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The Challenges and Adaptations of Filial Care and Grandchild Care for the “Sandwiched Young-Old New Elderly”

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Abstract: This study explores the dual caregiving challenges, adaptation strategies and cognitive aging characteristics of China’s “sandwiched young-old new elderly” (aged 60–69, caring for elderly/disabled parents and grandchildren). Via semi-structured interviews, it identifies three core cognitive challenges: fear of health decline under care burdens, anxiety about irreplaceable care responsibilities, and emotional distress from intergenerational cognitive differences. Unlike traditional elders who cope with aging passively, this group adapts actively through health management, restructuring care via community/institutional support, and building multidimensional support networks. The study argues that enhancing scientific understanding of aging, strengthening policy support, and expanding childcare and respite services are key to promoting their positive aging. It provides empirical evidence for understanding their cognitive aging characteristics and practical references for addressing “sandwich care” dilemmas.

Keywords: sandwiched young-old new elderly; dual care; concept of filial piety; attitude towards aging

1. Introduction

By 2024, China’s elderly population has exceeded 280 million. The “sandwiched young-old new elderly” as a special subset within this group are becoming a key demographic in the deepening aging process. Most of them were born in the 1960s and grew up after the reform and opening-up, possessing solid economic foundations, high cultural literacy, and strong acceptance of new things (Khairulnisa et al., 2026). The new elders differ from traditional elders’ concept of “passive reliance on children and family” for elderly care, as well as from ordinary younger elders’ state of “no dual caregiving pressure”. In 2024, the State Council issued the “Opinions on Developing the Silver Economy and Enhancing Elderly Welfare”, proposing 26 specific measures from dimensions such as developing livelihood projects and meeting diversified needs. This aims to actively address the challenges of population aging and effectively improve the quality of life for China’s elderly. Under this policy context, clarifying the cognitive characteristics of aging among sandwiched young-old new elders holds significant importance for promoting active aging.



This study aims to systematically explore the specific care challenges faced by China's "sandwiched young-old new elderly" (aged 60–69) in the process of simultaneously caring for elderly/disabled parents and grandchildren, the autonomous adaptation strategies they adopt to cope with these challenges, and how their attitudes toward aging influence the experience of caregiving and the choice of adaptation strategies, thereby fully presenting the survival dilemmas, response logic, and attitude mechanism of this group in the context of dual care, and providing empirical references for understanding their special needs and promoting active aging.

2. Research Background

The life experience of the new old generation is significantly different from that of the traditional elderly group, and they have higher requirements for the quality of life in their later years (Mohd. Tohit & Haque, 2024). The term "new elderly" was first proposed by Shigeaki Hinohara in Japan (Bando, 2018).

Traditional elderly groups place greater emphasis on cultural traditions, with their lifestyles, values, and social roles being deeply influenced by conventional beliefs. Centered around family, they rely on children for daily care and emotional support, maintaining frugal living with a focus on material security and financial reserves. They tend to preserve traditional lifestyles and customs, with social interactions primarily revolving around relatives, neighbors, and community members. This demographic often shows resistance to modern technological products and internet services, focusing their lives on household chores and gardening.

In contrast, the new generation of seniors demonstrates greater independence and initiative, embracing new technologies and pursuing high-quality later life. They gradually reduce dependence on children while adapting to societal changes through learning, typically becoming proficient users of smartphones, computers, and other modern tech devices (Lee et al., 2025). Elderly individuals with personalized needs for senior care services demonstrate strong engagement in social activities and public affairs (X. Yang & Chen, 2025), while pursuing cultural enrichment through travel, artistic pursuits, and volunteer work to achieve spiritual fulfillment (Cheng et al., 2025). These seniors face significant challenges balancing traditional filial piety with modern expectations (Li et al., 2024).

The "sandwiched young-old new elderly" (aged 60–69) comprise a generation with relatively healthy physical conditions, stable economic foundations, and active social participation. Amidst population aging and evolving family structures, they shoulder dual responsibilities: caring for aging or disabled parents alongside providing intergenerational support to grandchildren. As modern families grow smaller, the traditional role of family-based eldercare has diminished (Albertini et al., 2022), making the caregiving contributions of this sandwiched group increasingly vital.

This phenomenon has many effects. For the new sandwiched elderly themselves, they should be enjoying retirement life, pursuing personal interests and hobbies, enjoying their old age, but they have to bear great care pressure, which undoubtedly has a negative impact on their physical and mental health and quality of life. Chronic fatigue and mental stress may lead to premature physical decline and frequent mental health issues such as anxiety and depression. From a family perspective, the excessive contributions of sandwiched elderly individuals may trigger internal conflicts within households, particularly regarding the distribution of caregiving responsibilities and differences in educational philosophies, thereby affecting family harmony and stability. At the societal level, the "dual care" phenomenon faced by sandwiched elderly individuals highlights systemic deficiencies in China's social pension and childcare systems, posing challenges to sustainable development. Therefore, thoroughly understanding this dual-care reality and identifying underlying issues holds significant practical value for addressing current social welfare challenges, fostering family harmony, and promoting stable social progress.

At present, research on the "sandwiched group" is increasing, but there is still very little attention paid to the specific subgroup of "young new elderly". Existing studies either focus on the "work-care balance" of the middle-aged sandwiched layer aged 45–59, or emphasize the "care-receiving needs" of the elderly aged 70 and above. However, they overlook the dual-identity characteristics of the 60–69-year-old group, who are "both caregivers and potential care-receivers". As a result, the particularity of their dual-care dilemma and the complexity of their aging adaptation have not been systematically revealed.

3. Theoretical Framework

Active aging is a concept and goal characterized by three core dimensions: "health", "participation", and "security" (Hijas-Gómez et al., 2020). It emphasizes that the new elderly group should maintain a positive state in terms of physical health, mental well-being, and social participation (Upasen et al., 2025), give full play to their personal potential, engage in social activities, and pursue a healthy and meaningful old age life (Martynova, 2025). As a national strategy for addressing population aging in China (He et al., 2025), it also serves as a globally

recognized theory in the field of aging research. Strong personal health awareness can focus on the remodeling of aging cognition through physical and psychological interventions, thereby alleviating health concerns of this group caused by caregiving responsibilities and laying a physical and mental foundation for a positive aging attitude. Social participation is the core of active aging (J. Zhou et al., 2025). Dual caregiving (caring for both elderly parents and grandchildren) is not merely a burden; instead, it constitutes a significant form of social participation and a way for this group to realize their self-worth. Through intergenerational family support, it enables the exchange of resources and helps the elderly redefine their self-value. Institutional support relies on policy and service systems (Zhang et al., 2025). It alleviates the pressure of dual caregiving through measures such as economic security, childcare services, and respite care. Combined with the optimization of institutional systems at the national strategic level, it reduces existential anxiety and provides external support for active aging. China's unique culture of filial piety, the ideology of supporting children in establishing their own families and careers, and modern aging cognition collectively exert an influence throughout the entire process of active aging among the new elderly group (Xiao et al., 2024). Filial piety is closely associated with individual vocational identity (Ouyang, 2024).

Although research on aging has shown an increasing focus on the “sandwiched group”, there are three key limitations in the existing literature. First, most studies concentrate on middle-aged people aged 45–59 who are balancing the care of their children and parents. However, they overlook the special subset of “young sandwiched new elderly” (aged 60–69). Compared with traditional elderly people, this group has unique characteristics such as a solid economic foundation, relatively high digital literacy, and active social participation. Second, previous research has mostly emphasized the negative impacts of dual-care (such as physical exhaustion and psychological stress) (Xia & Zhu, 2025; S. Yang et al., 2025). However, it has not systematically explored the cognitive aging characteristics, coping strategies, and unmet support needs of this group. Third, previous studies have mostly focused on the entire elderly population, paying little attention to the different characteristics of the new elderly emerging within the elderly group. Specifically, how the perception of “irreplaceable care responsibilities” interacts with inter-generational cognitive differences, and how they actively adapt to aging in the context of dual-care remain research gaps (Hu et al., 2024). This study aims to fill these gaps by investigating the cognitive dilemmas and adaptation mechanisms of the young sandwiched new elderly in China.

Based on the above-mentioned research gaps and the theoretical framework of active aging, this study aims to address the following three research questions:

RQ1: What are the core cognitive dilemmas faced by the young sandwiched new elderly in China when undertaking dual-care?

RQ2: What coping strategies does this group adopt to deal with the challenges of dual-care and adapt to aging? How do these strategies interact with their cognitive aging process?

RQ3: What are the unmet support needs of the young sandwiched new elderly? How can these needs be met to promote their active aging in the context of dual-care?

4. Methodology

This study adopted qualitative methods to collect data, with all participants regularly participating in interviews. This aims to deeply explore the above-mentioned research questions (RQ1–RQ3), because this approach can capture the subjective perceptions and experiences of the respondents. The participants included six elderly women and four elderly men, mainly from Ankang in Shaanxi Province in the west, Dezhou in Shandong Province in the east, and Guilin in Guangxi Zhuang Autonomous Region in the south—all prefecture-level cities in China. All three cities have medium-sized populations, neither being densely populated megacities nor sparsely populated regions. The demographic profile of the participants is shown in Table 1.

This study interviewed 10 participants with stable financial foundations and relatively good health. The group comprised 6 elderly women and 4 elderly men, including 3 teachers, 2 civil servants, 2 workers, 1 executive, 1 doctor, and 1 self-employed professional. Their monthly pensions ranged from 7000 to 9000 yuan for teachers, civil servants, and doctors, 2000 to 3000 yuan for workers, while unemployed individuals who had participated in social pension insurance during their youth could receive approximately 1500 yuan monthly.

Upon the completion of data collection, the raw data were first organized. Within 24 h after each interview, audio recordings were transcribed verbatim, with colloquial expressions (e.g., “I cannot afford to fall ill, otherwise the family will fall apart”) retained and non-verbal cues (e.g., “a 5-s pause”, “choked speech”) documented.

Subsequently, two researchers independently conducted open coding on the transcribed texts. They extracted the original expressions of participants (e.g., “No one can take my place in providing care”) to form initial concepts

such as “anxiety about the irreplaceability of care responsibilities”. After negotiating and resolving coding discrepancies, similar concepts were merged into categories including “health anxiety” and “intergenerational cognitive conflict”.

Finally, in the axial coding stage, centered on the core phenomenon of “dual caregiving”, the scattered categories were integrated into three dimensions: “caregiving challenges”, “adaptation strategies”, and “attitudinal impacts”. In the selective coding stage, with “the autonomous adaptation of sandwiched elderly under dual caregiving” as the core thread, the above three dimensions were integrated into a coherent analytical framework of “dilemma-strategy-attitude”.

To ensure confidentiality and ethical compliance, pseudonyms were not used for institutions or participants in this study. A comprehensive analysis was conducted on all 20-interview data.

Table 1. Participant Profiles.

Name	Age	Region	Care Recipients	Care Dilemmas
Guo Xindong	61	Ankang, Shaanxi	Bedridden father + 6-year-old granddaughter, newborn grandson	Needs to balance care time between the elderly and grandchildren; struggles to access timely respite care support
Wei Shucheng	62	Guilin, Guangxi	Parents over 80 years old + 4-year-old granddaughter	Elderly parents have significant mood swings; suffers from exhaustion due to balancing care for grandchildren
Zhang Hong	61	Ankang, Shaanxi	Disabled parents + 3-year-old grandson	Only the father receives disability subsidies, which are insufficient to cover care costs
Gao Jing	66	Guilin, Guangxi	86-year-old parents + 1-year-old grandson	Needs to accompany elderly parents and provide daytime care for the grandson; no rest time at noon
Zhao Guoren	64	Ankang, Shaanxi	Talkative mother + granddaughter in Grade 2	Transports the second child to and from school, undertakes daily care for the mother, reminding her to take medicine, handling emotional issues
He Yun'an	69	Guilin, Guangxi	86-year-old mother + grandson in Grade 3	Own physical functions have begun to decline; dual care is likely to cause health problems
Duan Wenliang	61	Ankang, Shaanxi	81-year-old mother + 1-year-old granddaughter	Balances dual care with occasional business activities; also needs to take on household chores
Wang Lian	60	Guilin, Guangxi	83-year-old hemiplegic mother + grandson in Grade 1	Needs to hire childcare workers or caregivers, resulting in significant financial pressure
Sun Yuying	66	Dezhou, Shandong	Bedridden mother + 2-year-old grandson	The 2-year-old grandson is ineligible for nursery care; the elderly mother fell and remained bedridden for 100 days; other children in the family work in other cities
Pan Jian	65	Dezhou, Shandong	Elderly parents + granddaughter in Grade 2	Dual care affects personal interests; needs to transport the grandson to and from school and cook meals in the morning and evening

5. Findings

It is undeniable that many elderly individuals have openly acknowledged the challenges of dual caregiving. In their circumstances, the most significant difficulty most mentioned was the constant desire to withdraw, especially when their health deteriorated during care. “I wish I had no parents to care for and no children to look after”, all participants expressed their reluctant acceptance of this reality. While acknowledging this situation, they clearly stated they would proactively adapt and embrace new caregiving approaches.

5.1. Fear of Health Loss Under Caregiving Load

The research findings highlight a critical challenge: individuals persist in caregiving while grappling with profound fears of health deterioration (Theng et al., 2023). Middle-aged elderly caregivers burdened by dual responsibilities often struggle to participate in health intervention programs, which further intensifies their anxiety about declining health (Yoo et al., 2023). Their persistent fear that long-term care may harm physical well-being fuels deep-seated doubts about whether they can endure until the end. This existential shift leaves them feeling utterly helpless and lacking scientific understanding of aging processes. Zhang Hong described herself as the “backbone” of her family:

Last month, my back ached so badly I couldn't stand. Lying in bed, my mind was consumed by worries—Who will feed my mom? Who will look after the kids? I toughed it out, wore a steep late lumbar brace for two days, and then got up. I can't afford to fall ill; if I do, our family will fall apart.

“This” pushing through “mentality reflects a forced belief that” personal health equals family stability”, while ignoring critical warning signs of one’s own well-being.

Caring for elderly parents is a challenging task. Most elderly parents experience declining health conditions and may suffer from chronic diseases such as cardiovascular disorders, diabetes, and joint ailments, requiring regular medical check-ups, long-term medication, and daily health monitoring. Beyond physical care, older parents also depend more emotionally on their children, needing emotional support and companionship. He Yun’an described his feelings:

“Taking care of seniors is tougher than raising kids. They have their own opinions, and communication breakdowns often lead to tantrums. “

Zhao Guoren said that although the elderly in his family are not seriously ill, they have many demands:

“Sometimes we need to comfort them like dealing with our own children. When they refuse medicine, get upset, or feel unwell—we have to cater to every need. My son and daughter-in-law even had my second child right after I retired, just so I could look after them. I push a wheelchair in one hand and a stroller in the other, constantly trying to soothe them. “

Wei Shucheng spoke about his parents “80-year-old threshold”:

“Both my parents are 82, with mild dementia. They experience significant mood swings and often forget things. I constantly worry: Will I soon face the same? If I develop dementia, who will care for them and their granddaughter? Should their condition worsen to the point where we can't afford caregiver costs, could our family fall apart? “

5.2. The Anxiety of the Irreplaceability of Caregiving Responsibility and the Dilemma of Time Management

These caregiving challenges compel them to continually adapt their lifestyles. Their rich life experiences and strong learning capabilities demonstrate problem-solving competence. Maintaining a positive outlook on active aging, they persistently seek effective solutions to life’s adversities. In such circumstances, their stress resilience often exceeds expectations. As Zhao Guoren, aged 64, remarked:

“Our generation has endured immense hardships—we fear no difficulties”.

Duan Wenliang, a 61-year-old food vendor, has repeatedly considered quitting his business, he explained:

“My granddaughter’s parents divorced. After her mother left, she’s been left in the care of her father and I. There are no community support groups for elderly care or temporary childcare centers. When I go grocery shopping, I take advantage of my granddaughter’s sleep, but I can’t shake off the fear of accidents”. This state of “complete isolation” has left him constantly anxious.

Wang Lian, 60, said, “I can’t get idle after retirement. It’s even harder than working!” She has to help her son take care of her 6-year-old granddaughter and newborn grandson, as well as her 83-year-old paralyzed mother:

“My two younger brothers work in Xi’an, and my sister married into the family in Suzhou. The only ones left to care for our parents are us. We’re juggling 6-h shifts every day from 6 AM to 8 PM -preparing liquid diets for my stroke-afflicted mother, monitoring her bloodpressure and feeding our one-year-old grandson. Even catching a 10-minute nap at noon feels like a luxury. Last time, my husband developed hypertension from overexertion but managed to return to work after just half a day’s rest at home.

Zhang Hong, 61, described the plight of her parents after they became disabled:

“When one person becomes disabled, the whole family falls into chaos. This is something you can’t truly understand unless you’ve been there. Hiring a nanny upstairs and a childcare helper downstairs is completely beyond my retirement budget. Sometimes I envy others who can attend senior university classes to learn guqin but I can’t leave home—no one can take my place.”

Caring for preschool-aged children remains challenging. During this critical phase of rapid physical and mental development, kids require constant care—meticulous feeding, structured routines, along with nurturing their cognitive growth, emotional well-being, and behavioral habits (Crumbley et al., 2020). When tutoring his second-grade granddaughter, Pan Jian voiced a common concern:

“Young parents these days are terrible with patience. They start yelling within minutes, leaving me breathless. Even when my granddaughter struggles with concepts she should master at school, I can only help patiently while my time gets constantly squeezed”.

5.3. Emotional Distress Caused by Intergenerational Cognitive Differences

Sandwiched young-old new elderly layer assume the role of “primary caregiver” under the dual care, which conflicts with the “elderly role expectations” of themselves in emotional exhaustion and self-value doubt. Gao Jing, 66 years old, said:

They always think it’s my duty to look after the grandson, convinced this brings me family bliss. How absurd! I’ve always wanted to live my own life in control—not one tied down by a little boy. If young people face challenges, I can help them—though that’s not my responsibility.

Some old people think their children are too lazy. They never take care of themselves and leave it to their parents, says Wei Shucheng:

“After retirement, I should help my children with childcare and share household responsibilities. If they’re still alive, parents need to look after their aging relatives. Many of my colleagues and friends do this. Nowadays, most middle-aged people work late hours and it’s natural for them to cook meals for their sons and grandsons alongside their spouses. This exhausting situation goes unnoticed by their children. When grandchildren sleep, they sleep with them; when they wake, they play with them. They never consider that we’re aging too, our bodies no longer function like they did in our prime.”

The controversy surrounding caregiving approaches has left elderly caregivers in a dilemma. Sun Yuying, 66, shared her struggles:

“When volunteering in my community, I felt valued, but at home with my granddaughter, my daughter-in-law constantly criticizes my ‘unscientific feeding method’ and ‘overly cumbersome clothing’. When caring for my mother, mother complains about my ‘overly forceful handling’, and those disapproving glances make me emotionally collapse—like I’m doing everything wrong.”

At 66 years old, Gao Jing dealt with her parents’ care. After the mother returning to work, she had to take on the role of daytime care, which was close to “full-time work” and had no rest time at noon. The “role conflict” in the care made the new elderly feel self-denial:

“One morning my mother refused to take her medicine and my granddaughter was crying for milk. I yelled at them both and deeply regretted it afterwards. When I’m tired, I miss my late husband so much that I lock myself in my room and cry for a while. It doesn’t feel like the life I want anymore”.

Negative emotions brought about by inter-generational conflicts, especially the lack of empathy from children towards their parents’ dual-care pressure, may cause the new generation of the elderly to have a subjective feeling of “psychological accelerated aging”, thus further intensifying their emotional distress. The sense of meaninglessness in care-giving itself and the reduction in time for social activities exacerbate feelings of loneliness and social isolation (Sattar et al., 2023; S. Zhou et al., 2025).

6. Discussion

China's seventh national census reveals that the population aged 80 and above has reached 35.8 million, accounting for 2.54% of the total. With increasing life expectancy, elderly children are increasingly taking on caregiving responsibilities for their aging parents. Younger generations are moving beyond the traditional notion that "family care means full personal involvement", actively leveraging community resources and institutional support to alleviate the pressure of self-perception.

6.1. Active Health Management: Build the Foundation of Care Capacity with "Controllable Health"

Proactive health management is not merely about actively addressing personal aging, but more importantly, it provides "physical capital" for "sustained caregiving responsibilities". The new generation of young adults in middle age view health management as crucial for "maintaining caregiving eligibility", forming a health behavior pattern characterized by "prevention-first and practical orientation". First, regular check-ups. Undergo comprehensive examinations every six months, focusing on blood pressure and blood sugar levels to prevent chronic diseases from affecting caregiving. Second, online support: Join "low back pain support groups" to learn "sitting posture techniques for lower back protection", which helps alleviate discomfort while better assisting dementia-afflicted parents. Third, consistent exercise. Choose low-intensity, sustainable activities like walking—aiming for "at least 5000 steps daily to maintain joint flexibility and continue helping with childcare".

This proactive health management approach not only actively addresses personal aging but also provides "physical safeguards" for sustaining caregiving responsibilities.

6.2. Relying on Community and Institutional Care: "External Support" to Break the Monopoly of Responsibility

Mastering Care Skills. Wei Shucheng, 62, enrolled in an online dementia care course after moving his parents to a community senior care facility with their consent.

"This respite care has helped me regain energy and maintain positive emotions. Learning how to soothe my agitated father makes me feel capable rather than just stressed," he said. Wang Lian, 60, signed up for the community's short-term care service. "It allows me to send my mother with hemiplegia to stay for 7 days each year. During this time, I take my granddaughter on trips and give myself a break. When we return, both the elderly and children are happy, and I feel better too".

At the age of 65, Pan Jian sent his parents to a nursing home near his home. At first, living there together made them feel proud and secure. Later, he started visiting them every day.

"My father has difficulty controlling himself in terms of bowel and bladder control. My mother doesn't need to take care of him, but just needs to watch the nursing staff look after him. This way, both my mother and I feel relieved."

Sun Yuying, 66, uses the community's "senior canteen" to order lunch for her mother, herself and her granddaughter every day. She no longer has to worry about buying food and cooking, and she enjoys listening to her granddaughter play with picture books together with her old father. "It is a great joy of family life".

The core of this adaptation path is the cognitive transformation of aging in old age at a young age: from "only I can take good care of myself" to "professional institutions and communities can help me take good care of myself", which not only reduces the physical and psychological burden, but also reconstructs the self-cognition of "responsible caregiver" through "enhancing the quality of care with external support" (Jia et al., 2025).

6.3. Leveraging Community and Institutional Care: "External Support" to Break the Monopoly of Care Responsibilities

Mastering caregiving skills. Wei Shucheng (62 years old) enrolled in an online dementia care course after admitting his parents to a community nursing home. "This respite care allows me to regain vitality and maintain a positive mindset. Learning to soothe my agitated father makes me feel confident rather than overwhelmed", he stated. Wang Lian (60 years old) opted for community-based short-term care services: "Every year, I can arrange for my hemiplegic mother to stay in the facility for seven days. During this period, I take my granddaughter out for outings and relax myself. Every time we return home, both the elderly and the child are in high spirits, and I feel happy too".

At the age of 65, Pan Jian admitted his parents to a nursing home near his residence. Initially, living in close proximity made him feel both proud and reassured; later, he began visiting them daily. “My father has urinary and fecal incontinence issues. My mother no longer needs to provide personal care for him—she only needs to supervise the nursing staff to ensure proper care. This has relieved the burden on both of us”, he explained.

Sun Yuying (66 years old) orders lunch from the community “elderly canteen” every day for her mother, herself, and her granddaughter. She no longer has to worry about grocery shopping and cooking, and she enjoys watching her granddaughter read picture books with her elderly father. “This is a great source of joy in family life”, she noted.

The core of this adaptive pathway lies in the transformation of aging cognition among the young-old: a shift from “only I can take good care of my family members” to “professional institutions and communities can help me take good care of them”. This not only alleviates physical and mental burdens but also reconstructs the self-perception of “responsible caregivers” by “improving the quality of care through external support”.

6.4. Building a Multidimensional Support Network: Using “Relationship Bonding” to Relieve Emotional Distress

Family members negotiate division of responsibilities. Sun Yuying, 66, and her siblings agreed that “her younger brother and sister would care for our elderly mother during weekends and holidays, while the parents themselves would look after the grandchildren”, with herself focusing on “assisting her husband with household chores and resting” to prevent emotional buildup from “single-handedly handling” caregiving. Similarly, Gao Jing, also 66, coordinated with her daughter-in-law to avoid “one-sided responsibility allocation”.

“I’ll take charge of my mother’s daily care, she’ll handle early education for our granddaughter, and we’ll share evening household duties together”.

Companionship and mutual support alleviate loneliness. New seniors can expand their social circles and enrich their support networks through tools like social media (Suragarn et al., 2021). By forming WeChat “caregiver groups” to share “meal-feeding tips for dementia patients” and “nursing tricks for grandchildren”, they ease feelings of isolation through mutual support. Urban newcomers participating in community-organized “caregiver tea parties” find that “hearing others express anxieties about ‘avoiding illness’” makes them realize their struggles are not unique.

Community-based professional psychological support. Establishing healthy intergenerational support systems within families can enhance subjective well-being and alleviate emotional distress among middle-aged and young elderly individuals (Ren et al., 2025). Zhao Guoren, a 64-year-old community member, learned “intergenerational communication techniques” through case counseling programs:

“My daughter-in-law used to criticize my parenting methods as unscientific, which used to make me angry. Now I can discuss ‘scientific approaches’ with her and share my parenting experiences, significantly reducing conflicts.”

7. Conclusions

This study answered the three preset research questions through semi-structured interviews with 10 young sandwiched new elderly people in China. The research findings are as follows: (1) Their core cognitive dilemmas include anxiety about health deterioration under care-giving pressure, the distress of irreplaceable care-giving responsibilities, and emotional conflicts triggered by inter-generational cognitive differences. (2) Different from the passive aging adaptation of traditional elderly people, this group adopts active adaptation strategies, such as preventive health management, restructuring the care-giving system with the help of community support, and building a multi-dimensional network. (3) Their unmet needs mainly focus on insufficient respite services, limited affordable childcare/elderly care services, and imperfect inter-generational communication mechanisms.

The filial piety dilemmas and aging attitude challenges of the young sandwiched new elderly are essentially the result of the combined effects of traditional family ethics, modern social structures, and individual development needs. To address these issues, not only do individuals need to actively reconstruct their cognition and optimize responsibility allocation, but families and society also need to form a collaborative support system. It is recommended to enhance the social value of this elderly group in three major areas: policy-making, the construction of social support systems, and family relationship coordination. In terms of policy-making, the government needs to implement targeted measures such as economic subsidies and the construction of elderly care

and childcare infrastructure, which can both reduce the economic burden and improve service quality. Regarding the social support system, the focus should be on strengthening the functions of community-based elderly care services, training professional service personnel, and encouraging the private sector to participate in building a diversified social network. In terms of family coordination, publicity and education activities and psychological counseling programs should be carried out to guide family members to share care-giving responsibilities reasonably, promote inter-generational communication, and create a harmonious family atmosphere. Only by shifting “filial piety” from “one-way giving” to “inter-generational mutual assistance” and “aging” from “passive coping” to “active empowerment” can this group achieve their own health and value while assuming family responsibilities, and truly integrate into the national strategy of “active aging”.

8. Limitations and Future Research

Although this study holds certain practical significance in revealing the challenges of filial care and adaptation paths faced by “sandwiched young-old new elderly” (aged 60–69 who need to care for both elderly parents and young grandchildren), it still has several limitations. From the perspective of research subject selection, the interviewees in this study only cover 10 “sandwiched young-old new elderly” from a few regions such as Dezhou (Shandong Province), Ankang (Shanxi Province), and Guilin (Guangxi Zhuang Autonomous Region). The sample size is relatively small, and it fails to cover regions with different economic development levels across China’s eastern, central, and western regions (e.g., developed coastal areas). It also does not include key groups under the dimension of urban-rural differences, especially rural “sandwiched young-old new elderly”—the problems they face, such as insufficient filial care resources and weak social support, may differ significantly from those of urban groups. The limitation of this sample structure makes it difficult for the research conclusions to fully reflect the dilemmas encountered by “sandwiched young-old new elderly” with different urban-rural backgrounds in the process of filial care, thereby affecting the generalizability and promotional value of the research conclusions.

Author Contributions

B.-W.S.: Conceptualization, Methodology, Writing—original draft, Literature Review, Formal analysis, Writing—review & editing. Y.-R.W.: Investigation, Data curation, Formal analysis, Literature support, Writing—review & editing. S.-H.Z.: Investigation, Data curation, Formal analysis, Literature support, Writing—review & editing. M.-L.X.: Investigation, Literature support, Writing—original draft, Data curation, Visualization. M.I.R.: Supervision, Conceptualization, Writing—review & editing, Theoretical guidance. K.-T.H., Investigation, Literature support, Writing—original draft, Data curation, Visualization. Y.-L.J.: Conceptualization, Methodology, Writing—original draft, Literature Review, Formal analysis, Writing—review & editing. All authors have read and agreed to the published version of the manuscript.

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Data Availability Statement

The original contribution presented in the study are included in the article. For further inquiries can be directed to the corresponding author.

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Conflicts of Interest

The authors declare no conflict of interest.

Use of AI and AI-Assisted Technologies

No AI tools were utilized for this paper.

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