

# *A Study on the Current Situation of Informal Care Needs among the Elderly in Wenzhou City under the Background of Population Aging*

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**Abstract:** With the intensification of population aging, informal care plays an increasingly vital role in the long-term care system for the elderly. Targeting urban residents in Wenzhou City, this study aims to explore the current situation of informal care service demands among elderly patients with chronic diseases, so as to provide a basis for further research on influencing factors and the improvement of local informal care systems. Based on the Andersen Model, this research adopts literature research and questionnaire survey methods to conduct a cross-sectional investigation on 396 elderly patients aged 60 and above suffering from chronic diseases, and uses SPSS for statistical data analysis to analyze the specific current situation. A total of 419 questionnaires were distributed and retrieved in this survey, among which 396 were valid. Data analysis indicates that 69.44% of the elderly have demands for informal care, mainly relying on their children (57.09%) and spouses (20.36%), while community support remains insufficient with neighbors and friends accounting for merely 6.19%.

## **1. Research Background**

With the intensification of population aging, China is concurrently facing the challenges of a continuing shrinkage in the size of its youth population and a rapid increase in the proportion of its elderly population. The "14th Five-Year Plan" Implementation Plan for the Active Response to Population Aging Project and Infant & Child Care Construction points out that as the populations of the oldest-old and those with disabilities or cognitive impairments continue to expand, the demand for social elderly care services will increase both in scale and level. [1] According to data from China's Seventh National Population Census, since the country entered an aging society in 2000, the proportion of the elderly population has risen cumulatively by 8.4 percentage points. Notably, this indicator increased by 5.4 percentage points during the decade from 2010 to 2020, indicating a significantly accelerated growth rate compared to the previous ten-year period. By the end of 2020, the population aged 60 and above in China accounted for 18.7% of the total population, reaching 264 million. Within this group, the proportion of those aged 65 and above exceeded 13.5%.

Predictive models from the National Bureau of Statistics suggest that the total elderly population in China will maintain a growth trend until the mid-21st century. Although the growth rate may vary across different stages, the overall upward trajectory is difficult to reverse. This profound demographic shift poses systemic challenges to the construction of the social security system, the rational allocation of medical resources, and the innovation of elderly care service models, urgently calling for the development of targeted response strategies from multiple dimensions.

According to the Statistical Bulletin on the Elderly Population and Aging Affairs of Zhejiang Province (2023), the elderly population in the province has continued to grow in recent years. From the end of 2010 to the end of 2023, the registered population aged 60 and above increased from 7.8903 million to 13.3940 million [2], a net increase of 5.5037 million. Its proportion of the total population rose from 16.60% to 26.17%, representing an average annual increase of 0.74 percentage points. Similarly, the registered population aged 65 and above grew from 5.3260 million to 9.7606 million [3], a net increase of 4.4346 million. Its share of the total population climbed from 11.21% to 19.06%, averaging an annual rise of 0.60 percentage points.

Wenzhou is one of the regions in Zhejiang that entered an aging society relatively early. According to registered population statistics, by the end of 2023, Wenzhou had an elderly population aged 60 and above of 1.8031 million, accounting for 22.03% of the total population. This figure represents an increase of 91,400 compared to the same period in the previous year, corresponding to a year-on-year growth rate of 5.34% [4]. Influenced by traditional filial piety and the concept of "raising sons for old-age support," most elderly individuals opt for informal care. However, data from the Seventh National Population Census of 2020 indicates that the average household size in China is 2.62 persons [5], reflecting a gradual trend towards smaller family structures. This trend intensifies the pressure on modern family-based elderly care, making the improvement of the current informal care situation and the alleviation of family caregiving burdens increasingly urgent. Therefore, this study takes Wenzhou City as a case to investigate the informal care needs of urban residents. The findings aim to provide a foundation for subsequently exploring influencing factors in greater depth, constructing an informal care model suitable for Wenzhou, and ultimately promoting healthy aging.

## 2. Research Status

### 2.1 Domestic Research Status

The demand for and choice of care models vary among the elderly of different age groups and family circumstances, and the factors influencing their choices also differ. Regarding this aspect, Liao Xiaoli, by establishing Multinomial Logit and Ordinal Logit regression models, found that the "long-term care mode" desired by disabled elderly is primarily family care. This "long-term care mode" is influenced by factors such as gender, marital status, source of income, living arrangements, number of children, assistance from neighbors, insurance participation status, presence of chronic diseases, and self-care ability [6]. Xu Xiaojun surveyed 596 disabled elderly in rural Shandong Province and discovered that care concerns and cognitive status positively influence long-term care willingness, while care perception, intergenerational relationships, and individual characteristics negatively affect it [7]. An Ran employed a multi-stage stratified cluster random sampling method to survey 16,199 elderly individuals aged 60 and above across 16 districts (counties) in Guangdong, Liaoning, and Henan provinces. The results indicate that a considerable proportion of the elderly population in China requires care, and the care demand rate is higher among the oldest-old, those in poorer physical and mental health, and those with a higher frequency of falls [8]. Li Fei used convenience sampling to survey 4,713 elderly aged 60 and above in Tianjin, finding that care needs are higher among the oldest-old, those without a spouse, those with education levels other than

junior high school, those living alone as widows/widowers or in institutions, those not using mobile phones, those hospitalized more frequently due to illness in the past year, and those who are disabled or semi-disabled [9]. Liu Yan selected a sample of 7,365 elderly individuals aged 60 and above from the CHARLS 2018 data. Based on the Andersen model framework and using a multinomial logistic regression model for analysis, the results show that the influencing factors for care needs mainly include age, gender, place of residence, whether divorced or separated, chronic diseases, frequency of contact with children, and activities of daily living [10]. Pan Shuo used regression analysis to examine the care needs of community-dwelling elderly. The results indicate that factors such as gender, age, household income, education level, living arrangements, chronic disease status, and disability status are the main influencing factors for the level of care needs among the elderly in Urumqi communities [11].

## **2.2 International Research Status**

Unlike the current situation in Chinese society, Western developed countries have faced the issue of aging earlier. Bettina [12] posits that the elderly's demand for care services increases with age and the deterioration of their health status. Koike and Furui [13] found that long-term care services can mitigate the decline in the physical health of the elderly and reduce the risk of escalating care needs, indicating a certain demand among the elderly for such services. In terms of the content of long-term care, the needs of disabled elderly primarily manifest in three aspects: daily care, medical services, and spiritual consolation. Mjelde-Mossey [14] pointed out that care provided by adult children not only strengthens communication between them and the elderly, promoting family relationships, but also enhances the physical and mental well-being of the elderly. Furthermore, informal care has consistently played a crucial role in the long-term care of the elderly. In Europe, over three-quarters of long-term care work is undertaken by informal caregivers, whose numbers are at least twice that of formal caregivers [15]. Estimates by researchers on the economic value of informal care show that in 2015, the economic value provided by caregivers in the United Kingdom amounted to £132 billion, nearly equivalent to the UK's annual health expenditure [16]. In the United States, almost one in five adults provides informal care to a relative or friend aged 50 or above [17]. In the context of today's and the future's aging population, and considering the potential pressure on public budgets that most countries may face, informal care continues to occupy a significant position within the care system.

## **3. Research Methodology and Technical Approach**

### **3.1 Literature Research Method**

A comprehensive review of domestic and international literature concerning informal care for the elderly was conducted by systematically searching academic databases. Relevant news reports and policy documents were also examined to understand the current state of research and existing problems both domestically and internationally. Considering the specific circumstances of the population in Wenzhou City, factors potentially influencing the choice of informal care among its elderly residents were identified and integrated into the design of a survey questionnaire. This questionnaire served as the foundation for data collection, providing the necessary empirical support for subsequent research.

### **3.2 Questionnaire Survey Method**

The study employed a self-designed questionnaire for data collection. During the questionnaire

development process, careful consideration was given to the actual conditions in Wenzhou, the research objectives, and the feasibility of obtaining variables to ensure the scientific validity and reasonableness of the instrument. The questionnaire encompasses the following core areas:

(1) General Personal and Household Information: This section includes items on the elderly individual's gender, age, household registration (hukou), educational attainment, marital status, living arrangements, pre-retirement occupation, and source of livelihood.

(2) Personal Physical and Mental Health Status: The survey questionnaire covers multiple dimensions, including the presence of chronic diseases, types of diseases, perceived burden of illness, activities of daily living (ADL), and depressive mood. The assessment of depressive mood in the elderly utilizes the internationally recognized Patient Health Questionnaire-9 (PHQ-9) depression screening scale. The assessment of activities of daily living is conducted using a standard ADL scale.

(3) Current Status of Informal Care Service Needs: This section includes items on the need for informal care services, the primary provider of such services, satisfaction with the informal care received, and perceived shortcomings of the informal care services.

## **4. Conceptual Definitions**

### **4.1 Population Aging**

Since the United Nations declared 1982 the "International Year of the Elderly," the issue of population aging has increasingly garnered attention from governments worldwide and gradually become a research subject in global academia. According to the 1956 UN report "Population Aging and its Socioeconomic Implications" and the criteria for judging population aging established at the 1982 United Nations World Assembly on Aging, a population's age structure can be categorized into three types: a young society, an adult society, and an aged society. As defined by the UN in 1982, a region with less than 5% of its population aged 60 and above is a "young society," one with 5% to 10% is an "adult society," and one with more than 10% is an "aged society" [18].

### **4.2 Informal Care**

Informal care is a broader concept encompassing various caregiving activities provided to elderly individuals with functional limitations. Informal care differs from formal care in many aspects, including purpose, required professional skills, duration, cost, nature of service, and care location. Currently, there is no complete consensus in academia on the definition of informal care, as different studies define it based on their respective research foci and perspectives. Regarding the distinction between formal and informal care, formal care is typically provided by a series of institutions (including related organizations and associations). These services are usually delivered in an organized manner, with caregivers possessing certain professional knowledge and skills, service times being relatively fixed and limited, and, in most cases, being compensated. In contrast, informal care typically arises from kinship, marital, or friendship relationships. The care provided is long-term, based on emotional bonds of commitment, responsibility, and affection, and is usually unpaid. In the context of long-term care models, the family is often the primary setting for providing informal care, while home-based care and community-based care are generally viewed as integrated service models that blend characteristics of both formal and informal care, complementing each other in practice to provide comprehensive care support for the elderly [16].

### 4.3 The Andersen Model

The Behavioral Model of Health Services Use, proposed by Andersen, is a prominent member of the three classic models in health services research [19]. This model takes the household as the unit of study and comprehensively examines health service utilization from three aspects: predisposing factors, enabling factors, and need factors, aiming to explore the underlying influences on different household health service utilization behaviors [20]. In the fields of medical sociology and health services research, the systematic nature and applicability of the Andersen Model have made it a mainstream theoretical framework [21], and it has gradually become an important theoretical basis for scholars, both domestic and international, analyzing health-related influencing factors [22, 23]. In line with the research objectives and data availability, and referencing the original framework of the Andersen Model, this study categorizes factors influencing long-term care needs into predisposing factors, enabling factors, and need factors to delve into their mechanisms of action.

(1) Predisposing factors refer to various elements that can influence health service utilization behavior before the onset of conditions requiring such services, such as illness. These factors generally encompass demographics, genetic predisposition, social structure, and health beliefs, among other dimensions [24]. In the specific context of this study, they primarily include variables such as gender, age, household registration (hukou), occupation, education level, and marital status.

(2) Enabling factors primarily reflect an individual's ability to access health services and the availability of service resources. In this study, they mainly include variables such as living arrangements, children's situation, and financial pressure in old age.

(3) Need factors primarily reflect an individual's perception of the need for medical services from the dimensions of perceived need and evaluated need [24]. In this study, this factor mainly includes variables such as chronic disease status, activities of daily living (ADL), financial burden of illness, and depressive mood. These variables can directly reflect the individual's actual degree of need for medical services.

## 5. Current Status of Informal Care Needs Among the Elderly in Wenzhou

### 5.1 General Demographic Characteristics

Regarding gender, there were 204 males (51.52%) and 192 females (48.48%). In terms of age distribution, 161 individuals (40.66%) were aged 60-69, 134 (33.84%) were aged 70-79, and 101 (25.51%) were aged 80 and above. By household registration type, 196 individuals (49.49%) had rural household registration, and 200 (50.51%) had urban household registration. In educational attainment, 142 individuals (35.86%) had an education level of primary school or below, 112 (28.28%) had completed junior high school, and 142 (35.86%) had a senior high school education or above. Marital status showed that 281 individuals (70.96%) had a spouse. Regarding living arrangements, 106 individuals (26.77%) did not live with their spouse or children. In terms of occupation, 52 individuals (13.13%) worked in state-owned enterprises or government/ public institution sectors, while 344 (86.87%) worked in other sectors. Concerning financial pressure in their later life, 272 individuals (68.69%) reported experiencing financial pressure, and 124 (31.31%) reported no financial pressure. The specific details are presented in Table 1.

Table 1 General demographic characteristics of older adults (n=396)

Variable	n(%)
Gender	
Female	192(48.48)
Male	204(51.52)

Age (years old)	
60~69	161(40.66)
70~79	134(33.84)
≥80	101(25.51)
Residence	
Rural	196(49.49)
Urban	200(50.51)
Educational Level	
Junior high school	112(28.28)
Primary school or below	142(35.86)
Senior high school or above	142(35.86)
Marital Status	
Unmarried	115(29.04)
Married	281(70.96)
Living Arrangement	
Not living with spouse or children	106(26.77)
Living with spouse or children	290(73.23)
Occupation	
State-owned enterprises or public institutions	52(13.13)
Non-state-owned enterprises or public institutions	344(86.87)
Economic Pressure	
No	124(31.31)
Yes	272(68.69)
Chronic Disease Status	
No chronic disease	86(21.72)
One chronic disease	221(55.81)
Multiple chronic diseases	89(22.47)
Disease Burden	
No	274(69.19)
Yes	122(30.81)

## 5.2 Health Status of the Elderly

Among the 396 elderly individuals, 86 (21.72%) did not suffer from chronic diseases, 221 (55.81%) had one chronic disease, and 89 (22.47%) had two or more chronic diseases. Regarding activities of daily living (ADL), 201 individuals (50.76%) had normal ADL, 108 (27.27%) experienced a decline in ADL, and 87 (21.97%) had significant limitations in ADL. Concerning depressive symptoms, 337 individuals (85.10%) showed no signs of depression, 52 (13.13%) had mild depression, and 7 (1.77%) had moderate depression. For specific details, please refer to Table 2.

Table 2 Health status of older adults (n=396)

Variable	n(%)
Chronic Disease Status	
One chronic disease	221(55.81)
Multiple chronic diseases	89(22.47)
No chronic disease	86(21.72)
Activities of Daily Living (ADL)	

Declined	108(27.27)
Functional Impairment	87(21.97)
Normal	201(50.76)
Depression Status	
No Depression	337(85.10)
Mild Depression	52(13.13)
Moderate Depression	7(1.77)

### 5.3 Elderly Care and Living Conditions

Among the 396 elderly individuals surveyed, 272 (68.69%) reported experiencing financial pressure in their later life, while 124 (31.31%) felt no such financial pressure. Regarding the burden of illness, 274 individuals (69.19%) felt it was not a burden, whereas 122 individuals (30.81%) considered it a burden. The specific details are presented in Table 3.

Table 3 Elderly care and living circumstances of older adults (n = 396)

Variable	n(%)
Economic Pressure	
No	124(31.31)
Yes	272(68.69)
Disease Burden	
No	274(69.19)
Yes	122(30.81)

### 5.4 Informal Care Needs of the Elderly

Among the 396 elderly participants, 275 (69.44%) expressed a need for informal care, while 121 (30.56%) reported no such need. Of the 275 individuals with care needs, the primary caregiver was a child for 157 persons (57.09%), a spouse for 56 persons (20.36%), another relative for 45 persons (16.36%), and a neighbor or friend for 17 persons (6.19%). Regarding satisfaction with the care services received, 230 persons (83.64%, calculated as 230/275) were satisfied, whereas 45 persons (16.36%) were dissatisfied. For details, please refer to Table 4.

Table 4 Informal care needs status of older adults (n = 396)

Variable	n(%)
Care service needs status	
No care service needs	121(30.56)
With care service needs	275(69.44)
Caregiver identity	
Adult children	157(57.09)
Spouse	56(20.36)
Other relatives	45(16.36)
Neighbors or friends	17(6.19)
Care service satisfaction status	
Satisfied	230(83.64)
Dissatisfied	45(16.36)

## 6. Conclusion

Analysis of the survey data revealed that among the 396 participating elderly individuals, the majority of elderly people in Wenzhou have a demand for informal care services, accounting for 69.44% of the total surveyed. This finding aligns with the results of other studies. Wang Junmei[25], in an analysis of residents' choices regarding elderly care models, found that influenced by the "filial piety culture" inherent in traditional Chinese culture, most Chinese residents consider relying on external support for elderly care as a manifestation of "unfilial" behavior. Consequently, the majority still prefer the informal care model of aging in place. Wang Huaizhao[26], focusing on elderly chronic disease patients aged 60 and above in the urban area of Hohhot, found that 59.96% of the study subjects had a demand for informal care. Shen Shuyuan[27], through a literature review, predicted a year-on-year increase in the demand for informal care among disabled elderly people in China. The research findings of these and other scholars collectively indicate that a significant proportion of the elderly population has a demand for informal care. From the perspective of demand characteristics, the need is more pronounced among the oldest-old (aged 80 and above), those with rural household registration, individuals facing greater economic pressure, those suffering from chronic disease multimorbidity, those with limitations in activities of daily living (ADL), and those exhibiting depressive symptoms. This reflects the deep association between informal care demand and individuals' physiological, psychological, and socio-economic characteristics: the oldest-old have rigid care needs due to declining physical function; elderly people with rural household registration, constrained by the limited availability of formal elderly care resources, rely more heavily on care from relatives; economic pressure and chronic disease multimorbidity increase the burden on family caregivers, while depressive symptoms highlight the latent need for emotional support among the elderly. Notably, in this study, only 4.29% of care was provided by neighbors or friends, which indirectly reflects the weakness of community-based informal care networks. This observation is consistent with the current situation noted by scholars such as Wang Li[16], who point out that "informal care remains family-centric, with insufficient social support."

As China's population aging process continues to deepen, the scale of the elderly population with disabilities or cognitive impairments, resulting from factors such as aging and acute/chronic diseases, is persistently expanding. Relevant data projections indicate that the population of disabled elderly in China will continue to grow. It is estimated that by 2030, the number of disabled elderly will reach 61.68 million, and this figure is projected to rise to 97.50 million by 2050. Correspondingly, the demand for informal care is expected to increase further.

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