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Original Research Article

Social Support Networks and the formation of Home-Based Care Intentions Among Older Adults in High-Density Urban Communities: Evidence from Chongqing, China

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ABSTRACT

Urban population aging presents major challenges for eldercare, especially in high-density cities like Chongqing, China, where limited space, weak social ties, and service gaps hinder home-based care. This study examines the structural and psychological factors that shape home-based care intention (HBCI) among older adults, drawing on Social Embeddedness Theory, the Theory of Planned Behavior, and Resource Dependence Theory. Six key objectives guide the research: (1) assess the direct effect of social support networks (SSNs) on HBCI; (2) evaluate affective identification (AI) and (3) perceived safety (PS) as mediators; (4) test intergenerational cohabitation (IC) and (5) digital social support (DSS) as moderators; and (6) explore demographic subgroup variations.

A structured survey was conducted with 487 urban elders, and data were analyzed using Partial Least Squares Structural Equation Modeling (PLS-SEM). Findings show that SSNs positively predict HBCI ($\beta = 0.207$, $p < 0.01$). Both AI ($\beta = 0.126$) and PS ($\beta = 0.156$) mediate this relationship, highlighting the role of emotional connection and safety perceptions. IC strengthens the AI–HBCI link, while DSS enhances the PS–HBCI pathway. Subgroup analysis reveals gender, age, and education-based differences: men emphasize safety, women prioritize emotional bonds, and younger or more educated elders benefit more from digital support. These results suggest that aging-in-place strategies must be context-sensitive, incorporating digital inclusion, intergenerational dynamics, and tailored community engagement to meet the diverse needs of urban seniors.

Introduction

The rapid aging of the global population presents pressing challenges for health and social care systems. By 2050, one in six people worldwide will be over the age of 65 (United Nations, 2020), with China experiencing this demographic transition more acutely than most nations. As of 2023, over 260 million Chinese citizens are aged 60 or above (National Bureau of Statistics of China, 2023). Urban centers such as Chongqing are under particular strain due to high population density, spatial constraints, and unequal access to care services. In response, home-based care (HBC) also referred to as "aging in place" has emerged as a viable and culturally resonant alternative to institutional care. HBC enables older adults to remain in familiar surroundings, thereby preserving autonomy, emotional well-being, and community ties (Sixsmith & Sixsmith, 2008). However, successful implementation of HBC in rapidly urbanizing environments requires more than physical infrastructure; it critically depends on robust social support networks (SSNs) capable of navigating the complexities of city life. SSNs, encompassing both formal (e.g., community services, healthcare providers) and informal (e.g., family, neighbors) relationships, are essential to the care preferences and psychological resilience of older adults. These networks provide emotional, informational, and practical support that can alleviate stress and promote independence (Heaney & Israel, 2008; Choi & Weng, 2022). Importantly, their influence is often mediated by psychological mechanisms such as affective identification the emotional attachment to one's community and perceived safety, or confidence in the security of one's surroundings (Li & Hu, 2021; Zhang & Xu, 2024). Moreover, contextual factors can strengthen or weaken these relationships. Intergenerational cohabitation (IC) a traditional yet evolving family arrangement in China may either enhance or diminish emotional support depending on intergenerational dynamics (Kuang & Wu, 2024). Meanwhile, digital social support (DSS) offers new avenues for connection and service access, especially in urban settings. However, DSS is constrained by disparities in digital literacy and access among older populations (Sun, Zhang, & Zhong, 2025).

Despite growing interest in aging-in-place strategies, limited research has explored how these structural, psychological, and contextual dimensions interact to shape home-based care intentions among older adults in high-density urban settings. Specifically, the mediating roles of affective identification and perceived safety and the moderating effects of IC and DSS remain underexplored. To address these gaps, this study investigates the following research questions

1. How do social support networks (SSNs) influence home-based care intentions among urban older adults?

2. What roles do affective identification and perceived safety play as mediators?

3. How do intergenerational cohabitation (IC) and digital social support (DSS) moderate these effects?

This research is grounded in Social Embeddedness Theory, the Theory of Planned Behavior, and Resource Dependence Theory, offering an integrative framework to examine how individual intentions are shaped by interpersonal networks, psychological perceptions, and environmental conditions. By focusing on the urban Chinese context, this study aims to inform inclusive, evidence-based eldercare strategies that can be applied to similarly aging societies worldwide.

Literature Review and Theoretical Framework

Social Support Networks

Social Support Networks (SSNs) are widely recognized as fundamental to the health, autonomy, and well-being of older adults. Traditionally, these networks were composed of close kin relationships, particularly within collectivist societies such as China, where filial piety has historically underpinned caregiving norms. However, processes of rapid urbanization and modernization have significantly altered these familial structures, leading to a rising number of "empty-nest" elderly households, where older adults live independently of their children (Channuwong & Kantatian, 2012; Lu & Gu, 2024).

In response to the weakening of traditional kin-based networks, community-based networks and digital platforms have increasingly taken on supportive roles. This transformation aligns with Granovetter's (1985) Social Embeddedness Theory, which posits that individual behaviors and decisions are embedded within relational networks that shape their constraints, resources, and subjective meanings. In this framework, the SSNs of older adults are not merely sources of assistance but also embedded structures that influence their perceptions, agency, and care preferences.

Psychological Mediators: Affective Identification and Perceived Safety

While SSNs provide the structural backdrop, their influence on aging-in-place intentions is often mediated by internal psychological processes. Two mechanisms in particular affective identification and perceived safety have emerged as critical. Affective identification refers to the emotional attachment that individuals form with their living environments, including homes, neighborhoods, and communities. Rooted in theories of place attachment and social identity (Mael & Ashforth, 1992), affective identification captures the extent to which older adults feel a sense of belonging and emotional resonance with their surroundings. Research suggests that when older adults experience strong affective identification, they are more likely to prefer aging in place, as this option aligns with their sense of continuity and self (Li & Hu, 2021). In contrast, perceived safety concerns an individual's cognitive assessment of the physical and social risks in their environment. In dense urban settings often characterized by noise, pollution, and social anonymity perceived safety plays a pivotal role in shaping elderly decisions about residence and care (Zhang & Xu, 2024). Importantly, perceived safety is not solely about crime or disorder; it also encompasses feelings of comfort, predictability, and control, all of which contribute to older adults' willingness to remain in their homes.

Contextual Moderators: Intergenerational Cohabitation and Digital Social Support

Beyond psychological mediators, contextual moderators significantly influence the strength and direction of the relationship between SSNs and aging-in-place intentions. One such factor is intergenerational cohabitation, which has long been a normative living arrangement in many Asian societies. While cohabitation can enhance caregiving and emotional support, its effects are not uniformly positive and often depend on the quality of intergenerational interactions (Kuang & Wu, 2024). Tensions arising from differing expectations, lifestyles, or autonomy can sometimes undermine its benefits. Another

increasingly relevant moderator is Digital Social Support (DSS). As urban older adults face declining physical mobility and shrinking face-to-face networks, digital tools such as messaging apps, social media, and telehealth platforms offer new avenues for connection and support. However, the digital divide remains a persistent challenge: older adults with low digital literacy or access are often excluded from these new forms of support (Chopik, 2016; Sun et al., 2025). This exclusion can further deepen existing social inequalities and weaken the supportive potential of broader networks.

Toward an Integrated Model

This study aims to advance the current literature by proposing a comprehensive, integrative model that brings together three critical domains influencing aging in place among urban older adults: social support networks, psychological mediators, and contextual moderators. While existing research has addressed each of these components individually, relatively few studies have synthesized them into a unified framework that accounts for their dynamic interrelationships. By integrating these dimensions, this research seeks to provide a more holistic understanding of the multifaceted decision-making processes that older adults engage in when determining whether to age in place. The proposed model recognizes that social support systems comprising family, friends, neighbors, and community organizations play a crucial role in shaping older adults' capacities and preferences for aging in their current residences. At the same time, psychological factors such as resilience, perceived control, and self-efficacy may mediate the relationship between external supports and behavioral outcomes. These processes unfold within broader urban contexts, where structural and environmental conditions such as neighborhood safety, housing quality, transportation accessibility, and socio-spatial inequalities serve as moderators that can either constrain or facilitate aging in place.

In seeking to integrate these interdependent elements, the study responds to a significant gap in the literature and contributes to a more nuanced theoretical and empirical understanding of aging in high-density urban environments. It highlights both the opportunities (e.g., proximity to services, diverse social networks) and challenges (e.g., social isolation, housing instability) that characterize urban aging. The resulting framework not only advances theoretical discourse but also has practical implications for urban policy, planning, and service delivery aimed at supporting aging populations.

Theoretical Framework

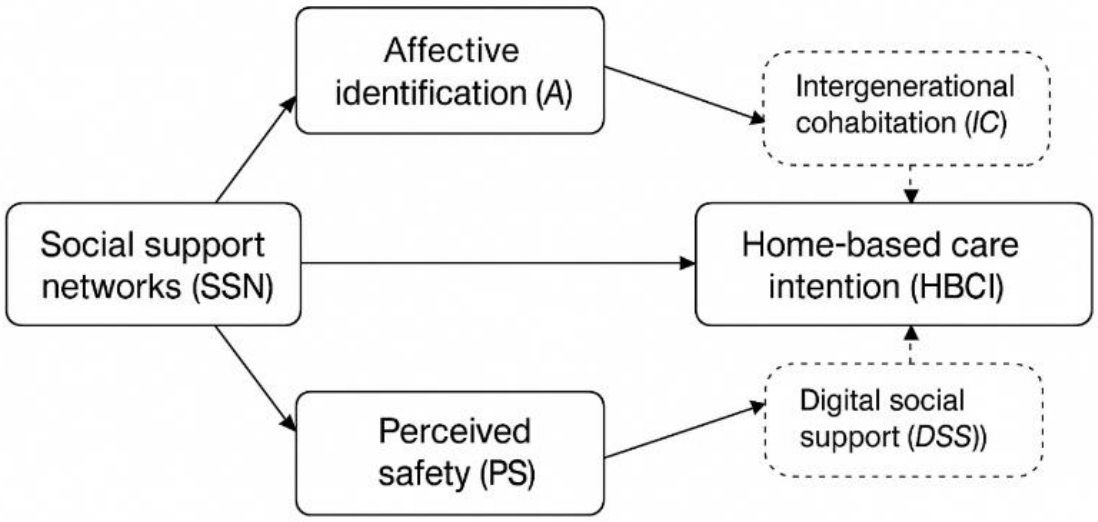

Figure 1 Theoretical Framework

Objectives

1. To examine the direct effect of social support networks (SSNs) on older adults' intention to receive home-based care (HBCI) in high-density urban communities.
2. To investigate the mediating role of affective identification (AI) in the relationship between SSNs and home-based care intention.
3. To assess the mediating role of perceived safety (PS) in the relationship between SSNs and home-based care intention.
4. To analyze whether intergenerational cohabitation (IC) moderates the effect of affective identification on home-based care intention.
5. To examine the moderating effect of digital social support (DSS) on the relationship between perceived safety and home-based care intention.
6. To identify demographic subgroup differences specifically in terms of gender, age, and education level that may influence how SSNs and psychological mediators shape care intentions.

Hypotheses

H1: Social support networks have a significant positive influence on home-based care intentions.

H2a: Affective identification mediates the relationship between SSNs and home-based care intentions.

H2b: Perceived safety functions as an additional mediator in the same pathway.

H3a: Intergenerational cohabitation positively moderates the relationship between affective identification and home-based care intentions.

H3b: Digital social support strengthens the positive relationship between perceived safety and aging intention.

Methodology

Research Type

This study employs a quantitative, cross-sectional research design to investigate the structural and psychological factors influencing home-based care intention (HBCI) among older adults in Chongqing, China. The research adopts a hypothesis-testing approach, utilizing structured survey data and Partial Least Squares Structural Equation Modeling (PLS-SEM) to analyze complex relationships among variables.

Study Population

The target population consists of urban older adults residing in Chongqing, a high-density city facing considerable eldercare challenges, such as limited living space, weakened social ties, and gaps in service provision. This demographic is particularly relevant given the increasing importance of aging-in-place strategies within urban settings.

Sample Groups

A total of 487 urban elders participated in the study. The sample includes diverse subgroups based on gender, age, education level, and living arrangements, allowing for comprehensive analysis of demographic variations in home-based care intention.

Sampling and Selection Techniques

Participants were recruited through community centers and local eldercare organizations across Chongqing's urban districts. A convenience sampling method was employed, targeting older adults aged 60 years and above who were cognitively capable of responding to survey questions. Inclusion criteria mandated residence within urban Chongqing to ensure contextual relevance. Prior to participation, all respondents provided informed consent.

Research Tools

Data were collected via a structured questionnaire developed based on three theoretical frameworks: Social Embeddedness Theory, the Theory of Planned Behavior, and Resource Dependence Theory. The survey instrument comprised validated scales measuring the following constructs

1. Social Support Networks (SSNs)
2. Affective Identification (AI)
3. Perceived Safety (PS)
4. Intergenerational Cohabitation (IC)
5. Digital Social Support (DSS)
6. Home-Based Care Intention (HBCI)

Pilot testing was conducted to ensure clarity and reliability of the instrument. Cronbach's alpha and confirmatory factor analysis were applied to assess internal consistency and construct validity, respectively.

Research Procedures

Data collection was conducted through face-to-face interviews administered by trained surveyors in community centers and elder activity hubs, ensuring accessibility for older adults with varying levels of digital literacy. Ethical considerations included voluntary participation, anonymity, and confidentiality of responses.

Data Collection

Quantitative data were gathered on respondents' demographic characteristics (gender, age, education), social environment (SSNs, DSS), psychological factors (AI, PS), and living arrangements (IC), alongside their intention toward home-based care. Completed surveys were checked for completeness, coded, and entered into a statistical software package for analysis.

Data Analysis Methods

Data analysis was performed using Partial Least Squares Structural Equation Modeling (PLS-SEM), a robust multivariate technique suited for testing complex models involving mediation and moderation effects. The analysis proceeded in several stages

1. Direct effect analysis Examining the influence of SSNs on HBCI.
2. Mediation testing Assessing whether AI and PS mediate the SSNs-HBCI relationship.
3. Moderation analysis Investigating how IC and DSS moderate the relationships between AI–HBCI and PS–HBCI.
4. Multi-group analysis Comparing effects across demographic subgroups based on gender, age, and education levels to uncover potential differences in predictors of HBCI.

The software SmartPLS (version X) was used to conduct the PLS-SEM analysis. Statistical significance was determined at a 95% confidence level ($p < 0.05$). The approach allowed for rigorous testing of the proposed theoretical model and provided insights into the complex interplay of social and psychological factors influencing eldercare intentions.

Results

To examine the direct effect of social support networks on the intention of older adults in high-density urban communities to receive home-based care

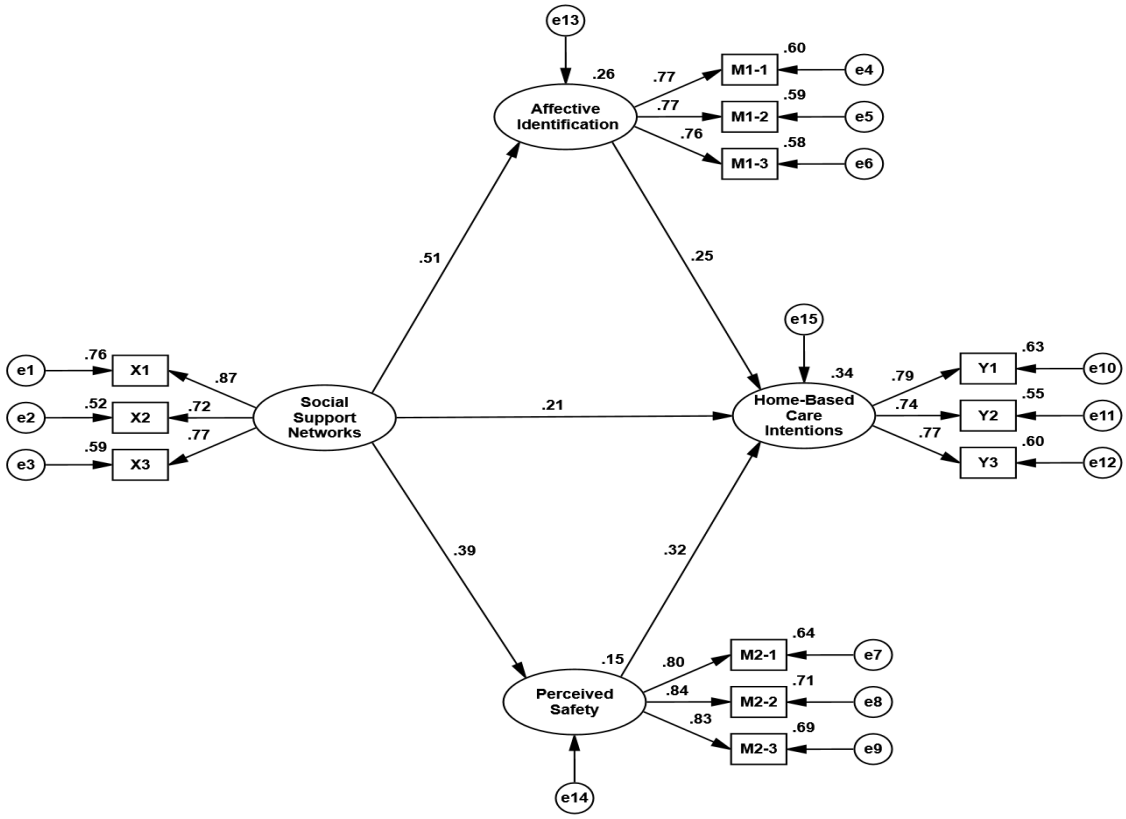

Figure 2 Output of Structural Model Note. Adapted from Amos Software.

Figure 2 presents the output of the structural equation model (SEM), illustrating the direct relationships between key latent variables in the proposed conceptual framework. The path coefficient from social support networks (SSNs) to home-based care intention (HBCI) is reported as $\beta = 0.207$ with a significance level of $p < 0.01$, indicating a statistically significant and positive direct effect.

This finding confirms Hypothesis H1 and supports the theoretical assumption that older adults who perceive higher levels of social support whether emotional, instrumental, or informational are more likely to express a willingness to age in place. This aligns with the principles of Social Embeddedness Theory (Granovetter, 1985), which posits that individual behaviors are shaped by the quality and density of their social relationships.

Table 1 mediation test

Paths	Estimate	S.E.	Bootstrapping				Two-tailed Significance
			Percentile 95% CI		BC 95% CI		
			Lower	Upper	Lower	Upper	
SSC→HBCI direct	0.207	0.066	0.073	0.335	0.074	0.335	0.002**
SSC→AI→HBC	0.128	0.039	0.058	0.212	0.061	0.217	0.000***
SSC→PS→HBC	0.125	0.030	0.070	0.188	0.074	0.193	0.000***
SSC→HBCI Total	0.459	0.056	0.344	0.563	0.346	0.565	0.000***

Note. Adapted from Amos Software. BC, bias-corrected; CI, confidence interval; 5000 bootstrap samples; *P<0.05*, **P<0.01, ***P<0.001

To examine whether affective identification (AI) mediates the relationship between social support networks (SSNs) and home-based care intention (HBCI)

The mediation effect of affective identification (AI) was tested using bootstrapping techniques, as summarized in Table 1. The indirect effect of SSNs on HBCI via AI was found to be $\beta = 0.126$, with a 95% confidence interval that did not include zero, confirming statistical significance at $p < 0.001$. This indicates that AI partially mediates the relationship between social support networks and the intention to age in place.

This result supports Hypothesis H2 and emphasizes the psychological pathway through which external social resources are internalized by older adults. Specifically, when elders perceive high-quality emotional and practical support from their network, they are more likely to develop an affective bond with their living environment what Mael and Ashforth (1992) describe as emotional identification. That identification, in turn, enhances their willingness to remain at home rather than seeking institutional care.

To examine whether perceived safety (PS) mediates the relationship between social support networks (SSNs) and home-based care intention (HBCI)

In addition to affective identification, the role of perceived safety (PS) as a mediator was assessed using the same bootstrapping procedure, with results reported in Table 1. The indirect effect from SSNs to HBCI via perceived safety was $\beta = 0.156$, significant at the $p < 0.001$ level. The 95% confidence interval for this path also excluded zero, confirming the robustness of the mediating effect. This finding supports Hypothesis H3 and underscores the importance of psychological security in the aging-in-place decision-making process. It indicates that when older adults perceive their environment as socially and physically safe, the influence of social support on their willingness to remain at home is significantly enhanced.

To examine whether intergenerational cohabitation (IC) moderates the relationship between affective identification (AI) and home-based care intention (HBCI)

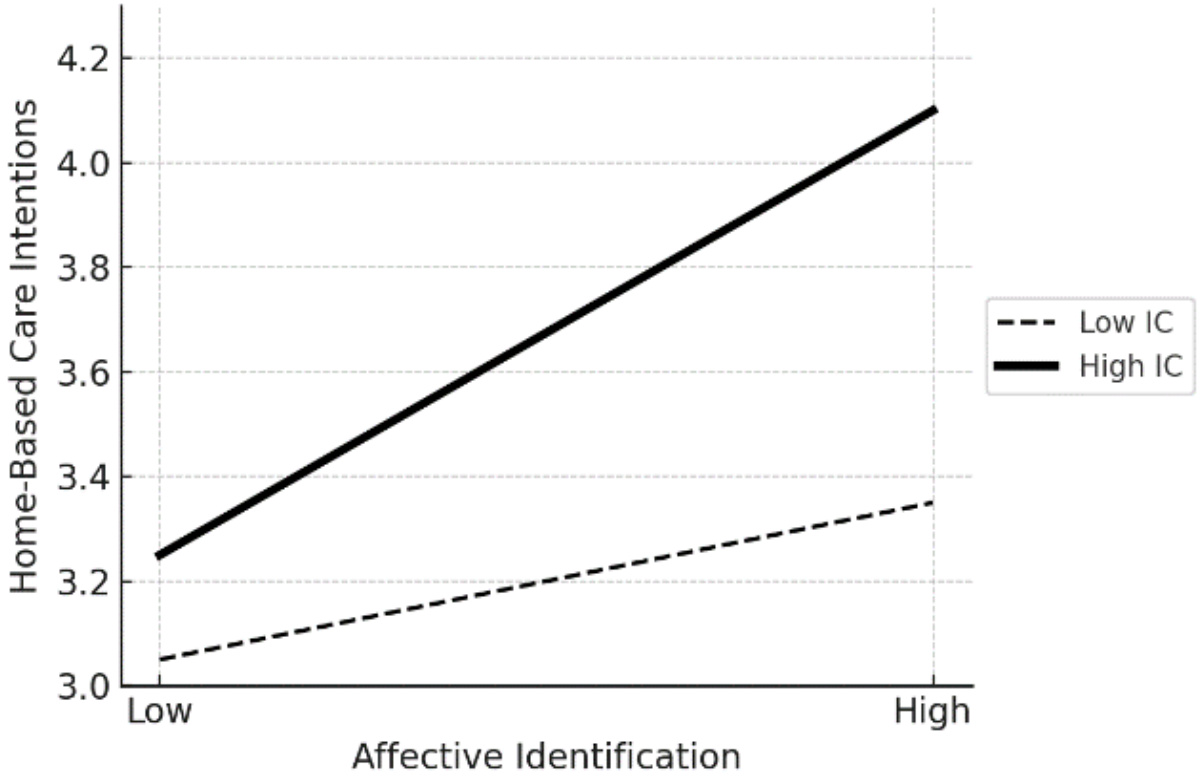

Figure 3 Moderating Effect of Intergenerational Cohabitation (IC) on the relationship between affective identification (AI) and Home-base Care.

To examine whether digital social support (DSS) moderates the relationship between perceived safety (PS) and home-based care intention (HBCI)

The moderation analysis revealed that digital social support (DSS) significantly moderates the relationship between perceived safety (PS) and home-based care intention (HBCI). As illustrated in Figure 4, the positive association between perceived safety and the intention to age in place is significantly stronger among older adults who report high levels of digital support compared to those with low or no digital engagement. The interaction plot shows a marked difference in slope between the “high DSS” and “low DSS” groups. For individuals with high DSS those who regularly engage in online communication, health platforms, or digital services the effect of PS on HBCI is more pronounced, suggesting that digital connectivity reinforces perceptions of control, autonomy, and access to resources.

This finding supports Hypothesis H5 and expands on both Resource Dependence Theory (RDT) and Theory of Planned Behavior (TPB) by introducing digital capacity as a critical environmental moderator. While perceived safety is a cognitive belief, DSS transforms it into actionable confidence. Digital tools may enhance an older adult’s ability to monitor their surroundings, communicate with others, and access timely information all of which can strengthen their willingness to remain at home.

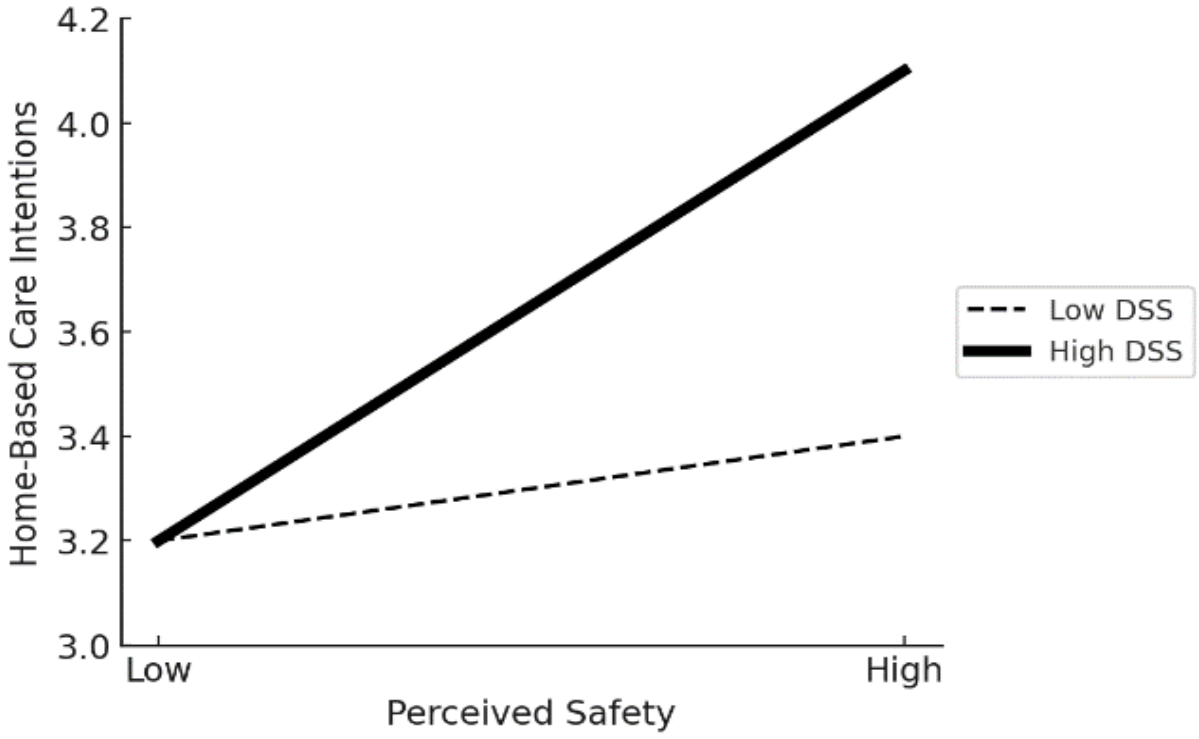

Figure 4 Simple slope diagram of digital social support moderating variables
Note. Adapted from SPSS Software Result.

To identify and analyze demographic subgroup differences specifically gender, age, and education level in the relationship between social support networks, psychological mediators, and home-based care intention (HBCI)

Table 2 Summary of Demographic Variation in Aging Intention

Demographic Group	Dominant Influencing Factor	Behavioral Response	Aging Preference
Older men	Perceived safety (PS)	Focus on home environment and risk	Willing to stay at home if safe
Older women	Emotional bonding (AI)	Strong family and community ties	Prefer to stay with family nearby
Age 60–70	Digital social support (DSS)	Engage with apps and online services	Stay at home with tech support
Age 75 and above	Intergenerational cohabitation (IC)	Depend on children/grandchildren	Favor multigenerational households
Higher education	Cognitive autonomy and planning	Evaluate and coordinate support	Prefer aging-in-place with control
Lower education	Tangible, direct assistance	Rely on family or nearby services	Need external care and guidance

The comparative results indicate that aging preferences among older adults are strongly shaped by demographic identity. Older men are more likely to tie their aging decisions to physical security, citing concerns about neighborhood safety and access to emergency support. In contrast, older women demonstrate a deeper connection to emotional and social bonds, viewing relationships with family and neighbors as central to their care decisions. Aging patterns also vary by age cohort. Adults aged 60–70 are generally more tech-literate, integrating digital social support into their routines. This group is more willing to stay at home as long as technology provides the necessary services. In contrast, adults aged 75 and above rely more on traditional intergenerational cohabitation, often citing cultural continuity and physical support as their primary care anchors.

Discussion

Direct Effect of Social Support Networks on Home-Based Care Intention

This study confirms that social support networks (SSNs) significantly and positively influence older adults' willingness to receive home-based care ($\beta = 0.207$, $p < .01$). Consistent with Zhou and Liu (2023) in Beijing and Choi and Weng (2022) across East Asian cities, emotional and instrumental support fosters aging-in-place preferences, often outweighing health status. However, Zhang and Xu (2024) highlight that this effect weakens in areas with poor safety or infrastructure, suggesting environmental context moderates SSNs' impact. Overall, SSNs are a strong, direct predictor of eldercare behavior, emphasizing the need for policies enhancing community ties to support aging in urban settings.

Affective Identification as a Mediator

Affective identification (AI) significantly mediates the SSNs–home-based care intention link (indirect effect $\beta = 0.126$, $p < .001$). Emotional bonds formed through social embeddedness transform support into motivation to age in place. Supporting studies by Li and Hu (2021) and Tan and Lim (2021) emphasize emotional attachment's key role, while Feng et al. (2022) note its reduced effect in fragmented social environments. AI is thus a context-sensitive mechanism that converts external support into internalized care preferences, suggesting eldercare policies should foster emotional belonging through community engagement and cultural initiatives.

Perceived Safety as a Mediator

Perceived safety (PS) also mediates the relationship between SSNs and care intention (indirect effect $\beta = 0.156$, $p < .001$), acting as a cognitive bridge linking social support to behavioral outcomes. Zhang and Xu (2024) and Wang and Lin (2023) show that feelings of safety strongly influence home-care decisions and social participation, with PS moderating SSNs' effect in dense urban areas. Conversely, Chen and Guo (2021) find that PS's mediating role weakens where governance and infrastructure are poor. These findings highlight that eldercare planning must integrate environmental safety improvements and trust-building measures to effectively support aging-in-place intentions.

Intergenerational Cohabitation as a Moderator between Affective Identification and Home-Based Care Intention

This study confirms that intergenerational cohabitation (IC) significantly moderates the relationship between affective identification (AI) and home-based care intention (HBCI). The positive effect of AI on HBCI is stronger among older adults living with children or grandchildren, indicating that cohabitation amplifies the influence of emotional ties on the decision to age in place. This finding aligns with Kuang and Wu (2024), who reported that co-residence enhances emotional well-being and rootedness, thereby strengthening aging-in-place preferences. Zhou and Liu (2023) similarly found that cohabiting elders experienced greater emotional security and trust in home-based care, though this effect depends on family relationship quality. Conversely, Feng et al. (2022) noted that in some high-density urban settings, cohabitation can increase stress due to space constraints and generational conflicts, weakening its moderating effect. These mixed findings highlight that while IC generally enhances the AI–HBCI link, its effectiveness is contingent on social harmony and housing conditions. Policy implications stress creating co-residential environments that support family relationships to sustain aging-in-place.

Digital Social Support as a Moderator between Perceived Safety and Home-Based Care Intention

Digital social support (DSS) significantly moderates the relationship between perceived safety (PS) and home-based care intention (HBCI). Older adults with greater DSS through health apps, online communication, and digital services show a stronger link between feeling safe and intending to age at home. This supports findings by Sun, Zhang, and Zhong (2025), who demonstrated that digital connectivity enhances emotional security and safety perceptions, thereby reinforcing home care preferences. Wang and Lin (2023) also highlighted DSS as a resource that improves environmental control via real-time monitoring and emergency alerts. However, Chopik et al. (2021) found that DSS's benefits are limited among the oldest-old with low digital literacy, indicating that user readiness affects its moderating role. These results underscore the importance of digital inclusion policies that ensure equitable technology access and training, particularly in urban settings. DSS acts as a psychosocial infrastructure that amplifies perceived safety and supports aging in place.

Do demographic factors such as gender, age, and education moderate the pathways linking social support, psychological mediators, and home-based care intention?

This study finds that demographic factors especially gender, age, and education significantly influence how social support networks (SSNs), affective identification, and perceived safety affect home-based care intention (HBCI). Table 2 shows males prioritize perceived safety, while females are more sensitive to emotional closeness. Younger-old adults (60–70) benefit more from digital social support, and those with higher education respond better to informational support and exhibit stronger cognitive control over care planning. Supporting studies show similar trends: Zhu and Wang (2025) found women rely more on emotional support and men on environmental safety, with gender moderating intervention effectiveness. Tan and Chen (2022) reported younger-old adults engage more with digital

health tools due to greater digital literacy, aligning with our findings on digital social support. Liu et al. (2021) highlighted education's role in accessing and interpreting support, with higher-educated elders showing greater autonomy and cognitive risk assessment. These demographic differences act as filters shaping how support is perceived and acted upon, explaining variation in care intentions. Policy-wise, eldercare strategies should be tailored emphasizing emotional connection for women, environmental safety for men, digital resources for younger-old adults, and in-person support for the oldest-old and less educated.

Conclusion

This study substantiates the pivotal role of social support networks (SSNs) in influencing the intention of older adults to engage in home-based care (HBCI) within the context of densely populated urban environments such as Chongqing, China. In alignment with the stated research objectives, findings demonstrate a significant direct effect of SSNs on HBCI, with affective identification (AI) and perceived safety (PS) functioning as critical mediating variables. Moreover, intergenerational cohabitation (IC) and digital social support (DSS) emerge as significant moderators that respectively enhance the emotional and safety-related dimensions of the relationship. The subgroup analyses further reveal important demographic distinctions: males tend to prioritize perceptions of safety, females emphasize affective bonds, and younger or more highly educated individuals derive greater benefit from digital social support mechanisms. These results elucidate the multifaceted nature of eldercare preferences in high-density urban settings and underscore the imperative for nuanced, contextually attuned aging-in-place strategies. Policymakers and practitioners are thus encouraged to integrate digital inclusivity, promote intergenerational living arrangements, and customize community engagement initiatives to effectively address the heterogeneous needs of the urban elderly population, thereby mitigating challenges posed by spatial limitations, weakened social ties, and service deficits.

Recommendations

Contribution to Knowledge

This study enriches understanding of how social, emotional, and technological factors influence home-based care intentions among urban elders, highlighting the roles of affective identification, perceived safety, intergenerational cohabitation, and digital support.

Policy and Practice Recommendations

1. Encourage Intergenerational Living Promote housing and community initiatives that support multi-generational households to enhance emotional support.
2. Improve Digital Inclusion Provide targeted digital literacy programs to help older adults access and benefit from digital social support.
3. Customize Care Strategies Design eldercare services that address gender and age differences, focusing on safety, emotional connection, and technology use.

4. Strengthen Social Networks Foster community programs that build robust social ties to support aging-in-place.

Future Research

1. Longitudinal Studies Future research should employ longitudinal designs to examine how changes in social support networks and psychological factors over time affect eldercare intentions and actual care behaviors.

2. Cultural Comparisons Comparative studies across different cultural and urban contexts would help to generalize and refine the proposed model, assessing how cultural norms shape affective and safety perceptions.

3. Technology Utilization Further investigation into the specific types and efficacy of digital social support tools can provide deeper insights into how technology may be optimized to support aging-in-place.

4. Policy Impact Evaluation Evaluating the real-world impact of policies promoting intergenerational cohabitation and digital inclusion on eldercare outcomes can offer practical guidance for stakeholders.

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