

Rural Mutual Support Pension Research Hotspots and Trends: A Visual Analysis Based on CiteSpace

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ABSTRACT

Based on 224 documents related to rural mutual support pension collected by the CNKI database from 2008 to 2024, this paper employs CiteSpace software to conduct a visual analysis of keyword clustering and bursts on the theme of "rural mutual support pension," and constructs knowledge maps. The research results indicate that research hotspots revolve around four themes: the conceptual definition and functional orientation of rural mutual support pension, supply and demand research on rural mutual support pension, development dilemmas and pathway mechanism research on rural mutual support pension, and rural mutual support pension model research. Research on rural mutual support pension in China has undergone three phases: the budding phase, the development phase, and the prosperity phase. With the advent of new social situations and contexts in rural areas, this paper predicts that future trends in rural mutual support pension research in China will focus on studies of multi-agent supply and influencing factors, digital empowerment of rural mutual support pension, and the evolution of rural mutual support pension towards rural mutual assistance communities.

KEYWORDS

Rural areas; Mutual support pension; Citespace; Visual analysis; Bibliometric analysis; CNKI database

1 Introduction

The results of the Seventh National Population Census show that the population aged 65 and above accounts for 13.50% of the total population, indicating that Chinese society has entered a stage of rapid aging ^[1]. Concurrently, with urbanization and industrialization, traditional family pension models are unable to meet the needs of rural elderly for support ^[2]. The "Strategic Plan for Rural Revitalization (2018-2022)" further emphasizes "improving the level of rural elderly care services." Driven by the goals of building a moderately prosperous society in all respects, the targeted poverty alleviation strategy, and the rural revitalization strategy, the central and local governments at all levels have continuously increased financial investment in rural elderly care services, strengthened the construction of infrastructure for rural elderly care services, and explored elderly care service models tailored to local conditions.

Meanwhile, how to realize "adequate support for the elderly" in rural areas is not only a significant issue of common concern to the government and society but also a focal issue in academic circles.

Today's elderly care models primarily include medical-care integration, community-based elderly care, institutional elderly care, home-based elderly care, and mutual support elderly care. Among them, explorations of mutual support elderly care in vast rural areas have continued for more than a decade and achieved certain results. Most studies believe that the essence of rural mutual support pension is to mobilize resources from all parties for mutual cooperation and collaboration to jointly address the elderly care needs of rural elderly individuals. Numerous scholars have also conducted extensive research on rural mutual support pension based on different perspectives and methods, covering its concepts, models, realistic dilemmas, and solutions. Relevant research outcomes are relatively abundant. However, the current academic community mostly conducts literature review studies on specific elderly care models, adopting qualitative descriptive methods for the most part, lacking precise quantitative research and articles that systematically sort out and summarize this field. Based on this, this paper adopts a bibliometric analysis method and utilizes the visual tool CiteSpace software to systematically sort out and summarize relevant literature in the field of rural mutual support pension in China over the past fifteen years, visually reflecting the current research status, hotspots, and frontier changes in this field in the form of knowledge maps, with the aim of providing reference suggestions for subsequent research on "rural mutual support pension."

2 Data sources and research methods

2.1 Data Sources

The China National Knowledge Infrastructure (CNKI) database was selected as the data source. The "Advanced Search" function was utilized, with the search conditions set as follows: the theme was "rural AND mutual assistance for elderly care"; the publication time ranged from January 20, 2008, to November 15, 2024. A total of 1,818 articles were retrieved. To ensure the authority and representativeness of the papers, selections were made from CSSCI, Peking University Core Journals, AMI, CSCD, and WJCI journals under the category of paper sources. To eliminate interference from irrelevant

literature, non-research articles such as those from newspapers, duplicate articles, and those clearly not aligned with the theme were manually removed. Ultimately, 224 valid articles were identified.

2.2 Research methods

This study employed CiteSpace 6.4.R1, a bibliometric software developed by Chaomei Chen in the JAVA programming environment, for statistical analysis, as well as for generating and interpreting keyword time zone and burst maps. This study employed a bibliometric analysis to map the intellectual structure and evolution of the field. A cluster analysis of keywords was conducted to identify predominant research themes, with the validity of the clusters confirmed through established metrics. The temporal development of these themes was visualized through a timeline analysis, while shifts in scholarly output were quantified through a longitudinal examination of publication volume. Furthermore, a burst detection algorithm was applied to identify terms exhibiting sharp frequency increases, serving as indicators of both past research hotspots and emerging frontiers, thereby illuminating the field's dynamic trajectory.

3 Eetrospective on historical stages of rural mutual assistance for elderly care

A keyword cluster map was drawn (see Figure 1), and cluster labels were accurately extracted using the LLR algorithm (see Table 1). The modularity Q value of the clustering was 0.723 (greater than 0.3), and the S value was 0.943 (greater than 0.7), indicating a high level of significance and rationality in the clustering results.



Figure 1 Cluster diagram of keywords in literature on rural mutual support for the elderly

Cluster ID	compactness	LLR log-likelihood values of the five clusters
#0	1	Mutual aid for the elderly (16.63); Rural elderly care (5.8); Cooperatives (4.84); Mutual aid organizations (4.84); Elderly care services (4.32)
#1	0.941	Rural elderly care (25.02); intergenerational relationships (8.5); left-behind elderly (4.97); land system (4.25); elderly care methods (4.25)
#2	0.883	Pension (19.68); Rural (14.65); Mutual aid (9.7); Community (9.7); Social support (4.81)
#3	0.885	Rural revitalization (26.97); practical basis (5.22); county government (5.22); village officials' pension (5.22); township (5.22)
#4	0.958	Pension (19.54); Mutual pension (6.93); Labor outflow area (4.81); Retirement society (4.81); Pension insurance (4.81)
#5	0.926	rural elderly (14.55); influence factor (9.55); pension (5.92); style characteristics (4.74); supply mode (4.74)
#6	0.973	aging (13.1); government input (5.72); institutional pension (5.72); peasant family (5.72); social group (5.72)
#7	0.932	Time Bank (23.57); Social Interaction Theory (5.72); Public Welfare (5.72); Value Integration (5.72); Shared Elderly Care (5.72)
#8	0.927	Elderly care (17.73); underdeveloped areas (5.5); traditional elderly care (5.5); Xingqun (5.5); economic efficiency (5.5)
#9	0.991	Rural governance (8.4); Culture (8.44); Clan (8.44); Ferry (8.44); Mutual aid for the elderly (0.34)
#10	0.903	Cooperative production (15.11); institutionalization (7.41); mechanism (7.41); village governance (7.41); cooperative motivation (7.41)

Figure 2 LLR analysis of literature clusters on rural mutual support for the elderly

Simultaneously, a time-series analysis of the number of published articles was conducted, and a statistical chart depicting the publication volume on rural mutual assistance for elderly care was drawn (see Figure 3). Combining these observations, it is evident that, overall, the number of published articles in this field has shown an upward trend, with keywords gradually becoming more refined and numerous (see Figure 2). This indicates a growing research enthusiasm in the field of rural mutual assistance for elderly care, an expanding research scope, and increasingly detailed research content. Specifically, research on domestic rural mutual assistance for elderly care over the past fifteen years has mainly undergone three stages: the embryonic stage, the development stage, and the prosperous stage. The first stage, the embryonic stage (2008-2015), was characterized by high-frequency keywords such as mutual assistance for elderly care,

rural areas, elderly care models, and aging. These keywords can be further summarized under the research theme of defining the concept and functional positioning of rural mutual assistance for elderly care. During this period, the number of published articles was relatively low, and the growth rate was slow. The second stage, the development stage (2015–2018), featured high-frequency keywords including rural elderly care, elderly care services, influencing factors, and time banks. These keywords can be further categorized into two research themes: studies on the supply and demand of rural mutual assistance for elderly care and research on mutual assistance elderly care models. The third stage, the prosperous stage (2019–2024), was marked by high-frequency keywords such as rural revitalization, rural governance, and cooperative production. These keywords can be further summarized under the research theme of studying the development issues and pathway mechanisms of mutual assistance for elderly care. Compared to the previous stages, the number of published articles during this period was higher, and the growth rate was faster. Additionally, from the burst word map (Figure 4), it can be observed that the hot keywords from 2022 to 2024 are "influencing factors," "cooperatives," "mutual assistance organizations," and "time banks." Therefore, the hot research themes and future trends in rural mutual assistance for elderly care from 2022 to 2024 primarily focus on the following four aspects:

- (1) The willingness and influencing factors of rural elderly participation in mutual assistance;
- (2) The practical forms and development pathways of cooperative-based elderly care;
- (3) The sustainable development of rural mutual assistance organizations;
- (4) Systematic research on the rural "time bank" elderly care model.

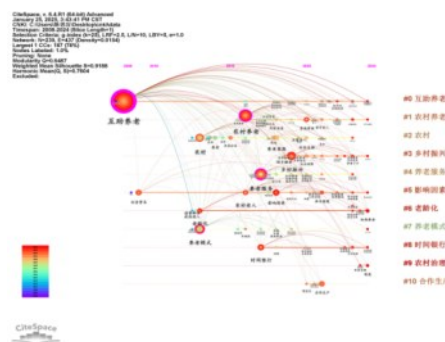


Figure 3 Timeline diagram of keywords for rural mutual support elderly care

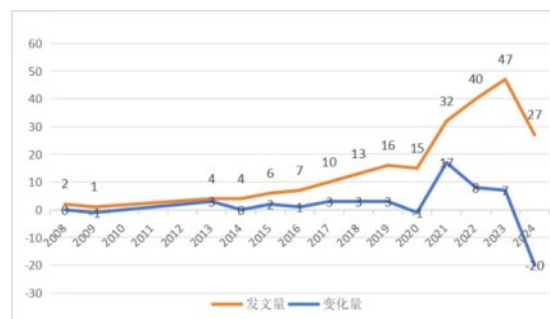


Figure 4 Statistical chart of the number of published papers on rural mutual support elderly Care

Top 15 Keywords with the Strongest Citation Bursts

Keywords	Year	Strength	Begin	End	2008 - 2024
养老	2014	2.42	2014	2016	
养老模式	2013	1.16	2016	2017	
农村养老	2016	0.84	2016	2017	
养老意愿	2018	1.88	2018	2020	
困境	2018	0.94	2018	2020	
社会保障	2020	1.31	2020	2021	
发展路径	2020	0.87	2020	2021	
农村	2013	0.81	2020	2021	
农村老人	2016	0.71	2020	2021	
家庭养老	2020	0.45	2020	2022	
合作生产	2021	2.35	2021	2022	
影响因素	2018	0.98	2022	2024	
合作社	2022	0.68	2022	2024	
互助组织	2022	0.68	2022	2024	
时间银行	2017	0.29	2022	2024	

Figure 5 Atlas of mutation words in literature on rural mutual support elderly care

3.1 Embryonic stage (2008-2015): initial exploration in practice and concept definition

In 2008, Hebei Province took the lead in promoting the pilot practice and exploration of the "Feixiang Model." Scholars promptly identified this emerging research hotspot and conducted concept tracing and connotation definition for rural mutual assistance for elderly care. In 2011, the General Office of the State Council issued the "Notice on the Issuance of the Social Elderly Care Service System Construction Plan (2011-2015)," stating, "Actively explore new models of rural mutual assistance for elderly care." This policy orientation led to a steady increase in the number of rural mutual assistance for elderly care pilot programs in China. Against this backdrop of favorable policies, scholars further focused on the connotation, key features, and feasible pathways of rural mutual assistance for elderly care models. Initially, mutual assistance for elderly care was defined as the care and assistance provided by low-age elderly individuals to high-age elderly individuals, as well as by elderly individuals in good physical condition to those in poor physical condition in rural areas in various aspects^[3]. As research progressed, the concept of rural mutual assistance for elderly care evolved. On one hand, the service providers expanded beyond low-age elderly individuals to include government agencies and social organizations. On the other hand, the service settings became more focused, primarily centered around communities and pastoral areas. Overall, the academic community has a relatively unified view on the concept of rural mutual assistance for elderly care, considering it a model that leverages the potential of elderly individuals in rural areas and mobilizes rural social resources to assist vulnerable elderly individuals. In summary, during this stage, domestic research on rural mutual assistance for elderly care primarily focused on exploring the questions of "what it is" and "how it works." The core task of scholars was to clarify the basic concepts and distinct characteristics of rural mutual assistance for elderly care and to investigate its practical feasibility.

3.2 Development stage (2015-2018): supply-demand optimization and model exploration

On one hand, as the number of rural mutual assistance for elderly care pilot programs gradually increased, scholars emphasized summarizing experiences from specific pilot locations. On the other hand, they focused on studying the influencing factors, issues, and pathways of rural mutual assistance for elderly care. During this period, numerous articles emerged, exploring rural mutual assistance for elderly care models from both the supply side (e.g., social security) and the demand side (e.g., rural elderly individuals and their elderly care willingness). The specifics are as follows:

3.2.1 Research theme on supply and demand of rural mutual assistance for elderly care

Most scholars conducted empirical analyses to explore the demand and supply sides of rural mutual assistance for elderly care services in China. On the demand side, the content of rural mutual assistance for elderly care service needs primarily focused on spiritual life, economic security, daily care, and healthcare^[4-5]. With the development of rural society and changes in family structure, the needs of rural elderly individuals for mutual assistance for elderly care have become more diverse, personalized, and complex^[6]. Rural elderly individuals have a stronger demand for daily care, spiritual comfort, higher-quality elderly care services, and are more lacking in economic sources^[7]. From an individual perspective, factors such as the health status, cognitive concepts, age, living arrangements, elderly care income, and number of children of elderly individuals significantly influence their demand for elderly care services. From a national perspective, the demand for rural mutual assistance for elderly care services is also influenced by the current level of national economic development and the elderly care security system^[4,8-10]. Consequently, significant demand disparities exist, with the structural dilemma of "strong demand-weak supply" for mutual assistance for elderly care being more prominent in underdeveloped regions^[11-12]. On the supply side, elderly individuals are important providers of rural mutual assistance for elderly care services^[13]. The realization of mutual assistance for elderly care largely depends on the participation willingness of rural elderly individuals^[14]. Therefore, the willingness of elderly individuals to provide mutual assistance for elderly care services has been a primary focus of scholars studying the supply of rural mutual assistance for elderly care. Many scholars have found through empirical research that the overall level of willingness among elderly individuals to provide mutual assistance for elderly care services is not high, and the level of mutual services is low^[13]. Furthermore, there are significant differences in willingness to provide different types of mutual assistance for elderly care services. In terms of service content, rural elderly individuals are more willing to provide spiritual comfort services, followed by daily care services, and finally medical care services. In terms of service recipients, the willingness of rural elderly individuals to provide services conforms to the "differential pattern" feature, where they are more willing to help those closer to them^[14]. Individual factors such as age, self-rated health, and cognitive concepts of positive aging; economic factors such as elderly care income and living security; social factors such as marital status, number of children, living arrangements, family support, and neighborhood relationships; and environmental factors such as regional development, policy support, and activity facilities all significantly influence the willingness of rural elderly individuals to provide services^[5]. In addition to rural elderly individuals, other providers of mutual assistance for elderly care include village collectives, capable individuals from outside the village, and active village members. However, there is also the issue of limited

cooperation among action entities in mutual assistance for elderly care due to insufficient integration capabilities of village collectives^[15]. Overall, during this stage, scholars focused on studying "influencing factors," "issues and causes," and "solutions." They primarily explored aspects such as the supply and demand of mutual assistance for elderly care, models, development dilemmas, and pathway mechanisms. The research scope expanded, and the research content became more detailed.

3.2.2 Research theme on mutual assistance for elderly care models

Rural mutual assistance for elderly care models can be classified into multiple types based on different classification criteria. Firstly, from the perspective of entity differences, they can be categorized into government-led, elite-driven, and community-supported models. The government-led model has the advantages of strong resource integration and wide coverage but is limited by the insufficient alignment between administrative efficiency and grassroots actual needs. The elite-driven model has the advantage of being able to flexibly mobilize some social resources and having strong innovation capabilities but is susceptible to the influence of individual elite factors. The community-supported model has the advantages of being close to the people and having flexible forms but has relatively limited resources and faces significant challenges in large-scale promotion^[21]. Secondly, from the perspective of mutual assistance locations, they can be divided into home-based mutual assistance and centralized mutual assistance models. The home-based mutual assistance model aligns with traditional family elderly care concepts but faces difficulties in transitioning to high-quality services. The centralized mutual assistance model facilitates the centralized allocation and management of resources but has the issue of high sustainable operating costs. Thirdly, from the perspective of mutual assistance content, they can be classified into purely assistive mutual assistance and moderately inclusive mutual assistance models. In the purely assistive mutual assistance model, elderly care services are free, and the service recipients are primarily specific vulnerable rural elderly groups. However, the funding sources are relatively single, and the development stability is easily affected by the government. The moderately inclusive mutual assistance model adopts a low-cost service approach and has moderate inclusivity but develops slowly due to issues such as coordination of fees and service standards^[22]. Fourthly, from the perspective of implementation methods, they can be divided into volunteer service, mutual assistance happiness courtyard, and time bank models. The volunteer service model helps enhance public volunteer spirit but faces issues such as the stability and professionalism of the volunteer team. The mutual assistance happiness courtyard model provides elderly care service venues and supporting services for the elderly by building specialized mutual assistance happiness courtyards but faces issues such as trust in service quality and funding source guarantees. The time bank model is innovative and motivating but still needs improvement in building trust mechanisms in aspects such as time exchange and service quality supervision^[23]. Fifthly, based on different levels of mutual assistance, they can be categorized into organizational construction-based, community service-based, and institutional care-based mutual assistance models. The organizational construction-based mutual assistance model has relatively low requirements for organizational degree and emphasizes the spontaneous organization and coordination of elderly individuals and surrounding communities. The community service-based mutual assistance model relies on administrative forces, with village collectives playing a leading role, aiming to build a community-level elderly care service system. The institutional care-based mutual assistance model requires long-term cooperation among administrative forces, low-age elderly individuals, and other diverse groups to establish a comprehensive daily care system in community living settings, incorporating administrative support, social participation, and market integration.

In addition, some scholars have conducted preliminary explorations of emerging rural mutual assistance for elderly care models based on new concepts and technologies, such as the "digital empowerment-based rural mutual assistance for elderly care cooperative production model"^[21], the "shared economy-based urban-rural mutual assistance for elderly care model"^[24], and the "Internet plus mutual assistance for elderly care model"^[17]. These new models conform to the trend of the times, integrating high-tech elements such as digitization, the shared economy, and the Internet. They are expected to open up new development paths and ideas for rural mutual assistance for elderly care, but their practical application effects and promotion values still require further in-depth research and practical testing.

Overall, during this stage, scholars focused on studying "influencing factors," "issues and causes," and "solutions." They primarily explored aspects such as the supply and demand of mutual assistance for elderly care, models, development dilemmas, and pathway mechanisms. The research scope expanded, and the research content became more detailed.

4 Prosperous stage (2019-2024): Rural revitalization, issues, and pathways

Combining this with Figure 3, it can be seen that the growth rate and quantity of published articles during this stage were the highest. Research on rural mutual assistance for elderly care in the academic community can be described as flourishing under policy driving. Scholars extensively introduced empirical methods and theoretical perspectives to focus on specific issues of mutual assistance for elderly care. Meanwhile, keywords such as rural revitalization, community, and

rural governance indicate that rural mutual assistance for elderly care is closely linked to social governance at this time. Specifically, after more than a decade of development, rural mutual assistance for elderly care in China has shown initial results. However, some regions still face multiple sustainable development issues. In the policy context of Chinese-style modernization and the coordinated development of promoting agricultural and rural modernization, the solutions to these issues are closely related to rural revitalization. From existing research, these issues primarily include cognitive issues, institutional issues, organizational issues, and supply-demand issues. At the cognitive level, there is a deviation in the value of rural mutual assistance for elderly care in China, and villagers' awareness of participation in mutual assistance is insufficient. At the institutional and organizational management levels, there are issues of low stability and low promotability. At the supply-demand level, there is the dilemma of "high demand-low supply" ^[16]. Based on this, scholars have proposed the following solutions: First, build a public modern village community ^[17]. Second, improve the legal system and reconstruct rural customs and regulations ^[18]. Third, coordinate the participation of multiple rural governance entities ^[19]. Fourth, be oriented towards the needs of rural elderly individuals and promote effective matching of supply and demand ^[16,20].

5 Conclusions and future prospects

5.1 Conclusions

Over the past fifteen years of academic exploration, from 2008 to 2024, research on rural mutual-support elderly care can be roughly divided into three stages: The first stage is the embryonic stage (2008 - 2013), which primarily focused on the conceptual definition and functional orientation of rural mutual-support elderly care. During this period, scholars mainly aimed to answer the questions of "what it is" and "how it functions," emphasizing the clarification of its basic concepts, characteristics, and feasibility. The second stage is the development stage (2013 - 2018), which mainly centered on the analysis of supply and demand for rural mutual-support elderly care and the study of rural mutual-support elderly care models. This stage primarily addressed issues such as "influencing factors," "problems and causes," and "solutions," with a focus on aspects including the supply and demand of mutual-support elderly care, models, development dilemmas, and path mechanisms. The research field expanded, and the research content became more detailed. The third stage is the prosperous stage (2019 - 2024), which mainly concentrated on the research themes of development dilemmas and path mechanisms of rural mutual-support elderly care. Scholars extensively employed empirical methods and theoretical perspectives to focus on specific issues related to mutual-support elderly care, with a particular emphasis on the relationship between rural mutual-support elderly care services and social governance under the new context of rural revitalization.

5.2 Future prospects

Overall, after nearly fifteen years of development, China has achieved relatively fruitful results in the research on rural mutual-support elderly care. However, facing the new background of Chinese-style modernization and rural revitalization, as well as the new situation of an accelerating aging population, this paper argues that research on rural mutual-support elderly care in China can still make breakthroughs and improvements in the following three aspects.

Firstly, research on the supply of multiple entities and influencing factors. Currently, scholars often conduct field surveys and empirical analyses to study the willingness of rural elderly individuals to provide services. Meanwhile, most scholars have proposed strategies for involving multiple governance entities in a collaborative manner in rural mutual-support elderly care. However, there is relatively little empirical research on the willingness of multiple entities to supply services and the influencing factors. Therefore, the author believes that future research can focus on the supply of multiple entities and influencing factors to identify targeted issues and corresponding path mechanisms.

Secondly, research on digital empowerment of rural mutual-support elderly care. In the new context of Chinese-style modernization and rural revitalization, some domestic scholars have proposed digital empowerment paths for rural mutual-support elderly care, such as "blockchain-secured time banks" and "digitally empowered cooperative production." The author believes that future research can delve into the impact of digital technology on rural mutual-support elderly care, explore the feasibility of digital technology in this field, and investigate ways to achieve digitalization and modernization of the management system of rural mutual-support organizations.

Thirdly, research on the transition from rural mutual-support elderly care to rural mutual-support communities. In the context of Chinese-style modernization and rural revitalization, establishing modern rural communities holds significant strategic importance. Meanwhile, mutual support is the core discourse in the construction of Chinese rural communities. As an important entry point for building rural social communities, mutual-support elderly care is not only a crucial approach for rural areas to proactively and cost-effectively respond to population aging but also an important path for rural revitalization. Future research can focus on exploring the functional positioning and implementation paths of rural mutual-support elderly care in the construction of rural mutual-support communities.

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