

# *Analysis on the Current Situation, Problems and Countermeasures of Long-Term Care for the Disabled Elderly in Rural Areas*

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**Keywords:** Disabled elderly, Family care, Community care, Institutional care

**Abstract:** With the intensification of old aging, the number of disabled elderly in rural area is increasing, but the development of long-term care system is lagging behind. Family care, community care and institutional care are the three major components of the long-term care system for the disabled elderly in rural areas in China. Nowadays, we are facing problems such as the gradual weakening function of family care, the lagging development of community care and the low marketization of institutional care. Based on the current situation and problems of long-term care supply in rural areas, we should improve family care supporting policies, vigorously develop community care services, and promote the market-oriented reform of institutional care services.

## 1. Introduction

The aging of "getting old before getting rich" has become a major challenge. According to data from the Ministry of Civil Affairs, as of November 1st, 2020, the population of the elderly aged 60 and above in China was 264.02 million, accounting for 18.7% of the total population. At the same time, the number of disabled elderly is also increasing. There are a huge demand for care with the increase of the number of disabled elderly. According to historical data, the scale of disabled elderly in rural areas is much larger than that in cities, and the demand for nursing services is also more urgent.

Taking August 2016 as an example, according to the data from RCA, the proportion of elderly people in rural areas who self-reported that they needed care services increased from 6.2% in 2000 to 16.5% in 2015, which was faster than that in urban areas. However, due to the difference between urban and rural development, the construction of long-term care services for the disabled in rural areas lags far behind that in cities, resulting in a serious imbalance between the demand and supply of long-term care services.

In this context, we clarify the responsibilities and roles of each provider according to the current situation of long-term care for the disabled elderly in rural areas. At the same time, we discuss the existing problems and put forward corresponding suggestions.

## 2. The Current Situation of the Long-Term Care System for the Disabled Elderly in Rural Areas

Family care, community care and institutional care are three major components of the long-term

care service system for the disabled elderly in rural areas. Among them, family care is still the most important care mode, while the community care plays a supporting role and the institution care plays a supplementary role.

## 2.1. Family Care is at the Core

Family plays a central role in the long-term care of the disabled elderly, which not only provides economic support for the elderly, but also undertakes the responsibility of caring for the disabled elderly. In rural areas, due to the lack of formal care resources and the deep influence of traditional Confucian filial piety culture, family care is still a realistic choice for most of the disabled elderly in rural areas. Family members, such as spouses, children or other relatives, provide basic care for the disabled elderly in their daily lives. In rural areas where care resources are extremely scarce, the proportion of disabled elderly people choosing family care is higher than that in cities.

Compared with other care environments, the advantage of family care is that the elderly are in a place they know and trust, which can satisfy their sense of belonging. Moreover, family care is cheaper and more cost-effective than other care modes. However, with the outflow of the rural young and middle-aged population, the function of family care has been weakened.

## 2.2. Community Care Acts as a Facilitator

Community care services refer to the day care, full care and other services provided by nursing institutions to the elderly in the community based on community elderly care service facilities. Under the background of the outflow of rural young and middle-aged population, a large number of rural elderly are facing the dilemma of "empty nest", and community care is increasingly providing important support for rural family. Communities can effectively integrate care resources and provide day care services or full care services for the elderly to make up for the lack of family care.

At present, the rural community nursing care provides diversified nursing services for the disabled elderly in rural areas, and also lightens the burden of family members to a certain extent. However, the development speed of community care in rural areas still lags behind the aging process as a whole, and the coverage of elderly care facilities varies greatly among different regions, resulting in serious imbalance.

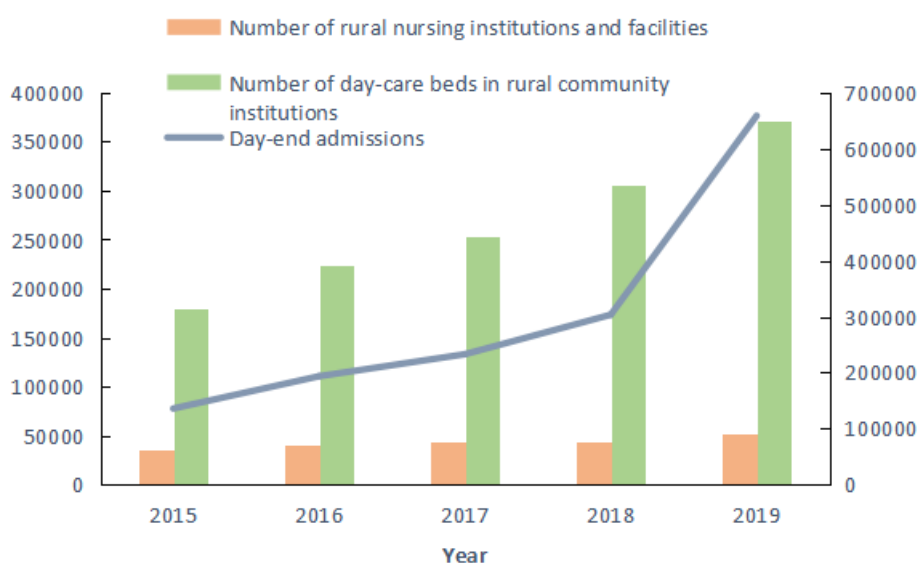


Figure 1: Changes of nursing institutions, facilities and beds in rural community

Data source: According to the 2015-2019 China Civil Affairs Statistical Yearbook

As can be seen from Figure 1, the number of community nursing institutions and facilities in China's rural areas shows a growing trend, rising from 62,027 in 2015 to 90,276 in 2019. At the same time, the number of day-care beds for the elderly also increases rapidly, rising from 313 thousand to 649 thousand, which greatly enriches the supply of services in rural communities. However, the empty bed rate in community nursing institutions is still high, indicating that community care has not been widely accepted in rural areas, and the availability of community care is also at a low level.

### 2.3. Institutional Care Plays an Important Complementary Role

Institutional care plays a complementary role in the long-term care system for the disabled elderly in rural areas. However, due to the drawback of the rural pension system and the poor economic conditions of many elderly people, they do not have a strong desire to move into nursing institutions. So the income of rural nursing institutions exceeds their expenditure. Rural nursing institutions are either bankrupt or transferred to urban areas with greater profit space. Therefore, Institutional care is further weakened in rural areas [1].

Table 1 shows the changes of the number of nursing institutions and beds in rural areas from 2011 to 2019. It can be seen that there are 32,140 nursing institutions, 2.419 million beds and 1.925 million adoptions in 2011, while there are 15,932 nursing institutions, 1.645 million beds and 877,000 adoptions in 2019. We find the number of nursing institutions, beds and adoptions in rural areas has all shown a decreasing trend.

Table 1: Development of rural nursing institutions

Year	Number of rural nursing institutions (Unit:1)	Number of beds in rural nursing institutions (Unit:10,000)	Living population (Unit:10,000)
2011	32140	241.9	192.5
2012	32787	261.1	200.0
2013	30247	272.8	201.2
2014	20261	219.6	206.4
2015	15587	177.1	115.2
2016	15398	179.9	113.2
2017	15006	176.7	101.3
2018	13885	154.2	87.0
2011	32140	241.9	192.5

Data source: According to the 2011-2019 China Civil Affairs Statistical Yearbook

## 3. The Existing Problems of the Long-Term Care System for the Disabled Elderly in Rural Areas

### 3.1. The Decline of Rural Family Care Function

Affected by social transformation and low fertility, family size is shrinking and the function of family care is declining day by day. First, with the change of people's birth conception, the trend of fewer children is becoming more and more prevalent and the family size is shrinking. Second, Adults often need to work to maintain the family's economic expenditure, so they have no time to care for the elderly. In addition, the disabled elderly's demand for professional and accurate services has increased significantly. Family care cannot provide high-quality nursing services for the elderly [2].

### **3.2. The Lagging Development of Rural Community Care**

Communities are supposed to allow the disabled elderly to receive relatively specialized care in familiar community environment. However, the current rural community care is still imperfect in terms of internal resource integration, medical infrastructure provision, and professional arrangement. The special care services urgently needed by the disabled and semi-disabled elderly, such as community treatment and psychological counseling, have not been effectively met.

### **3.3. Low Marketization of Rural Institutional Care**

Because the pension service industry has the characteristics of large investment, low profit and long recovery cycle, private enterprises are reluctant to invest. In particular, the low income level and weak payment ability of rural residents make it difficult for private nursing institutions in rural areas to survive [3]. Not only that, the barriers to enter the field of rural pension services are high and it is difficult to ensure the survival for private nursing institutions in rural areas. Therefore, social capital tends to outflow to rural areas.

## **4. The Countermeasures of the Long-Term Care System for the Disabled Elderly in Rural Areas**

### **4.1. Improve Family Care Support Policies**

First, government should implement subsidy policy for the family care. According to the development level of various regions, government should assess the disability degree and economical conditions among the elderly, and give different subsidies. Second, some effective measures should be taken to improve the professional nursing skills of family caregivers. Government should entrust professional nursing agencies to carry out various education and training courses for rural family caregivers [4].

### **4.2. Vigorously Develop Community Care Services**

The first thing is to strengthen the construction of public service facilities in rural communities. Communities should actively utilize resources such as idle houses and schools to establish community service centers [5]. The second thing is to implement the neighborhood watch scheme in communities. Communities can take a variety of measures such as subsidizing volunteers to encourage healthy middle-aged elderly in the same village to take care of the disabled elderly, which can make up for the deficiency of family care.

### **4.3. Cultivate Diverse Market Body**

First, government should encourage and support social organizations to invest nursing institutions. Concretely, government should play a leading role in encouraging individuals and social organizations to set up nursing institutions in rural areas by implementing related policies such as lowering the threshold of entering the rural service market and decreasing tax burden. Second, relevant departments should provide subsidies for the disabled elderly who stay in nursing institutions.

## **5. Conclusion**

Bases on the above analysis, we find that the long-care system for the disabled elderly in rural areas is imperfect under the background of aging and put forward some suggestions. In the future research, we will focus on the case study of long-term care of the disabled elderly, which makes the

paper depth and coherence.

### Author contributions

XJT drafted and revised the text. XL and TXB designed, drafted, and revised the text. XL supervised the analyses. Three authors read and approved the final version of the manuscript.

### Acknowledgements

This article was supported by Humanities and Social Sciences Research Project of Colleges and Universities in Jiangxi Province, the name of this research project is “Research on Care and Relief of Poverty Disabled Elderly in Rural Areas”, No. SH19105.

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