Received: 1 March 2023 | Accepted: 6 November 2023

DOI: 10.1111/1467-9566.13739

SOCIOLOGY OF HEALTH & ILLNESS

ORIGINAL ARTICLE

Intimate networks of care: Perceptions of intergenerational family care and experiences of ageing among Chinese midlife and older lesbians and gay men

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Abstract

This article examines how lesbians and gay men imagine and build their 'intimate networks of care' and negotiate moral expectations towards intergenerational family care as they age. To date, little is known about the strength and complexities of different intimate ties or the role of intergenerational dynamics in shaping ageing sexual minority people's care needs and choices. Based on narrative interviews with ageing Chinese lesbians and gay men, the findings reveal their experiences of constantly juggling their ties with families of origin, moral values around intergenerational care and the urge to receive support from and offer support to chosen networks of people. Participants exercised agency in expanding their networks of care by building friendship and (online and offline) community networks for mutual care and support in later life. Nevertheless, as evidenced by the centrality of ageing with(out) children, and the moral obligation of caring for parents in participants' narratives, participants experienced tensions between enacting what was considered

morally right/wrong and developing networks of care that were perceived as emotionally intimate. Linking relational sociology with the sociology of morality, we discuss the conceptual utility of 'intimate networks of care' for sociological theorising of the linkages between sexuality, care and relational lives.

KEYWORDS
ageing, care, intergenerational, intimacy, sexuality

INTRODUCTION

Over the past few decades, a burgeoning but still limited body of research has documented the ageing experiences of lesbian, gay, bisexual, trans and queer (LGBTQ) people. It shows that this group of under-researched ageing populations continues to face challenges that are underpinned by discrimination, marginalisation and heteronormativity (the privileging of heterosexuality) (Almack et al., 2022; King et al., 2019). While researchers acknowledge that our experiences of health and ageing are fundamentally shaped by specific cultures, from which we make meaning (Almack et al., 2022), little attention has been paid to the cultural aspects of care in later life, including the role of morality in considerations regarding care and the cultural meaning of intimacy. In cultures where adult children are generally expected to take care of older family members, it remains unknown how sexual minority people, the majority of whom do not have children, make sense of and negotiate moral expectations towards intergenerational care in later life and meet their own care needs. Focusing on lesbians and gay men living in Hong Kong—a Chinese society where the heterosexual family model and associated moral obligations of caring for parents remain the norm—we ask: How do they imagine and build their own 'intimate networks of care' as they age? In what ways do they enact or challenge established moral codes around intergenerational care?

Drawing upon Jamieson's conceptualisation of intimacy, defined as the 'quality of close connection between people and the process of building this quality' (Jamieson, 2011, p. 1), we develop the notion of 'intimate networks of care' to examine how different types of intimate ties are imagined and constructed by lesbians and gay men to fulfil their care needs as they age. By 'intimate networks of care', we are referring to extended care networks that not only include family relationships based on kin but may also cover a wider range of ties that are perceived as 'intimate', namely friendships and connections with the wider LGBTQ community. Notably, providing and receiving care is not only mediated by identity, roles and institutional settings, but it is also inseparable from ongoing self-assessments of moral virtue—whether one is able to live up to the moral standard about how we should treat others and be treated—which is sustained and enacted in everyday interactive practice (Broom et al., 2016; Sayer, 2005). This article investigates how people engage with practices of morality, while simultaneously developing intimate networks of care as they age.

This article has two objectives. Firstly, it builds a constructive dialogue between relational sociology and the sociology of morality by investigating how the intimate networks of care developed by ageing lesbians and gay men may reinforce, modify and/or challenge conventional moral structures of family and care. This will add fresh insights into what intimacy means to ageing

lesbians and gay men and how moral considerations come into play in shaping and/or limiting their care options in later life. Secondly, while growing attention has been paid to the topics of care and support within same-sex relationships, the existing literature primarily focuses on the experiences of White people in Europe and North America (Almack et al., 2022). Scholars have questioned the extent to which these findings can be applied to non-Western contexts (Almack et al., 2022). Building on this critique, we argue that perceptions and negotiations of the cultural pressure of caring for parents and sustaining intergenerational care are often omitted from the discussion. However, they constitute important cultural and moral considerations in lesbians' and gay men's planning for and experiences of ageing, which we explore based on our findings.

This article begins by outlining ongoing discussions about different forms of support and care for ageing lesbians and gay men and the challenges involved. We discuss how the local culture in Chinese society further complicates the challenges confronting lesbians and gay men when they think about and plan their care and support for later life. We then draw upon relational sociology and the sociology of morality to illustrate the theoretical framing of the analysis. This is followed by an account of methods, before moving on to discuss the findings. We conclude by highlighting the conceptual utility of 'intimate networks of care' for sociological theorising of the linkages between sexuality, care and relational lives.

AGEING EXPERIENCES OF LESBIANS AND GAY MEN: UNIQUE RELATIONAL NEEDS AND CHALLENGES

Sexual orientation has a significant impact on the forms of care and support that are available to individuals as they age (Croghan et al., 2014; Makita et al., 2022). In terms of access to formal care, the evidence shows that invisibility and fear of discrimination are recurring themes in sexual minority health scholarship (Müller, 2018). A limited but growing body of literature on older lesbians' and gay men's health shows that they may avoid using formal health-care services for fear of discrimination (Putney et al., 2018). Even when some do attempt to access care, fear of disclosing their sexual orientation and exposure to both overt and subtle forms of heterosexism and discrimination are still commonly reported in senior centres and home care settings (Grigorovich, 2015; Smith & Wright, 2021).

These injustices call attention to the social construction of ageing, particularly lesbians' and gay men's unique relational needs and challenges as they age (Nowakowski et al., 2020). Although there are likely to be parallels between heterosexual and non-heterosexual people's experiences of ageing, such as a decline in health and reduced access to economic resources and social support (Roth, 2020), Western research has shown that older lesbians and gay men are less likely to have an available informal caregiver than their heterosexual counterparts (Croghan et al., 2014). One reason for this is that the older generation of lesbians and gay men are less likely to be married or partnered and to have children, while a spouse and adult children are often primary sources of informal caregiver support among heterosexual populations (Croghan et al., 2014). Additionally, previous disclosure of their sexual identity may have led to distancing from or even abandonment by their family of origin (Almack et al., 2010). This may explain why lesbians and gay men are less likely to visit biological family members than their heterosexual counterparts (Almack et al., 2010). Empirical Western studies suggest that they are more likely to rely on 'families of choice', comprised of friends, partners and ex-partners, for support and care in later life (Brennan-Ing et al., 2014; Lottmann & King, 2022). Previous studies have identified the important role of LGBTQ communities in sustaining individual and collective identities and

providing social and cultural capital (Binnie & Klesse, 2018). Specifically, given the importance of community in building resilience against discrimination and violence, some lesbians and gay men also express a preference for care homes or accommodation specifically for LGBTQ people (Lottmann & King, 2022).

To date, most LGBTQ research has predominantly focused on youth development, romantic ties, community formation and parenthood during mid-life, with limited attention being paid to later-life relationships (Reczek, 2020). Little is known about intergenerational ties in later life. This study fills that gap and takes the enquiry one step further by raising the important question of who Chinese lesbians and gay men will receive care from and care for later in life, and by examining the factors that shape these choices.

FAMILY, THE RELATIONAL SELF, AND CARE IN THE CHINESE CONTEXT

The notion of filial piety, a key feature of Confucianism, provides a moral framework for guiding people's perceptions and practices in the care of older people in Chinese culture (Ng et al., 2020). Emphasising the importance of the family as a core societal unit, it prescribes that adult children have a moral obligation to respect and provide care for their ageing parents. This obligation has also been reinforced at the institutional level, being stated in the law in Mainland China and promoted through tax allowances (for taking care of ageing parents) in Hong Kong. While the moral codes around filial piety have been redefined by relinquishing blind obedience from the younger to the older generations, caring for older family members remains a moral virtue and duty in Chinese societies (Ng et al., 2020).

What has been missing from the discussion, however, is how ageing lesbians and gay men perceive this traditional script of intergenerational support, and who they will turn to for care and support in later life. As sexuality and culture are intrinsically linked (Aggleton et al., 2012), the cultural and moral significance attached to family care has an impact on the lives of lesbians and gay men. Many Chinese parents continue to impose pressure on their adult children to marry the opposite sex and have children, who can then provide care for older family members (Engebretsen, 2014; Lo, 2020). This presents huge challenges for Chinese lesbians and gay men, many of whom keep a low profile and hide their sexual identities due to fear of rejection by family and the wider heteronormative environment. As opposed to a liberal notion of individual selfhood, previous work on Chinese same-sex intimacy and family life has drawn our attention to the 'Chinese relational self', which is inclined to pursue self-interest while simultaneously striving to meet family expectations and achieve social respectability (Lo, 2023a). This concept highlights the importance of addressing the role of intergenerational relations in shaping same-sex intimacy (Lo, 2023a). Extending this line of enquiry, it is worth exploring how lesbians and gay men make sense of the traditional script of family care, and whether they think they can rely on families of origin, families of choice or other alterative support networks as most of them age without children.

Often positioned as a metropolitan city where East meets West, Hong Kong offers an important window onto the entwining of agency and vulnerability in ageing lesbians' and gay men's ways of relating to others for care and support, given the coexistence of deep-rooted Chinese family norms and a gradual increase in LGBTQ visibility (Kong, 2019). On the one hand, social norms and welfare policies in this Chinese city remain predicated upon the heterosexual family model, in which family members, preferably adult children, provide the first tier of support

for older people (Bai et al., 2020; Lo et al., 2016). Same-sex couples are denied the rights of marriage, adoption or access to assisted reproductive technology (ART). There is also currently no legislation against sexual-orientation-based discrimination. Additionally, there are no public discussions about developing LGBTQ-specific care homes or accommodation, as some Western societies do. On the other hand, recent years have witnessed growing advocacy for LGBTQ rights undertaken not only by NGOs but also through legal and corporate channels (Tang et al., 2021). There have been a few judicial victories securing the rights of sexual minority people in certain areas, including visas for dependants and spousal employment benefits. These campaigns, however, continue to face attacks from community groups supporting traditional heterosexual family values and anti-LGBTQ + religious groups (Tang, 2021). It is against the backdrop of these mixed conditions that we explore lesbians' and gay men's care needs and dilemmas. Our focus on the development of 'intimate networks of care' among ageing Chinese lesbians and gay men raises important questions about what intimacy means and how individuals negotiate, reinforce and/or challenge moral codes around family care.

INTIMATE NETWORKS OF CARE: REFLECTING UPON AND DOING INTIMACY AND MORALITY

This article aims to contribute to a wider intellectual agenda seeking to build a bridge between relational sociology and the sociology of morality. It is concerned with the question of how people engage with practices of morality, and simultaneously, reflexively develop their intimate networks of care as they age. In recent years, the concept of relationality has found widespread favour among sociologists studying intimacy, family and personal life (Roseneil & Ketokivi, 2016). Family sociology has paid increasing attention to how people 'do' family and create relational ties, rather than taking the existence of family life for granted (Morgan, 1996, 2011). Roseneil (2007) suggests that this may not go far enough, because the imaginary associated with the family is still imbued with heteronormative assumptions. Rather, intimacy is best understood through an 'exploration of networks and flows of intimacy and care, the extent and pattern of such networks, the viscosity and velocity of such flows, and the implications of their absence' (Roseneil, 2007, p. 8). Jamieson (2011) emphasises the 'doing' of intimacy, or what she terms 'practices of intimacy', that is 'practices which cumulatively and in combination enable, create and sustain a sense of a close and special quality of a relationship between people' (p. 153). Relational thinking enables us to explore 'the many and varied ways in which intimacy can be expressed and enacted' (Jackson & Ho, 2020, p. 21).

As suggested by Abbott (2020), the critiques of dualistic and static thinking raised by relational sociology parallel the recent direction of theorising in the sociology of morality, which reconceptualises morality as practices enacted and shaped within 'relationally entangled interaction' (p. 2). Similar to networks of intimacy, moral action and subjectivity are not understood as determined products of social structure, but as the product of everyday practice that is sustained and potentially transformed by individuals (Abbott, 2020). Bringing these two bodies of literature into conversation, Abbott (2020) draws attention to how people display moral considerations and engage in moral practices in their relational lives.

Following these lines of argument, we propose that the concept 'intimate networks of care' is useful to explore how networks of care are imagined, made, and organised with reference to understandings and practices of intimacy and morality. Examining who ageing lesbians and gay men care for and to whom they would turn to seek support in later life raises important questions

about how intimacy is perceived and sustained, and how people engage in moral practices. In the context of care in later life, caring for others often entails ongoing self-evaluations of moral virtue—notions of what is right and wrong—and societal pressure to assess how one is faring as a moral being according to dominant values (Broom et al., 2016; Sayer, 2005). This is particularly relevant in Chinese societies due to the cultural importance attached to interpersonal relations and intergenerational care, which firmly embed the relational self within the normative expectations of being a 'good' and 'respectable' person and child (Lo, 2023b). Meanwhile, the affective dimensions of care—qualities that establish intimate ties that bind—are often overshadowed by frameworks of moral obligation (Broom et al., 2016). We propose to relate 'intimate networks of care' to both their moral and affective dimensions. That is, individuals may be entangled in a series of tensions between enacting what is morally right/wrong (e.g. caring for their family of origin as a morally correct disposition) and developing networks of care that are perceived as emotionally intimate. It is possible that, for ageing lesbians and gay men, relationships with friends and community members, who are not socially considered 'close' with reference to the moral framework of filial care, are nevertheless seen as 'intimate' and occupy a pivotal role in later life in terms of providing and receiving care. Meanwhile, the extent to which ageing lesbians and gay men see their relationships with families of origin, including parents and relatives, as 'intimate' remains uncertain, even while attempting to undertake care practices and caregiver roles in order to feel like moral beings. More broadly, while scholars worldwide have long recognised the accumulating effects that family-of-origin ties play across the life course, studies about LGBTQ family-of-origin relationships remain limited, particularly those focusing on later life relationships (Reczek, 2020). This article aims to fill that gap and to understand how different types of intimate networks of care are imagined, made and organised among ageing lesbians and gay men in the Hong Kong Chinese context.

METHODS

This article draws upon data collected through in-depth narrative interviews with midlife and older lesbians and gay men in Hong Kong. While ideas about the age range encompassed by middle and old age vary considerably, previous studies generally consider midlife to begin at 45 and end at 60 and older adults to be those aged 60 years and older (O'Neill & Dogra, 2016; Robinson, 2017). We focused on participants aged 45 or above—those who had entered a critical life period of balancing multiple roles, opportunities and challenges regarding ageing and care-giving (Infurna et al., 2020)—to examine their views and experiences of care and support as they aged. The study received ethical approval from the Hong Kong Polytechnic University. All names have been anonymised.

Participants were recruited through LGBTQ organisations, personal networks and participants' referrals to their own networks. They were encouraged to talk about their life stories, including personal background, relationships with same-sex partners and other family members, concerns over care and support in later life and their connections with the wider LGBTQ community and social environment. As facilitators of storytelling in narrative interviews (Holstein & Gubrium, 2020), we did not ask direct questions about how participants viewed intergenerational relations and care per se. Rather, our goal was to attend to participants' own voices and their ways of narrating what truly concerned them in later life. The ways in which they told their stories of ageing in relation to intergenerational relations and family care prompted us to uncover the linkage between sexuality, care and relational lives.

Fourteen participants aged 45–79 joined the narrative interviews. Half of them identified as lesbians and half as gay men. The majority were in a same-sex relationship. None of the participants had children, except one who had a child through a previous opposite-sex marriage. Most participants were employed, in administration, finance and the media, a few worked freelance or owned their own businesses, and three were unemployed. Most had a bachelor's degree or above and only five had not received a university education.

Interviews were audio recorded and transcribed for data analysis. Based on Riessman's (2008) approach to narrative analysis, we explored not only what was said by participants but also how their stories were told. By carefully reading each participant's narrative and comparing narratives across the sample, we sorted different codes into potential themes. The research team actively reflected upon any assumptions and discussed our interpretations of the data in order to enhance the rigour of the findings. Specific cases are discussed here because they best illustrate key patterns of meaning associated with the themes. The analysis of these cases was guided by our theoretical interest in relationality and morality and, more importantly, was attentive to how participants constructed their versions of self, others and the social world through their narration of 'familial networks', 'friendship networks' and 'community networks'—three key themes that we discuss below.

RESULTS

Familial networks: Perceptions of intergenerational care and one's own care needs

Issues related to ageing without children were constantly raised by participants. When asked about their perceptions of ageing, almost all of them expressed a fear of ageing alone and discussed the implications of the absence of children for later life. Considering the cultural significance attached to maintaining close family ties and having children in the Chinese context (Engebretsen, 2014; Lo & Chan, 2017), this section illustrates how the 'Chinese relational self' comes into play in lesbians' and gay men's development of networks of care in later life as they strive to balance moral, familial expectations with self-interest.

Kevin (gay man, aged 52) was in a stable same-sex relationship of nearly 2 decades. Echoing the general belief in Chinese society that family care remains preferable to residential care (Ng et al., 2020), Kevin reported living with his parents to fulfil his care duties. Similar to most of the other participants, he set great store by the moral obligation to take care of his parents as a filial child. This living arrangement, however, came at a cost, with his partner feeling uncomfortable about living there; hence, the couple lived separately. Kevin had never discussed any care plans in old age with his partner. He described his prospect of ageing:

> I don't want to live that long... as parents get old, what can they do? Their children can take care of them. But we're different. We can only rely on ourselves... So we can't plan ahead. We'll have to play it by ear.

When younger, Kevin had thought about having a biological child, who he described as someone with whom he would feel 'really intimate', but he was worried about potential discrimination against children raised by same-sex parents in a heteronormative society. While recent research shows that some lesbians and gay men in large Chinese cities are eager to circumvent societal

and institutional constraints, and have become parents through the use of ART overseas (Lo, 2023a; Tao, 2022), it is reasonable to believe that the older generation generally have limited access to information about ART and non-conventional paths to parenthood. Also, while studies in Mainland China have found that some lesbians and gay men enter 'contract marriages' (*xinghun*) with each other to appear heterosexual and raise children within such marriages (Cummings, 2022; Lo, 2020, 2023a), this strategy was not reported in our sample, or in previous studies conducted in Hong Kong. This difference needs to be understood within the high-density environment and unaffordable housing market in Hong Kong, where it is not uncommon for single or married adults, including several participants in our sample, to live with their parents, making it even more difficult to maintain the charade of a 'contract marriage'. Such an environment, coupled with the continuing importance of close family ties, might explain why almost all participants expressed concern about how to explain the status of their prospective child to parents, relatives and others if they became parents. Consequently, although a few participants, such as Kevin, had wanted children at some point in their lives, none had taken action to realise their family-building plans, despite the fear of ageing alone without children.

Although most of the other participants expressed no desire to have children, they commonly raised the topic of intergenerational care in Chinese family life when articulating their ageing concerns and plans. Johnny (gay man, aged 49), an entrepreneur, emphasised the importance of earning enough money to pay for the care of family members and his own later life. He was one of the few participants who had carefully planned for ageing by making a will to ensure that his money and properties would be left not only to his partner but also to his parents and sibling. However, he did not want to face the reality of getting old, which entailed the prospect of having no significant others who could take care of him:

> No one wants to go to a residential care home, but, of course, under certain circumstances, you have no choice. First of all, we don't have children. Having no children means we must rely on ourselves. I no longer need to worry about my parents as I grow older because they would've passed away by that time... I'll definitely have to go to a care home someday. This is the reality, but I just hope this day never comes.

While acknowledging the adverse impact of not having children in his later life, Johnny made it clear that he did not endorse the traditional idea of having children as old-age security—a view that was echoed by all the participants. He explained why he did not want to have children: 'When it comes to the term "father", it only makes sense within an opposite-sex relationship. I'm quite conservative in this respect. I won't oppose others doing it, but I won't.' This remark reflects the fact that gay men (and lesbians) may internalise the taken-for-granted cultural and moral belief that same-sex intimacy and parenthood are mutually exclusive (Wong, 2013). This belief needs to be understood within the local context, where the heterosexual family model, composed of two opposite-sex married parents and their biological child(ren), is still considered the norm (Lo et al., 2016). This heteronormative understanding of relational ties with the family, which are historically established as part of a formative process of the self (Jackson & Ho, 2020), made it difficult for participants to imagine themselves as 'parents'. In the face of the dilemma between being stigmatised as same-sex parents and having no one to provide care in old age, some lesbians and gay men might opt for the latter, taking dominant moral values into consideration.

It was not uncommon to see participants clinging to heteronormative perceptions of family and parenthood. For instance, Wing (lesbian, aged 49) said: 'How can we have children without (heterosexual) marriage? It's impossible! And we can't adopt a child. I never think about it.' She

was completely unaware of the possibility of same-sex couples becoming parents through ART or other means. Similar to Johnny, she set great store by financial preparations for later life, especially that of her parents. Given that she did not want to arouse suspicion about her sexual orientation and irritate her parents, she had chosen not to live with her partner, whom she had been with for over 10 years. While her ideal later life was to live with her partner and care for each other, she reported that the wellbeing of her parents took priority over any care plans within the couple: 'We're waiting for the right timing to live together, perhaps after they [parents] pass away... We don't want our [natal] families to get mad... We want to avoid any conflicts.'

While Kevin and Wing might be seen as exceptional cases within the sample who 'chose' not to cohabit with their partners, these examples echo previous studies that Chinese lesbians and gay men tend to embrace relational selfhood and make decisions in terms of their impact on the natal family (Engebretsen, 2014; Lo, 2020). Our findings demonstrate that participants frequently put their own intimacy and care needs second to familial obligations and moral expectations. Through a relational lens, deep-seated moral expectations about maintaining close family ties with parents, which play a fundamental role in selfhood and personal life in the Chinese context (Jackson & Ho, 2020), remain highly relevant to lesbians' and gay men's intimate networks of care in later life.

Friendship networks: Reflections upon the boundaries of intimacy

While the felt need to provide care for their parents—a moral obligation imposed by social norms around intergenerational family care (Ng et al., 2020)—was commonly reported, some participants took an active role in meeting their own care needs in later life by expanding their friendship networks. By extending relational thinking (Roseneil & Ketokivi, 2016), as mentioned in the Introduction, this section discusses in more detail the moral and affective dimensions of relationality by examining how and why ageing lesbians and gay men perceive and do intimacy in certain ways, with or without reference to the moral framework of filial care in the Chinese context.

Vincent (gay man, aged 49) had never disclosed his sexual orientation to his family of origin due to their strong, conventional beliefs about opposite-sex marriage and having children as old-age security. He was living with his long-term partner, and at the same time, sharing their apartment with two other gay men. When asked to describe his ideal later life, he said:

> If possible, I'd love to live with my friends in the same building as I age. Some friends of mine, including those who are straight and don't want to have children... Let's say you can live in Flat 18C and I live in Flat 22D. We can take care of each other.

Vincent expressed his desire to age at home with support from his partner and friends, rather than receiving care in a residential home, which he foresaw would deprive him of personal space. He was aware that his conception of care in later life was very different from that of his parents and siblings, who have children: 'They [parents] always said, "this isn't going to work. You need somebody to take care of you." I then explain to them that there's no need to be so obsessed about whether there's someone to take care of me, as long as I'm happy.' To Vincent's family of origin, their networks of care were primarily formed through biological ties. In contrast, although Vincent still maintained a close relationship with his parents, visiting them regularly and fulfilling his care responsibilities, he had deliberately cut his ties with other relatives: 'Those relatives always asked me when I was getting married. In fact, I haven't visited them for over 10 years, not

even during Chinese New Year. It's better to keep a distance, or they would ask again and embarrass my parents.' This example shows that concern about parents' 'face' (prestige) may affect the networks of care that gay men and lesbians expect to utilise later in life. Vincent felt that it was important to draw his own boundaries of intimacy and develop his networks of care, composed of people who, in his own words, 'shared the same vibe' and had similar outlooks on life.

Despite the importance attached to the subjective feeling of intimacy and connection with friends, several participants cast doubt on the solidity of networks of care composed of friends. Ling (lesbian, aged 52), who was single at the time of the interview, emphasised the role of friends in later life, but she also acknowledged the limitations of her friendship network in offering practical care. She said:

> I often ask my friends to live closer and take care of each other as we age...But you know, can we really do that? One of my friends lives in the east, and another in the west. We spoke about what to do as we get older, but they have their own partners. So even though we're close friends, it's impossible for them to just walk out...

Another participant, Jun (gay man, aged 79), shared a sense of loneliness as a single childless gay man, despite the fact that some gay friends came to visit from time to time:

> I've got used to living alone anyway, but I'm still very upset during festivals. Others are having family reunions, but I'm alone and have meals by myself. Those best friends of mine often have a meal with me in advance, few days before the Chinese New Year. But on New Year's Eve, they certainly have to go back to their parents' homes... being a *tongzhi* [a gender-neutral Chinese term referring to a person with same-sex desire] is like this. They say: 'lying sick in bed without children, dreaming of having a loved one'.

It is evident that participants' understandings of intimacy were still closely connected to the deep-rooted cultural meanings attached to blood ties. As Jun suggested, fulfiling the moral obligation to care for one's parents often takes priority over bonding with friends. Participants tended to differentiate between the intimate ties they developed with friends from those developed with their partner and family with shared blood ties. Western research has suggested that friends are the 'backbone of the social support network' and 'families of choice' for older lesbian and gay people (Brennan-Ing et al., 2014, p. 44). Nevertheless, in Chinese society, where intergenerational family care remains the norm, it is reasonable to believe that lesbians, gay men and others who do not conform to pronatalist norms are placed in a socially marginalised position. In analysing gender and heterosexuality in East Asia and critically discussing the relevance of Western concepts to Asian societies, Jackson (2019) writes: 'The self is always relational but forms of relationality differ in varied social contexts, along with the reference points by which we define ourselves and others define us' (p. 50–51). From this perspective, when understanding the processes of relating, it is important not to neglect the continued significance of the moral frameworks that shape people's ways of leading their lives. On the one hand, our findings show that ageing lesbians and gay men may actively seek support from friends and extend their networks of care, thereby contributing to the dynamic transformation of relationships that transgress the cultural frame of blood ties and emphasise affective bonding. On the other hand, the findings draw attention to how established relational social scripts denoting moral obligations within families continue to shape ageing lesbians' and gay men's processes of connecting (or disconnecting) with friends and their care arrangements in later life.

Community networks: Challenges in accessing formal care services and agency in building informal alliances

Previous research has suggested that the Chinese relational self urges many lesbians and gay men to 'create multiple self-formations', through which they may perform socially respectable aspects of the self (e.g. as a filial adult child or a self-responsible worker) in front of significant others, such as families of origin and colleagues, while keeping other socially marginalised aspects of the self (e.g. as a gay/lesbian) secret (Kong, 2016, p. 506). These multiple senses of self are actively created in particular relationships, but they are also constituted, in an ongoing process, within certain social contexts and across different life stages (Roseneil & Ketokivi, 2016). As we describe below, the experience of ageing foregrounds the question of whether and how people may shield the self from assimilating with mainstream society and exercise agency to form their own community networks in later life.

There have been limited studies about older lesbians' and gay men's care needs and preferences worldwide; some Western research has suggested that they want to age in their own homes (Gerlach & Szillat, 2017). Consistent with these studies, all of our participants reported that they would prefer to remain in their own homes as they aged, rather than move to residential care, due to the potential for unequal sexual-orientation-based treatment from health-care professionals and other residents in care homes. It is noteworthy that most of them emphasised the importance of 'keeping a low profile' as a sexual minority person in their past and current daily lives, which had implications for their care arrangements in later life. 'I won't tell everyone I'm gay. I just live a normal life. As we go home and close the door, we live our life... I won't go to places that make me feel uncomfortable. I don't stick with people I don't like' (Johnny, gay man, aged 49). Almost all the participants believed that they would have no choice but to pretend to be heterosexual to mingle with other older people if they lived in a residential care home.

The general lack of quality elder-care services, coupled with Hong Kong's lack of institutional support for LGBTQ communities (Tang, 2021), made participants believe that the government would never include LGBTQ ageing as a 'minority issue' on the health and social care agenda. Although over half of them raised the idea of living in an LGBTQ-specific care home, none believed that this would ever be supported by the government. Chi (gay man, aged 73), who was single and currently living alone, expressed his preference for an LGBTQ-specific care home and shared his experience of being a member of a local NGO aimed at creating a safe space for older LGBTQ people in Hong Kong:

> It's extremely disturbing to live in a mainstream residential care home. There's no way they'll accept you... I now have a support group. We have weekly gatherings. We joined talks on how to make a will and whatnot, which is very useful... At least there are people who are concerned about us and our needs. If there was a care home for *tongzhi*, that would be great. We could relate to each other. Of course, this is difficult in reality.

Chi recalled his experience of joining the Pride Parade in recent years, during which he could freely dress up in a more feminine way and feel part of the LGBTQ community. He contrasted this with his previous experience of hiding his sexual orientation from his deceased parents with the intention of not disappointing them. 'I couldn't tell my mum that I am a *tongzhi*. Because she would feel that it's not the right way. How do you cope with your old life?' Like other participants, Chi lived with the legacy of times when male homosexual acts were crim-

inalised and local LGBTQ communities were almost invisible. Meanwhile, despite the stigma attached to homosexuality, which was seen as 'abnormal' and 'deviating' from traditional family and pronatalist norms, he had attempted to develop his own intimate networks of care through participation in the LGBTQ support group. Echoing the findings of previous Western research (Gerlach & Szillat, 2017), and like other participants in this study, Chi's reluctance to move into a residential care home is attributable to anxiety about the need to conceal differences in sexual orientation and/or gender expression in a heteronormative environment. While evidence has shown that LGBTQ diversity training for care home staff is essential to promoting an inclusive health-care environment (Porter & Krinsky, 2014), such training remains absent in Hong Kong.

Considering the structural challenges, including the challenging prospect of accessing elder-care services and a lack of institutional support for LGBTQ individuals and couples in Hong Kong, it was common for participants to develop different coping strategies, such as maintaining a healthy lifestyle and earning sufficient money for later life. 'The most important thing is to have money. You can't get married here, so you need to protect yourself and make better arrangements. Because there are a lot of things society doesn't protect you from' (Tung, lesbian, aged 49). 'You can't rely on the government... Saving money and taking good care of my body are my priorities. At least I can afford to hire a domestic helper or move to a better private care home' (Lok, lesbian, aged 48). These remarks can be understood within the wider neoliberal environment, where more people, especially those in the LGBTQ community, aspire to become self-enterprising agents and overcome the stigma attached to their sexual identities (Kong, 2023; Lo, 2023b). Nevertheless, apart from individual efforts, a few participants believed that community support would play a crucial role in later life. Irene (lesbian, aged 51) was one of them. Working in the Internet industry, she highlighted her continued efforts to not only make more friends in daily life but also develop an active online community through a lesbian-targeted dating app:

> Since I was small, I've thought that having a *tongzhi* identity is very special. I could use this identity or insights to do something good... There are so many things, like retirement, marriage, and having children, for which we have our own needs. These are unique problems faced by this community. It's great for someone to share their experience. I'm happy to do this.

To Irene, ageing not only entails taking care of her own and her partner's care needs, but also involves expressions of care for and belonging to the wider LGBTQ community, which she deemed 'exceptionally meaningful' to her sense of self. By regularly sharing articles about different LGBTQ-related topics, including discussions about same-sex marriage and LGBTQ-specific care homes, on the app, she hoped to help open people's eyes to different possibilities beyond the heteronormative framework of care. Also, while Irene admitted that she had never considered having children with her partner and had not been aware of the option of using ART during reproductive age, she took the initiative to share relevant information about ART and lesbian parenthood online: 'I don't feel like having children, but I feel the need to tell the younger generation that this is an option to consider. It's possible to do it. This is something you can plan ahead when you're young!' In short, Irene provides an example of how individuals expand their intimate networks of care beyond the couple, the family and friends. Through building community networks, such as those reported by Chi and Irene, lesbians and gay men, during their processes of ageing, may continue to reflect upon their sense of self and potentially create new discourses and bonding, through which people can rethink established norms and care for each other.

DISCUSSION AND CONCLUSION

This study has revealed the ways in which different types of 'intimate networks of care' are imagined, organised and developed by ageing lesbians and gay men. The findings indicate that their perceptions and formation of networks of care are still closely intertwined with established moral codes around intergenerational care. However, some of them also play an active role in reflecting upon the existing structures of family and care and creating their own intimate networks of care composed of same-sex partners, friends and/or other LGBTQ community members. The study offers a unique contribution to empirical and theoretical understandings of sexuality, care and relational lives in three ways.

Firstly, it has brought the analytical usefulness of the notion of 'intimate networks of care' into sharp relief. The findings highlight both the moral and affective dimensions of networks of care, drawing attention to the quandary that lesbians and gay men live with as they age—enacting what is considered morally right, while defining intimacy and deciding who they care for and to whom they would turn in later life. Conceptualising the self as inherently relational and with a capacity for agentic reflexivity (Roseneil & Ketokivi, 2016), this study reveals ageing lesbians' and gay men's experiences of constantly juggling the moral obligation to maintain close ties with their family of origin and the desire to receive support from and offer support to networks of people with whom they share a mutual understanding and therefore feel emotionally intimate. At the moral level, participants continued to demonstrate a strong sense of moral obligation to take care of their parents, which, for some participants, even outweighed their own care needs. At the affective level, some participants exercised their agency in expanding their networks of care by building friendship and (online and offline) community networks for mutual care and support in later life. These affective networks—bonding that constitutes a sense of belonging to an intimate support group or the larger LGBTQ community and that becomes an integral, meaningful part of the self—transgress the boundaries of the individual and the heteronormative framework of family care embedded in Chinese culture.

Notably, such commitment to both fixed and chosen networks contrasts with Western values associated with individualism, which suggests that adult children tend not to feel a moral obligation to take care of their parents, let alone live with them (Jackson & Ho, 2020). Echoing previous studies about the significance of relational selfhood in Chinese society (Lo, 2022, 2023a), our findings show that the strong sense of moral obligation to conform to the traditional family role of filial carers for parents and to protect parents' 'face' (prestige), coupled with the felt pressure to 'keep a low profile' as a sexual minority person, can pose challenges to ageing lesbians and gay men. By developing the notion of 'intimate networks of care', this study reveals the ways in which ageing lesbians and gay men interpret, modify and/or challenge the established moral codes around intergenerational care and simultaneously attempt to construct new networks of intimacy and care as they age. Taking into account the reflexive and contingent nature of intimacy (Jamieson, 2011; Smart, 2007), this notion enables us to focus on how, and under what circumstances, ageing lesbians and gay men may reinforce and/or challenge existing moral structures of care and family.

Secondly, the centrality of ageing with(out) children and intergenerational care in the participants' narratives has prompted us to rethink the linkages between sexuality, ageing and culture. Related to the previous point, our focus on 'intimate networks of care' enables us to examine the tensions that ageing lesbians and gay men must deal with when attempting to address their care needs in later life. These tensions have much to do with both the changes in and continuity of heterosexual family norms in Chinese society. Hong Kong represents a theoretically important case due to the coexistence of deep-rooted Chinese family norms and a gradual increase in LGBTQ visibility in the city (Kong, 2019). As shown in the findings, participants engaged in a

dynamic process in which they reflected upon themselves in relation to significant others and explored both traditional and new ways of relating as they aged. For instance, while participants resisted the conventional idea of having children as old-age security, it was not uncommon for them to express a fear of ageing alone and retain heteronormative perceptions of parenthood, which prevented them from imagining themselves as potential parents. Also, although some participants were active in crafting new boundaries of intimacy and building friendship networks for care and support in later life, they expressed considerable doubt about these ties with friends, fearing that they might prove to be a fragile source of support, considering the priority given to the care of one's own family, including the family of origin and the newly formed family with one's partner. These findings reveal participants' dual sense of emotional attachment to kin and non-kin relations and their experiences of tensions arising from their departure from established moral codes associated with heterosexuality and the family. They underscore the importance of exploring both cultural change and continuity in understanding LGBTQ ageing (Almack et al., 2022). As more and more people begin to rethink the traditional heterosexual family model and live outside its boundaries in Hong Kong, future research should investigate how this changing cultural context may shape people's care needs and challenges and how earlier life experiences translate into mid- and later-life relationships. We argue for the importance of examining 'intimate networks of care' as a dynamic process of negotiation and unfolding relations, rather than a static reality.

Thirdly, our evidence reveals the impact of heteronormativity on the care and support choices of ageing lesbians and gay men in Chinese society and generates important implications for policy and intervention. Similar to their lesbian and gay counterparts in Western society (Müller, 2018), participants in our study expressed fears about discrimination in residential care homes. The unfavourable familial and social conditions faced by ageing lesbians and gay men, coupled with a lack of institutional support for same-sex couples or government attention to LGBTQ ageing issues, explain the predicament and contradictions experienced by ageing Chinese lesbians and gay men. Not only may some of them put their own intimacy and care needs second to traditional familial obligations and expectations, but they may also miss out on formal care services due to widespread heteronormativity in society, despite their potentially greater dependence on elder-care services due to their childless status. This shows that neither ageing without children nor receiving good quality of care is mere personal choice. Rather, they are strongly influenced by available cultural scripts of care and parenthood, which have been primarily constructed within the heteronormative framework and therefore leave many older lesbians and gay men with no choice but to age without children or institutional support. Also, only those who have more financial and cultural resources have access to a wider range of care options, such as hiring a private caregiver or choosing a higher-quality private care home. The fact that participants expressed a preference for receiving care from people to whom they could relate and a distant hope of living in an LGBTQ-specific care home highlights the urgent need to legislate against discrimination on grounds of sexual orientation, ensure that care and support services are LGBTQ-inclusive and provide culturally sensitive training for service providers and mental health professionals. While our sample, which consists largely of members of the middle class, may limit the generalisability of the findings, it sheds new light on how and why some ageing lesbians and gay actively develop their intimate networks of care, and what obstacles they face despite their individual and collective strategies. Notably, previous research has called our attention to how different social locations, including education, neighbourhood, and socioeconomic status, shape LGBTQ people's ageing experiences (Chen et al., 2022; Yang et al., 2023). Quantitative research found that lower levels of educational attainment were associated with lower levels of health-related quality of life among older LGBTQ

ethnic minority adults (Kim et al., 2017). Also, those with less economic and social capital tended to be more vulnerable to exclusion and discrimination and had limited means to negotiate injustices confronting them (Ojanen et al., 2019), which can have far-reaching effects across the life course and influence health and wellbeing over time (Fredriksen Goldsen et al., 2019). It is thus important for scholars to further investigate the intersecting structural inequalities that affect LGBTQ ageing experiences, thereby informing policy and intervention to take into account the diversity within LGBTQ populations and respond to their care needs.

To conclude, this study has opened up new ways to capture and understand the intimate networks of care that ageing lesbians and gay men actively create, maintain and negotiate. We have developed the notion of 'intimate networks of care' to highlight ageing lesbians' and gay men's agency in deciding who they will care for and to whom they would turn in later life, as well as the familial, social and structural factors limiting their care and support choices. This notion provides a useful lens through which to examine the moral and affective dimensions of networks of care and the role of moral codes around intergenerational care in shaping sexual minority people's care options and relations. Future research can build on our study to further explore the depth and meaning of intimate networks of care embraced by other socially marginalised groups, such as ageing bisexual and trans people and childless heterosexual people. By doing so, it can contribute to a richer understanding of different life course decisions about how to practise morality, intimacy and care.

AUTHOR CONTRIBUTIONS

Iris Po Yee Lo: Conceptualisation (lead); formal analysis (lead); investigation (equal); methodology (equal); writing—original draft (lead); writing—review and editing (lead). **Emma H. Liu**: Conceptualisation (equal); formal analysis (equal); investigation (equal); methodology (equal); writing—review and editing (equal). **Daniel W. L. Lai**: Conceptualisation (equal); formal analysis (equal); investigation (equal); methodology (equal); writing—review and editing (equal). **Elsie Yan**: Conceptualisation (equal); formal analysis (equal); investigation (equal); methodology (equal); writing—review and editing (equal).

ACKNOWLEDGEMENTS

We thank the anonymous reviewers for their careful reading of our manuscript and their constructive suggestions. The study received no funding.

CONFLICT OF INTEREST STATEMENT

The authors declare that there is no conflict of interest.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

ETHICS STATEMENT

The study was approved by the Research Ethics Committee of the Department of Applied Social Sciences at the Hong Kong Polytechnic University.

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How to cite this article: Lo, I. P. Y., Liu, E. H., Lai, D. W. L., & Yan, E. (2024). Intimate networks of care: Perceptions of intergenerational family care and experiences of ageing among Chinese midlife and older lesbians and gay men. *Sociology of Health & Illness*, *46*(4), 762–779. https://doi.org/10.1111/1467-9566.13739