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A Study on the Status and Influencing Factors of Rural Elderly Choosing Institutional Care-A Case Study of Qinyang City

Lu Peng[1,a], Zhao Wenhui[1,b]

[1]School of Architectural & Artistic Design, Henan Polytechnic University, Jiaozuo, China
[a]18239165779@163.com, [b]1846256152@qq.com

Abstract: *To systematically explore the current status and key influencing factors for elderly rural residents choosing institutional care, this study used Qinyang City, Henan Province as a typical region and employed stratified random sampling to survey local rural elderly aged 60 and above. A total of 1800 questionnaires were distributed, with 1734 valid responses collected. Based on the life course theory, research hypotheses were constructed from four dimensions: personal status, family status, cognition and beliefs, and characteristics of care institutions, and empirically analyzed using stepwise Logistic regression models. The results show that only 32.8% of elderly individuals are willing to choose institutional care. Factors such as personal characteristics, family structure, elderly care concepts, and service levels of institutions significantly impact their willingness. Among them, elderly women, those with higher education, poorer health, no spouse, fewer children, stable income, and greater understanding of institutional care have a stronger willingness. Based on these findings, it is suggested to enhance acceptance of institutional care among rural elderly through strengthening promotional guidance, improving services, and optimizing facilities, thereby promoting sustainable and healthy development of the rural elderly care service system.*

Keywords: *elderly; rural areas; institutional care; influencing factors survey*

1. Introduction

According to the data from the seventh national census, the population aged 60 and above in Chinese mainland is 264 million, accounting for 18.70% of the total population[1]. Generally, a country where individuals aged 60 and above make up 10% of the total population is considered to have an aging society[2], and it is expected that by 2050, the population aged 60 and above will exceed 500 million, accounting for over 39% of the total population[3]. Rapid population aging will make China's level of aging catch up with or even surpass developed countries such as the UK and the USA by around 2050, indicating that China's aging problem is already quite severe. Furthermore, the degree of aging differs between urban and rural areas, with the elderly population percentages in cities and rural areas being 15.54% and 23.81%, respectively[4]. The degree of aging in rural areas far exceeds that in urban areas. With the continuous development of urbanization, a large number of rural laborers have poured into cities, making "empty-nest elderly" a common phenomenon in rural areas, with statistics showing that the rural empty-nest elderly account for more than half[5-6]. Caring for the elderly in rural areas has become a pressing social issue. It is well known that the traditional elderly care method in rural China is family support, with elderly individuals being nourished and cared for by their children. Due to deepening rural aging and a decrease in the number of children, the situation has shifted from multiple children supporting one pair of elderly parents to a single small family possibly needing to support multiple elders, and most of the children work away from home [7-9]. This situation increasingly distances children from home, weakening the traditional family care function [10]. Under these circumstances, as an alternative to family care and a key support of the socialized elderly care service system, institutional care can meet the diverse needs of the elderly in terms of elderly care, medical care, and psychosocial aspects, becoming one of the important ways to solve the care problems of the elderly[11-12].

In the development process of elderly care services, considering the wishes of the elderly is crucial[13]. Analyzing articles related to the willingness of elderly individuals to receive institutional care revealed that among Korean-American elders, 45% are willing to go to care institutions[14]. However, the overall willingness of elderly individuals in China to receive institutional care is very low. In Chinese Taiwan, 16.75% of the elderly are willing to choose care institutions [15]. In Chinese mainland, only 1.7% of the

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elderly choose institutional care, accounting for 1.7% of the entire research population [16]. In a study focusing solely on rural elderly, the proportion of those choosing institutional care is 16.6% [17]. Combining the views of multiple scholars, the influencing factors of willingness to choose institutional care are numerous and complex. During the research process, different scholars have divided different influencing factors based on the characteristics of the elderly population. In the Beijing-Tianjin-Hebei region, 73.3% of the elderly have the willingness to receive institutional care, with age, educational level, and number of children being significant influencing factors[18]. In Guangzhou, nearly 10% of the elderly are willing to live in nursing homes, and the medical services provided by care institutions significantly influence the elderly's willingness to receive care[19]. Additionally, the living environment of care institutions is also an important factor influencing the elderly's willingness to receive institutional care [20]. Studies have shown that as personal health and self-care ability decline, the willingness to receive institutional care increases[21]. Some elderly individuals are influenced by traditional elderly care concepts and harbor defensive attitudes towards institutional care, showing a degree of resistance to moving into care institutions [22-24]. In the development of care institutions, the hardware and software environment conditions in urban areas far exceed those in rural areas, with rural elderly individuals having a poor impression of care institutions[25] .

This also influences the willingness of elderly individuals in urban and rural areas regarding care. Reviewing previous studies on the influencing factors of willingness for institutional care shows that different scholars' research results vary by region and some even produce contrary conclusions. The socio-economic development level of the survey area and the differences among different elderly groups largely influence the survey analysis results. Therefore, research on different regions and elderly groups should not be generalized. Regarding research on the influencing factors of willingness for institutional care, most scholars focus on urban elderly, with little research on rural elderly. Therefore, this paper applies empirical analysis. Four dimensions, including personal characteristics, family structure, elderly care concepts, and characteristics of care institutions, may influence the willingness of rural elderly to choose institutional care. The study also aims to provide strategies and ideas for the long-term development of care institutions.

2. Research Methodology

2.1 Research Subjects

To accurately collect research data, this study selected Qinyang City, Henan Province as the survey area (see Figure 1). The total area of this region is 623.5 km², with a resident population of 483,800, among which 93,600 are elderly people aged 60 and above (accounting for 18.96%), indicating a level of aging higher than the national average, with a prominent phenomenon of "empty-nest elderly" in rural areas, making it a typical representative region.

The study adopted a stratified random sampling method, conducting surveys across nine towns in Qinyang from February 3 to May 5, 2023. Each town randomly sampled 200 qualified rural elderly individuals, making the total sample size 1800. Survey personnel simultaneously visited elderly care institutions in each town, conducting face-to-face structured interviews with elderly residents in institutions and those practicing home care to ensure sample representativeness of different elderly care status groups. Sample inclusion criteria included: (1) local rural household registration with residence ≥1 year; (2) age ≥60 years; (3) clear consciousness and basic communication ability. Exclusion criteria included: diagnosed mental disorder, cognitive impairment, or severe/terminal illness preventing cooperation with the surveyor.

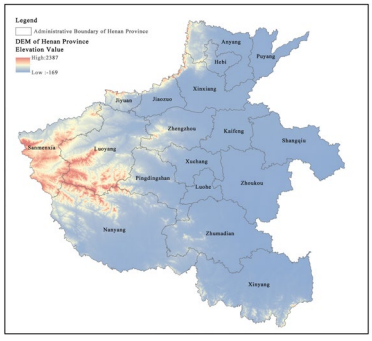

Figure 1. Location of the Study Area

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2.2 Data Processing

This study used SPSS 27.0 for data processing and statistical analysis. First, as shown in Table 1, the sample characteristics were described using frequency and composition ratio, and the differences in willingness for institutional care among different groups were compared using the Pearson χ^2 test. Secondly, a Hierarchical Binary Logistic Regression model was constructed, incorporating the independent variables in four steps: personal conditions, family conditions, cognitive perceptions, and institutional characteristics. The dependent variable was defined as "unwilling = 1, willing = 2." The model reported the unstandardized regression coefficient (B), odds ratio (OR), and 95% confidence interval. Nagelkerke R^2 was used to evaluate the explanatory power of the model, while the Hosmer-Lemeshow χ^2 test was used to evaluate the model's goodness of fit. The variance inflation factor (VIF) was used to diagnose multicollinearity. The significance level for statistical tests was set at α=0.05.

Table 1. Descriptive Statistics of the Rural Elderly Sample.

Item	Category	Frequency (n)	Percentage (%)
Gender	Male	833	48.0
	Female	901	52.0
Age	60–69 years	1068	61.6
	70–79 years	540	31.1
	≥ 80 years	126	7.30
Educational Level	Never attended school	1182	68.2
	Primary school	428	24.7
	Junior high school	70	4.0
	Senior high school/technical secondary school/vocational school	39	2.2
	College or above	15	0.90
Marital Status	Married	1095	63.1
	Widowed	527	30.4
	Divorced	79	4.6
	Never married	33	1.9
Number of Children	0	25	1.4
	1	549	31.7
	2 or more	1160	66.9
Chronic Disease	No	866	49.9
	Yes	868	50.1
Degree of Self-Care	Fully dependent on others	33	1.9
	Mostly dependent on others	123	7.1
	Partially dependent on others	521	30.0

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	Independent	1057	61.0
Stable Income	Yes	799	46.1
	No	935	53.9
Understanding of Institutional Care	Understand	584	33.7
	Neutral	533	30.7
	Do not understand	617	35.6
Impression of Nursing Homes	Good	546	31.5
	Neutral	541	31.2
	Bad	647	37.3
"Moving to a Nursing Home = Filial Ingrat itude"	Yes	988	57.0
	No	746	43.0

3. Research Hypotheses and Model Construction

3.1 Research Hypotheses

Based on the “temporal and spatial principles” of the life course theory and existing research foundations[26-28], combined with the group characteristics of rural elderly and the particularity of elderly care scenarios, the following research hypotheses are proposed from four core dimensions: personal conditions, family conditions, cognition of institutional care, and characteristics of care institutions:

H1 (Personal Condition Hypothesis): The higher the educational level of rural elderly, the stronger their acceptance of new things, and the higher their willingness for institutional care; males are more open-minded than females and thus have a higher willingness to choose institutional care; the older the elderly, the more severe the chronic illness, and the weaker self-care ability, the more urgent their need for professional care and medical support, and the stronger their willingness for institutional care.

H2 (Family Condition Hypothesis): Rural elderly who are widowed, divorced, or unmarried lack family companionship and life care, thus have a higher willingness for institutional care; the fewer the number of children, the less elderly support from the family, resulting in a stronger willingness to choose institutional care; elderly with unstable sources of income have limited choices for elderly care and are more inclined to obtain stable care through institutional care, showing higher institutional care willingness.

H3 (Cognition of Institutional Care): The deeper the understanding of institutional care among rural elderly, the better the impression of care institutions, the higher their acceptance, and the stronger their willingness; influenced by traditional beliefs that “living in a care institution is a sign of unfilial children,” the elderly have a lower willingness for institutional care.

H4 (Characteristics of Care Institutions Hypothesis): The more superior the living environment, the more reasonable the functional design, the higher the degree of elderly-friendliness, and the stronger the service level and medical security capability of care institutions, the better they can meet the elderly care needs of rural seniors, resulting in a stronger willingness to choose such institutions for elderly care.

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3.2 Variable Selection

(1) Dependent Variable

The dependent variable is "willingness for institutional care," focusing on the core preference of the elderly for institutional care. It is measured by the core question, "Are you willing to choose institutional care?" with binary answers: "Unwilling" assigned a value of 1 and "Willing" assigned a value of 2, directly reflecting the elderly's tendency in elderly care decision-making.

(2) Independent Variables

Based on the research hypotheses, the independent variables are categorized into four dimensions: personal conditions, family conditions, cognition of elderly care, and characteristics of care institutions. The specific variables, meanings, and assignments are detailed in Table 2.

Table 2. Variable Coding Scheme.

Variable Domain	Variable Type	Variable	Coding Scheme
Dependent Variable		Willingness to Use Institutional Care	1 = Unwilling; 2 = Willing
Independent Variables	Personal Characteristics	Educational Attainment	1 = Never attended school; 2 = Primary school; 3 = Junior high school; 4 = Senior high/technical secondary/vocational school; 5 = College or above
		Gender	1 = Male; 2 = Female
		Age Group	1 = 60–69 years; 2 = 70–79 years; 3 = ≥ 80 years
		Chronic Disease Status	1 = No; 2 = Yes
		Self-Care Capacity	1 = Independent; 2 = Partially dependent; 3 = Mostly dependent; 4 = Fully dependent
	Family Characteristics	Marital Status	1 = Married; 2 = Widowed; 3 = Divorced; 4 = Never married
		Number of Children	1 = 2 or more; 2 = 1 child; 3 = No children
		Stable Income	1 = Yes; 2 = No
	Care Attitudes	Understanding of Institutional Care	1 = Understand; 2 = Neutral; 3 = Do not understand
		Perception of Nursing Homes	1 = Positive; 2 = Neutral; 3 = Negative
		Perception of Institutional Care as Filial Ingratitude	1 = Yes; 2 = No
	Nursing Home Attributes	Living Environment Concern	1 = Not concerned; 2 = Concerned

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		Functional Rationality Concern	1 = Not concerned; 2 = Concerned
		Age-Friendly Design Concern	1 = Not concerned; 2 = Concerned
		Medical Service Quality Concern	1 = Not concerned; 2 = Concerned
		Overall Service Quality Concern	1 = Not concerned; 2 = Concerned

3.3 Model Construction

In this study, the dependent variable "willingness for institutional care" is a binary variable. To systematically explore the impact effects of multidimensional independent variables, a binary Logistic regression model is employed for empirical analysis. To clearly identify the marginal contributions of variables from different dimensions to the dependent variable, avoid multicollinearity issues, and enhance the robustness of model estimation, a stepwise regression analysis framework is constructed. The basic form of the model is as follows:

$$Y_i = \alpha + \beta_1 X_{1i} + \beta_2 X_{2i} + \beta_3 X_{3i} + \beta_4 X_{4i} + \varepsilon_i$$

Where Y_i represents the probability of the i-th rural elderly choosing institutional care (a value of 1 indicates "Unwilling," and a value of 2 indicates "Willing"). α is the constant term of the model; X_{1i} represents variables in the dimension of personal conditions, including gender, age, educational level, physical health condition, and self-care ability; X_{2i} represents variables in the dimension of family conditions, including marital status, number of children, and whether there is a stable income source; X_{3i} represents variables in the dimension of cognition of institutional care, including the level of understanding, impression of care institutions, and whether living in an institution is considered unfilial by children; X_{4i} represents variables in the dimension of characteristics of care institutions, including attention to living environment, functional rationality, degree of elderly-friendliness, medical level, and service level. β_1 to β_4 are the regression coefficients to be estimated for each dimension of independent variables, reflecting the direction and strength of the impact of corresponding variables on the willingness for institutional care, and ε_i is the random disturbance term, following a Logistic distribution.

4. Results Analysis

4.1 Analysis of Differences in Willingness for Institutional Care

The survey shows that among 1,734 rural elderly individuals, 32.8% are willing to choose institutional care, while 67.2% are not.

In the survey, the impact of age, educational level, health status, and pension concepts on the elderly's willingness for institutional care was considered and analyzed. The chi-square test results indicate (Table 3) that age does not significantly affect the willingness for institutional care. However, there are significant differences in willingness based on educational level and health status ($P < 0.01$). The willingness for institutional care shows an increasing trend with a higher educational level and a lower health status, which adequately demonstrates that the influence of educational and health levels on the willingness for institutional care among the elderly is a prevalent phenomenon in the rural elderly population.

Table 3. Analysis of Differences in Willingness to Use Institutional Care among Rural Elderly.

Variable	Category	Willing (%)	Unwilling (%)	χ^2	p
Gender	Male	29.9	70.1	5.068	0.024

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	Female	35.0	65.0		
Age Group	60–69 years	31.3	68.7	2.264	0.322
	70–79 years	34.1	65.9		
	≥ 80 years	36.5	63.5		
Educational Attainment	Never attended school	27.8	72.2	41.407	<0.001
	Primary school	40.9	59.1		
	Junior high school	44.3	55.7		
	Senior high school/technical secondary school/vocational school	56.4	43.6		
	College or above	46.7	53.3		
Self-Care Capacity	Fully dependent on others	48.5	51.5	16.533	<0.001
	Mostly dependent on others	41.5	58.5		
	Partially dependent on others	36.1	63.9		
	Independent	29.2	70.8		

4.2 Logistic Regression Analysis of Factors Influencing Willingness for Institutional Care

To further clarify the net effects of factors from various dimensions on the willingness for institutional care among rural elderly, a stepwise Logistic regression model was employed for analysis, with results shown in Table 4. All four models passed the significance test ($P<0.01$), and as dimensions of independent variables were gradually included, the Nagelkerke R^2 increased from 0.067 to 0.185, indicating a continuous enhancement in model explanatory power. Meanwhile, the variance inflation factors (VIF) were all < 3, suggesting no severe multicollinearity issues. The specific analysis is as follows:

Table 4. Logistic Regression Results of Influencing Factors on Institutional Care Willingness of Rural Elderly.

Variable Domain	**Variable**	**Model 1**		**Model 2**		**Model 3**		**Model 4**	
		B	**Exp (B)**	**B**	**Exp (B)**	**B**	**Exp (B)**	**B**	**Exp (B)**
Personal Characteristics	Age (≥ 70 years)	-0.002	0.998	-0.004	1.004	-0.049	1.050	-0.069	1.071
	Gender (Male)	-0.202*	0.817	-0.242**	0.785	-0.224**	0.799	-0.230**	0.794
	Educational Attainment (Illiterate)	-0.629*	0.533	-0.420*	0.657	-0.710*	0.492	-0.653*	0.520

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	Self-Care Capacity (Dependent)	-0.600*	0.549	-0.515*	0.598	-0.640*	0.528	-0.623*	0.537
	Chronic Disease (Yes)	-0.285***	0.752	-0.280**	0.756	-0.204*	0.815	-0.201*	0.818
Family Characteristics	Marital Status (Widowed)			-0.235*	0.790	-0.162*	0.850	-0.255*	0.775
	Number of Children (≥ 2)			-0.629*	0.533	-0.779*	0.459	-0.741*	0.477
	Stable Income (No)			0.250**	1.283	0.233**	1.262	0.221**	1.248
Care Attitudes	Understanding of Institutional Care (No)					0.740***	2.096	0.732***	2.079
	Perception of Nursing Homes (Negative)					0.555***	1.742	0.580***	1.787
	Perception of Institutional Care as Filial Ingratitude (Yes)					-0.370***	0.691	-0.366***	0.694
Nursing Home Attributes	Living Environment Concern (No)							-0.140	0.869
	Functional Rationality Concern (No)							0.029	0.825
	Age-Friendly Design Concern (No)							0.033	1.033
	Medical Service Quality Concern (No)							-0.225**	0.799
	Overall Service Quality Concern (No)							-0.277**	0.758
Model Fit	χ^2	5.358		6.070		4.063		5.538	
	Significance (p)	0.719		0.639		0.851		0.699	
	Nagelkerke R^2	0.067		0.132		0.177		0.185	

*Note: * p < 0.1, ** p < 0.05, *** p < 0.01*

Model 1 primarily analyzes the impact of personal conditions on the willingness for institutional care

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among rural elderly. Results indicate that variables such as gender, chronic illness, educational level, and self-care ability pass the significance test, except for age. Gender, educational level, chronic illness, and self-care ability have a significant negative impact on willingness for institutional care. In terms of gender, female elderly are more willing to choose institutional care than male elderly, which is inconsistent with the expected hypothesis. The higher the educational level of rural elderly, the more willing they are to choose institutional care. Elderly with better health and stronger self-care ability are less willing to choose institutional care, possibly because healthier elderly do not have strong external needs for daily care and medical support, hence showing lower willingness for institutional care, consistent with the expected hypothesis.

Model 2 adds family condition variables to Model 1. Marital status, number of children, and economic source status all pass the significance test. Marital status and the number of children have a negative impact on the willingness for institutional care among rural elderly, meaning elderly without spouses are more willing to choose institutional care. In rural areas, elderly with spouses often rely on mutual companionship and assistance, and do not favor institutional care, showing relatively lower willingness. The more children they have, the less willing the elderly are to choose institutional care, consistent with the expected hypothesis. Rural elderly with unstable and lower annual income are worried they cannot afford institutional care costs, thus are less interested in institutional care, which is inconsistent with the expected hypothesis.

Model 3 adds cognitive variables regarding elderly care to Model 2. The level of cognition about institutional care, the impression of care institutions, and whether living in an institution represents children's unfilial behavior all pass the significance test. The level of cognition about institutional care and the impression of care institutions have a positive impact on the willingness for institutional care among rural elderly; the more they understand and the better impression they have of care institutions, the more willing they are to choose institutional care, consistent with the expected hypothesis. Whether living in an institution represents children's unfilial behavior has a negative impact; elderly who view living in care institutions as a representation of children's unfilial behavior are less willing to choose institutional care, consistent with the expected hypothesis.

Model 4 adds care institution characteristic variables to Model 3. The service and medical levels of care institutions pass the significance test. The service and medical levels have a positive impact on the willingness to choose institutional care, consistent with the expected hypothesis. The variables of living environment, functional rationality, and elderly-friendly facilities do not pass the significance test. The survey found rural elderly do not have higher requirements for institutional facilities, possibly related to their accustomed simple living environments, which is inconsistent with the expected hypothesis.

5. Conclusions and Recommendations

5.1 Conclusions

This study investigated institutional care willingness among 1,734 rural elderly in Qinyang City, Henan Province, using χ^2 tests and binary Logistic regression. The findings are: (1) Overall willingness is relatively low (32.8%), with most preferring home-based care, reflecting the persistent influence of traditional filial piety and limited awareness of institutional care. (2) Personal factors significantly affecting willingness include gender (higher in females), education (positive correlation), health (higher with chronic conditions), and self-care ability (higher with impairment). Age showed no significant impact. (3) Family status factors—marital status (higher if without spouse), number of children (negative correlation), and income stability (positive correlation)—significantly influence willingness. (4) Cognitive factors are crucial: greater understanding, positive impressions of institutions, and rejection of the "unfilial" stigma significantly increase willingness. (5) Among institutional characteristics, only medical and service levels showed a significant positive impact; attention to living environment, functional layout, and elderly-friendliness did not significantly affect willingness, indicating rural elders prioritize core care and medical support over hardware facilities.

5.2 Recommendations

5.2.1 Strengthen Public Awareness to Break Pension Concept Barriers

To address the issue of insufficient cognition and deep-rooted traditional concepts among rural elderly, the government and village committees should establish a triadic publicity system comprising

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government, village committee, and care institutions. They should utilize village committee bulletin boards, rural broadcasts, and home visits to disseminate knowledge of institutional care service models and advantages; regularly organize visits for rural elderly to high-quality care institutions and invite elderly residents to share living experiences to eliminate biases that living in institutions is unfilial; and collaborate with township health centers to hold health seminars and convey medical support advantages of institutional care to enhance elderly acceptance and cognition.

5.2.2 Increase Funding to Alleviate Economic Burden and Institutional Operating Pressure

On one hand, acknowledging the limited financial capacity of rural elderly, the government should establish special subsidies for institutional care targeting those with stable but low income levels and weak self-care abilities, thereby reducing entry barriers; on the other hand, it should increase financial support for rural care institutions focusing on medical equipment upgrades, service facility improvements, standardizing fees, and eliminating excessive charges to ensure sustainable operation. Policymakers should also encourage social capital investment in rural care institution construction to form a diverse funding mechanism.

5.2.3 Focus on Core Needs to Enhance Service and Medical Levels in Care Institutions

To address the core demands of rural elderly for medical and service functions, relevant departments should promote collaboration between rural care institutions and township health centers in health-care integration; assign general practitioners to provide regular consultations, chronic disease management, and emergency medical services to enhance medical support capabilities; enhance professional training for care staff to improve skills in elderly care, rehabilitation nursing, and psychological comfort; and establish standardized service processes and assessment mechanisms to improve service quality. Considering the higher proportion of aged and disabled elderly in rural areas, care institutions should set up specialized care zones for disabled individuals equipped with professional nursing equipment and staff to meet diverse care needs.

5.2.4 Optimize Institutional Construction for Practicality and Elderly-Friendliness

Although rural elderly have lower requirements for hardware facilities in care institutions, as living standards increase, demands for elderly-friendliness and comfort will grow. Thus, while ensuring the core medical and service functions, care institutions should gradually optimize their living environments, enhance basic configurations like barrier-free facilities and public activity spaces to improve comfort, and design functional areas that are succinct and practical, avoiding excessive pursuit of luxury to balance facility practicality with operating cost, thereby creating a rural-appropriate care institution model.

5.2.5 Focus on Special Groups to Provide Personalized Care Support

For special groups such as individuals without spouses, those with fewer children, and weaker self-care abilities who show higher willingness for institutional care, establish targeted support mechanisms. Village committees should collaborate with care institutions to provide door-to-door assessment services, offering convenient admission consultations and procedure assistance for eligible elderly. For disabled and semi-disabled elderly facing financial hardship, authorities should prioritize them in subsidy programs to ensure their access to professional care. Additionally, care institutions should be encouraged to offer flexible service models such as short-term foster care and temporary care to meet the stage-specific care needs of some elderly and gradually foster their acceptance of institutional care.

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