

Research on the Structural Characteristics and Optimization Paths of Residents' Elderly Care Consumption Behavior Under the Background of Population Aging

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Abstract: The “national strategy for actively responding to population aging” has been elevated to a new height. Against this background, an in-depth exploration of residents’ elderly care consumption behavior is crucial for improving the elderly care security system. Based on a questionnaire survey of 727 residents and using cross-analysis methods, this study systematically examines the structural characteristics and influencing factors of residents’ elderly care consumption. The research finds that residents’ cognition of elderly care consumption presents a “reality-expectation” dual structure: current consumption is dominated by “subsistence-oriented” expenditures such as medical care and daily living, while future expectations are significantly inclined to “development-oriented” consumption such as culture and entertainment. The quality of elderly care services is a core pain point, and residents have a strong willingness to improve, which is also significantly related to their living status. There is a strong correlation between policy awareness and payment willingness—groups with high awareness have a high willingness to pay, a phenomenon that reveals the market activation effect of policy communication. At the same time, residents’ access to elderly care-related information is highly dependent on informal networks, with a high proportion of recommendations from acquaintances, reflecting the lack of professional information niches. Accordingly, this paper proposes that efforts should be made synergistically from four aspects: supply-side reform, precise policy communication, full-cycle elderly care planning education, and information platform construction, to promote the high-quality development of the elderly care consumption market through systematic paths.

Keywords: Population aging; Elderly care consumption; Structural characteristics; Policy awareness; Optimization paths

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1. Introduction

With the continuous deepening of China’s population aging process and the miniaturization of family structures, building an elderly care service system compatible with the level of economic and social development has

become a major people's livelihoods. "Developing elderly care undertakings and industries, and promoting the realization of basic elderly care services for all elderly people" provides fundamental guidelines for addressing the challenges of aging. Under this strategic guidance, residents' elderly care consumption behavior, as a key node connecting macro policies and micro well-being, its form and trends are directly related to the effectiveness of elderly care policies and the direction of the elderly care industry.

Existing research on elderly care consumption mostly focuses on the macro institutional level or single consumption phenomena. Mu et al. (2023) ^[1] systematically discussed the long-term trends of population aging and its overall challenges to the social security system, but paid little attention to the micro-level response mechanisms of residents' behavior. Although Zheng (2022) ^[2] conducted an in-depth study on the institutional path of pension reform, he did not fully reveal the specific connection between pension levels and residents' daily consumption choices. At the same time, some studies have begun to pay attention to emerging forms of elderly care consumption, such as Wang et al. (2023) ^[3] who discussed new models like "travel elderly care," but failed to systematically analyze the coexistence and tension between "subsistence-oriented" and "development-oriented" consumption in residents' elderly care planning from the perspective of overall consumption structure changes.

In view of this, this study aims to break the research gap between macro and micro, institutions and behaviors. The core research questions are: Under the current policy and social environment, what deep-seated structural characteristics do Chinese residents' elderly care consumption behaviors present? What key factors affect these characteristics? To answer these questions, this study attempts to depict residents' cognition, budget, decision-making logic, and demand preferences of elderly care consumption through an empirical survey of 727 residents nationwide, in order to provide an academic basis and decision-making reference for building a multi-level elderly care security system with a more agile response and more precise supply.

2. Literature review and analytical framework

2.1. Multiple perspectives of elderly care consumption research

Existing research on elderly care consumption can be roughly summarized into three perspectives: the first is the "policy-institution" perspective, which focuses on the bottom-line support and redistribution effect of public policies such as endowment insurance and long-term care insurance on residents' elderly care payments ^[2]. The second is the "industry-market" perspective, which focuses on the format innovation, market segmentation and business models of elderly care service supply, such as smart elderly care and the integration of medical and elderly care ^[3]. The third is the "individual-family" perspective, which focuses on analyzing the impact of micro factors such as family structure, income level and values on the choice of elderly care models and consumption decisions.

2.2. From "Subsistence" to "Development": Paradigm shift of elderly care consumption

An increasingly clear consensus is that Chinese residents' elderly care needs are undergoing a profound paradigm shift. Ji (2020) ^[5] pointed out that the traditional elderly care consumption paradigm is centered on "subsistence security," and consumption content is highly concentrated on basic daily care and disease treatment. However, with economic and social development and the rise of the "new generation" of elderly groups, a development-oriented elderly care consumption paradigm emphasizing "spiritual satisfaction, social participation, and quality of life" is taking shape. Research by Li et al. (2024) ^[4] indicates that the consumption willingness of the elderly group in culture, entertainment, lifelong learning, and tourism is growing rapidly, and the consumption structure

is changing from single to diversified. This change in consumption paradigm poses a severe challenge to the existing elderly care service supply system that mainly meets basic subsistence needs. The mismatch between supply and demand has become a bottleneck restricting the improvement of the overall effectiveness of the elderly care service system.

2.3. Analytical framework of this study

Based on the above literature review, this study constructs an integrated analytical framework. The framework holds that residents' elderly care consumption behavior is the result of the interaction of their own life cycle characteristics (such as age and health status), family resources (such as living status and support capacity), external policy environment (policy awareness and evaluation), and market information environment. These factors interact to jointly shape residents' resource allocation logic between “subsistence-oriented consumption” and “development-oriented consumption”. This study will focus on examining the structural characteristics of elderly care consumption (consumption content, budget, payment willingness) and their correlation with key influencing factors (such as age, living status, policy awareness). The analytical framework is shown in **Figure 1**.

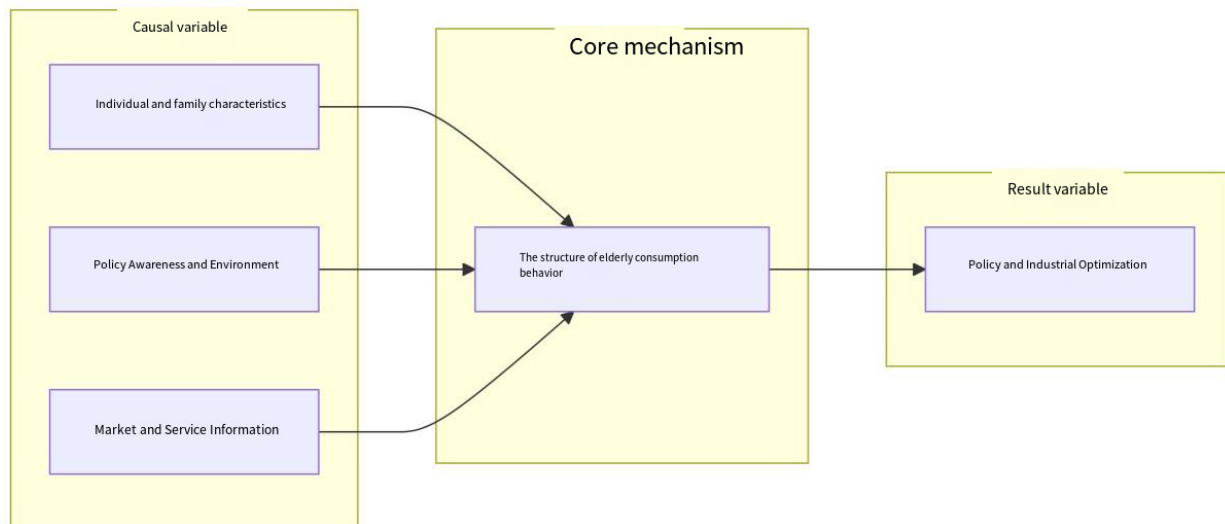


Figure 1. Mechanism and path diagram of the impact of elderly care consumption behavior.

3. Research design

3.1 Data source and sample characteristics

This study adopts the online questionnaire survey method, using snowball sampling through social media, online communities and other channels. A total of 727 questionnaires were collected. After strict screening (excluding invalid questionnaires with excessively short filling time and regular answers), 708 valid questionnaires were obtained, with an effective rate of 97.38%. As shown in **Figure 2**, from the perspective of sample structure, the middle-aged and elderly groups aged 45 and above account for 77.99%, the 35–44 age group accounts for 12.93%, the 25–34 age group accounts for 8.94%, and the 18–24 age group accounts for 0.14%. The sample covers residents living alone (15.82%), living with family (50.21%) and other living statuses (33.98%), with good representativeness.

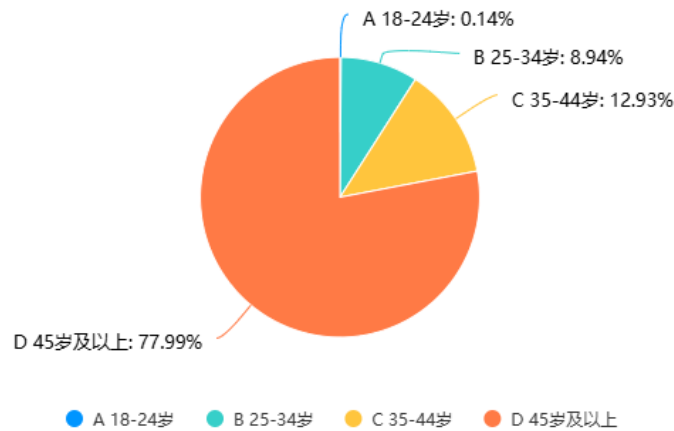


Figure 2. Pie chart of the proportion of people in different age groups.

3.2. Variable measurement and reliability and validity

The questionnaire includes three parts:

- (1) Demographic variables (age, living status, etc.);
- (2) Elderly care cognition and policy understanding;
- (3) Elderly care consumption behavior (consumption content, budget, payment willingness, influencing factors, etc.).

Cronbach's α coefficient was used for the reliability test, and the overall coefficient was 0.751, indicating good reliability of the questionnaire. KMO sample measure was used for the validity test, with a value of 0.844, indicating good construct validity of the questionnaire.

3.3. Analytical methods

This study mainly uses SPSS software for data analysis. First, descriptive statistics are used to present the sample overview and core characteristics of elderly care consumption; then, cross-tabulation analysis and chi-square test are used to explore the differences in elderly care consumption behavior among groups with different ages, living statuses and policy awareness, so as to reveal their structural characteristics.

4. Research findings and analysis

4.1. “Reality-expectation” dual structure of elderly care consumption

The survey clearly reveals the duality of residents' cognition of elderly care consumption. Regarding the “main content of current elderly care consumption”^[6], medical expenses (36.86%) and living expenses (29.02%) dominate, accounting for 65.88% in total, showing a typical “subsistence-oriented” structure. However, in the expectation of “possible future elderly care consumption expenses” (multiple-choice question), the pattern reverses: culture and entertainment (67.13%), living expenses (65.34%), and tourism and leisure (50.76%) become the mainstream, while medical expenses (32.05%) retreat to a secondary position (**Figure 3**). This huge tension between “reality” and “expectation” indicates that residents' elderly care consumption concepts are undergoing fundamental changes, providing a strong demand driving force for the elderly care industry to upgrade from “security-oriented” to “quality-oriented.”

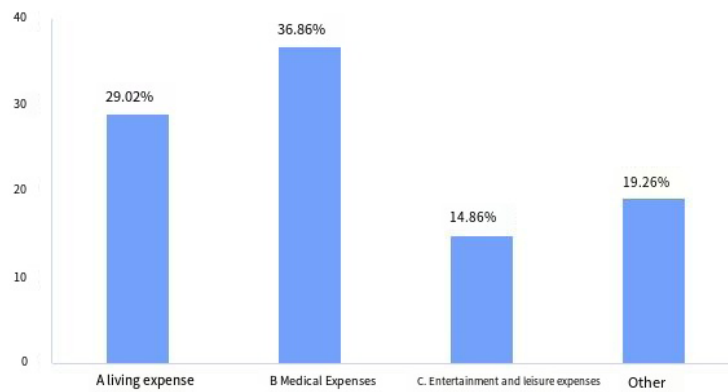


Figure 3. Bar chart of the proportion of the main contents of current residents' elderly care consumption.

4.2. Service quality: Multi-group pain point and structural imbalance

The quality of elderly care services is the most concerning pain point of residents, with 31.91% of respondents listing it as the “most needed improvement” aspect. Cross-analysis further reveals its structural characteristics: elderly residents living alone have both the highest demand for service quality improvement and social support, reflecting their deep dependence on professional external services. In contrast, residents living with their families have more comprehensive needs, with high expectations for service quality, medical security, living conditions, and other aspects. This indicates that the current supply of elderly care services has common shortcomings in professionalism, personalization and accessibility, and cannot meet the differentiated and refined needs of residents in different living conditions ^[7].

4.3. Policy awareness: A key lever to activate payment willingness

A policy-relevant finding is that there is a significant correlation between residents' policy awareness and their willingness to pay for high-quality services ($\chi^2 = 45.32, p < 0.001$). Among the groups that “very well understand” national elderly care policies, more than 95% stated that they are “very willing” or “willing” to pay higher fees for better services. In contrast, among the groups that “completely do not understand,” this proportion drops sharply to less than 20%. This strongly indicates that policy publicity is not only an information transmission, but also a “activation mechanism” for cultivating market confidence and releasing consumption potential. Understanding the security expectations brought by policies can significantly enhance residents' sense of security and payment willingness.

4.4. Information ecology: Dominance of “acquaintance trust” and lack of professional channels

In terms of information acquisition channels, the elderly care consumption market presents a complex picture of the coexistence of “tradition” and “modernity” (Figure 4). “Recommendations from friends or family” has become the main channel with an absolute advantage of 80.06%, reflecting the path dependence on “acquaintance trust” in high-involvement decisions. Professional institutions (61.07%) and the Internet (46.91%) have become important supplements, but have not been able to shake the dominant position of the former. This reflects the lack of a unified, authoritative, and transparent official public service platform for elderly care information. Residents face the dilemma of mixed information and high identification costs when making decisions, which to a certain extent, inhibits market efficiency.

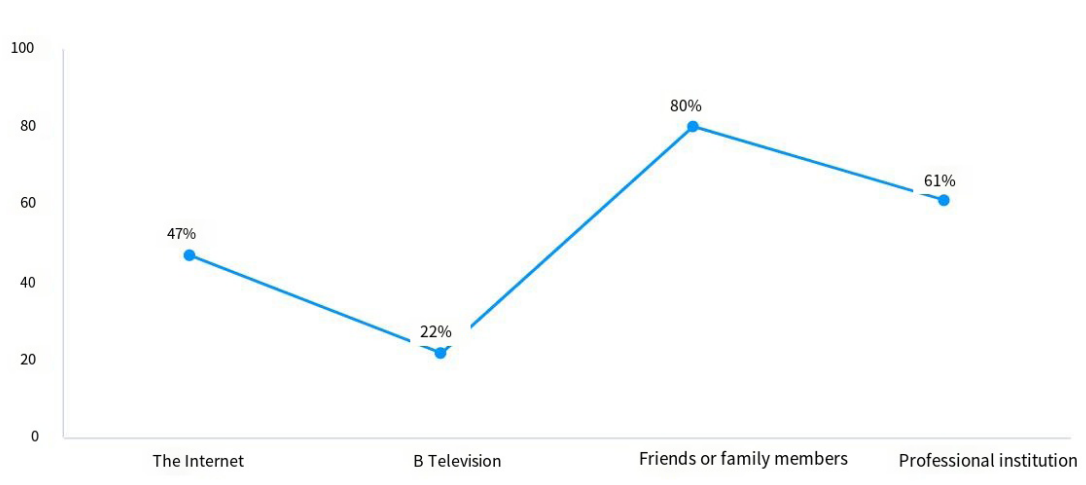


Figure 4. Line chart of the proportion of information acquisition channels for elderly care consumption.

5. Conclusions and policy implications

5.1. Conclusions

This study shows that Chinese residents' elderly care consumption behavior is in a transition period from the "subsistence security paradigm" to the "quality of life paradigm," and presents distinct structural characteristics: a dual "reality-expectation" structure in consumption cognition, service quality as a core pain point across different groups, policy communication effectiveness directly restricting the release of market payment willingness, and the information ecology remaining in the "acquaintance society" trust model. These characteristics collectively point to the systematic challenges faced by the elderly care service system in the supply side, policy transmission end and social support network.

5.2. Policy implications

Based on the above conclusions, this paper proposes a systematic "four-in-one" optimization path:

(1) From the supply side

Promote structural reform and industrial integration. Encourage market supply to shift from "singleness" to "gradation" and "refinement." On the one hand, the government should strive to ensure the quality of basic and inclusive elderly care services, and consolidate the bottom line of "subsistence-oriented" consumption. On the other hand, through policy guidance and market mechanisms, vigorously develop integrated formats such as "elderly care + culture," "elderly care + tourism," and "elderly care + technology" to meet residents' expectations for "development-oriented" consumption, forming a market pattern driven by both "security" and "quality."

(2) From the policy end

Implement precise communication and strengthen confidence and empowerment. Change the extensive policy publicity to precise communication based on the life cycle. For young people, use new media platforms to carry out enlightenment education on elderly care planning and financial tools; for middle-aged and elderly people, carry out face-to-face policy interpretation and application guidance through communities. The core goal is to enhance residents' sense of policy gain and clarity, thereby transforming policy dividends into tangible market confidence and consumption actions.

(3) From the individual end

Advocate full-cycle planning and guide rational decision-making. Advance elderly care education, and popularize the concept of full-life-cycle elderly care planning through the national education system and public publicity. Vigorously promote financial tools such as personal pension accounts and commercial endowment insurance to help residents, especially young groups, carry out intertemporal financial planning as early as possible, smooth consumption throughout the life cycle, and alleviate anxiety about future payment capacity.

(4) From the social end

Build a smart information platform and optimize the decision-making environment. Led by the government, integrate market resources to build a national or regional smart elderly care information platform integrating policy release, service institution inquiry, quality evaluation, and price comparison. This will break information barriers, reduce residents' search and identification costs, and guide consumption decisions from relying on "acquaintance experience" to relying on "authoritative information," thereby improving the operational efficiency and transparency of the entire market.

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