

REVIEW

Identification and prevention of long-term care risks for disabled elderly in rural areas of China

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Keywords: elderly; disabled; long-term care; social policy; risk mitigation; rural healthcare

ABSTRACT

Background: With the continuous deepening of population aging, the trend of core family size, and the intensification of social phenomena such as aging before becoming rich, the long-term care risks of disabled elderly are becoming increasingly prominent.

Objectives: This study aims to deeply analyze the connotation, characteristics, and causes of long-term care risks for disabled elderly in China, systematically identify their specific manifestations at different levels, and explore how to construct effective risk warning mechanisms and prevention systems.

Methods: This study adopts a literature analysis method to systematically clarify the connotation of risk, analyze the specific manifestations of nursing risks faced by disabled elderly people, and examine the influence of factors such as population, family, and labor force, providing theoretical support for the construction of risk warning mechanisms.

Results: Research shows that the long-term care risks faced by disabled elderly people in China are mainly reflected in three aspects: financial, caregiving, and poverty risks, and are influenced by factors such as the aging population structure, the prevalence of nuclear families, labor migration, and the increasing burden of elderly care.

Conclusion: The long-term care risks faced by disabled elderly people are a key constraint in the development of China's elderly care security system, requiring coordinated responses from the government, society, and families. Establishing a whole-life-cycle risk early warning mechanism, improving the elderly care security system, and optimizing fertility policies are necessary to address these challenges.

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What do we already know about this topic?

Disabled elderly people in rural areas of China face severe long-term care risks, economic burdens, shortages of caregivers, and poverty. These risks are driven by factors such as population aging, reduced family support, and labor migration, while insufficient insurance coverage and service gaps exacerbate the severity of these problems.

What is the main contribution to Evidence-Based Practice from this article?

Systematically elucidates the core long-term care risks faced by elderly disabled individuals in rural China, including Financial Risk, Caregiving Risk, and Poverty Risk, providing an evidence base for the formulation of targeted policies and interventions, thereby aiding evidence-based practice.

What are this research's implications towards health policy?

This study proposes health policy recommendations to address the long-term care crisis, mainly including expanding long-term care insurance to rural areas and establishing a stable financing mechanism; prioritizing the development of a community care system that includes day care and home services to narrow the urban-rural gap; supporting family caregivers through subsidies, respite services, and skills training; and establishing a risk monitoring system to track population structure and fund sustainability, providing a basis for policy adjustments and enhancing system resilience.

Authors' Contributions Statement:

LH: Research design and manuscript writing. RW: Data collection and analysis. JWZ: Supervision and critical revision. YHC: Literature review and policy recommendations.

Introduction

Driven by factors such as an accelerating aging population, shrinking family size, and "getting old before getting rich," the current elderly care risks in China have significant impacts on individuals, families, and society. For a long time, family-based care has been the most important institutional arrangement for addressing these risks, playing an irreplaceable role. However, the long-term implementation of the one-child policy has reduced the number of children, leading to the gradual collapse of the traditional extended family support model and a marked increase in the proportion of empty-nest households. In rural areas, the massive outflow of young and middle-aged laborers has made the care of left-behind elderly people even more pressing. For empty-nest families, while children may still be able to provide financial support, offering daily care and emotional companionship is often challenging. When elderly individuals lose the ability to care for themselves due to illness or aging, long-term care becomes an

unbearable burden for families, with the phenomenon of "one person disabled, the whole family destabilized" frequently observed. As a core issue within the broader elderly care risk system, long-term care risk demands in-depth study. This paper aims to clarify its basic connotations, analyze its characteristics and specific manifestations, explore its triggering mechanisms, and propose corresponding mitigation strategies and policy recommendations, with the goal of providing both theoretical and practical guidance for building a more sustainable elderly care security system.

Long term care risk definition

The definition of long-term care risks needs to be explored from three dimensions: the essential connotation of risks, elderly care risks, and the core concepts of long-term care. The term 'risk' can be traced back to 'Shuowen Jiezi', where 'wind' symbolizes diversity of directions, and 'danger' implies obstacles and difficulties. Combining the two, risk can be understood as potential multiple obstacles and

difficulties. With the development of society, the connotation of risk has gradually expanded to multiple fields such as politics, economy, and society. Although risk is an important concept in various disciplines, the academic community has not yet unified its definition. Aven (2011) pointed out that risk has multiple definitions, including perspectives based on probability, uncertainty, and goal orientation. Therefore, the essence of risk involves the existence of uncertainty and potential adverse

consequences.

Table 1 shows the definitions of risk by different scholars. It is generally believed that risk refers to the uncertainty of the likelihood and consequences of future events, and has objectivity, loss, and uncertainty. Based on these definitions, this article defines risk as the possibility or probability of future events occurring, characterized by objective existence, potential loss, and uncertainty.

Table 1 Definition of Risk by Different Authors

<i>Author</i>	<i>Time</i>	<i>Definition of Risk</i>
<i>Lawrence</i>	<i>1976</i>	<i>Risk is an indicator of the probability and severity of adverse reactions (Lowrance W W, 1976)</i>
<i>Kumamoto & Henley</i>	<i>1996</i>	<i>Risk is a combination of five primitives: outcome, likelihood, significance, causal scenario, and affected population (Kumamoto H & Henley E J, 2000)</i>
<i>Rosa</i>	<i>1998</i>	<i>Risk refers to the situation or event where something of human value (including humans themselves) is in danger and the outcome is uncertain (Rosa E A, 1998)</i>
<i>ISO</i>	<i>2002</i>	<i>Risk is a combination of the likelihood and scope of consequences (International Electrotechnical Commission, 2002)</i>
<i>Cabinet Office</i>	<i>2002</i>	<i>Risk refers to the uncertainty of outcomes, actions, and events (Cabinet Office, 2002)</i>
<i>Renn O</i>	<i>2005</i>	<i>Risk is the uncertain consequence of events or activities related to human values (Renn O, 2005)</i>
<i>Aven T</i>	<i>2007</i>	<i>Risk is a two-dimensional combination of events/consequences and related uncertainties (Aven T, 2007)</i>
<i>Aven & Renn</i>	<i>2009</i>	<i>Risk refers to the uncertainty and severity of events and consequences (or outcomes), as well as activities related to human values (Aven T & Renn O, 2009)</i>

Data source: Compiled by the author themselves.

Ulrich Beck's "risk society" theory points out that modern society has entered an era of "man-made risks" dominated by human activities. In China, social transformation and changes in family structure have heightened the uncertainty of elderly care security, turning elderly care risk into a systemic issue closely tied to population aging and social structural changes. Deng Dasong (2008) defines elderly care risk as the possibility of older adults facing

threats to survival due to a lack of basic security, while Mu Guangzong (2014) emphasizes that changes in family structure and instability of pension funds increase such risks. Overall, elderly care risk refers to the decline in quality of life and the rise in survival pressure among the elderly caused by physiological and psychological changes coupled with insufficient security.

Long-term care risk is a core dimension of

elderly care risk. With the growing demand for care among disabled elderly people, long-term care has become not merely an individual issue but also a social risk. Based on the above definitions of risk and elderly care risk, long-term care risk refers to the situation in which disabled elderly individuals experience diminished self-care capacity, require ongoing medical, daily living, and social support, and may face uncertainties and challenges in economic, psychological, and social aspects. Risk attributes and specific manifestations of long-term care

Risk attributes of long-term care

Long term care has typical risk characteristics: objectivity, loss, and uncertainty. Its objectivity lies in the common physiological degeneration and disability needs of the elderly, which are not controlled by subjective will; The loss is reflected in high nursing costs, time and energy investment, psychological pressure, and opportunity costs, and may affect the operation of social systems; The uncertainty comes from the unpredictability and cost fluctuations of the health status and care needs of the elderly, making it difficult to fully deploy response measures in advance.

From an individual perspective, when older adults experience a decline in self-care ability due to illness, aging, or functional impairment, and require ongoing medical and nursing support, they face high care costs as well as emotional distress associated with disability. Personal risk arises from uncertainties caused by factors related to the individual, others, society, and forces beyond one's control. From a family perspective, children have a legal obligation to support their parents, and the personal risks faced by disabled elderly individuals may spill over to their children, creating family-level risks. Family members not only need to share the financial burden of care but also must devote substantial time and

energy to looking after disabled elderly relatives, enduring emotional and psychological stress.

From a social perspective, with the intensification of population aging and the weakening of traditional family caregiving capabilities, long-term care risks have gradually surpassed the scope of individuals and families, becoming a systemic risk that urgently needs to be addressed through socialization. When the number of disabled elderly continues to increase and individuals and families find it difficult to take care of themselves, society must intervene through medical services, nursing resources, and financial support. Therefore, long-term care risks have evolved into a new type of social risk.

Specific manifestations of long-term care risks

Financial Risk. As China's population ages, the long-term care (LTC) insurance system faces severe challenges to financial sustainability at the national level. According to Table 2, national LTC insurance expenditure in 2015 was 258.725 billion yuan, accounting for 0.4% of GDP; by 2050, it is projected to rise to 2.468734 trillion yuan-nearly a tenfold increase-with a sharp surge of 50.73% expected between 2030 and 2035. Jin et al. also project that LTC insurance expenditure will reach this level by 2050, representing almost a tenfold growth. While these forecasts are largely based on urban or national averages, the situation in rural areas is even more severe. Osterle et al. (2023) report that in 2020, the basic monthly care cost for a disabled elderly person in rural China was about 1,319 yuan, while the average monthly income was only 2,500–2,600 yuan, of which the New Rural Pension provided merely 123 yuan, with the remainder mainly from children's support and casual labor income. Care expenses account for over 50% of monthly income, with most of the cost borne by

families. As of 2021, national LTC insurance pilots covered only about 15–20 cities, with rural coverage below 5%. Nearly 90% of rural disabled elderly people rely entirely on family care (Österle, 2017), and institutional care remains unaffordable in rural areas. More critically, LTC and chronic disease care expenses have become a leading cause of illness-induced poverty or poverty relapse among the rural elderly. Research shows that

44.3% of rural households fall into poverty due to medical expenses, with disabled elderly bearing particularly high medical costs. Therefore, with the elderly population continuing to grow and care demand surging—especially in rural areas—the LTC security system faces not only gaps in coverage but also potential systemic funding shortfalls and an imbalance between urban and rural elderly care structures.

Table 2 Total Cost Expenditure and Growth Rate of Long term Care Insurance in China

<i>Year</i>	<i>Total expenditure (in billions of yuan)</i>	<i>Growth rate (%)</i>
2015	2587.25	--
2020	3580.54	38.39
2025	4931.62	37.73
2030	6593.15	33.69
2035	9937.65	50.73
2040	14341.77	44.32
2045	18696.70	30.37
2050	24687.34	32.04

Data sources: Cao Xinbang, Chen Qiang Calculation of Long term Care Insurance Premiums in China [J]. Social Security Research, 2014, 20 (02): 111-122.

The financial risks of long-term care are not only reflected in the increase of nursing costs, but also involve the shortage of nursing resources and intergenerational transfer of burden. According to Figure 1, in 2000, the child dependency ratio was 30.40%, and the elderly dependency ratio was 9.92%. By 2010, the child dependency ratio increased to 53.42%, while the elderly dependency ratio reached 11.55%. In 2020, the child dependency ratio rose further to 75.23%, with the elderly dependency ratio increasing to 19.73%. It is projected that by 2030, the child dependency ratio will reach 154.31%, and the elderly dependency ratio will be 28.34%. By 2050, the

child dependency ratio is expected to surge to 258.28%, while the elderly dependency ratio will rise to 53.50%. This trend reflects that the young workforce is gradually decreasing, and the number of pension insurance contributors will also decrease, making it more difficult to meet the growing cost of care. At the same time, the development maturity of commercial long-term care insurance is low, and it is difficult for nursing demanders to obtain "benefits" from market competition. The long-term care service market cannot keep up, and the government needs to subsidize it through financial means (Lei X & Bai C, Hong J, Liu H, 2022).

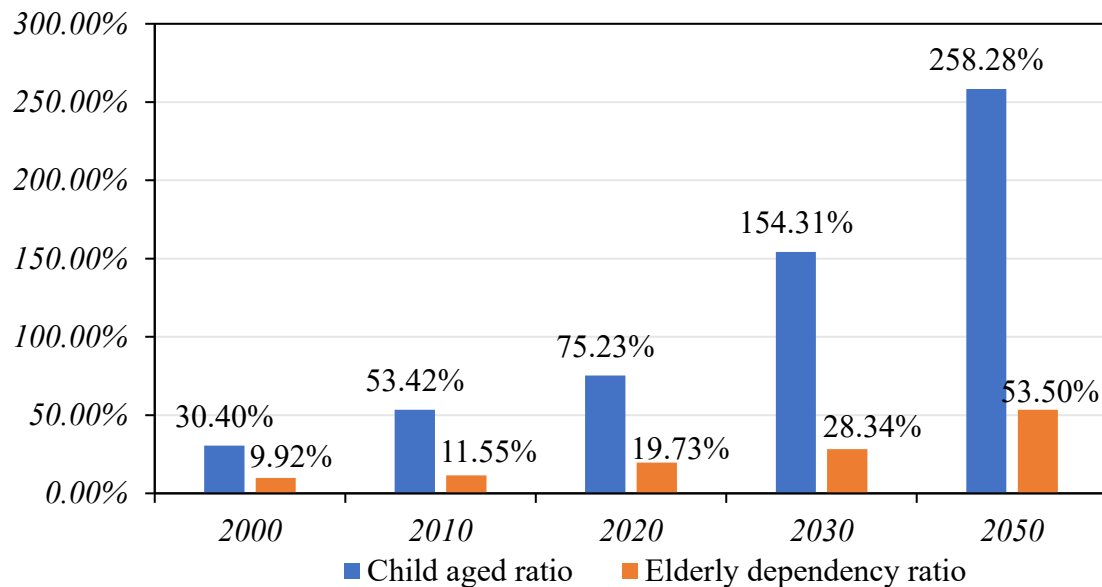


Figure 1. Trends in Child Dependency Ratio and Elderly Dependency Ratio in China (2000-2050)

Data source: The data from the Fifth, Sixth, and Seventh National Population Census bulletins, respectively.

It is important to note that the financial risks of long-term care in rural areas are significantly higher than those faced by urban residents, primarily due to a structural imbalance in institutional coverage. On one hand, long-term care insurance is currently piloted mainly in urban areas, with coverage, benefit levels, and system sustainability in rural regions still at an early stage and unable to meet actual needs. Most disabled elderly in rural areas rely mainly on the New Rural Social Pension, which provides an average monthly benefit of only about 60 yuan. Coupled with limited personal savings, they struggle to afford the high costs of professional or institutional care.

Caregiving Risk. The care needs of disabled elderly not only increase the family burden but also challenge traditional intergenerational support. Disabled elders often cannot manage daily activities such as eating, dressing, washing, and mobility, requiring medical care, daily assistance, and transportation services that may be provided by family members for

free or by professionals. The Seventh National Census shows that although most people over 60 rate their health as good or fair, the number of disabled elderly remains significant (see Table 3). In China, children have moral and legal obligations to support their parents, but declining birth rates and aging populations have made the multi-child caregiving model unsustainable. Nuclear families face dual pressures of caring for both elderly parents and children, especially empty-nest, only-child, and poor households. With many children working away from home, disabled elders often lack timely medical care and support. Moreover, long-term care requires specialized equipment and skills that family members typically lack, and improper care may worsen conditions. Additionally, many private and some public institutions refuse to admit disabled elderly to avoid risks and cut costs, limiting access to formal care resources and fairness.

Against the backdrop of uneven distribution of

urban and rural resources, the caregiving difficulties faced by disabled elderly people in rural areas are particularly prominent. Cities usually have a relatively complete formal care system, including community day care centers, home service networks, and diversified elderly care institutions. However, rural areas have weak service facilities, low coverage, and uneven distribution of institutions. According to data from the Ministry of Civil Affairs, as of the end of 2024, the total number of community elderly care service facilities in China reached 367000, but the coverage rate in rural areas is less than 50%. In addition, there is a serious shortage of nursing manpower,

with less than 0.3 professional nursing staff per thousand rural elderly people, far lower than the 1.2 in cities. Due to the lack of a formal care system, disabled elderly people in rural areas rely more on family care networks. However, this network has significantly weakened in function under the influence of labor outflow and simplified family structure, making it difficult to effectively meet the growing demand for care. Against the backdrop of an expanding care gap, the situation of disabled elderly people is becoming more vulnerable, and the urban-rural imbalance in the long-term care security system urgently needs to be addressed.

Table 3 Self assessment of physical condition of elderly people aged 60 and above

<i>Self evaluation status</i>	<i>Number of people</i>	<i>Proportion (%)</i>
<i>Health</i>	<i>13946479</i>	<i>0.546</i>
<i>Basic health</i>	<i>8322635</i>	<i>0.326</i>
<i>Unhealthy, but able to take care of oneself in daily life</i>	<i>2655869</i>	<i>0.104</i>
<i>Unhealthy and unable to take care of oneself</i>	<i>598118</i>	<i>0.0234</i>

Data source: data from the seventh national population census.

Poverty Risk. Elderly people, especially those who are disabled, are a high-risk group for poverty. According to the *China Statistical Yearbook 2023*, the per capita disposable income of rural residents in 2022 was 20,132.8 yuan—only 41% of that of urban residents—and rural pension levels remain generally low. The average monthly income from the New Rural Pension is about 60 yuan, covering just 24.4% of monthly expenses, whereas the median urban pension is 900 yuan, covering 123.3% of monthly expenses. Studies show that the poverty rate among rural disabled elderly is 35%, three times that of rural non-disabled elderly and twice that of urban disabled elderly; disability increases the poverty risk of rural elders by 19 percentage points (Qiao Zhijun,

2022). Additionally, 77% of rural disabled elderly families reduce working hours or forgo migrant labor due to caregiving duties, resulting in an average annual income loss of about 12,800 yuan. This indicates that low income and pension levels, combined with the added economic pressure of disability and caregiving responsibilities, make disabled elderly more vulnerable to poverty, creating a vicious cycle that threatens their safety and health.

Causes of long-term care risks

Population aging and weakened family functions

With the rapid transformation of China's population structure, long-term care services are facing unprecedented structural challenges.

According to the data of the seventh national population census, in 2020, the population aged 60 and above in China has reached 264 million, accounting for 18.7% of the total population, of which the population aged 65 and above accounted for 13.5%, and 72.19% of the elderly population, indicating that the aging trend is accelerating, and the elderly population structure is also getting older

(United Nations, 2024). At the same time, the proportion of China's labor force population (15-59 years old) has decreased for the first time to 63.35%, while the dependency ratio of the population aged 60 and above has increased to 29.52%, placing higher demands on family and social care resources (see Table 4).

Table 4 Changes in China's population age structure and dependency ratio from 1953 to 2020

<i>Year</i>	<i>Child custody ratio (%)</i>	<i>Elderly coefficient (%)</i>	<i>Age to age ratio (%)</i>	<i>Type</i>
<i>1953</i>	<i>36.28</i>	<i>4.4</i>	<i>12.2</i>	<i>Adult type</i>
<i>1964</i>	<i>41.21</i>	<i>3.6</i>	<i>8.8</i>	<i>Young type</i>
<i>1982</i>	<i>33.59</i>	<i>4.9</i>	<i>14.6</i>	<i>Adult type</i>
<i>1990</i>	<i>27.69</i>	<i>5.6</i>	<i>20.1</i>	<i>Adult type</i>
<i>2000</i>	<i>22.89</i>	<i>7</i>	<i>30.4</i>	<i>Senile type</i>
<i>2010</i>	<i>16.6</i>	<i>8.9</i>	<i>53.4</i>	<i>Senile type</i>
<i>2020</i>	<i>17.95</i>	<i>13.5</i>	<i>75.24</i>	<i>Senile type</i>

Data source: Calculated from the summary of historical population census data.

At the same time, the continuous shrinking of family size is gradually replacing the traditional "more children, more happiness" and "intergenerational care" structures with more fragile nuclear families. The data shows that the average household size in China has decreased from 3.44 people in 2000 to 2.62 people in

2020 (see Figure 2). This means that the number of children that elderly people can rely on has significantly decreased, especially in rural areas where empty nest, living alone, and disability often overlap, exacerbating the real risk of long-term care gaps.

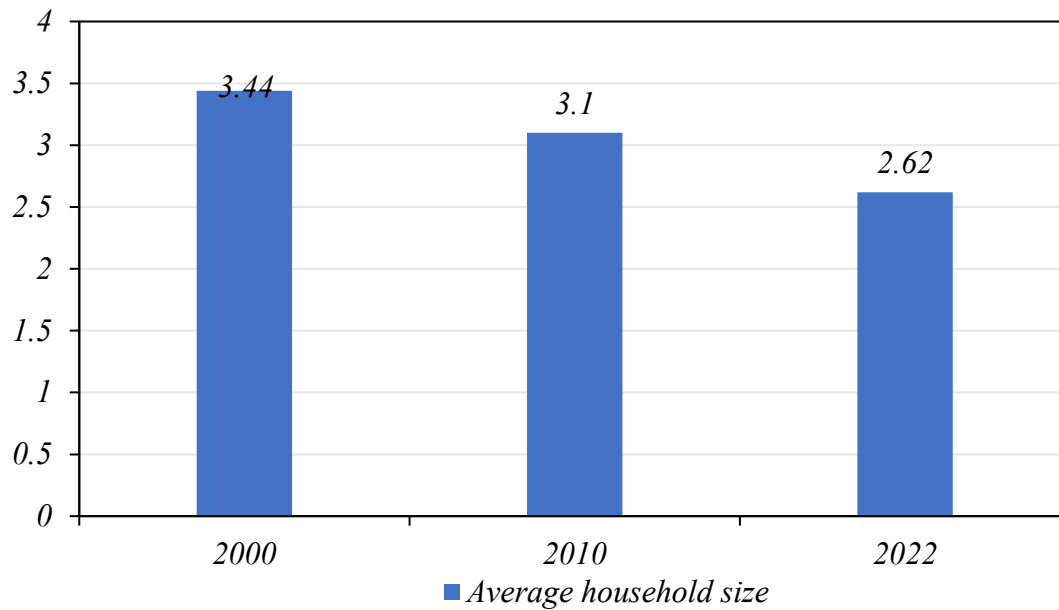


Figure 2 Average Household Size (Unit: Person)

Data source: according to the data of the fifth national census, the sixth national census and the seventh national census.

More seriously, the weakening of family functions is not only reflected in the decline of physical caregiving abilities, but also in the loss of cultural capital. The traditional ethics of filial piety and the cultural inertia of family elderly care are gradually weakening in the context of intensified population mobility, increased pressure in modern life, and the infiltration of individualistic values. A study from OECD (2020) points out that Asian countries such as China are undergoing a transitional stage of "rapid decline in family caregiving functions", and the ability and institutional design for caregiving responsibilities to transition from families to society are not yet complete. In addition, the World Health Organization (2021) also warns that without timely and effective response mechanisms, rapidly aging countries will face a "systemic care crisis". Therefore, the combination of the trend of population aging and the centralization of family structure brings about a deep structural contradiction between the continuous reduction of care resources and the continuous increase of care demand. This not only exacerbates the vulnerability of

disabled elderly people, but also poses a serious challenge to the fairness, accessibility, and sustainability of China's long-term care system.

Labor transfer

The large-scale outflow of labor is one of the important factors leading to long-term care risks. With the advancement of urbanization, more and more young people in rural areas are seeking employment opportunities outside, resulting in a significant decrease in their frequency of returning home. This phenomenon has changed the age structure of the rural population, resulting in a reduction in the family size of elderly people in rural areas. The phenomenon of empty nest elderly and left behind children is becoming increasingly common, leading to a significant decrease in the life care and emotional support of elderly people in rural areas. Compared to 2010, the population separated from households increased by 231.38 million, with a growth rate of 88.5%; The floating population increased by 154.39 million, with a growth rate of 69.7%. Although children who work outside the home

can provide more financial support for their parents, it to some extent alleviates long-term care risks. However, the large-scale outflow of labor has increased the spatial distance between children and parents, which may reduce economic support and life care for parents, and exacerbate long-term care risks. Increased burden of elderly care

The elderly care dependency ratio reflects the relationship between the number of elderly people needing care and the population capable of providing that care. According to data from past national censuses (see Figure 3), China's elderly dependency ratio for those aged 60 and above was 13.46% in 1953. Although the overall population continued to grow, the ratio slightly declined to 13.34% by 1964, reflecting a trend of population rejuvenation at that time. In 1982, the ratio further decreased to 12.98%. However, with

continuing declines in fertility rates and increases in average life expectancy, the proportion of elderly began to rise gradually, with a notable upward trend starting in 1990 at 13.48%. This trend accelerated in the 21st century: the ratio reached 15.43% in 2000, rose to 18.91% by 2010, and sharply increased to 29.52% in 2020. The issue of elderly care will become a major factor in China's social dependency burden. As society develops, the supply-demand balance of caregiving resources is expected to tighten, posing significant long-term care risks. Studies show that although China's current elderly care burden is relatively light, regional differences exist, and the burden is expected to increase gradually-potentially entering a heavy burden phase in the 2030s, an excessive burden phase in the 2040s, and by 2080, China may have the heaviest elderly care burden worldwide.

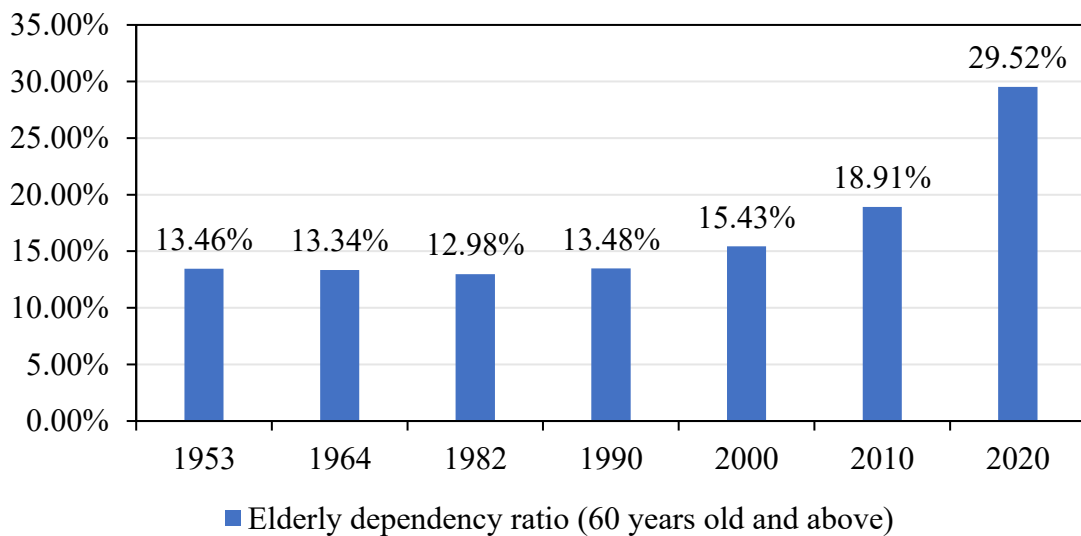


Figure 3 Elderly dependency ratio in China from 1953 to 2020

Data source: Calculated from the summary of previous population census data.

The resolution of long-term care risks
Strengthen the risk prevention awareness of the elderly throughout their entire life cycle
The risk of disability among the elderly reflects the accumulation of disadvantages over an individual's life course. Once long-term care

risks materialize, they affect individuals, families, and society at large. Therefore, it is essential to recognize caregiving risks early and take proactive measures to mitigate potential threats. From a macro perspective, effective early warning methods can be explored to

establish an early warning system. Common approaches include the use of leading indicators, modeling, expectancy surveys, and expert assessments. Considering China's specific national context and drawing on elderly care risk mitigation strategies, it is recommended to prioritize leading indicator methods to build a macro-level long-term care risk early warning system. By identifying and continuously monitoring key indicators—such as the long-term care insurance expenditure-to-income ratio, insurance fund growth rate, number of disabled elderly, and degree of population aging—an early warning mechanism can be established to alert authorities before risks escalate. This enables the government to respond promptly, reduce uncertainty, develop effective strategies, and ensure the stability and sustainability of the long-term care security system, ultimately safeguarding the economic security and quality of life of the elderly.

From a micro perspective, aging is often accompanied by various "loss events," such as health decline, functional deterioration, and economic setbacks. Families and individuals can respond by early intervention and preparation to delay these losses, reduce their impact, or even achieve positive transformation. Therefore, risk awareness should be established early in life, with strategies including loss prevention, mitigation, delay, compensation, transformation, and even transcendence. Specifically, individuals should begin in their youth and middle age to prioritize building "retirement capital"—including health capital, financial capital, and social capital—to strengthen their capacity to cope with elderly care risks in the future.

Vigorously developing the elderly care security system

Firstly, by comprehensively utilizing methods such as respite services, economic subsidies, tax reductions, and fixed holidays, we aim to

clarify the overall welfare protection of families, strengthen investment in family capacity building, achieve moderate inclusiveness of family policies, and provide specialized nursing training for family caregivers in need. We encourage children or spouses to actively participate in family care and comprehensively promote the aging-friendly transformation of elderly families and community environments.

Secondly, in terms of community services, we should actively promote the development of elderly assistance services, support rehabilitation resources and related institutions to transform into elderly care services, encourage nursing professional institutions to expand into home and community nursing services, and provide more convenient home care options for elderly people in need of care.

Finally, in order to alleviate the burden on family caregivers, social organizations and volunteers should be encouraged to participate in elderly care services, and further promote daytime care, elderly canteens, and timed services within the community to promote division of labor and cooperation between the community and families in nursing work. The government needs to prioritize the establishment of a collaborative mechanism between formal and informal insurance, such as subsidizing families to purchase community care services and training relatives to become professional caregivers, in order to bridge the security gap (Wen, 2024).

Encourage childbirth and improve fertility policies

The government needs to reduce the cost of parenting and education through measures such as financial subsidies to stimulate the willingness to have children. From the government's perspective, it is necessary to strengthen the population management system and service capacity building, accelerate the adjustment of social policies,

and build a "fertility friendly society". Optimize public services and resource allocation, make up for shortcomings, strengths and weaknesses, improve quality, and effectively solve the worries of families about having children. From a societal perspective, it is necessary to promote correct marriage and childbirth concepts through multiple channels, support reasonable marriage and childbirth arrangements for college and graduate students, provide time, economic, and service support for students who have children, and create a social public opinion atmosphere that values, encourages, and supports childbirth. From a family perspective, intergenerational support within the family should be encouraged, and tax exemptions should be provided to families in the parenting stage to reduce the cost of childbirth and child rearing.

Conclusion

Due to factors such as population aging, changes in family structure, and labor outflow, the long-term care risks faced by disabled elderly people in China have become increasingly prominent. These risks primarily manifest as financial risks, caregiving risks, and poverty risks, posing significant challenges to the elderly, their families, and society as a whole. The elderly care security system in rural areas is relatively weak, resulting in numerous difficulties for disabled elderly individuals in

terms of economic support, daily care, and emotional support. The trend toward smaller family sizes has made the traditional family-based care model difficult to sustain, while the outflow of rural labor further weakens families' caregiving capacity, making the long-term care issue even more complex.

To effectively address these risks, multiple strategies have been proposed, including strengthening the risk prevention awareness of the elderly throughout their entire life cycle, planning and preparing in advance to reduce the impact of risks on individuals, families, and society. At the same time, we will develop a security system for elderly care, such as providing economic subsidies, tax exemptions, and respite services, to alleviate the caregiving pressure on families, strengthen family capacity building, and enhance their caregiving capabilities and environmental adaptability to aging. In addition, encouraging childbirth and optimizing birth policies, increasing household labor force, and gradually alleviating the pressure of population aging. Through these comprehensive measures, more comprehensive and effective long-term care services can be provided for disabled elderly, a more sustainable elderly support system can be constructed, and the quality of life and social harmony and stability of disabled elderly can be ensured.

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References

- Alesina, A., Di Tella, R., & MacCulloch, R. (2004). Inequality and happiness: are Europeans and Americans different?. *Journal of public economics*, 88(9-10), 2009-2042. doi:10.3386/w8198.
- Diener, E. (2000). Subjective well-being: The science of happiness and a proposal for a national index. *American psychologist*, 55(1), 34. doi:10.1037//0003-066x.55.1.34.
- Ding, Y. (2017). Personal life satisfaction of China's rural elderly: Effect of the New Rural Pension Programme. *Journal of International Development*, 29(1), 52-66. doi:10.1002/jid.3264.
- Hai, L., Cui, Y., & Wang, R. (2025). On The Impact of the New Rural Social Pension Insurance on the Happiness of Rural Residents in the Context of Population Aging: An Empirical Study Based on CFPS Data. *International Healthcare Review* (online). <https://doi.org/10.56226/104>
- Hai, L., Cui, Y., & Zhang, J. (2024). The Future of Long-Term-Care: A Visualization and analysis of citespace-based study for the disabled elderly . *International Healthcare Review* (online). <https://doi.org/10.56226/76>
- He, Y., & Zhou, Q. (2016). A study on the effect of Chinese new rural pension program on rural subjective well-being. *Insur Stud*, 3, 106-17. doi:10.13497/j.cnki.is.2016.03.010.
- Kim, H. (2020). The study on the effect of basic pension on subjective well-being of the elderly. *한국노년학*, 40(1), 1-21. doi:10.31888/jkgs.2020.40.1.1.
- Li, C., & Zhang, T. (2025). On Understanding Urban and Rural healthcare services: Structural dilemmas and solutions paths for China. *International Healthcare Review* (online). <https://doi.org/10.56226/108>
- Ma, H., & Xi, H. (2020). Income gap, social insurance and improvement of residents' happiness. *Soc Sec Stud*, 1, 86-98. doi: 10.3969/j.issn.1674-4802.2020.01.009.
- Moreno-Herrero, D., Salas-Velasco, M., & Sánchez-Campillo, J. (2017). Individual pension plans in Spain: How expected change in future income and liquidity constraints shape the behavior of households. *Journal of Family and Economic Issues*, 38, 596-613. doi:10.1007/s10834-017-9526-7.
- Ng, Y. K. (1983). *Welfare economics* (p. 20). London: Macmillan. doi:10.1093/oso/9780198281191.003.0007.
- Pak, T. Y. (2020). Social protection for happiness? The impact of social pension reform on subjective well-being of the Korean elderly. *Journal of Policy Modeling*, 42(2), 349-366. doi:10.1016/j.jpolmod.2019.12.001.
- Wang, Y. Z., Long, Y. Q., Jiang, C. P., & Xu, Q. (2016). Research on social security income redistribution effect in China. *Economic Research Journal*, 51(2), 4-15. doi:10.1016/j.chieco.2023.102082.
- Wood, W., & Eagly, A. H. (2002). A cross-cultural analysis of the behavior of women and men: implications for the origins of sex differences. *Psychological bulletin*, 128(5), 699. doi:10.1037//0033-2909.128.5.699.
- Ye, S., Zhang, L., & Xiao, W. (2021). Study on Influencing Factors of Rural Home-based Pension Happiness: Based on the investigation of the old-age care model of "Party Building+ Home for Care" in Xinyu City, Jiangxi Province. *JOURNAL OF SIMULATION*, 9(1), 9-11. doi:10.26689/ssr.v4i3.3647.
- Zhang, Z., & Zhang, J. (2015). Social participation and subjective well-being among retirees in China. *Social Indicators Research*, 123, 143-160. doi:10.1007/s11205-014-0728-1.
- Zheng, Q. (2022). On Developing a Rural Healthcare System: From Community Welfare to National Public Service- based Welfare . *International Healthcare Review* (online). <https://doi.org/10.56226/43>