



Research on Influencing Factors of the Demand for Long-Term Care Insurance among the Elderly in Chongqing Based on the Theory of Planned Behavior

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Abstract. The 15th Five-Year Plan emphasizes the implementation of long-term care insurance, improving the care system for the disabled and dementia elderly, and expanding the supply of rehabilitation and hospice care services. This study verifies the applicability of the Theory of Planned Behavior (TPB) in researching the demand for long-term care insurance among the elderly in Chongqing, explores the key factors influencing their willingness to participate in the insurance, and provides a theoretical basis for optimizing the long-term care insurance system and increasing the participation rate. Methods A structured questionnaire survey was conducted among 404 elderly people in Chongqing. Based on the Theory of Planned Behavior, a structural equation model was constructed to analyze the influencing mechanism. Results The elderly's awareness of long-term care insurance was relatively low, with only 1.98% having a thorough understanding of the policy, and the overall willingness to participate was at a low-to-medium level. The model established based on TPB showed a good fit. Behavioral attitude and perceived behavioral control had a direct positive impact on the willingness to participate, with standardized effects of 0.482 (95%CI=0.385-0.579) and 0.426 (95%CI=0.328-0.524), respectively (all $P < 0.001$). Subjective norm indirectly affected the willingness to participate through the complete mediation of behavioral attitude, with a standardized indirect effect of 0.328 (95% CI = 0.185-0.492), and its standardized driving effect on behavioral attitude reached 0.682 ($P < 0.001$). Conclusion The Theory of Planned Behavior has good applicability in the study of the willingness of the elderly in Chongqing to participate in long-term care insurance. Behavioral attitude and perceived behavioral control are the direct key factors influencing the willingness to participate, and subjective norm is the core indirect driving factor.

Keywords: Theory of Planned Behavior; Long-term Care Insurance; Demand

1 Introduction

Population aging has become a prominent global issue, with China entering a moderate aging stage by the end of 2024 — the population aged 60 and above

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accounting for 22.0% and aged 65 and above 15.6% of the total population. ^[1]Chongqing's aging is more severe, with the population aged 60 and above making up 25.11% of its permanent population, and about 700,000 disabled and semi-disabled elderly accounting for 8.7% of the local elderly population. ^[2]China launched the long-term care insurance pilot in 15 cities in 2016, expanded it to 49 cities in 2020, and identified it as the sixth social insurance; national-level policy documents in 2023 and 2025 standardized its assessment and service systems, with many regions expanding protection beyond severely disabled people. ^[3] ^[4]As a first-batch pilot city, Chongqing launched pilots in 4 districts and counties in 2018, expanded the pilot city-wide in 2022 (covering all employee medical insurance participants), and extended protection to moderately disabled groups in 2024. However, Chongqing has a large urban-rural gap, with rural disabled elderly mainly relying on family informal care, leading to heavy care burdens. ^[5]This study applies the Theory of Planned Behavior (TPB) to explore the LTCI demand of Chongqing's elderly and its influencing factors, and puts forward targeted suggestions, providing regional empirical support for China's LTCI system construction.

2 Basic Situation of Long-term Care Insurance in Chongqing

Independent of the five basic social insurances, long-term care insurance provides care protection and economic compensation for insured people who lose daily living ability due to aging or illness. The national LTCI service catalogue includes 36 items (20 living care, 16 medical care), covering dietary care, excretion care, physical examination, rehabilitation training and other core contents for the disabled elderly.

Chongqing's LTCI construction has experienced pilot exploration, scope expansion and system improvement. It formulated pilot policies in 2017, launched the first pilot in 4 districts and counties in 2018 (covering employee medical insurance participants first), and formed a complete policy system covering service supply, disability assessment and service management in 2021. The city-wide pilot was launched in 2022 (only for severely disabled groups), and protection was expanded to moderately disabled groups in 2024. In 2025, Chongqing issued policies to build a universal LTCI system covering urban and rural residents, and improve supporting systems such as caregiver training, pushing the system from wide coverage to precision adaptation.

3 Theory and Research Hypotheses

Proposed by Icek Ajzen in 1985, the Theory of Planned Behavior holds that individual behavioral intention is directly driven by behavioral attitude, subjective norm and perceived behavioral control. Behavioral intention refers to the willingness to implement a specific behavior; behavioral attitude is the subjective evaluation of the behavior and its consequences; subjective norm is the social influence from

family, government and other subjects; perceived behavioral control is the subjective judgment of one's ability to implement the behavior, reflecting objective feasibility. Applying TPB to LTCI demand research, behavioral attitude is the elderly's evaluation of LTCI participation, subjective norm is the external influence on their insurance participation behavior, and perceived behavioral control is their judgment on affording premiums, mastering participation procedures and other practical conditions. Based on this, this study constructs a theoretical framework including the three factors and behavioral intention (Figure 1 The Theory of Planned Behavior Model), and puts forward the following hypotheses:

H1: The elderly's positive behavioral attitude has a significant positive impact on LTCI participation intention;

H2: Subjective norm has a significant positive impact on the elderly's LTCI participation intention;

H3: Behavioral attitude mediates the influence of subjective norm on the elderly's LTCI participation intention;

H4: Perceived behavioral control has a significant positive impact on the elderly's LTCI participation intention;

H5: Behavioral attitude mediates the influence of perceived behavioral control on the elderly's LTCI participation intention;

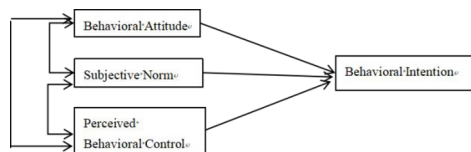


Fig. 1. The Theory of Planned Behavior Model

4 Data Source and Analysis

4.1 Data Source

This study employed a multi-stage stratified random sampling method, stratified by Chongqing's core urban area, suburban counties, and rural counties in remote suburbs. After random selection of townships and communities, samples were drawn from the population aged 60 and above, with sample sizes allocated according to regional elderly population proportions. A pre-survey was conducted prior to the formal investigation, and the final questionnaire version was finalized after validation of its information and validity. A total of 450 questionnaires were distributed, with 404 valid responses collected, yielding an effective response rate of 89.78%. The data quality was satisfactory, meeting the sample size requirements and scientific standards for structural equation modeling analysis. Additionally, individuals with severe cognitive, psychiatric, or language communication impairments were excluded from the survey.

4.2 Variable Selection and Basic Analysis

Research variables include behavioral attitude (6 items), subjective norm (5 items), perceived behavioral control (5 items) and behavioral intention (1 item), all measured by a 5-point Likert scale. Descriptive statistics show the mean values of all variables are at the medium level of the scoring interval: behavioral attitude 3.27, subjective norm 3.168, perceived behavioral control 3.144, behavioral intention 2.84, reflecting weak insurance participation willingness despite generally positive cognitive evaluation. The standard deviation of each item is 0.646~0.952, indicating consistent cognitive evaluation among respondents; normality test shows the data conforms to normal distribution characteristics. Correlation analysis shows a significant positive correlation between all variables ($P < 0.01$), with the three antecedent variables all having a positive predictive effect on behavioral intention.

4.3 Reliability and Validity Analysis

Reliability analysis shows the Cronbach's α coefficient of behavioral attitude, subjective norm and perceived behavioral control are 0.897, 0.849 and 0.815 respectively, and the overall questionnaire's Cronbach's α coefficient is 0.945, all higher than 0.8, indicating good internal consistency. Validity analysis shows the questionnaire's KMO value is 0.956 and Bartlett's test of sphericity $P < 0.001$, suitable for exploratory factor analysis; the cumulative variance contribution rate of 3 extracted common factors is 67.352%, with good explanatory ability. Confirmatory factor analysis shows the scale has good convergent validity ($AVE > 0.5$, $CR > 0.7$, factor loading > 0.7). Multicollinearity analysis shows $VIF < 10$ and tolerance > 0.1 for all variables, with no serious multicollinearity problem, meeting the requirements of structural equation model analysis.

5 Empirical Analysis

5.1 Fitting of the Theory of Planned Behavior Model

As shown in Figure 2, this study constructs a structural equation model with the total score of each variable dimension as the observed variable. The model is a saturated model ($df=0$, $\chi^2=0$) with perfect fit; all fitting indicators are optimal ($RMR=0.000$, $GFI=1.000$, $AGFI=1.000$, $NFI=1.000$, $RFI=1.000$, $IFI=1.000$, $TLI=1.000$, $CFI=1.000$), indicating the TPB model fits the research data well and can be used for further path and effect analysis.

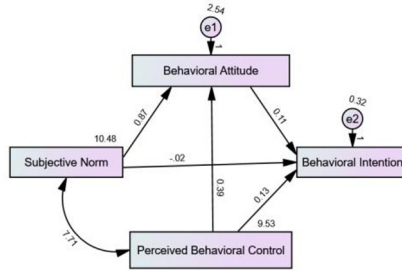


Fig. 2. Standardized Path Coefficients of the Theory of Planned Behavior Model for Long-term Care Insurance Demand

5.2 Basic Path Test

As shown in Table 1: behavioral attitude has a significant positive impact on behavioral intention ($P < 0.001$), supporting H1; the direct impact of subjective norm on behavioral intention is not significant ($P = 0.431$), rejecting H2; subjective norm has a significant positive impact on behavioral attitude (standardized coefficient 0.682, $P < 0.001$), supporting H3; perceived behavioral control has a significant positive impact on behavioral intention ($P < 0.001$), supporting H4; perceived behavioral control has a significant positive impact on behavioral attitude (standardized coefficient 0.288, $P < 0.001$), supporting H5.

Table 1. Path Coefficients of the Theory of Planned Behavior

Path	Estimate	S.E.	t	P Value	β
Behavioral Attitude ← Subjective Norm	0.874	0.041	21.285	***	0.682
Behavioral Attitude ← Perceived Behavioral Control	0.387	0.047	8.289	***	0.288
Behavioral Intention ← Behavioral Attitude	0.109	0.019	5.719	***	0.482
Behavioral Intention ← Perceived Behavioral Control	0.130	0.025	5.219	***	0.426
Behavioral Intention ← Subjective Norm	-0.021	0.027	-0.788	0.431	-0.072

5.3 Mediation Effect Analysis

To validate the mediating effect, this study employed standardized effect decomposition and Bootstrap method for testing, with 5,000 sampling iterations and a 95% confidence interval. As shown in Table 2, the standardized indirect effect of subjective norms on behavioral intention through behavioral attitude was 0.328, with a 95% confidence interval of [0.185, 0.492] excluding zero, indicating a significant mediating effect. Combined with the insignificant direct effect of subjective norms on behavioral intention (path coefficient: -0.072, p-value: 0.431), behavioral attitude fully mediates the relationship between subjective norms and behavioral intention. Perception behavior control demonstrated a standardized indirect effect of 0.139 on

behavioral intention through behavioral attitude (95% CI: [0.062,0.231]), showing a significant mediating effect. Coupled with its significant direct effect on behavioral intention (path coefficient: 0.426, p-value <0.001), behavioral attitude partially mediates the relationship between perception of behavior control and behavioral intention.

Table 2. Path Coefficients of Mediation Effects

Path	Standardized Point Estimate	BC 95% CI
Subjective Norm → Behavioral Attitude → Behavioral Intention	0.328	[0.185, 0.492]
Perceived Behavioral Control → Behavioral Attitude → Behavioral Intention	0.139	[0.062, 0.231]

6 Conclusion and Suggestions

6.1 Research Conclusion

Research data indicates that behavioral attitudes and perceived behavioral control directly influence willingness to participate in insurance programs. Subjective norms established by family members, communities, and government authorities cannot directly motivate elderly individuals to enroll in long-term care insurance. Instead, it is essential to first cultivate positive attitudes toward such insurance schemes among seniors, aligning with their psychological characteristics of "emotional identification + value recognition." Merely promoting policies through publicity campaigns proves insufficient to drive adoption. Furthermore, as a municipality directly under the central government, Chongqing Municipality demonstrates relatively low demand for long-term care insurance among elderly residents. This phenomenon may stem from significant urban-rural disparities, where rural populations not only exhibit lower insurance participation rates but also face challenges, including scarce nursing resources and heavy family caregiving burdens.

6.2 Policy Suggestions

First, from the perspective of behavioral attitudes, it is necessary to deepen cognitive cultivation and strengthen the intrinsic foundation of insurance participation willingness.^[6] Strengthen the transmission of value recognition, with a focus on promoting the core role of long-term care insurance in alleviating family caregiving burdens and ensuring quality of life in old age, thereby reversing resistance attitudes. Create experiential cognitive scenarios by facilitating nursing service experiences and sharing among insured elderly individuals, enabling them to intuitively perceive the value of long-term care insurance and fostering a proactive attitude toward enrollment.

Secondly, from the perspective of subjective norms, collaborative guidance needs to be strengthened to promote the transformation into positive attitudes and establish a family-community-government collaborative system.^[7] With family support for children at its core, communities should foster an insurance participation atmosphere, while governments should convey policy values, thereby creating a warm and cohesive guiding synergy. Cultivate grassroots publicity backbone personnel such as village community cadres and village doctors, and regularly conduct policy Q&A sessions to integrate external normative guidance into the daily lives of the elderly.

Finally, from the perspective of perceptual behavioral control, it is necessary to optimize objective conditions, reduce barriers to insurance enrollment and service utilization, establish a differentiated premium mechanism, and provide financial subsidies for rural and low-income elderly populations.^[8] Simplify the insurance enrollment process by establishing elderly-friendly service windows, providing on-site proxy services and online operational assistance to facilitate proximity-based and convenient processing. Addressing the shortage of nursing resources in rural areas, promoting service extension to villages and communities, establishing a home-community nursing network, and resolving the issue of elderly rural residents facing difficulties in accessing insurance coverage and services.

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