design, with its small sample sizes, is challenged in its ability to generalize (Flyvbjerg, 2006). While the case study may not be able to realize statistical generalizations, the method has ways to realize analytical generalization. Researchers should illustrate how their case studies affect theories or theoretical frameworks to achieve analytic generalization (Mills et al., 2009). These theories or theoretical frameworks implicate similar results in similar situations with the case studies.

Firstly, analytic generalization can be achieved by readers who bring their experience and understanding to the case study (Stake, 1995). Researchers need to provide a thick

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description of the case that provides enough clues for readers to judge and compare its similar situations (Flyvbjerg, 2006; Thomas, 2017). Secondly, case study research can also achieve analytic generalization by testing the applicability of social science theories (Sharp, 1998; Yin, 2018). With its deep investigation of the case, case study research is more likely to find out the “black swan” against existing propositions (Flyvbjerg, 2006, p. 228). The “black swan” includes findings and conclusions drawn from the case study, opposite to current theoretical statements, research findings or/and views. The case study also helps to find new elements, processes, and organizations to develop and enrich theories (Ylikoski, 2019).

There is another issue in employing the case study design. Case study research is thought to be used in verifying pre-perceived notions of researchers, having less rigor than quantitative and hypothetic deductive methods (Flyvbjerg, 2006). However, Flyvbjerg (2006) argues that the case study tends to falsify pre-perceived notions instead of verification, which is supported by several reasons. Firstly, researchers can directly examine their views in real-life situations relevant to the studied phenomenon, as a method to realize falsification. Secondly, with an intensive and in-depth exploration of the case, researchers are more likely to falsify their previous views because pieces of evidence can be used to examine their ideas in various ways, even in one case. Thirdly, in the case study, researchers co-construct the social world with participants, allowing researchers to identify new variables and correct their views directly from participants.

Sample Size

There is no formulaic solution to determine the sample size in case studies (Yin, 2012). Stake (1995) and Merriam (1998) echoed this idea and did not indicate any specific

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sample size. Seawright and Gerring (2008, p. 301) argue that case study research, as “small-N” research, has one as the smallest sample size.

According to Patton (2002), the researcher could specify a minimum sample size “based on expected reasonable coverage of the phenomenon given the purpose of the study” (p. 246). Trotter (2012) considers 15 to 25 as the ideal number of participants recruited in a qualitative study, enabling the researcher to enumerate the participants in the analysis section. In this study, I interviewed 12 older adults, 10 adult children (including daughters-in-law), and four grandchildren from 12 at-risk elder-headed multigenerational households in Village One. I also interviewed 8 key informants to enhance background information on Village One. However, the key informants also played dual roles and were part of at-risk elder-headed multigenerational households, thus some of their interview data also contributed to the findings regarding the role of older adults in fostering family resilience.

Purposive Sampling

Purposive sampling aims to select a sample to maximize what can be learned regarding the studied phenomenon (Merriam, 1998). With purposive sampling, the researcher should conduct an in-depth investigation of rich-information cases. To run purposive sampling, researchers must determine the criteria to select participants. The selection criteria contain attributes of participants important to explore the studied phenomenon. In this study, selection criteria included elder-headed multigenerational households: i) having a person aged 60 years or over as breadwinners and decision-makers; ii) experiencing or experienced significant risk(s) primarily affecting the adult children and/or grandchildren, and iii) located in Village One.

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Criterion 1: The elder-headed multigenerational household contains older adult family members aged 60 years or over as breadwinners and decision-makers.

Multigenerational households include households where adult children live with their parents or grandchildren reside with their grandparents (with or without the middle generation present) (Keene & Batson, 2010). In this study, older adults lived with their adult children and/or grandchildren when coping with significant risks together. Besides, older adults functioned as breadwinners and decision-makers in their multigenerational households.

Older adults did not live with their adult children/grandchildren who were absent in the village. For example, there were households whereby the adult children/grandchildren were serving a prison sentence or working in urban areas. When they came back, they lived under one roof with older adults. Some older adults did not live with their adult children and/or grandchildren because of limited living space or the adult child's mental illness. However, older adults cooked for and ate with their adult children/grandchildren. Separate cooking is usually regarded as a symbol of household division (Ma, 1999; Cohen, 1976; Lin, 1947). This study included the households which have the situations mentioned above. In China, the old-age pension starts at 60. Therefore, this study defined people aged 60 and over as older adults.

Criterion 2: The elder-headed multigenerational household is experiencing or has experienced significant risk(s) primarily affecting the adult children and/or grandchildren. Patterson argues (2002b) that significant risks usually refer to unexpected or/and severe adversities, a prerequisite for the emergent of resilience. People may be at significant risk when exposed to chronic adverse conditions, severe difficulties, or both

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situations (Patterson, 2002a). This study focuses on significant risks primarily affecting adult children and/or grandchildren in elder-headed multigenerational households.

Criterion 3: Older adults from the at-risk elder-headed multigenerational

households live in Village One. In China, rural areas have a different history, developmental path, and issues from urban regions (Wilson et al., 2018). In China, a village is a basic unit in which residents' social welfare is organized, constituting the important context of at-risk elder-headed multigenerational households in it. It is also constructed with geographical boundaries. As Lu (2015) said,

Village One "is the same as most villages in China, of which the space has three functions. The functions overlap and include life, production activities, and social interaction, which is a characteristic of traditional villages in China. Farmers conduct agricultural production in the village, live in the village, naturally conduct social interactions and develop social connections here" (Wang et al., 2018, p. 7).

I chose at-risk elder-headed multigenerational households in Village One as cases because I had built contact with the village. I finished my postgraduate dissertation based on the fieldwork in Village One conducted from 2017 to 2018. The leaders and villagers were familiar with professors and students from this university and knew our fieldwork. The experience made me more accessible to recruit participants in the village. Otherwise, it is more difficult to do fieldwork in a new place without knowing anyone from this place and having the trust and rapport with key community members.

Recruitment

In the studied village, I conducted my recruitment with convenience sampling which

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is based on the availability of respondents. In Village One, village committee members are also villagers. They have a relatively comprehensive knowledge of other villagers' information and sustain a trustworthy relationship with other villagers as administrators of this village. I introduced myself, the aim of this study, and participant screening questions to the village committee members. To recruit more participants with rich information, I provided 100 yuan for each participant as a token of appreciation for their participation. With the referral of the village administrators, I identified participants for this study efficiently.

In the process of sampling, I asked potential older adult participants screening questions and include at-risk elder-headed multigenerational households which are eligible in Village One. These screening questions for older adult participants are: i) How old are you? ii) Do you live in Village One? iii) Are there any times you can recall where you helped your adult children or grandchildren through a difficult time as an older adult?

There are particular risks that may be encountered by Chinese rural families, including "left-behind" children (Ding & Bao, 2014; Tao et al., 2014), occupational injury of migrant workers (Fitzgerald et al., 2013), and high marriage expenses (Jiang et al., 2015). I took these reviewed risks as examples to clarify the third screening question when participants/key informants failed to understand or misunderstand the question.

After I collected data from older adults, I invited their adult children and/or grandchildren to participate in this study. Considering the sensitivity of research issues (e.g., recall of experiences of significant risks to the family), people under 18 were not recruited as an interviewee.

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Data Collection

I employed data collection methods in this study, including semi-structured one-to-one interviews, observations, and document reviews. The following section describes each data collection method and explains the rationale for using each method in this study.

Interviews. With some purpose (Merriam, 1998), the interview is in the form of dialogue, which can provide the text of interviewees' opinions, thoughts, and feelings (Alshenqeeti, 2014). There are four kinds of interviews: structured, unstructured (open-ended), semi-structured, and focus group.

In this study, I employed semi-structured one-to-one interviews. Semi-structured interviews are conducted "within the parameters traced out by the aim of the study" (Berg, 2007, p. 39). The semi-structured interview also keeps flexibility and openness (Merriam, 2009). In the semi-structured interview, "all the questions are more flexibly worded, or the interview is a mix of more and less structured questions" (Merriam, 1998, p.74). Besides, it allows "questions to emerge from dialogue" (Whiting, 2008, p. 36).

Compared to unstructured interviews, semi-structured interviews enable participants to respond to research questions more directly (Merriam, 2009). The structured interview, as "an oral form of written survey," provide a limited space for participants to share their subjective experiences because its rigidly predetermined questions have fixed meanings (Merriam, 1998).

One-on-one interviews can provide a condition to ensure confidentiality and also provide a chance for participants to discuss topics that they may not discuss with others present (Alshenqeeti, 2014). Besides, one-on-one interviews make it easier to seek

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clarification of interviewees, thus providing in-depth data. Therefore, I used semi-structured one-to-one interviews to gain in-depth data of interviewers' subjective experiences around my research questions.

Key informants can provide researchers with relevant information otherwise unavailable because they possess special knowledge, status, or communication skills compared to other participants (Gilchrist & Williams, 1992). Both formal interviews and informal conversations can be used to collect data from key informants (Gilchrist & Williams, 1992). The data collected from key informants can be artifacts, pictures, and manuscripts (Gilchrist & Williams, 1992). In this study, key informants are the village committee members, who maintain close contact with villagers and know information about Village One as a whole. By interviewing them, I learned about social welfare, the information of at-risk elder-headed multigenerational households, public affairs, and customs in intergenerational and other social interactions in Village One.

Observation. Observation helps to promote understanding of the context, which produces new reference points for research (Merriam, 2009). Besides, observations are used to triangulate research findings that are acquired through other methods (e.g., semi-structured interviews) (Merriam, 2009). Lastly, observation could gain data that is not talked about or recorded (Merriam, 2009).

As another primary data source, observation is conducted in a natural setting, enabling researchers to gain first-hand data (Merriam, 1998). Different from daily observations, research observation “(1) serves a formulated research purpose, (2) is planned deliberately, (3) is recorded systematically, and (4) is subjected to checks and controls on

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validity and reliability” (Kidder, 1981, p.264). Researchers can also use observations to triangulate the findings concluded with other data collection methods (Merriam, 1998).

The researcher can observe the physical setting, the participants, activities and interactions, conversations, subtle factors, and so on in the field site (Merriam, 1998). Research observation can produce a bias because of the highly subjective and unreliable nature of human perceptions (Merriam, 1998; Yin, 2014). Therefore, research observation is usually combined with other data collection methods to be used.

In this study, the theoretical framework, research difficulties, and research questions decide what I should observe (Merriam, 2009). I used research observation to “provide specific incidents, behaviors, and so on that can be used as reference points for subsequent interviews” and for triangulation (Merriam, 1998, p. 96). I observed contextual settings, activities and interactions, conversations, and subtle factors relevant to the studied phenomenon in Village One. I recorded my observation in a written format as field notes. The observation helped me in triangulation and produced additional questions to explore. I made field notes that included the content of the observation and my comments on it every time with typing and dictating (Merriam, 2009). My influence and thoughts on the observed scenes were recorded (Merriam, 2009).

Direct observation is conducted by researchers who are not involved in the phenomenon being studied (Yin, 2014). Participant observation is conducted by researchers who participate in the phenomenon being studied with more than one identity (Yin, 2014). In this study, I conducted direct observation with the sole identity of an outsider researcher. The chance of my observation may be reduced without a participant role in the village (Yin,

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2014). However, I concentrated on my observation activities without being distracted by other work, which was important in conducting observation as a data collection method (Merriam, 2009). Besides, with the sole identity, I had the freedom and chances to conduct observation activities in various time points and places (Yin, 2012).

Document review. The term “document” refers to data that is used to address research questions except for the data collected through interviewing or observing (Merriam, 2009). The researcher can collect data from documents relevant to the studied phenomenon (Merriam, 1998). Documents are “written, visual, and physical material relevant to the study at hand” (p. 12), including “official records, letters, newspaper accounts, poems, songs, corporate records, government documents, historical accounts, diaries, autobiographies, and so on” (Merriam, 2009, pp. 162-163). The documents could refer to “formal studies or evaluations related to the case” and “news clippings and other articles appearing in the mass media” (Yin, 2012, p. 106). Researchers can obtain information that would cost them much time and effort to collect by themselves with documents (Merriam, 2009). Since documents serve some purpose, the researcher needs to examine the authenticity and accuracy of the documents to decide whether they can use the documents for the study or not.

In this study, documents included: a county yearbook, a village report, the text of an exhibition about village history, policy advocacy brochures, and social welfare files of participants. These documents helped me better understand the village and participants’ natural, economic, social, and cultural context. The document review also provides the data that I did not easily obtain through interviews and observation. In this study, origins, authors, reasons for being generated, and the context in which it was written of documents affect the

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authenticity and accuracy of these documents (Merriam, 2009). I used document review to triangulate findings concluded with other data collection methods after verifying the authenticity and accuracy of these documents (Merriam, 2009).

Data Collection Process

I collected data between March 25th and August 1st, 2021. I obtained the verbal informed consent of participants and key informants before interviewing them. I describe my data collection process for interviews, document reviews, and observation in the following parts.

Interview process. I conducted semi-structured one-to-one interviews with participants and key informants. Specifically, I interviewed with older adults (n=12), adult children (n=10), grandchildren (n=4) and key informants (n=8). I used different interview guides for each type of interviewee (See Appendix C, D, E).

Firstly, I interviewed six key informants to gain a roughly whole picture of participants and their situations in Village One. The key informants were senior leaders in the village or officers in the town government. The leaders provided information about potential participants and helped me build trust with them. After interviewing with most participants, I interviewed another two key informants to validate and deepen my findings on the studied phenomenon.

I conducted interviews with older adults in their house as they permitted. The house of older adults was a comfortable and relaxed place for them to accept a one-to-one interview. Even though their family members were around sometimes (as they functioned as a caregiver to their at-risk multigenerational household), they did not feel interrupted or affected. The

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interviews lasted from 30 minutes to 3 hours.

I conducted five interviews with adult children/grandchildren via WeChat phones when they were working in cities. Seven were conducted in their house when they were alone or with their child. One was conducted in the house of the participants' grandmother, and his grandmother was also my participant. The interviews lasted for two hours on average.

Similarly, participants decided the place to accept an interview. Making conversations with acquaintances in the house is a usual phenomenon in the village. It might burden participants if the interviews were conducted in the village committee or other public places.

I conducted ten interviews with key informants in the village committee; One was conducted in the key informant's shop when she was running the shop; Two were conducted via WeChat phone because I left the village then. The key informant, the shopkeeper, accepted my interview when she had spare time in the shop.

Observation and document review process. I made field notes at least once a week and ensured points relevant to the research questions in observation. I recorded my observation in Microsoft Word on my laptop. I collected data via observation in various settings, including daily interactions in participants' family, the village committee, and among stakeholders (including villagers, leaders in the village committee, and officers in the town government) and an academic opening ceremony held in Village One. In this study, the observation data is integrated with interview and document data. These observations are used to examine my views concluded from documents and interviews. Or, information gained from observation is verified or falsified through interviews.

I collected documents in various ways. I collected leaflets introducing a local rural

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cooperative in the ceremony. I collected word material introducing Village One, Yang Town A, and County I from the village committee and the town government. I also collected the social welfare information of participants in this study from the village committee and the town government. I extracted relevant information from these documents and analyzed the data via Nvivo.

Data Analysis

Overview of thematic analysis. The data included for analysis comprised 34 transcripts, 22 documents, and 20 pages of field notes. I employed thematic analysis to analyze all the data in this study. Thematic analysis provides procedures for generating codes and themes from qualitative data (Clarke & Braun, 2017). The codes are used to capture data features relevant to research questions and to build the themes underpinned by a central idea or concept (Clarke & Braun, 2017). Themes function as the next unit of codes, as “larger patterns of meaning, underpinned by a central organizing concept – a shared core idea” (p. 297). Themes constitute the structure of organizing research findings.

Thematic analysis is a flexible analytic method and could be applied broadly across theories and epistemologies (Braun & Clarke, 2006). Researchers employing thematic analysis do not need to be constrained by theoretical commitments and content characteristics (e.g., the prevalence of particular content) (Braun & Clarke, 2006). Therefore, thematic analysis is thought to lack its “brand” compared to other analysis methods (e.g., grounded theory) (Braun & Clarke, 2006). However, the choice of analysis methods depends on how much the methods help answer particular research questions (Braun & Clarke, 2006).

“Thematizing meanings,” as a core skill of thematic analysis, is used across

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qualitative analysis methods (Braun & Clarke, 2006, p. 78). There are at least two aims of employing thematic analysis: reflecting reality and explaining reality (Braun & Clarke, 2006).

Thematic analysis is most suited to analyze the data of this study because it helps the researcher examine and categorize the data reflecting substantive activities of participants employing theoretical and epistemological frameworks of this study. In this study, on the one hand, thematic analysis helps categorize the data through coding and theming. On the other hand, producing themes is a process of theorizing the data, which connects the data with the theoretical and epistemological frameworks in this study.

There are three strengths of thematic analysis. Firstly, with thematic analysis, the researcher can minimally organize the data and provide rich and complex data accounts. Secondly, with thematic analysis, identifying a theme is based on the frequency of occurrence in data and/or whether it “captures something important about the overall research question” (Braun & Clarke, 2006, p. 82). Thirdly, thematic analysis, “with a defined sequence of the analytical stage, provides researchers with clear and user-friendly methods for analyzing data” (Vaismoradi et al., 2013, p. 403). In this study, the data is about individuals, families, communities, and society relevant to the studied phenomenon, collected through interviews, documents, and field notes. I used thematic analysis to keep the richness of the data while analyzing the complexity of the data with codes and themes. I am a novice researcher, and the clear guidelines provided by thematic analysis were helpful for me to analyze the data.

Themes constitute the structure of organizing research findings. thematic analysis is conducted in six phases: 1) familiarizing with data, 2) developing codes, 3) identifying themes, 4) reviewing themes, 5) defining and labeling themes, and 6) creating the report.

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Applying thematic analysis.

Stage one: Familiarizing with data. The analyst needs to immerse in the data (Braun & Clarke, 2006). The analyst should read the whole set of data and have a thorough understanding of it before coding. The analyst can conduct this procedure by transcribing the data. In the first phase, I transcribed interview data into written form, which was viewed as an interpretive process costing intense attention of researchers (Braun & Clarke, 2006). I read through the transcripts to make codes and themes consistent with the whole data set.

Stage two: Generating initial data. In the second phase, I will code the transcribed data in the form of texts (including data from interviews, observations, and documents). Coding refers to a process in which raw data is assessed with the most basic elements in a meaningful way for studies (Braun & Clarke, 2006). In this phase, codes will be produced as many as possible and one piece of data might be coded more than once (Braun & Clarke, 2006).

Coding can be inductive, deductive, or both (Braun & Clarke, 2006). In this study, I employed a hybrid approach to coding. In this study, based on the findings of the literature review and family resilience frameworks, I produced ten pre-determined codes: contextual factors, older adults' support to children, older adults' support to grandchildren, coping strategies, implications of older adults, significant risk, mobilizing social resources, positive reframing, psychological distress, and physical well-being. As Braun and Clarke (2006) suggested, I created as many inductive codes as possible to develop the depth and dimensions of research findings. I built a code set for each type of data source, including older adults, adult children/grandchildren, key informants, and documents.

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I reviewed all the sets of data and analyzed the data sentence by sentence. The coded data were sentences and paragraphs, but the length of the coded data was not longer than a paragraph. Merriam (1998) argues that an analysis unit can be a word or pages of field notes. However, I found that a word was not enough to support codes. As Braun and Clarke (2006, p. 89) suggested, the analyst should “keep a little of the surrounding data if relevant” to the extracted data, providing a context to extracted data segments. Also, data segments beyond the content of a paragraph were more likely to be too scattered to support codes efficiently. Also, data segments could be used to support more than one code in this study.

Stage three: Identifying themes. In this phase, codes are classified by different themes. Themes reflect the broader pattern of the meaning of the data than codes (Braun & Clarke, 2006). The themes should be mutually exclusive and constitute a coherent pattern. Within one theme, the data need to cohere together in a meaningful way for this study. I identified themes by collapsing codes, keeping codes distinct, and building sub-themes. Sub-themes are themes within a theme, used to provide “structure to a particularly large and complex theme, and also for demonstrating the hierarchy of meaning within the data” (p. 92).

In this study, I used Nvivo to code the data, and the software provided a clear structure of codes. I identified themes depending on the frequency of the occurrence in data and its relevance to research questions (Braun & Clarke, 2006). Harding (2019) argues that a code can become a theme/category if applied to a quarter and more respondents. In this study, I identified the themes if at least eight participants (including key informants) had quotes/references related to them or directly responded to research questions.

Stage four: Reviewing themes. This stage is the first step of the built-in qualitative

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process, where the researcher checks and refines themes and sub-themes (Braun & Clarke, 2006). As Braun and Clarke suggested, in the first step, I need to examine whether the evidence within a theme forms “a coherent pattern” and fits the theme or not (Braun & Clarke, 2006, p. 91). I adjusted codes or data extracts when the answer was no, as Braun and Clarke suggested. For instance, I removed, renamed, and added themes, through which I made data extracts and themes fit better than before. In the second step, I adjusted themes to ensure that individual themes and the thematic map could reflect the evident meaning of the whole data set. For example, I checked whether any theme was missed to capture this meaning.

Stage five: defining and naming themes. As Braun and Clarke (2006) suggested, I formally defined and named themes and sub-themes at this stage. I checked the coherence of themes and sub-themes and ensured that themes and sub-themes did not overlap too much with each other. Also, I ensured that themes and sub-themes had responded to research questions.

Stage Six: Creating the report. In the data analysis, I used interview data to produce the majority of the themes and then used observation and document data to triangulate findings from the interview data. Observation and document data also helped to inform findings related to the context.

Braun and Clarke (2006, p. 93) state the report should provide “a concise, coherent, logical, non-repetitive and interesting account of the story the data tell-within and across themes.” In the report, the researcher needs to make arguments and analyses about the studied phenomenon. The researcher should have enough evidence to support themes and use

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quotes that show the essence of the arguments in the report. I organized the chapter of findings following these suggestions.

Rigor

There are two strategies important to ensure the rigor of qualitative studies, including triangulation and thick description (Merriam, 1998; Stake, 1995). Merriam (1998) and Stake (1995) strongly encouraged researchers to use multiple data collection methods for triangulation. With triangulation, findings can be confirmed by multiple data sources and data collection methods (Merriam, 1998). In this study, I used multiple data collection methods (including interviews, observation, and document review) and data sources (including transcripts, field notes, and documents) to increase the credibility of this study.

A thick description of the studied phenomenon and its contexts helps increase the transferability of qualitative studies; it enables readers to compare it with their situations (Merriam, 1998). I offered a rich and in-depth description of the cases and its contexts to help readers make decisions on similar situations. Gibbert and Ruigrok (2010) suggested that the researcher informs readers of concrete research actions rather than abstract criteria to ensure rigor. I provided a thick description of the methodology by reporting what, why, and how I conducted data collection and analysis in previous sections.

I also used other strategies to ensure rigour. Houghton et al. (2013) argues that a long period of living among participants provides a chance for the researcher to compare data constantly to refine constructs of data analysis, which is a method to ensure rigour. Since I knew villagers and key informants before, I lived in the village, taking about four months to collect data, which helped capture as many dynamic characteristics of the studied

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phenomenon as possible.

I also used self-monitoring processes to ensure rigour (Merriam, 1998). To do reflexivity, the researcher makes an explicit point on their “assumptions, worldviews and theoretical orientation at the outset of the study” that affect the research process (Merriam, 1998, p. 205). I discussed my research paradigm, social identities, and relevant growth experience that implicated my assumptions, worldviews, and values to conduct this study. With the information, the readers of this study can evaluate the potential biases I have in collecting, analyzing, and interpreting the data.

Member checking is a key process to increase the internal validity of the study. Member checking refers that researchers allow participants to check for the accuracy and authenticity of “the constructions derived from the analysis” in studies (Houghton et al., 2013, p. 14). In member checking, the researcher shows the preliminary data analysis to whom the data are from and asks for its plausibility (Merriam, 1998). In this study, I orally reported my preliminary data analysis to three key informants and collected their relevant opinions. These three key informants are senior members of the village committee. I did not report it to participants for reasons. Firstly, I did not want to overburden participants considering their workload. Secondly, key informants had rich information and knowledge of this village, and they could help me finish member checking. In member checking, I did not report specific information and details of participants to key informants to protect the privacy of participants.

Ethics

This section reviewed ethical considerations in this study and described actions I

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took to meet the ethical criteria. In terms of procedural ethics (Guillemain & Gillam, 2004), I obtained ethics approval from the Hong Kong Polytechnic University Human Subjects Ethics Sub-committee. In terms of “ethics in practice,” I need to negotiate the ethical issues emerging in this study (Murray & Nash, 2017, p. 932).

Confidentiality. According to Yu (2008, p. 161), “confidentiality was designed to prevent consequential harm associated with the compulsory disclosure of identifiable research data”. Thick descriptions of the case in the case study research, which make it easy for participants to be recognized from the description, do not “challenge the fundamental value of prescribing confidentiality to all participants” nor “the expectation to automatically utilize the practice” (Yu, 2008, p. 163). In this study, thick descriptions of the cases is made as required in conducting the case study research, which complies with ethical requirements regarding confidentiality.

Yu (2008) argues that researchers need to negotiate with participants in the decision of preserving anonymity or not because this decision should be based on participants’ preference. Some participants prefer to disclose their names and fieldwork locations in study reports (Yu, 2008). The researcher needs to ensure that participants are not hurt and embarrassed because of participation in research (Murray & Nash, 2017). To ensure confidentiality, the researcher needs to inform participants on how to present and access their data. Therefore, before interviews, I discussed with key informants and participants regarding: (i) How I presented their data; (ii) Who could access their data; (iii) Why they needed to decide their naming in the study (including disclosure of potential risks); (iv) What naming they used for confidentiality. For instance, I explained that I would take apart their story to

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make codes and themes. I also explained that I would not show their data in social media (e.g., newspapers or TV) but in my thesis and possibly academic journals. Some villagers asked to be anonymous in this study. I used kept the villagers and all the interviewees anonymous in this study so that those who asked to be anonymous could not be recognized.

Not overburdening the participants. Murray and Nash (2017, p. 932) argue that “managing the burden of participation” on participants is a key ethical consideration. The researcher should ensure that participating in research should not overburden participants. Therefore, I used several methods to practice this ethical consideration. For instance, I told participants and key informants that I did not want to interrupt their daily routine and let them decide when and where I should interview them, which was likely to allow me to observe their life activities.

Financial incentive. Financial incentives are viewed as effective methods in recruiting participants (Krogstad et al., 2010). In this study, 100 yuan was paid to each participant. There are various economic situations of participants, but 100 yuan can attract the attention of most participants in this study without being a considerable temptation. Grant and Sugarman (2004) argue that financial incentives are harmless unless the following elements present: i) participants are in a dependent relationship with researchers; ii) risks to participants are particularly high; iii) “the research is degrading, where the participant will only consent if the incentive is relatively large because the participant’s aversion to the study is strong, and where the aversion is a principled one” (p. 717). None of these elements is contained in this study.

Considering the workload of participants, I honored the work and time that the

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participants contributed to this study. Although I set the interview time as 1.5 hours, some participants spent two hours or more to accept my interview. Some participants used their off-work time to accept my interview. I offered 100 yuan to each of the participants. The 100 yuan was not too high to become a temptation and adequately reflected the time commitment and expertise of the participants (Grant & Sugarman, 2004).

Informed consent with participants who have low literacy. In this study, another ethical consideration was the informed consent of participants. Krogstad et al. (2010) argue that “there is no logical reason to insist that informed consent be identical in countries with markedly different cultures, social traditions, and literacy” (p. 746). Considering the custom and cultural nuances of the host country/community, combined with the possible low literacy of participants, I used informed consent in the oral format. Krogstad et al. (2010) suggested that informed consent can be oral and audio-recorded so that participants do not need to sign written documents for informed consent. For participants with low literacy, Tamariz et al. (2013) found the one-on-one meeting and the teach-back method helped participants understand informed consent.

Therefore, I followed the procedures to achieve informed consent, including (i) providing oral presentations and discussion sessions relevant to informed consent; (ii) employing a teach-back method which involved gaining participants' understanding of the informed consent; (iii) audio recording participants' consent rather than requiring the participants to sign the written document (Krogstad et al., 2010; Tamariz et al., 2013).

In this study, I conducted a one-to-one session before the interview with each of the participants. In the session, I illustrated the relevant elements to them, such as the aim of the

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research, the interview content, risks and benefits they may face as participants, how I would deal with their data, and my relationship with stakeholders in the village. Then, I invited them to share their understanding of these contents and propose their relevant questions, worries, and concerns. After I settled these issues, I also informed the participants that their decision to participate, not participate, or withdraw from the study would not affect their relationship with me, the village committee, and other stakeholders in the village. Furthermore, I informed them that they could withdraw their participation in this study at any time without penalties.

Challenges Encountered and Lessons Learned

Self-reflexivity and transparency are two means to achieve sincerity which is one of the criteria of excellent qualitative research (Tracy, 2010). Transparency requires researchers to be honest about the research process and report significant transformation, challenges, twists, and turns in the research process. About this study, I report five issues about the research process. Firstly, I recruited older adult participants based on the information provided by key informants in this study, which caused a risk that I could miss recruiting at-risk elder-headed multigenerational households not reported by them. Secondly, most of the offspring participants had more limitations (e.g., time and locations) to be interviewed than older adult participants, so their data is less than older adult participants'. Thirdly, I conducted data analysis alone, which limits the reliability of this study. To increase the reliability, I should have done data analysis with at least one more person and made sure that we could agree on the data analysis process. Fourthly, I debated between “trying to get good data” or “respecting the participants’ requests” in data collection. I wanted to go back to a

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participant to follow up on some of her shared points, but I realized that the participant did not want such a follow-up. As a result, I respected her willingness and did not contact her, which meant I lost some data.

Chapter 5: Research Findings

Description of the Context

Merriam (1998) argued that the major point of case study research was to provide readers a rich description so that they could have a vicarious experience of being there. Also, as Yin mentioned, “[I] deliberately wanted to uncover contextual conditions – as [I] believed that they may be highly pertinent to the phenomenon of the study” (Yin, 2003, p. 13). In this case study, older adults and at-risk multigenerational households they head interact closely with their lived environments. Providing a detailed description of the context is also a part of “rigor” in qualitative research (Tracy, 2010). A thick description of the studied phenomenon and its contexts helps increase the analytic generalization of qualitative studies, which enables readers to compare it with their situations (Merriam, 1998). Therefore, I describe the village’s demographic, physical, economic, social, and cultural settings from documents (including a county yearbook, a village report, the text of an exhibition about village history, policy advocacy brochures, and social welfare files of participants), observation of the village and interviews with key informants and participants.

Older Adults in Village One.

Village One is in Town A, County I, China. The village has 3,453 villagers and 982 households (Village One Committee, 2021). In 2022, the village had 1905 males and 1,640

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females, increasing by 102 males and ten females compared to 2015 (Wang et al., 2018). In 2021, the village has 575 older adults, accounting for 16.65 percent of the population in the village. In 2020, the village had 531 older adults, around 51.8 percent aged 60 to 70 and about 14.9 percent aged 81 to 100. The demographic characteristics of interviewees is shown in Table 1.

Table 1

Interviewee Characteristics

Participants and Key Informants (n=34)	
Gender	
Female	20
Male	14
Age	
30 and below	4
30 to 59	16
60 to 69	5
70 to 79	7
80 to 89	2
Livelihood	
Farming	10
Migrant work	8
Village committee members	5
No livelihood	3
Local co-op workers	3
Rearing animals	3
Retirement pay	2
Government officer	2
Local transportation	1
Intern	1
Local Shop keeper	1
Christianity	5
Residence Place	
New community in the village	24
Old community in the village	8
Other	2
Marital Status	
Married	26
Unmarried	4

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Widowed	4
Government Social Welfare (among 26 participants)	
Medical insurance	26
Social pension	12
Subsistence allowance	5
Poverty alleviation policy	3
Allowance for the disabled	2
Allowances for people with mental issues	1
Five guarantee policy for children	1

“The village is now a town.”

In 2013, a new neighborhood was built by applying actively for funds and assistance from the government (Village One History Museum, 2021). It also has more facilities than the old one, including a dam, the village committee, clinics, a basketball court, a primary school, two kindergartens, a church, ATMs, shops, restaurants, a village history museum, waterworks, an agricultural market, tea bars, etc. There are market days held in the new neighborhood, attracting more customers than usual. People with diseases go directly to higher-ranking hospitals that are outside the village. The new neighborhood consists of villas and tarred roads, designed uniformly. As of 2017, about 75 percent of its houses, more than 600, were sold out (Wang et al., 2018). “According to the [new] village’s design, buildings, facilities, and functions, the village is now a town” (Wang et al., 2018, p.9). In the old neighborhood, villagers lead an agricultural lifestyle. They rear animals in yards; they have a house to set fire for cooking; they clean dust on brick floor easily. Key Informant D, a village committee worker, pointed out that older adults have a preference to live in old village: “They [older adults] said...I have lived here [the old neighborhood] for many years. My house here is good. Why do I buy a house and live there [the new one]?”

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Economic setting.

Local enterprises provide few jobs to older adults.

In 2017, a local co-op employed 40 people, some of whom were older adults (Village One History Museum, 2021). Key Informant E, the secretary of the town Party Committee, stated that the co-op cannot meet employment needs for local older adults: “The co-op provides jobs to older adults in some seasons...They are needed in raising rice seedlings and weeding, which has not improved their income a lot. They farm to gain main income.” Village One has the most factories in Town A, and the factories employ nearly 200 people. Key Informant C, a village committee worker, stated: “People [working in the enterprises] cannot leave the village, where they may have older adults and children in need... Therefore, they do odd jobs or farm fields in the village. Most villagers work in the city without this situation.”

Local households rely on farming and migrant work.

In Village One, 66.6 percent of the households do farming, 22.9 percent of which are older adults (Wang et al., 2018), as Key Informant E, the secretary of the town Party Committee, stated: “People aged 60 and over work actively...People aged 70 and over still work, such as doing odd jobs and making steamed buns.”

In 2020, Village One has a disposable income per capita of 18,513 yuan (Village One Committee, 2021), 2,488 yuan higher than those nationwide (Central People’s Government of China, 2021). Villagers gain income from migrant work, farming, and rearing animals (Village One History Museum, 2021). Villagers usually grow wheat and glutinous rice once a year, sometimes corn, soybeans, and sweet potatoes, bringing about 1,000 yuan per mu per

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year. They use large tractors, rice transplanters, and harvesters. In Village One, 27 percent of the villagers are migrant workers and 90 percent of the households have members not living in the village (Wang et al., 2018). These migrant workers are aged 17 to 65 and 65 percent are males. They work in coal mining, factories, the construction industry, transportation, small businesses, and waste recycling; 90 percent of them earn less than 60,000 yuan a year.

Social setting.

Left-behind older adults and children are in the village.

Since the late 1980s, villagers have worked in the city. Primarily couples have left children in the village and work in the city. Village One has a quarter of older adults and one-third of children whose adult children or parents are migrant workers (Wang et al., 2018). In 32.4 percent of the households, grandparents are the primary caregivers of the grandchildren in the village. Key Informant and Adult Child Participant A, a village committee worker, confirmed the value of older adults: “Older adults can look after grandchildren, do households chores, and farm...so their sons and daughter-in-law can earn money around the world.”

Some villagers sent children to study in County I to get a better education. As a key informant and village committee worker, Key Informant F explained this phenomenon: “There is an atmosphere (in the village), pushing people to engage in educational competition...It’s very tiring. However, I cannot quit it.” More parenting expenses led to decreased fertility. Key Informant and Adult Child Participant A, a village committee worker, shared this point: “People born in the 1980s dare not have the second child because of heavy burdens. People born in the 1990s do not want to do it.”

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It is important and expensive for villagers to sustain the family bloodline.

In Village One, a man needs 400,000 yuan or more to get married (Wang et al., 2018).

Key Informant and Adult Child Participant A, a village committee worker, described the local marriage market: “If parents do not buy a house in County I, they will find it difficult to find their son a wife.” Villagers need to pay cash gifts, costing their household 6,000 to 7,000 yuan per year. As Older Adult Participant Q shared, cash gifts are used to measure social closeness and can cause an economic burden: “There are heavy burdens in social reciprocity...When people have events, I need to go to their places...I gained crops and pay cash gifts, such as weddings and funerals.”

In the village, women are required to give birth to sons once married, as Key Informant and Adult Child Participant A, a village committee worker, explained: “In rural areas, a man marries a woman to let the woman give birth to offspring and continue the bloodline of his extended family.” When male offspring get married and have sons, their parents/grandparents have fulfilled their parenting responsibility. In 2020, the town government selected 35 villagers as “good mothers-in-law,” “good daughters-in-law,” and “good adult children” to encourage villagers to build harmonious intergenerational relationships (Wang, 2020).

Social welfare is temporary or basic.

In 2009, with the new rural endowment insurance implemented, rural older adults could have a pension per month (Village One History Museum, 2021). In 2020, 98 percent of the town residents joined or renewed the insurance (Wang, 2020). In 2020, the pensions ranged from 138.1 yuan to 310.34 yuan per month. In Village One, more than 90 percent of

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the villagers buy the lowest level of insurance. A key informant and the secretary of the town Party Committee, Key Informant E, argued that older adults relied mainly on adult children even with the insurance. Following patriarchy, rural older adults should live with their sons. As Key Informant B, the village head stated that nearly all older adults live with their adult children in the village.

The rural five-guarantee system aims to provide a safety net for older adults, people with disabilities, and other people having no labor capability, no income source, no legal supporters (or having legal supporters who have no supporting capacity) (An Cheng Town Government, 2021). The financial support includes allowances of at least 60 percent of local per capita consumption expenditure in the previous year, basic pensions, older adult service subsidies, old-age allowances and/or land rents, etc. The government fund to provide care services for recipients who lose self-care abilities, and the service standard cannot be lower than 90 percent of the local basic living standard. In 2017, the rural recipients in Huainan had allowances of 432 yuan (residing in their own houses) or 638.6 yuan (residing in nursing houses) per month (Department of Civil Affairs of Anhui Province, 2017).

Village One had 135 households that are supported from the poverty alleviation policy, and the issues experienced by the households that enabled them to access such support included illnesses, disabilities, children's education expenses, and lack of production skills, and capital (Town A Government, 2019). These households benefited from local enterprises using their names to acquire loans. Officers would visit and tailor social welfare for some of these poor households (Poverty Alleviation Office of County I, 2020). The government also selected marginal households to control poverty. In December 2017, all the

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households in Village One were out of poverty with an annual per capita income of at least 4,200 yuan. In 2019, none of the households were reported to go back to poverty, ending the poverty alleviation policy.

The minimum living subsistence system was implemented in 2007 (Wang et al., 2011), before which rural households had no social welfare for significant risks. In 2020, Town A had 1,101 subsistence allowance recipients (Wang, 2020). In 2021, subsistence allowance ranged from 450 yuan to 550 yuan per month. At the Spring Festival, the town government provided 300 yuan to 500 yuan to villagers who did not get approved for subsistence allowance. In 2021, 20 to 30 people in the village received the one-time subsidy.

The government follows clear criteria to include social welfare recipients, which is public for supervision. In Village One, social welfare recipients should be selected, voted, and decided by the villagers, village committee, and government. Key Informant C, as a village committee worker, shared how poor households were selected in Village One:

We [the village committee] once provided a list of low-income villagers...to the town government. They gave us back the list and asked us to select poor households from the list...They also gave us inclusion criteria, with which we excluded three households because they had cars. Poor households cannot have cars or commercial houses... If the selection was public, there would be a fight. [Villagers would say,] why could not my family be a poor household? I did not lead a better life [than the poor households]. It would be a tough job.

Rural people with mental illness could have subsistence allowances. Key Informant C further explained how the disability subsistence came about:

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In 2018, a person with mental illness was hurting people in a neighboring town, arousing the government's attention...They thought they needed to supervise more on such people and punished some officers...who were responsible for this issue...Ming [from a studied household] had no local permanent-residence booklet, but the government provided subsistence allowance to supervise him.

A key informant and shopkeeper in the village, Key Informant and Adult Child Participant G summarized how villagers can have social welfare: "If households meet the criteria of social welfare, they will be given by a little subsidy. Otherwise, they support themselves." Therefore, current social welfare lacks the flexibility to meet needs of villagers.

"If villagers cannot solve conflicts, they will come to the village committee."

Six villagers work in the village committee, five of whom are born in the village, and the other one married into the village. The committee members graduated from, for example, junior college, high school, and technical secondary school, having higher education backgrounds than most villagers. The town government provides wages to the village committee workers. The village committee assists the town government in working on public careers for the village, such as social welfare, natural resource management, public health, community security, and relationship issues. Village One has 11 groups, and each group has a leader. Group leaders are paid to assist the village committee.

Cultural setting.

Older adults attend church for various purposes.

Villagers have followed Christianity since 1978 (Village One History Museum, 2021). In 1998, a church was built in Village One. In 2017, the church was moved to the new

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neighborhood. There are nearly 300 followers, 90 percent of whom are middle-or old-aged females (Wang et al., 2018). The church gathers followers frequently, and it happened even during the epidemic, worrying villagers. As Older Adult Participant B's daughter explained:

She [her older adult mother] needs to get up very early to attend the church [in Village One]...It is about four in the morning...Followers need to go to the church very frequently...Older adults go to church in the dark....What if they fall over?...The church responded God would bless them not to fall over...If they are ill, they will pray to be cured without seeing a doctor. It is wrong.

Praying comforts villagers whose illness are informed incurable. As Key Informant and Adult Child Participant A, a village committee worker, pointed out that "most rural people followed Christianity because of the diseases." From her perspective, the church is also a social place for older adults:

Older adults have leisure time...Their adult children work in the city. They feel bored and look for fun in the church...They listen to hymns and watch dances there, making them happy...Interesting stories were told in preaching sermons...Do young people tell stories to older adults? None. No family meets their needs in thinking...They cannot find a common language with family members, so they go to church. Their peers and ideal life are there.

However, it is a challenge to the government that many rural people follow Christianity. As Key Informant E, the secretary of the town Party Committee, stated: "Many rural people follow Christianity...as a risk to the government because of the leadership of the Communist Party...Cadres have no energy to do cultural activities, who are occupied by

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reducing petition letters, maintaining social stability and doing daily work.”

Shared cultural values among older adult caregivers: “If my grandson gets married and builds a family, it will mean I finish my task and can die in peace.”

Older adults hold a concept of the extended family for their married adult children. They also emphasize the continuity of their extended family, following patriarchy. These values encourage all the older adult caregivers (n=19) to provide care to adult children and grandchildren. Older adult caregivers know what future they should fight for their adult children and/or grandchildren with these values. Older Adult Participant E raises her grandson whose father was in occupational fatality. The biggest wish of Older Adult Participant E was to find her grandson a wife and let her grandson have children. As Older Adult Participant E, shared how she distributed her dead son’s compensation:

I asked my grandson to save 500,000 yuan of the compensation. The money will be used to find him a wife. I cannot use my son’s compensation, no matter how hard my life is...If my grandson gets married and builds a family, it will mean I finish my task and can die in peace.

Older Adult Participant B cares for her daughter with strokes. Older Adult Participant B helped her grandson to be a husband and father, having comforted Older Adult Participant B, as she explained:

She [her daughter] has had this illness, but she has a son. I arranged money for her son to buy a house and get married. Now, her [her daughter’s] grandson is aged more than one, which means her offspring has a complete family. Her family is built well even if she passes away. If her son were unmarried or too young, her son would be so

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sad about her death.

Older Adult Participants F and G have their oldest son who was once in prison. Their youngest daughter-in-law was persuaded to be a matchmaker for their oldest son, even though their youngest daughter-in-law had an opinion on their oldest son's future wife. Their youngest daughter-in-law shared how her husband persuaded her to be the matchmaker:

I said I would not go to the restaurant...They [her future sister-in-law's family] look down on us as farmers...My husband persuaded me to go to the restaurant [to be a matchmaker]. He said that I should go to be the matchmaker for the sake of his brother. His brother was in his thirties, but he did not get married. How would he be if I was not his matchmaker? His brother would settle down if his brother had a wife.

In this subsection, I present how older adults or their extended family used coping strategies to deal with significant risks of multigenerational households they headed. In the following subsection, I will describe individuals and institutions who play a key role in helping the older adults.

Significant Risks

Significant risk, viewed as a prerequisite for family resilience, refers to a high-risk status characterized by chronic and continuous exposure to adverse social conditions, a severe adversity, or a combination of them (Patterson, 2002b). From the 11 households, there is one household with grandchildren who were primarily affected by the significant risk and the rest with adult children who were primarily affected. In seven households, older adults are primary caregivers for their grandchildren because of the significant risks affecting their adult children. The significant risks include intellectual disabilities, strokes, suicide, cancer,

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car accidents, alcoholism, poisoning death, missing, divorce, cheated into a pyramid scam, schizophrenia, occupational injury/fatality, and committing crimes. The significant risks of the studied households are shown in Appendix F. The following subsection will present how older adults helped or are helping the households.

How Older Adults Helped the At-Risk Households

Older adults provide social support and function as primary caregivers to their adult children and/or grandchildren affected by significant risks, including instrumental, financial, emotional, and informational support.

Social support to adult children and/or grandchildren affected by significant risks.

Instrumental support.

All the older adult caregivers (n=19) play a key role in providing instrumental support to their adult children and/or grandchildren. Older Adult Participant A's son had an affair and went missing, leaving the late Older Adult Participant A and her daughter-in-law raising her grandchildren together, as Older Adult Participant A's daughter-in-law stated:

I farmed fields, so I could not come home until noon. My mother-in-law picked up my children from school at noon. The children were young, to whom cars were dangerous. My mother-in-law also cooked for us...When my children were grown up a little, I worked in the city...My mother-in-law cared for my children at home.

Older Adult Participant B's daughter has strokes caused by a cerebral hemorrhage. Older Adult Participant B takes care of her daughter with her son-in-law. Since her son-in-law needs to look after his father, Older Adult Participant B takes more care jobs than

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her son-in-law, as Older Adult Participant B described:

My daughter has usually lived in my house for more than half of a year, like ten, seven, or eight months per year. The father of my son-in-law is 96...My son-in-law cares for his father, so my daughter cannot be at their home. My son-in-law cannot take care of both of them simultaneously.

Older Adult Participant C's son has physical disabilities and is missing. Older Adult Participant C's daughter-in-law re-married, and left her child to Older Adult Participant C. As shared by Older Adult Participant C: "My daughter-in-law left when my grandson was seven or eight. I raised and fed him until he is grown now. He lived with either his maternal grandmother or me...Her mother was reasonable and allowed him to live with her mother."

Financial assistance.

Most of the older adult caregivers (n=14) provided financial support to their adult children and/or grandchildren. Older Adult Participant D has a daughter-in-law encountering accidental injury. Older Adult Participant D uses her pensions to fund the life of her, her son, and her daughter-in-law in the village, as her daughter-in-law stated:

We do not have enough money, so my mother-in-law takes her money out...My late father-in-law was a worker, and the country gave my mother-in-law pension after my father-in-law died...When she sees that we have no money, she gives us money.

Older Adult Participant E had a son who was with occupational fatality. When his wife re-married, Older Adult Participant E raised the grandchild. Older Adult Participant E is funding the grandson to go to college and saved money to get her grandson married in the future. As shared by Older Adult Participant E:

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I worked in the co-op to earn thousands of yuan a year...My grandson is in college, and I fund him...He needs 5,900 yuan to pay tuition fees per semester...I also sell goats and eggs to pay his educational expenses...My husband and I will not use my son's compensation. We will give the money to my grandson for his marriage.

Older Adult Participant C pooled financial resources with other family members to support her grandson whose father went missing, as she described:

His [the grandson Participant C cared for] cousin devoted 60,000 yuan. His mother devoted 20,000 yuan to buy a new house...I devoted 50,000 to 60,000 yuan...I farmed fields...and dug something to sell. I was busy every day and gave all my money to give him.

Emotional support: "If She is not at home, there will be no one at home, and the place cannot be called a home."

Many older adult caregivers (n=12) provided emotional support to their adult children and/or grandchildren. The late Older Adult Participant A had a son who had an affair and went missing. Older Adult Participant A raised her grandchildren with her daughter-in-law. When her daughter-in-law worked in the city, she cared for the grandchildren in the village. When her daughter-in-law came back to the village, she gave her daughter-in-law care, as her daughter-in-law reported:

She [her mother-in-law] told me that if I felt tired, I should rest at home. She also said, having family members was good, and other things were less important, no matter how much money the home had. [She told me that] I would feel energetic with a good rest.

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Older Adult Participant J raised her grandson whose father died in a car accident. For her grandson, Older Adult Participant J is a friend. As shared by the grandson of Older Adult Participant J: “When I was wronged in school or something else, I communicated more with my grandmother...I talk with her [Older Adult Participant J] about my unhappiness.”

Older Adult Participant C raises her grandson whose father has physical disabilities and is missing. The grandson views Older Adult Participant C as his home: “My grandmother treats me very, very well...When I come home, my grandmother is at home. If she is not at home, there will be no one at home, and the place cannot be called a home.”

Informational support.

Many older adult caregivers (n=11) provided informational support to their adult children and/or grandchildren. Older Adult Participants H and I have grandchildren with intellectual disabilities. Older Adult Participant I stated that she encouraged her daughter-in-law who felt sometimes burdened:

Sometimes she [her daughter-in-law] complains. She said her child acted in this way. Others bought houses and cars. They led a better life than us. My son made a similar complaint sometimes. I said to them that people could not compare with each other. We could not give up our life. We needed to bear our destiny. Our live will not end just because the children [her grandchildren] are abnormal. We need to make tolerance and move forward.

Older Adult Participant J raised her grandson whose father died in a car accident. Older Adult Participant J educated her grandson to keep contact with his in-laws, relatives and re-married mother. As Older Adult Participant J shared:

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My grandson asked who he could rely on upon without me. I said that he could depend on his in-laws, aunts, uncles...and mother. His mother married again in a neighboring town...I told him that he was a part of his mother and that he should visit his mother with gifts at festivals.

Older Adult Participant B takes care of her daughter who has strokes. Older Adult Participant B educated the son of her daughter on how to maintain his in-law relationship. As shared by Older Adult Participant B:

My grandson sent my daughter here, and he told me that his wife had gone to work. His mother-in-law looked after his child. I told my grandson that he needed to give his mother-in-law about 1,000 yuan per month. Sometimes, young people ignore this point. If my daughter were okay, she would not need to ask others for help to take care of her grandchild.

This subsection describe what social support older adults provided to their adult children and/or grandchildren affected by significant risks. In the next subsection, I will delineate implications to older adults with such supportive roles.

Implications to Older Adults as Caregivers

There are implications to older adults who provided social support to their adult children and/or grandchildren affected by significant risks, including financial problems, physical issues, psychological distress, tensed or broken family relationships and social isolation.

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Tense, broken or closer relations experienced by older adult caregivers in their extended families.

Most older adult caregivers (n=16) encountered tense, broken or closer relations in their extended families. Older Adult Participant E cares for her grandson whose father was in occupational fatality. Her daughter-in-law was angry about Older Adult Participant E's preferential treatment towards this grandson. At the same time, Older Adult Participant E felt her attention and care was not reciprocated. As she described:

My grandson goes to college in a city. When he comes to the village, he sleeps at his new house. He won't come to me without my callings. He does not come here even I look for him...My daughter-in-law is angry about me because I do not care for her daughter...She was annoyed when I asked her to transfer my money to my grandson via phone.

Older Adult Participant K's oldest son died of cancer, after which her oldest daughter-in-law devoted little to her grandson. Instead, Older Adult Participant K's youngest son and daughter-in-law function as parents of the grandson. As Older Adult Participant K's youngest daughter-in-law shared:

His [her nephew's] mother left our household two years after his father died. During the two years, she [her sister-in-law] was outside and hardly at home...She gave little money when she returned to the household during the Spring Festival. She gave tens of yuan as her child's pocket money. She never gave money to the household, like hundreds of yuan or thousands of yuan...We [she and her husband] did not treat him [her nephew] as nephew [but a son]...He tells us what he wants directly, without

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considering he cannot do this because we are his aunt and uncle only.

The late Older Adult Participant A's son had an affair and went missing. Older Adult Participant A raising her grandchildren with her daughter-in-law would sometimes come into conflict with her daughter-in-law because of financial problems. As shared by Older Adult Participant A's granddaughter:

My mom conflicted with my grandmother because my mom had no money to support the household. My mother wanted my uncles to give her money. Otherwise, she would send my grandmother to my uncles. My grandmother said, "Okay, you send me there, and I will not care of your children"...My mother said yes. However, she took my grandmother back in less than a week.

Psychological distress experienced by older adult caregivers.

Most older adult caregivers (n=14) had psychological distress. Older Adult Participant L's son encountered a car accident, cared by Older Adult Participant L, which caused Older Adult Participant L psychological distress. As Older Adult Participant L reported:

When my son had a car accident, I could not be alive...I ate a little and lied on the bed. I could not even walk... I cried everywhere and at midnight...Suddenly she [her daughter-in-law] said she would leave to the city for work. My heart felt like falling into ice water, and I felt difficult and sad...When I wonder whether my son can recover, I feel hot gas in my heart.

Older Adult Participant M's case also illustrates the psychological impacts, as she felt sad about the situations of her family, and described:

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My family is not leading a better life. My son [with schizophrenia] does not feel good, which makes me unhappy...I see him as a poor child, but I feel annoyed that he does not work.

Older Adult Participant N, who cares for a grandson whose father was in poisoning death, also highlights the psychological stress on the older adults. Older Adult Participant N felt pressure because she could not provide her grandson with the same life as other children with parents, as she shared: "I feel a psychological pressure. My grandson has no life conditions as other children."

Physical illness experienced by older adult caregivers.

Most older adult caregivers (n=13) have physical illness. Older Adult Participant E has leg ache and became thin because of the heavy workload in the co-op. She had to quit jobs in the co-op, as she shared:

I cannot bear the workload. I was thin and weighed less than 100 jin while working in the co-op...I worked day and night there, making my legs ache. I cannot work now...I felt too sore in my legs to walk...In the worst time, I took painkillers, and my body was swollen.

Older Adult Participant A's son who had an affair and went missing. Older Adult Participant A cared for her grandchildren with her daughter-in-law. With financial stress, Older Adult Participant A did not see a doctor while feeling uncomfortable, making her illnesses severe. As her daughter-in-law shared:

She [her mother-in-law] was a person who had illnesses but did not see a doctor...She bore her conditions as long as possible...She took medicine causally...Finally, her

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illnesses became diseases. It was too late. She became skinny and died in a few months.

Older Adult Participant O takes care of her grandson, granddaughter-in-law and great-grandson. The long-term heavy household chores caused a negative change on her body. As her daughter shared:

My mother bends over and cannot stand upright. She had a lumbar nerve compression surgery, so her right leg cannot function well...It is because of her life pressure... The doctor told her that she needed to reduce her workload and only could do simple household chores.

Social isolation experienced by older adult caregivers.

Many older adult caregivers (n=11) experienced social isolation. Older Adult Participant N barely contacts her relatives because her relatives looked down on her as she explained,

I do not contact my relatives...If I were rich, they would consider me as their relative. I have no money, so they are distant from me. Why do I beg from them?...Is there any good persons in society? Even siblings are not good people. Who does my grandson count on? Nobody ever funded him...He once went to a primary school, a middle school, and a technical secondary school. Nobody gave him money ever.

Older Adult Participant C cares for her grandson whose father has physical disabilities and is missing. When Older Adult Participant C is alone in the village, she locks her door and barely communicates with neighbors, as she described: "My son is not up to standard. I am at home alone and do not interact with others. I shut my main door and open

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the door in my yard only...I am a useless rural person all the time.”

Older Adult Participant O’s daughter-in-law committed suicide, which caused Older Adult Participant O a strong sense of shame and guilt. As shared by Older Adult Participant O’s daughter: “I asked my mother to hang out with me. She said, no, she did not want to go outside. She said she felt everyone would blame her because of that unfortunate accident.”

In this subsection, I show the implications to older adults in providing social support to their adult children and/or grandchildren affected by significant risks. In the following subsection, I will illustrate what coping strategies older adults used to deal with the significant risks.

Financial problems experienced by older adult caregivers.

Many older adult caregivers (n=9) had financial problems. The burden of care refers to physical, emotional, social, and financial problems experienced by family caregivers (O’Neill & Ross, 1991). Older adults experienced the burden of care while coping with significant risks affecting their adult children and/or grandchildren. In terms of financial problems, Older Adult Participant P, aged 80, farms to raise his grandsons whose mother committed suicide. As reported by Key Informant and Adult Child Participant A, who was his daughter:

My father farms 20 mu of fields...He [her father] is supposed to lead a comfortable life now, but he needs to pay debts caused by his grandsons in housing and marriage...My brother [the father of the grandsons] does odd jobs and has no savings.

Shao has a son who is about to be out of prison. Shao is earning money to help him marry a woman. As shared by Key Informant and Adult Child Participant G, a shopkeeper in

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the village:

She [Shao] used to be tall and fat...When her son was put into prison, her money was run out...However, her son has not come out yet...She becomes very thin now. She is old, but she does a lot businesses to make money. She wakes up at midnight and feeds pigs in the afternoon...Her son has not been married yet, so she needs to earn money for her son.

The late Older Adult Participant A cared for her grandchildren whose father had an affair and went missing. Lacking labor force in the household, Older Adult Participant A led a hard life with her daughter-in-law and grandchildren, as Older Adult Participant A's cared granddaughter stated:

My brother and I often envied our neighbors who could eat delicious food. We [she, her grandmother, and brother] eat steamed buns and porridge every day. I wanted to eat chicken very much as a child, but the chicken was expensive. My grandmother bought and cooked chicken racks with little meat on it for me, as we ate chicken.

Older adult caregivers' worries about the future of their adult children and/or grandchildren.

Many older adult caregivers (n=9) expressed their worries about the future of their adult children and grandchildren. Older Adult Participants H and I care for their grandchildren with intellectual disabilities. Older Adult Participant I worried that her grandson would be bullied and could not find a job in society. As illustrated by Older Adult Participant I,

When he [her grandson with intellectual disabilities] is grown up, can he support

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himself? He has no brain or does not have enough knowledge in his brain. Will people bully him?... Are there any jobs for people like him in the country? If the country gave him a job, but he failed. Will he be allowed to work again?

Older Adult Participant L worried about the future care of her son with intellectual disabilities because his son lacked social support from his wife and children as she shared:

How can I not be worried? When it comes to that day, I cannot manage everything for him [her son]. My son will be sad because his wife and daughter care less about him...His daughter goes to school in a city and never visits her father on Sunday. His wife does not even call him to talk.

The late Older Adult Participant A cared for her grandchildren whose father had an affair and went missing. When her son was back, Older Adult Participant A worried that he was not accepted by the household, as her daughter-in-law shared:

She [Older Adult Participant A] still worried about her son...She did not worry about her grandchildren because they grew up and increased...Her son is her son, no matter her son is good or bad. She was afraid that her son would suffer [in the household] because of what he had done.

Coping Strategies

The coping strategies are used by older adults to adjust themselves and mobilize social resources.

Self-adjustment of older adult caregivers to cope with significant risks.

Nearly all the older adult caregivers (n=16) adjust their views, attitudes, moods, and values to face significant risks of multigenerational households they head.

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Responding with acceptance and tolerance.

Most older adult caregivers (n=14) used acceptance and tolerance. Older Adult Participant K's oldest son died of cancer, and as such Older Adult Participant K's youngest son and wife provides the financial means for their nephew. Because of this Older Adult Participant K tolerates the wife's poor behavior as the daughter-in-law herself shared:

I used to play cards madly [as in gamble]. At the Spring Festival, relatives came to our house. I cooked meals, but I would run away after the meals. I did not wash dishes. My mother-in-law cleaned up the tables and washed dishes for me. Sometimes, I bought vegetables and asked her to make dumplings. Then she did it. She never said I was lazy and did not do household chores...My father-in-law never blamed me, whether I was doing good or bad...When I felt bad and was educated by him, I ignored him or got angry. My father-in-law did not say a word.

Older Adult Participant L's son has intellectual disabilities because of a car accident, which Older Adult Participant L used religious thoughts to accept, as she explained:

God has decided everyone's destiny. People enjoy when they should enjoy and suffer when they should suffer...I go to the church to comfort myself, making me peaceful...Maybe I did bad things in my past life, so I need to pay my price this life...Thinking in this way makes me feel better. Who doesn't want to have a better next life?

Older Adult Participant B's daughter has strokes and lost self-care abilities. Older Adult Participant B captured the positive side of such an experience to comfort herself, as Older Adult Participant B stated:

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She [her daughter] cannot remember anything. It is her destiny, which cannot be decided by me. Don't I hope she is good?... She cannot lead a good life without the permission of God...She has acted like this for more than ten years. It's luck and fortune. She was a doctor serving others and also did household chores. The thing happened to her, which is a signal to let her have a rest. She used to help others, and she is being served now...That's how I comfort myself.

Identifying strengths of at-risk elder-headed multigenerational households.

Most older adult caregivers (n=13) identified strengths of at-risk elder-headed multigenerational households. Older Adult Participant I has grandchildren with intellectual disabilities. Older Adult Participant I thought her daughter-in-law did well in caring for her grandson. Older Adult Participant I also appreciated her daughter-in-law tolerated how she does not do household chores very well, as she explained:

My daughter-in-law has literacy, so she can teach my grandson. I cannot teach him...For years, she [her daughter-in-law] has cared for him [her grandson]. Look at the achievement she made on him...Without her tight supervision, he could not make such an academic achievement...Our household is united. My daughter-in-law likes things neat. She cleans the house at home. She never blamed me for not caring about life quality...Unlike other daughters-in-law, she does not wait for others' service in the household.

Older Adult Participant J raised her grandson whose father died in a car accident. Older Adult Participant J appreciated her granddaughter-in-law for leading a good relationship with her grandson, as Older Adult Participant J stated:

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My grandson's wife is sensible and cares for my grandson. They did not conflict. If they clashed, we [she, her husband, and adult children] would be sadder. She knew how to care for him when he was working. She cooked for him.

Older Adult Participant N raises her grandson whose father was in poisoning death.

Older Adult Participant N felt comforted about her grandson who was grown up and understood her hard work, as she shared:

My grandson ate whatever I cooked. He said, "Grandmother, I used ten yuan to buy two T-shirts." Other children would not wear those T-shirts...I get through difficulties step by step. I take care of him [her grandson], and he is growing up, which is better than before. He is grown up. He washes clothes himself.

Looking forward.

Many older adult caregivers (n=12) put a developmental perspective on significant risks of elder-headed multigenerational households. Older adults expected their cared adult children and/or grandchildren to have a better future. Older Adult Participants O and P help their son to raise grandsons whose mother committed suicide. Their son usually lost his temper in their household, which they tolerated by focusing on the future of their grandchildren, as their daughter reported:

We [Older Adult Participants O, P, and their daughters] comforted and encouraged each other. It did not matter what made us unhappy [within the multigenerational household]. We should raise the two children for him [her brother]. When the children build their own families and become independent, we will die in peace.

Older Adult Participants H and I care for grandchildren with intellectual disabilities.

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She takes looking forward as a way to cope with the significant risk, as she explained: “I felt bad in my heart, but I do not blame anyone...He is my son, and what can I blame? I can only head forward...I cannot do nothing and cannot quit working...Others also move forward diligently every day.”

Older Adult Participant J cared for a grandson whose father died in a car accident.

Older Adult Participant J did not feel it difficult to raise her grandson because she pictured a bright future for her grandson, as she stated: “I did not feel it difficult to raise my grandson. Why? I was considering he could build a family as a grown-up...What supported me was that I found him a wife, which made me feel better.”

Social comparison to evaluate the situation of at-risk elder-headed multigenerational households.

Some older adult caregivers (n=7) employed social comparison. Older Adult Participant J has a son whose father died in a car accident. Older Adult Participant J raised her grandson, as his mother had remarried and left. Older Adult Participant J stated the value of her granddaughter-in-law compared to other girls in society:

My husband and I told my grandson that some girls would not marry him because the girls would think no mother-in-law helped them in the future. I said that she [her granddaughter-in-law] did not mind that and had a special connection with my grandson. She likes him [her grandson].

Older Adult Participant E had a son who was in occupational fatality. Seeing sons from other households come back to the village at the Spring Festival made Older Adult Participant E and her husband sad, as Older Adult Participant E described: “At the Spring

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Festival, villagers came home from cities. My husband and I cried...I saw adult children in other families come back, which made me sad. Our tears never dried out when others had a happy new year."

Older Adult Participants H and I cares for grandchildren with intellectual disabilities, which caused negative emotions in Older Adult Participant H. Older Adult Participant I comforted him by comparing their son with others who needed their parents to pay educational fees. Older Adult Participant I, as an older adult, shared how she settled her husband:

When my husband lost his temper, I did not say anything. When his anger disappeared, I told him that others paid hundreds of thousands of yuan for their children's education, and they felt tired. I said that he [her husband] does not need to pay his son educational expenses, so it is fair for him to make other efforts [for their son].

Maintaining positive attitude or optimism.

Few older adult caregivers (n=3) expressed that their optimism helped them in coping with significant risks of elder-headed multigenerational households. Older Adult Participant B cares for her daughter who has strokes caused by a cerebral hemorrhage. Older Adult Participant B trained her daughter positively to make her recover, which made Older Adult Participant B have a sense of achievement. As Older Adult Participant B shared:

I took her [her daughter] walk. When she could walk by herself, I led her to walk several times a day. Friends and relatives said they could not imagine how my daughter would be without me. Once she did exercise, she could eat food and became

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healthier. She walks faster even than me now...I said to her, "Walk slowly. You are too fast, and I cannot follow you. Haha."

Older Adult Participant Q had sons who were cheated into a pyramid scam, divorced, or died of cancer. Older Adult Participant Q wrote a poem to summarize his life experience to make his grandson happy:

My grandson asked for a book of Tang poetry. I asked him whether he could recite one poem, and I said I made a poem...I said, "Your grandfather had a bad destiny, experiencing rain and winds in his life. He would have died without the help of people." My whole life is reflected in the poem. Hahaha. He [his grandson] smiled as well. Hahaha.

Older Adult Participant C has a son who has physical disabilities and is missing. Besides, her youngest daughter and oldest son also died, which made Older Adult Participant C suffer more than other older adults in the village. Older Adult Participant C, as an older adult participant, described her thoughts: "People said that I was careless. I said, 'If I cry, will I cry in front of you?'... People in the hospital said that I was in a good spirit."

Avoidance or denial.

Most older adult caregivers (n=13) employed avoidance or denial to significant risks of elder-headed multigenerational households. Older Adult Participants H and I has grandchildren with intellectual disabilities. Their first grandson was diagnosed with intellectual disabilities. A teacher found that their second grandson might have intellectual disabilities. However, as an older adult, Older Adult Participant I stated that her husband refused to have his second grandson diagnosed:

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The teacher said his [her second grandson's] brain was not good, so she reduced 100 yuan of his tuition fees...she said we would not need to pay anything if we applied for his certificate of disability...His grandfather felt shamed and did not apply for anything...He did not want to say his grandson was not good.

The late Older Adult Participant A took care of her grandchildren whose father had an affair and went missing. Before her son came back, Older Adult Participant A never talked about her son with her grandchildren, as Older Adult Participant A's cared granddaughter described: "My grandmother never comforted me because of the absence of my father...Nobody within the household let my brother know what happened to my father. Everyone in the household did not mention it...However, he [her brother] knew a little."

Older Adult Participants O and P are taking care of their grandchildren whose mother committed suicide. When their son lost his temper, Older Adult Participant P went out to adjust his emotion, as their daughter described:

When he [her father] feels bad, he goes to work in the fields. What else can he do? He was in a bad mood and could not communicate with others. Generally, we [her extended family members] face bad moods alone. When he conflicted with his son, his son showed a cold face. He finished eating and did farming jobs. Or, he hid somewhere else.

Mobilizing social resources to cope with significant risks.

Older adults mobilize social support from elder-headed multigenerational household members, relatives, the government, neighbors, local institutions, religions, and cultures to cope with the significant risks of multigenerational households they head. These social

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resources also constitute key contextual factors that affect older adult caregivers and their heading at-risk multigenerational households.

Recruiting social support from the extended family.

All the older adult caregivers (n=19) recruited social support from the extended family. Kin is one of the primary social support sources for elder-headed multigenerational households at significant risk, including older adults' adult children, grandchildren, nephews, nieces, children-in-law, parents of daughters-in-law, and siblings. They offered social support to older adults without the request of the older adults. Specifically, they helped older adults make decisions, provided them assistance, visited older adults regularly, checked their safety, comforted them, and did household chores, in terms of coping with the significant risks.

Older Adult Participant Q had sons who were cheated into a pyramid scam, divorced, or died of cancer. When significant risks happened, Older Adult Participant Q held meetings with their adult children (including daughter- and son-in-law) to discuss solutions and made decisions together, as Older Adult Participant Q' son reported:

We discussed family issues. When something serious happened, my father discussed with us and listened to our thoughts. After meals, we sat together and shared our ideas honestly. My father began to hold family meetings when we reached 20 years old...My sisters, wife and brothers-in-law were included in the meetings...We could not make decisions alone facing big problems.

Older Adult Participant L takes care of her son with intellectual disabilities. Her sister asked her daughter to check her safety in the village, as Older Adult Participant L's daughter shared:

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My third aunt called my mother, and nobody answered the phone. My aunt treats my mother very well. They bought gifts and gave money to my mother...My third aunt became worried and told me the situation. I was picking tea in a city. When my mother answered her phone, my third aunt felt better.

Older Adult Participant E had a son who was in occupational fatality. When her son was in the hospital, Older Adult Participant E and her husband went to see their son with their relatives. Their relatives helped Older Adult Participant E and her husband to negotiate with their son's boss and make significant decisions, as Older Adult Participant E shared:

My uncle, cousin, brother, husband, and I went to the hospital in that city. The cousin's son also went with us...My husband and I let our relatives and village head discuss compensation because the boss was also our relative...When we ran out of money, my relatives and village head suggested stopping my son's treatment. It was because he had a very slight possibility to recover.

Collaborating with elder-headed multigenerational household members.

Most older adults (n=14) collaborated with elder-headed multigenerational household members in household chores and productive activities, which enhances the connections within the household. Older Adult Participant K had a son who died of cancer. Older Adult Participant K raised her grandson with her husband, youngest son, and youngest daughter-in-law. After Older Adult Participant K's husband died, Older Adult Participant K acknowledged her daughter-in-law as the household leader and functioned as her daughter-in-law's assistant. Older Adult Participant K explained:

I am not capable enough and did not argue with her [her youngest daughter-in-law]. I

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let her be the household leader. If she calls to ask me to do something, I will work for her...She did a great job in family affairs...I did household chores, weeded fields, and rear animals for her...I cannot do anything else.

Older Adult Participants H and I have grandchildren with intellectual disabilities. When their daughter-in-law raised her grandchildren in a city, they did productive activities and household chores in the village, as their daughter-in-law stated:

I can choose whether to come back in busy seasons and do not worry about household chores at home [her multigenerational household in the village]. My father-in-law rears cattle, and I do not need to ask him. Those are all their work, and I only need to take care of my children.

Older Adult Participant B cares for a daughter who had strokes. Older Adult Participant B is a primary caregiver to her daughter, assisted by her husband, as Older Adult Participant B described:

He [her husband] also cared for her [her daughter]. If I need to go out to do something, he will look after her...When she came here before, I could not sleep at night. I could only sleep for two hours every day. In the morning, he got up and made breakfast.

What social support do neighbors provide to older adult caregivers?

Many older adult caregivers (n=12) recruited social support from the society, including neighbors, the village committee, and formal social welfare. Older Adult Participant B's daughter has strokes caused by a cerebral hemorrhage. Older Adult Participant B was happy to help neighbors and maintain friendships with them, as they would sometime would help her through challenges, as Older Adult Participant B shared:

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I rented my fields to the co-op...The profits of the fields used to be much and reduced now. I did not ask for details. The co-op said it would give me 1,000 yuan. Now it was 600 yuan or 800 yuan...I feel embarrassed to ask the co-op about this issue because we [she and the co-op owner] get along well. It is okay that he [the co-op owner] farmed my fields and gave me the rent he wanted...When my daughter was in the hospital, I borrowed 5,000 yuan from him [the co-op owner]...When he visited my daughter, he asked her classmates to donate money for my daughter.

Older Adult Participants O and P had their daughter-in-law commit suicide. When their daughter-in-law's original family bullied their daughter, their neighbors stood out and protected their daughter. Their other daughter described the process:

Many people in my sister-in-law's family came here, and they caught my sister. They wanted my sister to accompany my sister-in-law. Our neighbors could not bear it and stopped them. They thought it was outrageous because her death was none of my sister's business.

Older Adult Participant B cares for her daughter who has strokes. When her daughter could not find a way home, her neighbors sent her daughter back. As Older Adult Participant B shared:

All the neighbors know our situation. They send her back when she [her daughter] tells them she cannot find her home. It happened many times. Sometimes I did laundry in the backyard, and I did not know she was out.

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Social welfare the households used: “I would die if I were in the past. Now I have a minimum subsistence allowance.”

The minimum subsistence allowance and the poverty alleviation policy were most used. In this study, five at-risk elder-headed multigenerational households received or are receiving the minimum subsistence allowances, and three used the poverty alleviation policy. There is no specific social welfare for older adults as caregivers of their adult children and/or grandchildren. Instead, it focuses on individuals affected by significant risks primarily. The formal social welfare system views adult children and grandchildren as the first responsible party to care for older adults. However, it overlooks the role of older adults as primary caregivers to their adult children and/or grandchildren.

Older Adult Participant D has a daughter-in-law who has physical disabilities caused by occupational injury. Her daughter-in-law was identified as a marginal household in the poverty alleviation policy. As a marginal household, her daughter-in-law was included in the minimum subsistence allowance system. As her daughter-in-law explained:

The Party has a good policy. I would die if I were in the past. Now I have a minimum subsistence allowance. I got 600 yuan in the first month, 500 yuan in the second month, and less than 500 this month. I began to have the minimum subsistence allowance this year.

The poverty alleviation policy is a temporary social policy. The late Older Adult Participant A had a son who had an affair and went missing, so Older Adult Participant A raised her grandchildren with her daughter-in-law. With the poverty alleviation policy, a county government officer visited Older Adult Participant A regularly. Every time the officer

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visited Older Adult Participant A, Older Adult Participant A told the officer her needs in detail. Key Informant and Adult Child Participant A described how Older Adult Participant A asked help from the government:

When a county government officer visited her [Older Adult Participant A], she told him her difficulties in detail while crying. She wanted to recruit more social support from him. He provided her with social support this time. When he came to her next time, she reported the difficulties that happened after his last visit.

Older Adult Participant N has a grandson whose father was in poisoning death and whose mother married again. The five guarantees policy financially support her grandson and brother-in-law. As an older adult participant, Older Adult Participant N described how she used their allowances for her grandson: “I give him [her grandson] 200 yuan from the allowances per week...He [who is in middle school] needs to pay telephone charges, food, and transportation fees.”

Older Adult Participants H and I has grandchildren with intellectual disabilities. Their daughter-in-law explained the effect of social welfare for their grandson:

We failed to apply for a second-degree certificate of disabilities. People like my son have second-degree certificates of disabilities, enabling them to receive allowances. It is useless for us to have a fourth-degree certificate of disabilities that can just be used to buy medical insurance and take public buses for free...I also applied for Civil Program [Min Sheng Gong Cheng] for recovery...With the Civil Program, he [her son] can go to national special schools for free.

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A key role of the village committee in connecting social resources for older adult caregivers.

The village committee connects social welfare for villagers. On the one hand, the village committee knows villagers well so it knows what social welfare fit in which households or individuals in the village. On the other hand, social institutions provide social welfare to villagers via the village committee. The village committee workers also offered social support to the studied households (n=8).

Older Adult Participants H and I have grandchildren with intellectual disabilities. The village committee informed them of and helped them apply for social welfare. As their daughter-in-law described:

In the first year of application, I was not at home. They [the village committee] helped us apply for children's recovery... It's called Min Sheng Gong Cheng. They knew what happened at my home... They asked my mother-in-law for our permanent-residence booklet and other materials... The civil administration department and the Federation of Disabled Persons have this policy every year, and they deliver it to the village committee. The village committee knew the situations of children in every family of the village... Last year or the year before last year, she [a committee worker] asked me if I had handed in the application form. I said I had filled in and handed in the form.

Group leaders function as assistants of the village committee, participating in social welfare delivery. Older Adult Participant D has a daughter-in-law who has physical disabilities caused by occupational injury. Considering the situation of her daughter-in-law,

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her group leader nominated her daughter-in-law as a marginal household in the poverty alleviation policy. As a committee worker shared: “She [Older Adult Participant D’s daughter-in-law] has a secondary level of physical disabilities. Then she went to court, which caused her economic difficulties. Every group gave us a list of marginal households, and the village committee decided who could be the households.”

Albeit, the village committee has its scope of work, which is limited to supporting the villagers only. Older Adult Participant L has a son with intellectual disabilities. She is a resident registered in another village, despite living in Village One. The village committee could not help her to apply for social welfare from the government, as a committee worker explained:

She [Older Adult Participant L] never consulted us, and we are unable to help her.

Our official seal works for only villagers in Village One...We are unlikely to accept her to be our villager. We must be responsible for her if she becomes a villager here.

Mobilizing religious/faith-based resources.

Some older adult caregivers (n=7) mobilized religious resources to support them in coping with significant risks of multigenerational households they headed. Older Adult Participant J raised her grandson whose father died in a car accident. Besides, in 2018, her daughter died of leukemia, which promoted her to look for comfort in her faith (Christianity). She stated:

When I am free, I think about what my whole life is for. I have four children, and two of them died before me. I feel sad when I think of it sometimes. It’s destiny. People have to believe their destiny. God decides the destiny of people. It is right to believe

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in God...What is said in Christianity is right, that is worries cannot prolong the lives of people...I constrained myself and stopped considering. Considering equals nothing.

I need to believe what God says. As a result, I stopped being worried.

Older Adult Participant C raises a grandson whose father has physical disabilities and is missing. Besides, a son and a daughter of Older Adult Participant C died. Older Adult Participant C shared what her faith (Christianity) brought her:

My daughter died, and I cried for her. [After she died,] in the daytime, I saw her come to me with her baby...After I went to the church, I stopped seeing her...Ghost has gone, and I was haunted by it before...I have no literacy. [In the church,] I sang when people sang. I did what people did, which made peace in my heart. It was good to believe in God. I kneel and beg for God, which makes my body good. When I felt upset, I kneeled and prayed for God, after which I felt good.

The late Older Adult Participant A raised her grandchildren whose father had an affair and went missing. Older Adult Participant A did not follow any specific religions, but she conducted religious procedures to express her wish, as Older Adult Participant A's cared granddaughter described:

When it came to the Mid-Autumn Festival and the Spring Festival, she [her grandmother] kneeled and worshipped...She was thinking about when my father could come back. There is no object she worshipped. She just kneeled and worshipped in front of a table...She did not believe in any religion...She wanted her son to be back so that she could get rid of this situation [the significant risk].

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Chapter 6: Discussion

Implications to Family Resilience Frameworks

Good qualitative research should significantly contribute to the development of knowledge and practice (Tracy, 2010). Theoretically significant studies can examine the applicability of existing theories or concepts in new and different contexts to provide new understandings to the theories or concepts. Considering the intergenerational connections among three generations, current frameworks of family resilience lack the attention to interactions within at-risk elder-headed multigenerational households and the extended family as a unit (Henry et al., 2015; McCubbin & McCubbin, 2013; Patterson, 2002; Walsh, 2016). Mostly, these frameworks discuss interactions in nuclear families. Walsh (2016) proposed nine key processes to build family resilience, while this study highlighted five key processes to build the resilience of Chinese rural at-risk elder-headed multigenerational households (See Table 2). I begin this chapter with discussing, based on my interpretation of the findings, how the theoretical framework of family resilience can explain or fall short of explaining relevant phenomena of at-risk elder-headed multigenerational households in Rural China.

Table 2

Comparing Two Versions of Key Processes to Build Family Resilience

Walsh's Key Processes	Contextualized/Localized Version of Key Processes
Flexibility	Actions over words in communication
Connectedness	Blurred boundaries with the extended family
Mobilize social and economic resources	Shared cultural beliefs and values
Making meaning of adversity	Acceptance and tolerance
Positive outlook	Mobilize extended family resources

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Transcendence and spirituality
Clarity
Open emotional expression
Collaborative problem solving

Mobilize neighbor resources
Mobilize village committee

Action is more important than words in family communication. Walsh (2016)

emphasized that communication is a key process to enhance family resilience. Nuclear families have parent-child and marital relationships, while multigenerational households have intergenerational, marital, and in-law relationships. The two kinds of families have different communication patterns in building family resilience. In nuclear families, clarity, open emotional expression, and collaborative problem solving are emphasized in communication process (Walsh, 2016). This study found that elder-headed multigenerational household members tend not to discuss their significant risks and share their feelings. Instead, members exchange tangible support as a communication of care within such households. Reciprocity is emphasized in nuclear families, while the single-direction support to adult children and/or grandchildren is emphasized and accepted in the at-risk elder-headed multigenerational household because of the blood ties and patriarchy. In this study, few at-risk elder-headed multigenerational households enhance their family resilience via verbal communications. Rather, tangible support seems to be of greater importance in sustaining the resilience of at-risk elder-headed multigenerational households.

Blurred boundaries with extended family enhance family resilience. Walsh (2016) emphasizes the importance of kin networks to enhance family resilience. At the same time, Walsh (2016) argues that drawing authority and responsibility boundaries clearly within the family, especially in parenting, is highlighted as an important process in family resilience models. The involvement of the extended family can make family teamwork more

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complicated and distressful. In contrast, this study found, traditional ideals toward the extended family contribute to the resilience of at-risk elder-headed multigenerational households. In this study, some older adult caregivers take parenting responsibilities for their grandchildren. They and multigenerational households they headed expected, welcomed and appreciated social support from their extended families to cope with significant risks. The extended family members even adopt some co-parenting responsibilities with the older adult caregivers.

Walsh (2016) noted the role of flexible cooperation among various families in parenting children but emphasized that a clear division of authority and responsibility is important to conduct parenting cooperation among families. This study found that there is a collaboration among parents, grandparents, aunts, and uncles in parenting grandchildren affected by significant risks, and there are blurring boundaries between parents and grandparents in raising grandchildren in elder-headed multigenerational households. In this study, holding reasonable expectations toward the parenting contribution of aunts and uncles helps older adults to sustain parenting support from the extended family. The authority and boundaries in parenting can also be blurred in the extended family, which is nourished by reciprocity between older adults, aunts, and/or uncles.

Shared goals and beliefs help to build the resilience of at-risk elder-headed multigenerational households. Walsh (2016) discussed propositions about belief systems held and shared by individual family members within the family. For instance, Walsh (2016) argued that shared cultural values provide the multigenerational family with a meaningful direction to cope with its adversities. In this study, continuing the family and nurturing the

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third generation can be shared beliefs in rural at-risk elder-headed multigenerational households and extended families, making members of these units united and guiding them to deal with significant risks. The shared beliefs are transcendent and spiritual, which provide meaning, purpose, and connection beyond ourselves, our families, and our immediate plight. They provide continuity with the past and into the future, with generations before us and those to come. They offer clarity about our lives and solace in distress; they render unexpected events less threatening and foster acceptance of situations beyond our control. (p.57)

In this study, the shared goal within at-risk elder-headed multigenerational households is important for the units to recruit the extended family, repair in-law relationships, and reduce intergenerational conflicts. This study found that extended families where members hold different goals and beliefs negatively affect social support for older adult members and their heading at-risk multigenerational households.

Acceptance and tolerance are key self-adjustment processes used by older adults to unite intergenerational resources. Walsh (2016) argues that accepting what cannot be changed is key to building family resilience. However, there is a lack of discussion about pathways to acceptance. Walsh (2016) also argues that it is important to balance mutual support and individual differences within the family to build family resilience. This study found that older adult caregivers experience self-adjustment processes to accept adverse outcomes brought by significant risks, using religious resources and positive reframing. This study also indicates another process where older adult caregivers tolerate and accept individual thoughts, characters, and needs of members in multigenerational households they

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headed and extended families to cope with significant risks, which is linked with the trend of modernization within the extended family (e.g., more of a focus on the individual rather than the whole unit, increased individual freedom of contributing to the whole unit) (Yan, 2016). Especially, this study highlighted how accepting and tolerating individual characteristics of family members can reduce conflicts and improve relationships between older adult caregivers and their daughters-in-law. This study implicates that daughters-in-law appreciated such tolerance and acceptance from older adult parents-in-law, activating daughters-in-law to contribute to increasing intergenerational cohesiveness and the resilience of at-risk elder-headed multigenerational households.

Community opinions affect the influence of the village on at-risk elder-headed multigenerational households positively or negatively. Current frameworks of family resilience view the community as a social network for families, but there is a lack of emphasis and focus on discussing the interactions between the community and at-risk elder-headed multigenerational households. An ecological perspective can be used to evaluate the influence of the community on the resilience of families. The ecological perspective emphasizes the complex reciprocal interactions of individuals and their environments, focusing on the interrelations among “people, roles, organizations, local events, resources, and problems” in the community (American Psychological Association, 2022, para.1). This study found that neighbors live in the village for a long time, forming the acquaintance society and shaping opinions toward the at-risk elder-headed multigenerational households. In an acquaintance society, people see each other every day and help each other in life, emphasizing geographic and blood ties to social identity (Fei, 1992). Such opinions

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affect the resilience of at-risk elder-headed multigenerational households negatively or positively through the communication between the village and the households. In this study, on the one hand, older adult caregivers can build good reputations in the village, helping them recruit community support from the village committee, neighbors, and other community institutions. On the other hand, the study also found that negative community opinions toward older adult caregivers and their at-risk elder-headed multigenerational households may hinder such community support. In other words, both the village and at-risk elder-headed multigenerational households can shape opinions and relationships with each other, resulting in community support or social isolation which impacts the resilience of at-risk elder-headed multigenerational households.

The current family resilience framework can help explain relevant phenomena of at-risk elder-headed multigenerational households in this study. It provides directions to evaluate the resilience of at-risk elder-headed multigenerational households regarding belief systems, communication processes, and organizational processes (Walsh, 2016). However, the applicability of current family resilience frameworks is limited in analyzing multigenerational households (Henry et al., 2015; McCubbin & McCubbin, 2013; Patterson, 2002a, 2002b; Walsh, 2016). Firstly, multigenerational households in Rural China, have different relationship structures and interactive dynamics from nuclear families. Multigenerational households contain in-law, intergenerational, and marital relationships, while nuclear families have marital and parent-child relationships. Members in multigenerational households have more roles, rules, and possibilities in communication than those in nuclear families, leading to different emphases, explanations, and targets of coping

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processes between the two families.

Secondly, intergenerational reciprocity and extended family connections are emphasized in Chinese culture, which is not emphasized in Western culture (Fei, 1998). This study suggested that the extended family in Rural China plays a more key role in building family resilience than those in western culture for two reasons. In this study, collectivism, intergenerational reciprocity, and patriarchy within the extended family provide a rationale for older adult caregivers to expect support from their extended family. In practice, this study indicates that intimate relationships in extended families offer more instrumental and emotional support to older adult caregivers and their heading at-risk multigenerational households.

Thirdly, in the context of acquaintance society (Fei, 1992), this study describes a more complex process of the village influencing the resilience of at-risk elder-headed multigenerational households compared to current family resilience frameworks. This study found the importance of an ecological perspective in exploring the influence of the community on the resilience of at-risk elder-headed multigenerational households (American Psychological Association, 2022). In this study, older adult caregivers and their heading at-risk multigenerational households build mutual support, approved images, and positive communications with neighbors and institutions in the community. With positive community opinions and comments, they can recruit community support. Otherwise, they may experience social isolation in their villages.

Implications to Social Work Practice and Research

Practically significant research can provide practitioners with alternative perspectives

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and layers to see relevant phenomena, equipping practitioners with contextual knowledge and normative principles to empower particular social groups (Tracy, 2010). The previous section discusses the theoretical implications of this study on family resilience frameworks. This section will discuss its practice and research implications for social work. In this study, I will discuss the literature regarding key characteristics of rural social work practice in China and then share what this study may contribute to future social work practice and research directions.

In this section, I discuss, based on interpretations of my findings, relevant practice perspectives and levels that service providers (e.g., social workers, community health care workers, village committee members, etc.) may attune to when working with older adults to enhance the resilience of at-risk elder-headed multigenerational households in Rural China.

Directions of developing social work practice in Rural China. Lin and Liang (2019) argue that social welfare systems are being improved in Rural China. For example, in Rural China, formal nursing houses have gradually opened to all the older adults, not just older adults in need. Social work in Rural China remains a new but important field (Boddie et al., 2021). The Ministry of Civil Affairs plans to build social work stations for every village by 2025. However, only Guangdong and Hunan Province have achieved this goal. Contemporary social work practice focuses on boosting local culture and economic livelihood in Rural China (Boddie et al., 2021).

Various scholars have shared recommendations regarding rural social work practice in China. Firstly, Wang (2017) posits that as poverty is a central issue in Rural China, social workers should continue to work on enhancing the economic livelihood of people in Rural

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China. Secondly, social workers can practice a capacity- and asset-building model in Rural China, encouraging farmers to use their intelligence and resources to build sustainable livelihoods (Zhang et al., 2008). Thirdly, Boddie and colleagues (2021) suggest that social workers should prioritize cultural sensitivity while working with ethnic groups in Rural China. Specifically, social workers can help ethnic groups record and reclaim their history, language, and lifestyles to communicate with broader social systems. Fourthly, considering environmental problems and their negative influence on the livelihood of disadvantaged groups in Rural China, social workers can help stakeholders how to protect a safe and sustainable natural environment and improve the benefits of fragile groups while developing the local economy in rural Chinese communities (Gu & Dominelli, 2020). For example, social workers organized farmers to produce organic rice and build urban consumer networks to promote ecological farming and a fair market. Fifthly, social workers can cooperate with formal social welfare institutions, extracting resources from these institutions and using the authority of these institutions to legitimate their services in Rural China (Wang, 2017).

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Viewing older adults as caregivers of a family. This study provides evidence that older adults are not only care recipients but many can function as caregivers, in the extended family of Rural China. With this perspective, this study enlightens practitioners to notice the role of older adults as caregivers in their families and assist them in practicing such family roles, which is also as important as satisfying their aging needs. This study identifies contextual factors including the extended family, the community, and broader social systems affecting older adults to foster family resilience in Rural China. Practitioners can identify community stakeholders they can cooperate with older adult caregivers in Rural China to enhance family resilience.

Twigg (2017) argues that family members have unique resources and obstacles to build family resilience, affected by their age, characters, and coping mechanism (Simon et al., 2005). Family members may have different perceptions of the family from each other (Hawley & DeHaan 1996). However, how individual family members affect family resilience is rarely discussed in the research. This study focuses on rural older adults in enhancing family resilience, which is affected by their family roles, life history, livelihood skills, and occupational welfare.

In this study, as parents and/or grandparents, rural older adults felt obligated to help their adult children and grandchildren affected by significant risks, resulting in their roles as primary caregivers in at-risk multigenerational households. Compared to older adults, other adult children felt less obligated to those affected by significant risks in the extended family and focused more on their nuclear families and children. However, older adults play a unique role in recruiting support from their other adult children. Although married siblings have few

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obligations to each other, adult children feel obligated to their older adult parents and help them to support their at-risk multigenerational households. Working and living in the village enable older adults to care for adult children and grandchildren with community support.

Therefore, this study suggests that service providers should take older adults as caregivers in their families while providing service to them. First, service providers can provide professional education to older adult caregivers in care (Brødsgaard et al., 2017; Lockton et al., 2021; Iseki & Kazutomo, 2014; Xie et al., 2019). For example, service providers can provide older adult caregivers information about pregnancy loss, preterm infants, physical activities, and perinatal support experienced by their adult children or grandchildren to care for their adult children or grandchildren better (Brødsgaard et al., 2017; Lockton et al., 2021; Iseki & Kazutomo, 2014; Xie et al., 2019). Secondly, service providers can acknowledge older adult caregivers' contributions and coping strategies, which benefit them (Lockton et al., 2021). This study found that older adult caregivers felt ashamed of the significant risks of multigenerational households they headed, even though their efforts made a difference in solving these significant risks. Such acknowledgment may improve the psychological well-being of older adult caregivers. Lastly, service providers can enhance the social networks of older adult caregivers, helping to improve their psychological health and informational support (Lockton et al., 2021). As discussed in the next section, this study found that social networks of older adult caregivers, including older adult caregivers themselves, their heading at-risk multigenerational households, extended families, the government, their village committee, and neighbors.

Enhancing social networks of older adult caregivers. Villages are often viewed as

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abandoned spaces in China (Lu, 2018). Albeit, scholars also have discussed whether villages could be havens and homes for the rural youth in China. This study highlighted that the affected emigrants returned to their villages to recover. They used traditional socio-economic resources to tackle significant risks, including at-risk elder-headed multigenerational households, extended families, neighborhoods, and traditional livelihood in the village. This study found that older adult caregivers, functioning as primary caregivers, identify different availability of social resources to cope with the significant risks affected by the modernization of Rural China.

For older adult caregivers, this study found that the first layer of social resources, the most critical resources, comes from older adults themselves and their heading at-risk multigenerational households. The second layer of social resources, which they ask for to tackle issues they cannot tackle by themselves and in their heading at-risk multigenerational households, is their extended family. The third layer of social resources, which they hold the lowest expectation for, is social support from the government, their village committee, and neighbors.

This study highlighted the stable support of older adults to foster family resilience. On the one hand, modernization enhances the economic livelihood of older adult caregivers, which is identified as the primary resource they can use. On the other hand, the uncertainty of social support from the extended family increases during individualization, so such family resources rank second place for older adult caregivers to use. Individualization has been discussed as a trend in the development of Chinese rural families (Yan, 2016). In this study, individualization affects social support from the extended family. Traditionally, the benefit of

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the extended family is higher than that of the nuclear family (Fei, 1998). During modernization, the rise of adult children's self-awareness, emphasizing nuclear families' privacy, and focusing resources on the third generation characterize intergenerational relationships in Rural China (Yan, 2016). Quek and Chen (2017) emphasize that older adults follow collectivist values, and their adult children embrace individualist traits, which need family social work practice to balance such intergenerational conflicts. With a collectivist self, older adults emphasize the whole benefit of the family, respect for older adults, and self-sacrifice in the family. Their adult children are more affected by globalization and Western cultures, focusing on their personal success.

This study found that adult children try to balance traditional and individual selves in Chinese rural families. On the one hand, they feel responsible for supporting their older adult parents and siblings affected by significant risks. On the other hand, they take the interest of their nuclear families as the first in these supporting processes. In the context of Rural China, older adult caregivers have less power than their adult children because the latter is more adaptive to modern society and has more socio-economic resources (Cao, 2019). With such a familial context, this study found that older adult caregivers have less right to negotiate with their adult children and avoid openly proposing their requirements to their adult children. This study implicates that older adult caregivers employ tolerance, self-adjustment, and action-oriented modes that are usually employed in intergenerational family communications.

Therefore, this study suggested that service providers can enhance extended family support for older adult caregivers. Family intervention studies lack the discussion of at-risk elder-headed multigenerational households in the context of China, and instead focus on

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Chinese nuclear families (Epstein et al., 2012; Quek & Chen, 2017; Yang & Pearson, 2002).

Service providers should have cultural sensitivity when intervening in intergenerational family communications and support in Rural China (Lim & Lim, 2012). This study found that understanding the needs and differences of adult children can help older adults shape the expectations and methods for their communications with different adult children. This study found that shared beliefs and goals can enhance the resilience of at-risk elder-headed multigenerational households. Therefore, social workers can help older adult caregivers and their adult children to identify further and strengthen/align/connect their shared beliefs and goals. Secondly, service providers can lead adult children to maintain regular contact with older adults to improve the psychological health of older adults (Chen, 2015). Service providers can encourage older adults to use the internet and online formats to keep in contact with their adult children (Li & Zhou, 2021). For example, this study found that older adult caregivers communicate with their adult children via WeChat and Tiktok. Thirdly, service users can consider other relationships (e.g., couples and siblings) in older adult parent-adult child relationships (Chen & Lewis, 2015). Li et al. (2019) found that more frequent communications and social networks within the family help to improve the psychological health of older adults. Service providers can employ a strength-based perspective and help older adults increase and enhance social networks within the extended family (Chen & Lewis, 2015; Li et al., 2019).

The findings of this study indicate that the village committee cannot fully satisfy the need of older adult caregivers and their heading at-risk multigenerational households in applying for formal social welfare and enhancing community welfare. Social Workers can fill

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this service gap. The village committee plays a primary role in managing public issues and transmitting social welfare in a village. Future research can identify how community institutions influence older adult caregivers in villages and discuss how social work practice can facilitate local institutions to support older adult caregivers in Rural China. This study suggested that, on the one hand, villagers need to be informed and assisted in applying for social welfare with their low literacy and a lack of relevant knowledge. On the other hand, the village committee cannot fully satisfy the need of older adult caregivers and their heading at-risk multigenerational households in applying for formal social welfare and enhancing community welfare. Social workers can fill this service gap by informing older adult caregivers what they can use, helping them apply for formal social welfare, and advocating social welfare improvements for them. They can also enhance the mutual support atmosphere in the village by increasing positive connections among villagers. Before doing this, social workers can communicate with the village committee about the labor division in community work, for example. With the labor division, the village committee can focus on developing economic collectives, economic livelihood, and community infrastructures to increase the well-being of older adults.

This study suggests that the village has an administrative network with which service providers can work with. A possibility is that social workers may act as case managers for villagers in the network, helping the latter identify and apply for formal social welfare they are eligible for and need. This study found that most older adult caregivers experienced family relationship issues, psychological distress, physical illness, and social isolation, which provides more directions for future social work services in the village.

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This study implicates that the economic livelihood of older adults is important to cope with significant risks faced by their heading multigenerational households. In this study, modernized facilities enhance the traditional livelihood of older adult caregivers. The local co-op employs older adult caregivers to do farm work and provide farmland rents. Using machines increases farmlands older adult caregivers can cultivate. Rural older adult caregivers collaborate with or are supported financially by household members who work in the city, raising household incomes to get through significant risks. Traditionally, the village was a commercial place where villagers did business. In this study, older adult caregivers sell food or open restaurants in the new neighborhood, a safer and more popular environment for older adults to run the service section than the old one. At the same time, older adult caregivers plant vegetables and feed animals in the old neighborhood, a place more friendly to agricultural lifestyles than the new one.

The community can play a key role in enhancing people's economic livelihood in rural areas (Rahman & Akter, 2020; Visser et al., 2020). This study implicates that service providers can work on enhancing the economic livelihood of older adult caregivers in the village. Firstly, service providers can connect social resources to create more economic opportunities for older adult caregivers (Visser et al., 2020). For example, this study suggested that service providers introduce more clients to older adult caregivers who sell food or run restaurants. Secondly, service providers can promote value-added agricultural activities and restore the rights of older adult caregivers in making decisions (Visser et al., 2020). This study found this is important because doing agricultural activities are the core skills of older adult caregivers to make livelihoods. Thirdly, service providers can impart

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training to increase older adult caregivers' knowledge, skills, and awareness of agricultural activities (Visser et al., 2020). Fourthly, service providers can develop community-based tourism to increase local employment opportunities for older adult caregivers.

Future Research Directions

There are several directions to develop future research relevant to older adults and family resilience in Rural China. There are different levels of factors that affect family resilience in Rural China. At the individual level, firstly, fewer male older adults participated in this study, but they may reveal different roles in building family resilience, different from their wives. Future research may explore more the contribution of male older adults to building family resilience in at-risk elder-headed multigenerational households. For example, possible research questions could be: (i) How do male older adult caregivers cope with significant risks affecting their adult children and/or grandchildren? (ii) What kind of social support do male older adult caregivers provide to the adult children and/or the grandchildren? (iii) What implications do male older adult caregivers have with such supportive roles?

Secondly, this study found that adult children have stances, views, and practices to sustain intergenerational family relationships and cope with significant risks, different from those of their parents. Future research may focus on how adult children co-operate with their older adult parents to build family resilience in at-risk elder-headed multigenerational households, deepening the understanding of adult-child- older adult parent relationships in Rural China. For example, the following research questions could be: (i) How do adult children communicate with older adult caregivers to cope with significant risks of multigenerational households they head? (ii) How do adult children view the contributions of

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older adult caregivers to building the resilience of at-risk elder-headed multigenerational households? (iii) How do adult children help older adult caregivers with such supportive roles? (iv) How do adult children view their such help for older adult caregivers?

Thirdly, this study found that reflecting on the past hardship improves the subjective well-being of older adult caregivers in coping with significant risks of multigenerational households they head. Future research can evaluate what past experience of older adult caregivers contributes to increasing their resilience. For example, the research questions could be: (i) What hardship did older adult caregivers experience in the past? (ii) How do older adult caregivers view such hardship? (iii) How does the past hardship affect the current life of older adult caregivers?

At the community level, some research directions are also identified that can be explored in the future. On the one hand, this study found that the co-op provides employment and/or rents to older adult caregivers in the village. Future research may examine the role of co-ops in improving the economic situations of older adults in Rural China. For example, the following research questions could be: (i) What jobs do older adult caregivers do in local co-ops? (ii) Compared to self-farming, does working for the co-ops increase the income of older adult caregivers? (iii) What implications do older adult caregivers have for working in the co-ops?

On the other hand, this study found an active role of the town government and the village committee helps to increase the social welfare of older adult caregivers in coping with significant risks. Future research may explore factors and processes that activate local forces to contribute to public careers in the village. For this research, research questions could be: (i)

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What factors affect the working efficiency of village committees? (ii) What factors affect the working enthusiasm of village committees? (iii) How do village committees cooperate with other institutions to increase public welfare in Rural China? Also, it will be another relevant direction to explore how social workers integrate into the existing service networks. Research questions could be: (i) How do villagers view social workers and their services? (ii) How do local institutions (including the government, social community institutions, and enterprises) view their relationships with social workers? (iii) How do social workers connect with the local institutions?

There are several directions to develop future research about extended families in Rural China. Firstly, this study suggests that older adults often play a primary role in parenting grandchildren. On the one hand, future research may exclusively explore older adults' skills, challenges, and outcomes in parenting grandchildren without the middle generation. On the other hand, future research may discuss how these grandchildren view their obligations to their grandparents and whether it enhances support systems for older adults in Rural China. Secondly, this study found the participatory role of maternal grandparents in co-parenting grandchildren in at-risk elder-headed multigenerational households. Traditionally, grandparents are responsible for taking care of sons' children, not daughters' children (Zhang et al., 2019). However, maternal grandparents have an increasing tendency to provide child care in Urban China. Future research may explore the role of maternal grandparents in coping with significant risks of multigenerational households. Thirdly, this study found that older adult caregivers can be challenged by their children-in-law in gaining social support from their extended families. Future studies may

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explore how children-in-law view and support their parents-in-law to be caregivers for siblings-in-law. Fourthly, this study involves divorce issues of adult children as significant risks and found that the threat of divorce from daughters-in-law reduces extended family support for older adult caregivers. Future studies may explore risk and protective factors that affect the marriage of adult children in Rural China, the key to protecting individuals' and families' well-being in Rural China.

Chapter 7: Limitations and Conclusion

Limitations of Study Findings

There are three limitations of the study findings. First, I have different social experiences from the research participants. For example, I come from urban China, aged 20s, and have a graduate-level education, which may affect power dynamics and relations in the research process and data collection. For example, interviewees in this study sometimes questioned whether I could understand their feelings and experience because they thought my life context was far from theirs. Power dynamics and relations are defined as “how power works in a specific context such as who has (and who does not have) the ability (or agency) to influence others, to negotiate, to affect change, and to make decisions...before, during, and after a...study” (Kwan & Walsh, 2018, p. 375). Educational training helps me to realize and intentionally reduce such power affections that may happen. However, as Drolet (2005) argues, in researching, researchers cannot be divorced from who they are and how they are perceived in the community to understand and perceive social issues.

The second limitation of the study findings concerns the sample of this study. Of 12 older adult participants, only three male older adult participants are included in this study. In

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Rural China, female older adults may have different life situations from their male counterparts. For example, in Rural China, female older adults have poorer health (Wang et al., 2009), less economic resources (Xu & Feng, 2022), and lower educational endowment (Yang & Du, 2021) than male older adults. Therefore, including more male older adult participants may deepen the understanding of the gender implications to family resilience building in this study.

The third limitation is related to the transferability of the study findings. The study findings implicate several contexts that may affect older adult caregivers in building family resilience, such as social connections, economic livelihoods, natural environment of the village, limiting its transferability to high-income developed districts. However, Meriam (1998) argues that a thick description of study findings may reduce this limitation by providing readers with enough details to decide what can be transferred to their cases and contexts.

Conclusion

I want to share two conclusions at the end of the thesis. The first is regarding the vital takeaway information related to my study findings. The role of older adults in building family resilience is less discussed in the context of Rural China. More literature focuses on older adults as care recipients in the context. This study highlighted complex contexts where older adults function as caregivers in their families and the dynamic processes of family resilience-building older adults experience. The findings point to how family resilience building of older adults is interconnected with broader social systems (e.g., extended families, village communities, state welfare, and cultural values). Therefore, this study highlighted the

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importance of social and cultural capital building in Rural China on the family resilience building of older adults, which may enhance capacities and positive implications of older adults in the building process.

Secondly and lastly, I want to share a thought about doing this research. When I collected data in the village, I found that sincerity and appreciation can help the researcher build positive and productive relationships with participants in the village. On the one hand, the interviewer's appreciation toward participants can encourage the participants to share more information and thoughts comfortably. On the other hand, showing sincerity to participants can make them know the interviewer is listening to them and what reactions the interviewer have to their sharing, increasing the participants' sense of safety and helping to deepen the interviews. Outside the interviews, appreciation and sincerity can help the researcher build a positive impression toward villagers, making the distance between the researcher and participants close. With the close interpersonal relationships, the researcher may experience more social activities with villagers, increasing the observation and understanding of the village as the case.

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Appendix

Appendix A: Exploring the Role of Older adults in Fostering Family Resilience: A Scoping Review

Abstract

Background: There is an increase in multigenerational families. Most of the research on older adults and families are focused on the older adult as a care recipient. Yet older adults can (and do) play a contributing role in family systems, and their perspectives and experiences are important in fostering family resilience.

Objective/Research question: The aim of this review is to examine the role of older adults in fostering family resilience within multigenerational families. Specifically, the research questions are: i) What family issues involve the older adult member as a care/support provider? ii) what are the different types of support older adults provide to their kin in addressing such family adversities? iii) what are the implications of those supporting roles? iv) how do older adults manage the demands related to such supporting role(s) ? and v) what interventions have been developed to help older adults in their supportive roles?

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Methodology: A scoping review was conducted, which drew on five academic data bases, google scholar and the references of all eligible studies. The inclusion criteria was set to include current peer-reviewed articles in English exploring how older adults aged 60 and over supported their kin in addressing family adversities. A narrative synthesis of the data was conducted due to the heterogeneity of the results.

Results: Older adults provide instrumental, emotional, informational support to their adult children and grandchildren within multigenerational families that are facing adversities. Older adults report both positive and negative implications related to their supportive roles, and employ both adaptive (positive reframing, help-seeking and religious coping) and maladaptive (avoidance) strategies to manage such roles.

Implications to Practice: More than a care recipient, older adults are a positive contributor to the resilience of multigenerational families. Through identifying and examining older adults' capacities as well as their challenges in managing such contributing roles, interventions may be developed to enhance the supportive capacities and well-being of older adults.

Keywords: older adults; multigenerational families; transgenerational support; coping strategies; interventions

Introduction

The Rise of Multigenerational Households

Multigenerational households can be defined as having at least two generations of adults (e.g., parent and a child or a grandparent and adult child) or skipped generations (e.g., grandparent and grandchild) living under one roof (Burgess & Muir, 2020).

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Multigenerational households play an important role in the lives of the individual, the family unit and wider society, and is a norm in many contexts around the world, and in some instances a growing trend (Harrell et al., 2011; Ko, 2012; United Nations, 2019). For example, from 2009 to 2013, the number of multigenerational households in the UK increased from 1.3 million to 1.8 million (Burgess & Muir, 2020). In Australia, 20 per cent of the population live in a multigenerational household (Easthope et al., 2016), an increase of 26.9 per cent since 1981 (Liu & Easthope, 2012). In 2011, about one in six Americans are living in multigenerational households, an increase by more than 10 per cent since 2007 (Generations United, 2011).

There are several reasons for the increase of multigenerational households, including increased longevity (Bengtson, 2001), economic crises whereby having more income earners under one roof is a coping strategy (Harrell et al., 2011; Ko, 2012), younger generations suffering from diseases that lead to skipped-generation households (Zimmer & Teachman, 2009). Consequently, there has been a growth of studies within family and gerontological literature that focus on understanding the multigenerational family as a unit. Albeit, the role of older adults within multigenerational households have been underestimated and narrowly examined.

Roles of Older Adults are Underestimated and Narrowly Examined

Bengtson (2001) argues that the support provided by older adults to their adult children and grandchildren, which enhances family wellbeing in modern society, is largely ignored. Richardson et al. (1994) criticized the exclusion of older adults within the field of family therapy, and the passive presupposition of older adults as a source of family stress,

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whereby the older adult members' problems is seen through a pathological lens. Despite the dominant discourse of older adults as passive recipients of care in multigenerational families, in recent years, more studies have explored the influence of older adults on their children and grandchildren especially in the terms of social support (e.g., Courtin & Avendano, 2016; Lee et al., 2015; Park et al., 2019). The aim of this review is the examine the contributing roles of older adults in multigenerational families, specifically in fostering family resilience.

Family resilience is defined as the capacity of a family to adapt to and bounce back from stressful life challenges (Walsh, 2003). Family resilience is produced by the interactive activities of at least two family members (Patterson, 2002). Walsh (2016) argues that belief systems, communication processes and organizational processes of a family play an important role in fostering family resilience. The belief systems consist of making meaning out of adversity collectively, sharing positive outlook, transcendence and spirituality within families (Walsh, 2016). The communication processes consist of clarifying information with each other, expressing emotions openly and solving problems collaboratively within families (Walsh, 2016). Organizational processes consist of having flexible family structures to respond to adversities, connectedness among family members and familial abilities to mobilizing socio-economic resources (Walsh, 2016). The family resilience perspective was used in this review as a guide to identify key search terms, data to extract, and organize the narrative synthesis of this review.

Relations in multigenerational families include interactions between parents and adult children, grandparents and grandchildren, spouses, among siblings, and in-law relationships (Silverstein & Giarrusso, 2010). In this review, we focus on intergenerational kin

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relationships and the interactive activities between the older-parent and adult-child(ren) relationship (including in-laws) and grandparent-grandchildren relationship. Specifically, the research questions this review answers are: i) What family issues involve the older adult member as a care/support provider? ii) what are the different types of social support older adults (60+) provide to their kin in addressing such family adversities? iii) what are the implications of those supporting roles? iv) how do older adults manage the demands related to such supporting role(s)? and v) what interventions have been developed to help older adults in their supportive roles? The significance of this review is three-fold. First, despite the increase in multigenerational households, there is no systematic review to examine the contributing roles of older adults within these family systems, and this review addresses this gap. Second, instead of viewing older adults as passive recipients, this review explores the capacity of older adults in fostering family resilience. Third, by examining the strengths, needs and challenges of older adults as it relates to their contributing role in multigenerational families, this review can inform interventions that may enhance the capacity of older adults to support their kin, and also improve the wellbeing of older adults.

Method

Study Eligibility Criteria

To investigate a relatively unexplored topic, scoping reviews are used to provide a scope of literature and an overview of key findings on this topic (Munn et al., 2018). Compared to traditional literature reviews, scoping reviews are conducted with systematic reviewing procedures, which reduces personal bias of reviewers on reviewed topics. This review was conducted using a scoping review process (Arksey & O'Malley, 2005). Studies

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were included if: i) participants of the study were aged 60 and over; ii) the focus was on the kin relationship (e.g., parent-adult children or grandparent-grandchildren relationship); iii) they examined how older adults provide support to their kin and the implications; iii) published in the English language; iv) published between January 1, 2015 to June 31, 2020. Unpublished studies, dissertations, theses and other grey literature were excluded. In this review, we did not require the studies to specify if participants were in multigenerational households (e.g., living under one roof) because multigenerational support does not appear only in multigenerational households. For example, Zhong and Li (2017) introduces the concept of living within a “one-soup distance” of adult children, which means that the house of the older adults is close enough in distance to their adult children whereby if the older adult prepares and takes a bowl of soup to the house of their adult children, the soup is still warm (p. 180). This intergenerational residence strategy facilitates access to support exchange with adult children, as an alternative to living under one roof for some multigenerational families.

Search Strategy

A comprehensive search was conducted in July 2020 and included three stages. In the first stage, both authors came together to develop the key words (and synonyms) and screening tool to search relevant literature. Then, the first author conducted an exhaustive search in the five data bases: EBSCOhost, PsycINFO, Social Science Citation Index (SSCI), Sociological Abstracts and Taylor & Francis. The key words and synonyms were searched in the abstract only: family stress OR resilience AND older adult OR older people OR elderly OR senior OR grandparent OR grandmother OR grandfather OR old people. The first author

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used the screening tool to: i) exclude clearly ineligible studies; ii) build a folder named ‘sure’ for studies eligible for this review; and iii) build a folder named ‘unsure’ for studies which may be eligible. The second author screened the two folders to validate the relevance of the studies. Any discrepancies were resolved through discussion between the authors and studies were included based on the consensus between the authors.

In the second stage, the first author used the same key words to search for studies through Google Scholar and only the search results in the first 10 pages were screened. Again, studies eligible and may be eligible for this review were put in the folders named ‘sure’ and ‘unsure’ respectively for the second author to screen and validate. Any disagreements between the authors at this stage was also discussed and resolved in the same way as Stage one.

In the final stage, references from the studies included in the previous stages were screened (titles only) by the first author. In this stage, key words and synonyms were identified in the titles, which decided the relevance of the studies. The first author followed the same protocol in stage one and two, and included a sure and unsure folder, and the second author screened and validated the relevant studies, with discrepancies discussed and both authors reaching a consensus on the final studies included.

Data Extraction and Synthesis of Results

Both authors met to discuss and develop a data extraction tool that was subsequently used to guide data extraction by the first author. The descriptive information of the included studies were extracted, including author(s), year of publication, journal, country, methodology, sample size, and participant characteristics (e.g., age, gender, and

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race/ethnicity). The relevant information included the: i) theoretical frameworks discussed; ii) studied kinship (e.g., parent-adult children or grandparent-grandchildren relationship), iii) family issues that involved the older adult member as a care/support provider, iv) types of social support provided and received by the older adult, v) implications regarding the supporting role of the older adult, and vi) coping strategies utilized by the older adults to manage their supporting roles, vii) interventions developed to help older adults in their supportive roles. The collected information were synthesized narratively due to the heterogeneity in the research designs.

Results

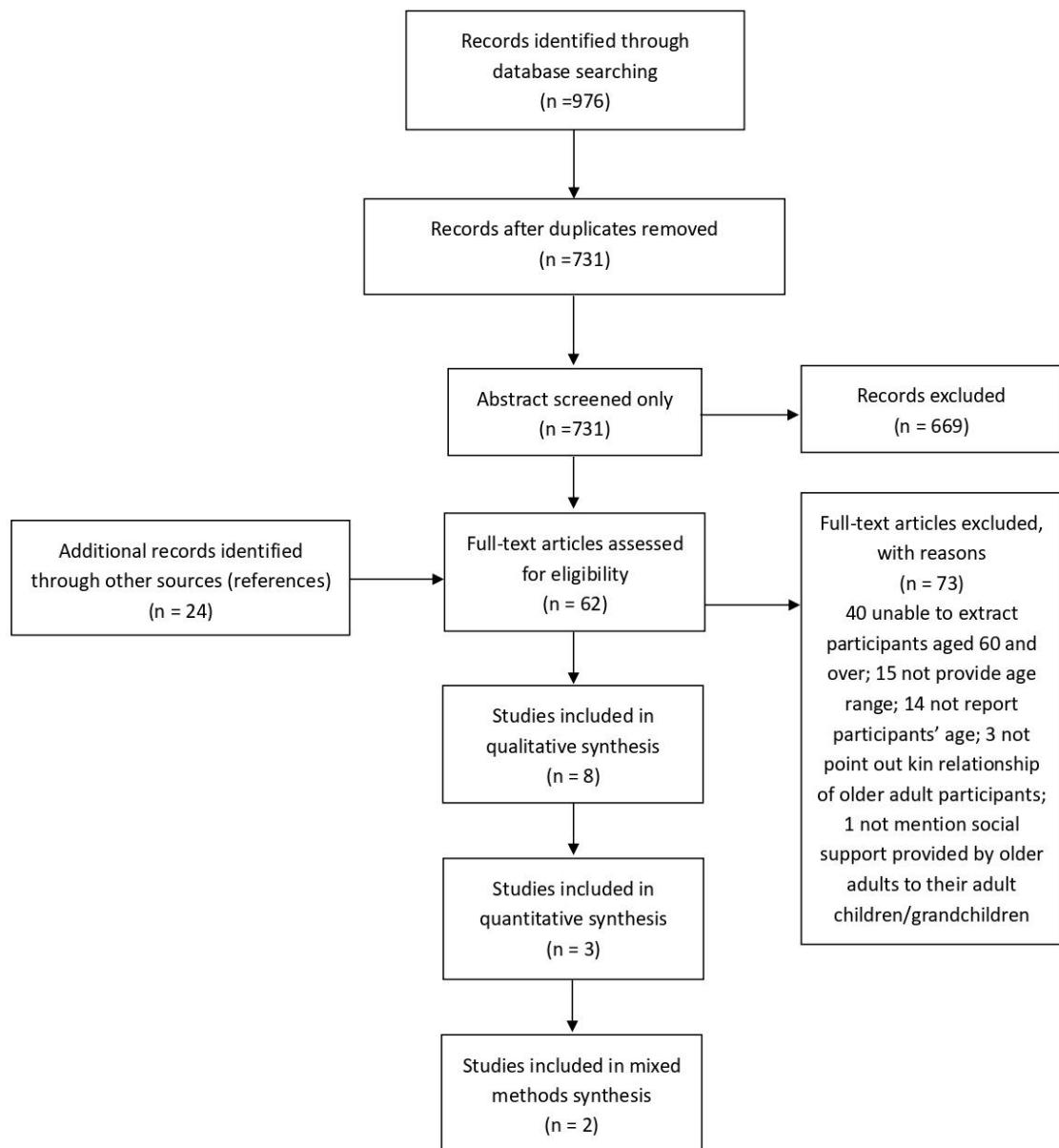
Study Selection

976 articles were generated in the first stage. After removing duplicates ($n=245$), there were 731 articles left. The 731 articles were screened (abstract only); 62 articles were retained for full-text screening. The references of the 62 articles were scanned for key words and synonyms in the title. As a result, 24 articles were included from the references. Therefore, a total of 86 articles were included after the three stages of screening. Of the 86 articles, 73 articles were excluded for reasons, including: samples that included older adults as participants but the data of those aged 60 and over could not be extracted for separate analysis; the age or age range of participants were not reported; the type of family relationship was not specified; and social support provided by older adults to their adult children/grandchildren was not mentioned. Any discrepancy was resolved through discussion between both authors, and 13 articles were included for this review. Figure 1 is the flow diagram for this review.

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Figure 1

Flow Diagram



Study Characteristics

Six of the 13 studies were published in 2018 or later. Among the 13 studies, three

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were conducted in the United States; two in each of the following countries: India and South Africa; and one in each of the following countries: Denmark, Ireland, UK, Singapore, Uganda and China. Eight are qualitative studies, in which different kinds of interviews (e.g., semi-structured or focus group interviews) were used. Three are quantitative studies, which included two cross-sectional and one longitudinal studies. Mixed methods research designs were employed in two studies. There are two intervention studies included in this review (one employed only qualitative methods and the other employed mixed methods).

Together the studies covered a diverse population of older adults that include varying participant characteristics. In the eight studies that included the educational backgrounds of participants, it ranged from no education to a university degree. In the eight studies that provided information regarding race/ethnicity, the identity of participants included Danish, Black South African, White/Caucasian, White/British, Indian, African Caribbean, White/Italian, Asian, White/German, Hispanic-white, Chinese, mixed race, indigenous Khoisan, and Black African. The information about older adults' income was provided in five studies. The income levels of older adults in the included studies were mixed, described as poverty or middle class. The seven studies that provided information regarding marital status of participants, included married participants, separated participants, remarried, widowed and divorced groups. The types of residence arrangement varied in the five studies that included that information, including for example living with grandchildren and at least one adult child, living in skipped-generation household, living with spouse and adult children only, and other variations. The employment status of older adults was reported in five studies, which included retired, employed full-time, employed part-time, unemployed, and 'homemaker'.

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Lastly, nine of the studies that provided information regarding gender, seven studies included both male and female, and two studies had only female participants. Albeit, no studies explicitly included transgendered older adults nor specified participants via sexual orientation.

Theoretical Frameworks of Studies

Among the 13 studies, nine explicitly referenced one or more theoretical frameworks. Of the nine, six studies cited one theoretical framework and three cited more than one theoretical framework. Four studies did not make any explicit reference to a theoretical framework. There were nine theoretical frameworks employed in the nine studies. One framework, which is the life course perspective, is at the individual level; five are focused on interpersonal relationships, including Bourdieu's concepts, social relational theory, circular causality, role enhancement theory/perspective and role strain theory/perspective; and three focused on the family, including family-centered care, family systems theory/perspective, and family resilience model. The most cited theories are the family systems theory/perspective, role enhancement theory/perspective and role strain theory/perspective, which are referenced in two studies respectively.

Family Issues that Involve the Older Adult as a Care/Support Provider

In the studies, there are different types of family issues whereby the older adult member is involved as a care/support provider. The family issues included emigration of adult children (Bailey et al., 2018; Marchetti-Mercer et al., 2019), health problems of adult children/grandchildren (Brødsgaard et al., 2017; Foli et al., 2018; Howson & McKay, 2019; Rutakumwa et al., 2015), caregiving/raising for adult children/grandchildren (Dolbin-Macnab

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et al., 2016; Low & Goh, 2015; Xu et al., 2017; Zhou et al., 2017), problems of adult children (Huo et al., 2019), tense intergenerational relationships (Cohen et al., 2018) and family farm transfer (Conway et al., 2017).

Types of Social Support Provided by Older Adult

Social support refers to the extent a person is integrated into a social network and the availability of resources to that person, provided by others, to cope with problems (Wills & Ainette, 2012). Social support can be categorized as emotional, instrumental and informational support (Langford et al., 1997). Emotional support refers to the provision of caring, empathy, love and trust (House, 1981), or the information that makes people feel cared and loved (Cobb, 1976). Instrumental support refers to the provision of time, goods, financial assistance and tangible service (Natamba et al., 2017). Informational support refers to the provision of information or advice for individuals to cope with problems (House, 1981). In this review, we used these categories to differentiate the types of social support identified in the studies.

Types of Social Support Provided to Adult Children

Eight studies identified how older adults provided social support to their adult children, and the types of social support included emotional, instrumental and informational support. In terms of emotional support, for instance, in Brødsgaard, Helth, Andersen and Petersen (2017) qualitative intervention study in Denmark of 16 older adults (age range: 60-75), participants reported that they encouraged their adult children to share thoughts and feelings with them as a way to share the burden of care for their grandchildren. Similarly, Huo, Graham, Kim, Birditt and Fingerman (2019) found in their quantitative study of 207

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older adults (age range: 63-95) in the USA, that 48 per cent of the participants provided emotional support to their adult children and the emotional support included listening to adult children's worries or providing comfort to adult children when they were upset.

Regarding instrumental support, for instance, in Cohen, Dias, Azariah, Krishna, Sequeira, Abraham, Cuijpers, Mores, Reynolds and Patel (2018) qualitative study in India of 20 older adults (60 and over), the participants living with their adult children were reported to participate in household chores, such as cooking, cleaning, laundry and childcare. Similarly, Conway, McDonagh, Farrell and Kinsella (2017) found in their mixed methods study of 18 older adult farmers (age range: 61-85) in Ireland, that the participants bought animals as gifts for their adult children which would enhance their livelihood as farmers.

Regarding informational support, for instance, in Huo et al.'s (2019) quantitative study, 41 per cent of the participants provided informational support to their adult children and informational support included helping adult children in making decisions or giving suggestions about what adult children could do. Similarly, Conway et al. (2017) found in their mixed methods study, that the participants made use of their working experience to provide adult children with suggestions about how to manage farms. For example, one of the study participants reported:

My son is a fairly good worker, but honestly, when it comes to making the difficult decisions and situations, I just don't think he is capable of being able to handle them the way I can yet you see I have more experience you see. When the going gets tough he just looks to me for an answer, and that's fair enough, because he understands more than anyone all the hours and hard work I have put in to make the

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farm as successful as it is today. (p. 67)

Types of Social Support Provided to Grandchildren

Eight studies identified how older adults provided support to their grandchildren and the types of support included informational, emotional and instrumental support. In terms of informational support, for instance, in Marchetti-Mercer, Swartz, Jithoo, Mabandla, Briguglio and Wolfe (2019) qualitative study in South Africa of 23 older adults (60+), the participants were reported to teach their emigrating grandchildren the homeland language and cultural norms. For instance, one of the study's participant reported, "One Afrikaans-speaking grandmother, Maggie, tries to teach her grandchildren some Afrikaans words, since they now only speak English at home" (p. 12). Similarly, Dolbin-Macnab, Jarrott, Moore, O'Hora, Vrugt and Erasmus (2016) found in their qualitative study including older adults (age range: 60-85) as participants in South Africa, that the older adult participants taught their grandchildren life skills, such as cooking.

Regarding emotional support, for instance, Dolbin-Macnab et al. (2016) found in their qualitative study, that the participants expressed love to their grandchildren who suffered from abandonment by their parents or the death of their parents. As reported in Dolbin-Macnab et al.'s (2016) study, "Grandmothers were hurt and saddened when grandchildren had experienced difficult circumstances and did their best to address these issues by being available to their grandchildren and communicating their love to them" (p. 2201).

In terms of instrumental support, Low and Goh (2015) found in their qualitative study including 4 older adults (age range: 61-65) in Singapore, that the older adult participants used

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their own money to pay for the food and clothing of their grandchildren. Similarly, in Xu, Tang, Li, Dong (2017) quantitative study of 2775 older adults (age range: 60-104) in the US, participants were reported to provide an average of 11.96 hours a week for caring for grandchildren.

Reciprocal Support

In addition to identifying and describing how older adults provide social support to their adult children and/or grandchildren, nine of the studies identified the reciprocal nature of social support.

Types of Social Support Provided by Adult Children to Older Adult

Eight of studies identified how the adult children provided social support to the older adults, and the types of support provided included emotional, instrumental, informational support. In terms of emotional support, for instance, in Zhou et al.'s (2017) quantitative study in China of 799 older adults aged 60 and over, high mean scores related to emotional support received from adult children (4.52/6 and 4.64/6 in 2009 and 2012 respectively) were reported by the participants in the survey. Similarly, Cohen et al. (2018) found in their qualitative study, it was reported that participants preferred to live with their adult children so that they could get the companionship from their adult children. As it was reported, "Finally, one [a participant] stated that older adults preferred to live with their extended families, 'because they need companionship'" (p. 7).

Regarding instrumental support, for instance, in Zhou et al.'s (2017) quantitative study, it was found that 46. 56 per cent of participants received instrumental support from their adult children and instrumental support included household chores and personal care in

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2012. Also, in Low and Goh (2015) qualitative study, all the participants received an allowance from their adult children for the caregiving of their grandchildren.

In terms of informational support, for instance, in Huo et al.'s (2019) quantitative study, 47 per cent of the participants received informational support which included helping older adults in making decisions or giving older adults suggestions about what they could do.

Types of Social Support Provided by Grandchildren to Older Adult

Two of studies identified how the grandchildren provided social support to the older adults, which included instrumental and emotional types of support. In terms of instrumental support, for instance, in Rutakumwa et al.'s (2015) qualitative study in Uganda, which included older adult participants (aged 60 and over), the participants were helped by their grandchildren in fetching water, feeding animals and cooking food. Regarding emotional support, Dolbin-Macnab et al. (2016) found in their qualitative study, that the participants reported to gain happiness from the company of grandchildren, as one of the participants stated, “[I] likes playing [with] and holding them [her grandchildren], seeing them [grandchildren] laugh and be happy” (p. 2202).

Implications Regarding the Supporting Roles of Older adults

Both positive and negative implications regarding the supporting roles of older adults in multigenerational families were discussed in the studies, with the former being more prominent. Nine of the studies identified negative implications experienced by the older adults and included discussions regarding physical problems, psychological distress and well-being related to their supporting role.

Negative Implications

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Nine of studies highlighted how the older adults supporting role as parent and/or grandparent, was related to psychological distress, decreased well-being, and/or physical problems. For instance, in Xu et al.'s (2017) quantitative study, the burden caused by caregiving for grandchildren was associated significantly with an increase in depressive symptoms of the participants. In Howson and McKay's (2020) qualitative study in the UK, which included 25 older adult participants (age range: 60-83), they found that the burden of caregiving for adult children with learning disabilities was reported by participants to result in the sleep deprivation, as one of the older adult participants reported:

I was not getting any sleep with the baby [adult daughter with disability] being awake half the night and [adult daughter with disability] being awake the other half. I wasn't getting any sleep at all and I was cracking up gently...I was really cracking up and I asked for help and they said there isn't any respite. (p. 315)

In Cohen et al. 's (2018) qualitative study, it was reported that the participants suffered from physical abuse by their adult children if they did not give their adult children money.

Rutakumwa et al. (2015) found in their qualitative study, that the participants were in a tense relationship with the grandchildren they cared for. For instance, one of the study's participants reported:

I used to advise her (the grandchild) to behave well but she would not buy my advice and at last she got infected with HIV. She used to move away without my consent and would stay there for some time before coming back home. Whenever I blamed her, she would abuse me and given my age, I just left her for fear that she might attack me and beat me. (p. 2130)

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Positive Implications

On the other hand, older adults gained benefits from their supporting role to their adult children/grandchildren, which included experiences of positive emotions, higher life quality and reciprocated social support. For instance, Dolbin-Macnab et al. (2016) found in their qualitative study, that the participants gained enjoyment from their relationship with their grandchildren they cared for, sense of fulfilment from caregiving for the grandchildren, and positive feelings from the respect and appreciation of the grandchildren toward them. In Howson and McKay (2020) qualitative study, the participants reported that the adult child with learning disabilities gave them companionship, helped them in household chores and made snacks for them. As one of the study's participants reported:

It's good to have someone else in the house now I'm on my own . . . he [the adult child with learning disabilities] always makes sure all the doors are locked up at night, that's his job and I let him do it. So, I'd miss him terribly if he wasn't here, because he is good company. He's good fun. (p. 315)

Older adults also took their supportive roles as strategies to cope with their own life challenges and/or improve their quality of life. For instance, in Dolbin-Macnab et al.'s (2016) qualitative study, participants reported that their enjoyable relationships with grandchildren helped them to stay active and engaged. In this study, one of the participants reported, "They [grandchildren] keep me active and help me forget my own problems" (p. 2202). Another example is the qualitative study of Low and Goh (2015, p. 311) which found that with caregiving for grandchildren, adult children were more likely to visit the participants regularly. As one of the participants in this study reported:

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If I am not taking care of my granddaughter, my [adult] children would not come back every day. Where would they find the time? Because I am taking care of their child now, they have no choice but to come back regularly. (p. 311)

Coping Strategies of Older adults to Manage their Supporting Roles

Coping refers to the ability of people to manage threats, challenges and harm faced by them (Townsend & Wells, 2019). Seven studies identified various coping strategies employed by older adults to manage their supporting roles, which could be categorized as adaptive or maladaptive strategies. Adaptive strategies included positive reframing, help-seeking and religious coping. Positive reframing refers to a process in which people put positive outlooks on their negative experience by finding benefits from it (Carver, 1997; Lambert, Graham, Fincham & Stillman, 2009). Help-seeking is a coping behavior of people whose personal abilities are challenged by stress and their response includes problem-focused activities through intentional interpersonal interaction (Cornally & McCarthy, 2011). Religious coping refers to cognitive, emotional or behavioral responses which are guided by religion to cope with stressors (Wortmann, 2013). Avoidance coping, which is associated with the negative well-being of people, is used to quell emotional distress caused by stress instead of coping with the stress directly (Balmores-Paulino, 2018). Avoidance strategies can include wishful thinking, escapism, denial, self-distraction and mental disengagement (Carver & Scheier, 1994), and such strategies are temporary (Green et al., 2010).

Adaptive Strategies

Positive reframing was employed by older adults in four studies. For instance, in the qualitative study of Howson and McKay (2020), the participants reframed their caregiving

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for their adult children with a disability as an opportunity to enhance their quality of life. For instance, the researchers found:

Twenty-three of the 27 parent carers reported that caregiving had enhanced their quality of life. They felt having a child with a learning disability allowed them to view life through a different lens. Father 3 [an older adult participant] commented: ‘My conclusion about the quality of life might shock you and everybody else but I think having a disabled daughter has improved my quality of life. It made me a better person. (p. 314)

Similarly, Marchetti-Mercer et al. (2019) found in their qualitative study that, even though the participants experienced distress from their adult children’s emigration, they took it as an opportunity for them to travel aboard and expand their horizons. Also, in Dolbin-Macnab et al.’s (2016) qualitative study, the participants gained their strength from the development of their grandchildren. As it was reported:

A 72-year-old grandmother, who was raising five grandchildren due to parental unemployment and abandonment, described the strength she derives from seeing her grandchildren develop when she said, ‘Watching my babies be so energetic and learning in school. They are just good kids. They do chores without being told and never complain. It just helps me a lot. (p. 2202)

Help-seeking was employed by older adults in seven studies. For instance, in Dolbin-Macnab et al.’s (2016) qualitative study, given the burden in raising grandchildren, the participants built up peer groups to support each other. In Dolbin-Macnab et al.’s (2016) study, it was reported that, “Grandmothers would come together, through church or luncheon

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clubs, to share stories, engage in craft projects or gardening, socialise, seek advice and gain emotional support" (p. 2199). Similarly, Rutakumwa et al. (2015) found in their qualitative study that, the participants established a reciprocal relationship with grandchildren who were under their care. In Rutakumwa et al.'s (2015) study, as reported:

...The older carer had a different set of needs, which we categorised as immediate and strategic needs. Immediate needs pertained to instrumental support in executing routine tasks that were necessary for household survival. It is in relation to these needs that the older carer counted on the child [the grandchild cared by older adults] for help, particularly in performing household tasks that were too physically demanding for the older carer to perform. (p. 2125)

Also, in Bailey, Hallad and James (2018) qualitative study in India of 477 older adults aged 60 and over, to compensate the absence of support from emigrating adult children, the participants were reported to enhance their sources of support which included community facilities, extended family members and non-kin relations. In Bailey et al.'s (2018) study, it was reported:

Some of the participants perceived that even though they had the economic resources to pay for their own care, there were not enough people around to provide it. Thus, in many situations, they had made other arrangements, such as getting the groceries or medicines delivered to their home. The main concern was in cases of emergency they needed someone close who could provide care. Those parents with children abroad relied on extended family members or non-kin relations to provide care for them. (p.

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Religious coping was employed by older adults in Dolbin-Macnab et al.'s (2016) qualitative study and the participants gained strength through praying. In this study, as reported:

One 68-year-old grandmother, who was raising two young grandchildren due to parental unemployment, described her views on how prayer helps sustain her when she said, ‘Despite the problems, I am always praying and asking for help because I believe that prayer causes change. (p. 2196)

Maladaptive Strategies

Avoidance coping was employed by participants in Marchetti-Mercer et al.'s (2019) study. Marchetti-Mercer et al. (2019) found in their qualitative study that, some participants insisted on taking the emigration of their adult children as temporary to comfort themselves, even though the emigration was most likely to be permanent, which resulted in psychological distress for them. In this study, it was reported that, “Some were adamant that the move was temporary, even if their children had been abroad for a number of years...however, many realized with sadness that the move was probably final and permanent” (p. 8).

Interventions

In Brødsgaard et al.'s (2017) intervention study, focus group interviews were employed to assess the impacts of the intervention which was educational in nature and geared towards assisting participants (aged 60-75) in providing care for grandchildren who were premature infants and support for adult children with premature infants. The qualitative data was analyzed to identify key impacts of the intervention, which included both improved knowledge on how to support their adult children with a premature infant and the acceptance

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of the individuality of their premature grandchildren.

In Foli et al.'s (2018) intervention study, the authors employed a mixed methods design (quasi-experimental pre- and post-test and semi-structured interviews) to assess the effectiveness and impacts of the intervention which aimed at providing the participants with the knowledge about caregiving and parenting skills for post-traumatic children. There were at least three older adults (aged 60 and over) participating in the intervention study as service users. The intervention was conducted in rural communities where the participants and post-traumatic children lived. In terms of effectiveness, the quantitative measures reported no significant outcomes for the effectiveness of the intervention. Albeit, the authors argued that this was expected due to for example the small sample, more honest reaction of participants and short interval between pre-test and post-test. In contrast, the qualitative measures highlighted several key impacts of the intervention including for example, enhanced parenting and caregiving skills for post-traumatic children, enhanced peer support, and opportunities for sharing of challenges related to caregiving for post-traumatic children.

Discussion

Key Findings

To the authors' knowledge this was the first systematic (albeit scoping) review that examined the contributing roles of older adults in multigenerational families, which is timely as half of the included studies were published in the last two years, indicating an increasing scholarly attention on the contributing roles of older adults in multigenerational families. The review helped to identify the: i) different family issues that involved the older adults as care/support provider, ii) different types of social support older adults provided to their kin in

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addressing such adversities, ii) implications of those supporting roles, iii) coping strategies used by older adults to manage the demands related to such supporting roles, and iv) interventions developed to help older adults in their supporting roles. Through synthesizing the included studies, there are several key findings that are important to discuss.

First, the geographical location of the studies were quite diverse, and included for example, non-western (e.g., China) and western (e.g., US); developing (e.g., Uganda), emerging (e.g., India) and developed (e.g., UK) economies ; and urban and rural contexts. Contextual factors play an integral part in shaping the ageing experience, including the social support older adults provide and receive, coping strategies utilized by older adults, and the interventions designed and implemented to help support older adults in their contributive roles. For example, Chinese cultural factors were emphasized to shape the contributing roles of Chinese older adults and the related strategies they used in handling multigenerational relationships (Low & Goh, 2015; Xu et al., 2017; Zhou et al., 2017). In these studies, cultural ideas and traditional norms (e.g., continuity of blood in a family) about multigenerational relationships provided the reason and motivation for older adults to adopt such contributing roles, and older adults achieved self-satisfaction by taking the culturally assigned responsibilities for their adult children and grandchildren. Besides, with the culturally recognized contributing roles, older adults could maintain social engagement and gain support from their adult children and grandchildren. On the other hand, adult children also adjust their expectations of the contribution of their older adult parents (Xu et al., 2017). Thus, it is important for future studies to attune and/or examine contextual factors and processes (socio-cultural, political, economic, and physical/environmental, etc.) that may

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implicate older adults' supporting roles in multigenerational families. Doing so, not only identifies unique cultural and contextual differences but also help to identify relevant factors and processes that resonate across different cultures and contexts. For example, we found that older adults provided instrumental support to their adult children across most of these studies.

Second, there was a lack of intervention studies (only two out of the 18). The findings of this review highlight, that older adults play an integral supportive role in multigenerational families, but at the same time, they can experience negative impacts (e.g., psychological distress, decreased wellbeing, etc.) related to these supporting roles. Thus, there is a need for more intervention research that helps identify specific challenges experienced by older adults in providing support to their families, and how support can be developed to effectively enhance the capacity of the older adults to manage such contributing roles. Also, current interventions are focused on increasing the knowledge of older adults in caring for grandchildren (Brødsgaard et al., 2017; Foli et al., 2018). Noticing the increasing importance of older adults in supporting their grandchildren, how to improve the co-parenting model between older adults and their adult children for their grandchildren could be another topic to of focus in future intervention studies.

Third, the included studies have tried to use existing family or social relation theories and perspectives to investigate the phenomena of multigenerational families. For example, the family systems theory, which was applied to investigate intergenerational relationships within multigenerational families (Rutakumwa et al., 2015), aimed at investigating parent-child relationships (Bavelas & Segal, 1982). In the reviewed study that employed family systems theory, there were no discussion of the implications/challenges/adaptions in

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applying such a framework to multigenerational families. However, in Brødsgaard et al.'s (2017) study, the limitation of the current family theory focusing on nuclear families was discussed and the application of the family theory on extended families was justified by noticing significant roles of grandparents in the care of premature infants from the findings of empirical studies.

Many of the existing theories regarding the family system are based on the nuclear family (e.g., Bowen, 1976), and neglect the role and interactions of older adults within multigenerational families. The multigenerational family has a distinct structure from that of the nuclear family and examination of such structures, and the dynamic and interacting relations between the various family members (e.g., grandparent and grandchild, grandparent and adult child) need to be incorporated in family theories and perspectives. As multigenerational families are increasing, future research within family studies should include explicit discussion of the challenges, applicability and expansion of existing theoretical frameworks to the multigenerational family.

In this review, with the perspective of family resilience, we identify adversities that multigenerational families experience and examine the role of older adults in fostering family resilience. Within family resilience studies, the role of personal self-adjustment and efforts of individual family members in building family resilience are largely unexplored (Henry et al., 2015; McCubbin & McCubbin, 2013; Patterson, 2002; Walsh, 2016). Instead, the collective characteristics of families, interactive processes within families and the interaction of families as a system with larger systems (e.g., communities, ethnic identities and culture) are assessed to measure family resilience in these studies. However, the studies in this review,

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suggest that both the personal contribution of older adults and how they manage their relationships with adult children/grandchildren play a role in cultivating family resilience for multigenerational families. Different family members play different roles in building family resilience, which highlights the importance of both personal contributions of individual family members and relational effects among family members in building family resilience. In future studies both the personal efforts (i.e. personal coping and adjustment in cognition, emotion and action) and collective efforts of family members need to be examined and integrated for a more fulsome understanding of family resilience.

Another research gap we found is the limited attention to LGBTQ grandparents. Given the increasing number of LGBTQ grandparents, this sub-group face issues brought by aging and their sexual identities that make intergenerational relationships of LGBTQ grandparents more complicated compared to heterosexual grandparents' (Orel & Fruhauf, 2013). For example, whether or not to disclose sexual orientation is an important issue for older adults to cope with in their relationships with adult children and grandchildren (Orel & Fruhauf, 2013). However, the marginalized experiences brought by the identities of LGBTQ could strengthen the resilience of LGBTQ older adults in forming multigenerational families and facing life transitions (Allen & Lavender-Stott, 2020). A recommendation for future studies is to examine how LGBTQ identities implicate the role of older adults in cultivating family resilience within multigenerational families.

Conclusion

Through systematically reviewing related studies published in the last five years, this scoping review draws a new and comprehensive picture of existing knowledge of how older

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adults can contribute to fostering family resilience within multigenerational families.

Importantly, we note that there are major knowledge gaps and provide some directions to future related work. The findings from this review present a counter narrative to the dominant discourse that older adults are passive recipients of care within the family context and provide practitioners with information about how older adults contribute to their multigenerational families. In turn, this may promote the cooperation between older adults and the practitioners in service design and delivery in supporting multigenerational families.

Limitations

Limitation of this review should be presented. Firstly, only peer-reviewed papers were examined in this review, there might be a publication bias without including the grey literature like dissertations or book chapters. Secondly, only English-language publications were included in this review which might lead to missing valuable findings from the non-English language publications. There could be an omission of relevant findings in the literature excluded in the abstract-screening procedure of this review if there was no information about older adults and family stress shown in its abstract. Thirdly, screening literature in the databases was conducted by one of the researchers, which may result in bias. As a solution, another researcher participated in the second screening of selected literature from the first screening round to decrease the bias. Moreover, literature screening conducted by a single researcher is proved to be an efficient and feasible approach for systematic reviews (Waffenschmidt, Knelangen, Sieben, Bühn & Pieper, 2019).

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Appendix B: Case Description

Participants

Participant A's Household

Case Description

Participant A was born in 1934 and died in 2019, so I interviewed her daughter-in-law and granddaughter. She has three sons and a daughter. Her youngest son had been missing for 15 years during which he never contacted his family and lived with a woman outside the village. Without knowing whether he was alive or not, Participant A lived with her daughter-in-law and grandchildren, which aroused the dissatisfaction of her other sons. However, she insisted on living with her youngest son's family, who needed her help most. When her youngest daughter-in-law

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went to cities to earn money, she took care of her grandchildren in the village. When her youngest son returned to the village, she tried to persuade other household members to accept him.

The Household of Participant B and R Participant B (born in 1944) lived in the new community of Village One. Participant B's oldest daughter had a cerebral hemorrhage suddenly in the city. In hospitals, Participant B's youngest daughter participated in looking after Participant B's oldest daughter. After nine months, her oldest daughter was allowed to leave the hospital. She could not remember things and lost her self-care ability. In the beginning, her daughter, son-in-law, and grandson lived in participant B's house in the village. Participant B did household chores, and they helped her first daughter to recover. When her first daughter could walk alone, her grandson and son-in-law returned to the city. Later, Participant B shared half the responsibility for caring for her daughter and her son-in-law. Recently, when her son-in-law needed to care for his father, her first daughter spent more than half of a year in Participant B's house. Participant B's husband and daughter had a retirement

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pension of 5000 yuan per month, which was good financial support for their village lives. Participant B also recruited support from her other adult children to get her oldest daughter's son married. Her youngest daughter worried that the care task had burdened Participants B and R who were aging. Therefore, she would negotiate with her brother-in-law and let him take more care of her older sister.

Participant C's Household

Participant C (born in 1942) lived in the new community. Her second son had an alcohol problem. He also used domestic violence against his wife and mother. One day, he drank too much alcohol and lost his feet. Then, he left the village and went missing. As a result, his wife divorced him, and his son (her youngest grandchild) was raised by Participant C. However, Participant C gained support from the child's maternal grandparents and mother. Participant C's oldest grandson bought her a house in the new community and as her primary supporter now. When Participant C was younger, she did farming work to raise her youngest grandchild.

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Participant D's Household

Participant D was born in 1938. She lived in the old community. Her oldest daughter-in-law was hit by a falling tree at work and could not stand up now. When Participant D saw a doctor in a city, I interviewed her oldest daughter-in-law. Participant D and her oldest son cared for her oldest daughter-in-law. Participant D cooked and did household chores for them. Participant D used retirement pensions to support their life in the village. Participant D's oldest son could not do heavy work with health issues, so he often asked for help from neighbors. Participant D also planted vegetables and raised chickens around the house. Participant D often stood with her daughter-in-law to persuade her son not to drink too much.

Participant E's Household

Participant E was born in 1949. Her oldest son was in an occupational fatality. A village leader and relatives accompanied her and her husband to cope with this accident. Her son's boss gave Participant E 800,000 yuan as compensation: guided by the village leader, 150,000 yuan was given to her daughter-in-law; 100,000 yuan was given to her and her husband; 500,000 yuan was given to her grandson for marrying; the rest of money was used for

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the funeral and transportation fees. Participant E and her husband participated little in this negotiation because of their relative relationship with the boss. Participant E said she and her husband would give their money to their grandson. Participant E did farm work in a rural cooperative to support her grandson at school. In her plan, most compensation would be used for her grandson's wedding. Even though Participant E persuaded her daughter-in-law to stay, her daughter-in-law left the household and married again. Participant E felt difficult to build full communication with her grandson.

The Household
Participants H and I

of Participant H was born in 1957. Participant H lived in the old community. She has two grandsons with intellectual disabilities inherited from her son. With a certificate of intellectual disability, her daughter-in-law accompanied her grandson to study in a special education school for seven years, while Participant H and her husband provided financial support to them by doing farming and odd jobs in the village. Participant H sustained a harmonious relationship with her daughter-in-law, and she understood the difficulty of her daughter-in-law. Sometimes, her son

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conflicted with her daughter-in-law about gambling. Participant H helped her daughter-in-law to educate her son. Participant H also encouraged her son and daughter-in-law to look forward. Participant H appreciated her daughter-in-law did not leave their household and contributed to the education of her oldest grandson. Her daughter-in-law felt reliability and honesty from Participant H and her husband. Since her second grandson had a learning disability, a teacher asked her husband to provide a certificate of intellectual disability so that the tuition fees could be reduced. However, her husband refused it because he did not want to acknowledge his grandson had learning disabilities.

Participant J's Household

Participant J was born in 1945. She lived in the new community. Her youngest son died in a car accident. Participant J persuaded her youngest daughter-in-law to marry another man because she thought her youngest daughter-in-law was too young to be a widow. She and her husband raised their grandson. Participant J was a doctor and cadre in the village, and her husband was a vet in the town. Therefore, they had a stable and relatively high

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income and pension in the village. Her grandson shared that Participant J built a deep emotional connection with him and provided him with a happy childhood. Participant J educated her grandson to be a good boy and appreciated her grandson behaving well all the time. Participant J felt lucky that her granddaughter-in-law loved her grandson and did not care about the absence of her parents-in-law.

Participant K's Household

Participant K was born in 1952. Her first son died of cancer and left her oldest grandson. Participant K raised her oldest grandson with her second son and second daughter-in-law. Participant K's husband farmed land with his second daughter-in-law, and Participant K did household chores for her. In life, Participant K and her husband tolerated their second daughter-in-law's temper and gambling habits as a strategy to keep the household united.

Participant L's Household

Participant L was born in 1951. She lived in the new community. Her oldest son was hit by a motorcycle and did not get compensation in the city. His intelligence was reduced, and he lost his self-care ability. Participant L

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functioned as her oldest son's primary caregiver, and her oldest son's family paid them limited visits and support. Participant L, a migrant resident in Village One, once conflicted with villagers. As a result, she was socially isolated in Village One, and her vegetable was often stolen. However, Participant L gained frequent support from her sisters and other adult children.

Participant M's Household

Participant M was born in 1955. She lived in the old community with her oldest son. Her oldest son was diagnosed with schizophrenia since he was expected to attend a good college. Participant M cared for her oldest son, cooked food, and did his household chores. Participant M grew the farmland and planted vegetables. At the same time, she took care of her grandson, the son of her second son. Her oldest son held a hostile attitude toward her and hardly communicated with her. Participant M felt shamed in the village and hardly chatted with neighbors because of her oldest son. She expected her oldest son to find jobs in the city and get married in the future instead of doing nothing in the village.

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Participant N's Household

Participant N was born in 1952. She lived in the old community. Her first son died from inhaling pesticides. After a few months, her first daughter-in-law married again, providing little social support to Participant N and the child she left. Participant N and her husband raised her grandson, living on farming work. Her husband once went to the government to look for the social welfare system but failed. Then he went to one of the village leaders who successfully helped him apply for the Five Guarantee policy. Participant N felt no support from her other adult children and most relatives. However, she educated her grandson to keep positive contact with her second son because she viewed him as her grandson's future backup. She often educated her grandson not to compare himself with others because they were poor. She also cared about what new subjects her grandson learned from school. Participant N's brother-in-law (her husband's brother) lived with her multigenerational household, financially supporting her in raising her grandson.

Participant Q's Household

Participant Q (born in 1945) has two sons and three daughters. His first adult son was involved in a swindle

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and lost his freedom. He went to the city his son was in, looked for him, and saved him out. When his first son was going to divorce, he helped his first son to negotiate with his son's in-law family. His second son died of cancer, before which he gathered money to treat his second son. Participant Q lived on raising cattle and farming lands, living in the old community of Village One. He was happy to help others in the village, building a good reputation. When he fell into difficulty, villagers took the initiative to help him out.

Appendix C: Interview Guide for Older Adults

What Significant Risks do Multigenerational Households in Rural China Experience?

- What significant risk was?*
- What affection did the significant risk cause to you and your household/family members?*
- How old were you when involved in the significant risk?*

How do Older Adults Participate in Coping with the Significant Risk?

- How have you coped with the significant risk?*
- Why have you involved yourself in coping with the significant risk?*

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- What strengths do you have and use to cope with the significant risk?
- What challenges have you met in coping with the significant risk?
- How have you solved the challenges?
- What do you think is important to address the significant risk?
- What is your plan to cope with the significant risk?

What and How do Contextual Factors Influence Such Participatory Roles?

- What resources have you used to cope with the significant risk?*
- How have you mobilized these resources?*
- What factors have affected you to cope with the significant risk?*
- How do you view these resources?
- Which resources is the most important to address the significant risk? Why?

Note. Questions with * are compulsory questions for me to ask.

Appendix D: Interview Guide for Adult Children/Grandchildren

What Significant Risks do Multigenerational Households in Rural China Experience?

- What significant risk was?*
- What affection did the significant risk cause to you and your household/family members?*

How do Older Adults Participate in Coping with the Significant risk?

- How has the older adult done to cope with the significant risk?*
- What difference has the older adult made in coping with the significant risk?

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- Why has the older adult involved to cope with the significant risk?*
- How do you view the older adult and their work in coping with the significant risk?
- Who else has participated in coping with the significant risk?
- Who has played the most significant role in coping with the significant risk? Why?
- How have your family members cooperated to cope with the significant risk?*
- What challenges have the multigenerational household had to cope with the significant risk?
- What is the plan of the multigenerational household in addressing the significant risk?
- What roles will the older adult play in the plan?

What and How do Contextual Factors Influence Such Participatory Roles?

- What resources has the multigenerational household mobilized to cope with the significant risk?*
- How has the multigenerational household mobilized these resources?*
- What influence has mobilizing these resources made?*
- What factors have affected the multigenerational household to cope with the significant risk?*
- What roles have the older adult played in mobilizing these resources?
- What resources were the most important to address this significant risk?

Note. Questions with * are compulsory questions for me to ask.

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Appendix E: Interview Guide for Village Administrators

Topic: Significant Risks in Rural China

- What significant risks did multigenerational households experience in the village ?*
 - What proportion of multigenerational households is encountering the significant risks in the village?*
 - What difference is there in significant risk between urban and rural multigenerational families?*

Topic: Coping strategies

- What roles did older adult family members play in coping with the significant risks?*
- How did the older adults participate in coping with the significant risks?*
- Is it a common phenomenon that older adults help adult children/grandchildren affected by significant risk?*
- What social support did the older adults usually provide to cope with the significant risks?
- How do you view the roles of older adults in coping with the significant risks?*
- What influence did the older adults make on coping with the significant risk?

Topic: Contextual Factors in Supporting Multigenerational Families

- What social institutions helped such households to cope with the significant risks?*
- What roles did the social institutions play in coping with the significant risks?*
- What resources did such households mobilize to cope with the significant risks?*

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- How did such households mobilize these resources?*
- What social norms and rules affected such households to cope with the significant risks?*
- What social policies did such households usually use?
- What was the proportion of such households benefiting from social policies?*
- What influence did the policies make in coping with the significant risks?

Note. Questions with * are compulsory questions for me to ask.

Appendix F: Significant Risks Affecting the Households

Older adults	Who was affected primarily	Significant risks
Older Adult Participant A	Adult son	Missing
Older Adult Participant B and R	Adult daughter	Amnesia caused by strokes
Older Adult Participant C	Adult son	Physical disabilities, divorce and being missing caused by alcoholism
Older Adult Participant D	Daughter-in-law	Physical disabilities caused by occupational injury
Older Adult Participant E	Adult son	Occupational fatality
Older Adult Participants F and G	Adult son	Committing crimes and imprisonment
Older Adult	Grandchildren	Intellectual disabilities

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and I

Older Adult Participant J	Adult son	Died of a car accident
Older Adult Participant K	Adult son	Died of cancer
Older Adult Participant L	Adult son	Intellectual disabilities caused by a car accident
Older Adult Participant M	Adult son	Schizophrenia
Older Adult Participant N	Adult son	Poisoning death
Older Adult Participant Q	Adult sons	Getting involved into a swindle, divorced, or died of cancer
Older Adult Participants O and P	Daughter-in-law	Suicide
Older Adult Participant S	Adult son	Committing crimes and imprisonment
