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On the motivations to purchase long-term care insurance: protecting bequest and unreliability of family care

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Abstract: Family considerations are known to influence the decision to buy long-term care (LTC) insurance. This paper uses a Swiss survey to identify the characteristics of individuals who are willing to purchase LTC insurance, either for reasons of protecting their children's bequest or because they cannot rely on family for care. First, it shows that the presence or absence of children plays an important role in the two motivations for buying LTC insurance. Second, it shows that men, those from the French-speaking part of Switzerland, and those with lower self-perceived health are more likely to buy LTC insurance because of the unreliability of family care. On the other hand, those with a higher self-perceived health and those with a right and center political orientation are more likely to buy LTC insurance for reasons of bequest protection. The results provide insights for designing more targeted strategies to promote LTC insurance.

Keywords: long-term care insurance; family care; bequest

1. Introduction

The global demographic shift toward an aging population has led to an increasing demand for long-term care (LTC), i.e. care for people who require assistance with activities of daily living (Ansah et al., 2014). This demographic trend entails the allocation of greater resources to finance LTC, and one potential avenue is LTC insurance (OECD, 2020a). While the uptake of LTC insurance varies across countries and individuals, its development is still limited even in the most mature insurance markets, such as Switzerland. Extensive research has explored the reasons for this low development and the decision not to purchase, including the issue of insurability of long-term risks, asymmetric information, pricing of LTC risks, biases in risk

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perception, and crowding out effects of public support (see e.g. Pestieau and Ponthières (2012)). Our work differs by exploring two important determinants of LTC insurance purchase that have been raised in previous works: the desire to protect children's bequests and the inability to rely on family members for future care. These motivations are of particular interest because LTC insurance decisions and family considerations are closely linked (Van Houtven et al., 2015), in contrast to most insurance models where the insurance purchaser is the only insurance beneficiary.

Pauly (1990) was the first to point out that LTC insurance protects policyholders from the depletion of their assets due to LTC expenses and thus the bequest available to children and relatives. This motivation stems from parental responsibility and emphasizes the intergenerational transfer of wealth when considering the purchase of LTC insurance. Those individuals with a bequest motive, i.e. willing to leave a bequest to their children, would value LTC insurance for a bequest protection motive (Lockwood, 2010). This is confirmed by various empirical papers whether related to the French market (Courbage and Roudaut, 2008), the U.S. market (Brown and Finkelstein, 2009), or Canadian data (Boyer et al., 2020).

In contrast, an individual's inability to rely on family members for future care has also been shown to be a strong determinant of the decision to buy LTC insurance, highlighting the changing dynamics of modern families and their impact on caregiving expectations. Factors such as smaller family sizes, increased geographic mobility (Joseph and Hallman, 1998), and the growing participation of women in the workforce have reduced the availability of family caregivers (OCDE 2011), leading individuals to consider LTC insurance as a means of ensuring adequate care. In this regard, Mellor (2001) shows, using U.S. data that individuals without living children are more likely to purchase LTC insurance, suggesting that individuals who cannot rely on family for care may be more inclined to seek insurance coverage for their LTC needs. This is supported by Costa-Font (2010) and Costa-Font and Courbage (2015), amongst others, using European data.

While the bequest protection motive and the unreliability of family care motive are well documented in the literature, much less is known about the characteristics of individuals who are willing to purchase LTC insurance for either one of these motives. Our paper attempts to fill this gap. This is an important concern because knowing the individual characteristics of the motivations to buy LTC insurance helps to identify those individuals who are more likely to buy and to target these individuals accordingly.

Our work is based on a unique, novel survey conducted in 2019 among approximately 1'000 individuals in Switzerland. The survey examines participants' behaviors and opinions about LTC and LTC insurance. We use generalized linear models to examine the determinants of the above motivations for purchasing LTC insurance.

We first show that having or not having children is indeed a strong driver of both motivations to buy LTC insurance. Those individuals with children are more likely to buy LTC insurance for the bequest protection motive. While those individuals who do not have children are more likely to buy LTC insurance due to lack of reliance on family care. Second, men, individuals from the French-speaking language region and those with lower self-perceived health are more likely to buy LTC insurance because of the unreliability of family care. While those with higher

self-perceived health, and those with right and center political orientation are more likely to buy LTC insurance for the bequest protection motive.

Our findings provide valuable insights for policymakers and insurance providers to develop more targeted strategies to promote LTC insurance, and therefore to ensure that a larger proportion of the aging population can be protected against the financial risks associated with LTC.

The article is organized as follows. Section 2 briefly presents the ways LTC is financed in Switzerland. Section 3 describes the database and the variables used. Section 4 presents the econometric analysis and the results. The final section provides a conclusion.

2. Financing LTC in Switzerland

The Federal State of Switzerland is divided into 26 cantons and has four official languages. The German-speaking region spans across 19 cantons, which make up over two-thirds of the Swiss population. In contrast, the French-speaking region consists of six cantons and comprises about 25% of the total Swiss population. Finally, nearly 8% of the population speaks Italian while Romansh is spoken by less than 1%.

LTC financing in Switzerland is a complex and multi-faceted system that depends on both public and private funding mechanisms at the federal and cantonal levels. The mandatory health insurance system (LAMal) covers a portion of costs for LTC services. This includes health care provided at home as well as nursing care received in retirement homes or nursing facilities. It is an important source of LTC financing, accounting for about 25% of LTC expenditures (European Commission, 2018).

A significant portion of LTC costs is borne by households, including expenses for household assistance, activity therapy, and board and lodging in nursing homes (Gentili et al. 2017). As a matter of fact, Switzerland has one of the highest rates of private financing for LTC costs among OECD countries with out-of-pocket expenditures accounting for about 40% of the total (OECD, 2020a). Individuals who cannot afford to pay for these expenses with their own assets or retirement income can turn to the national public old-age (AHV) and disability (IV) insurance programs or to social assistance programs run by municipal governments for additional financial aid.

As an additional source of funding, individuals can purchase supplementary health insurance or life insurance to cover additional LTC services and benefits. Such policies can vary significantly in terms of coverage and cost, depending on the insurance provider and the specific plan selected. While the market for LTC insurance in Switzerland remains relatively limited (European Commission, 2018), it may have potential appeal due to the aging population and the substantial out-of-pocket expenses for LTC incurred by individuals. The limited supply of insurance options and lack of demand-side knowledge hinder the individuals from adequately preparing for potential financial challenges during later stages of life. While Fuino et al. (2022) researched potential customers' interest in LTC insurance in Switzerland, the topic calls for a better understanding of the determinants of the motives to purchase LTC insurance.

3. Data and variables

3.1. Data

The research is based on a survey study conducted in Switzerland in February 2019 by a professional polling institute in German and French. The questionnaire covers various topics relevant for the financing of LTC. It is aimed at individuals aged between 40 and 65 who live in the German- and French-speaking language regions of Switzerland. The main part of the survey consists of four sections covering the respondents' family background, the provision of informal care, the perception of LTC risks, and preferences regarding LTC financing. In addition, the questionnaire includes questions about respondents' views on risk and the future in general, as well as their socio-demographic characteristics and occupational and economic circumstances.

The survey results represent a random, representative sample of 1'066 individuals. Special consideration was paid to ensuring an adequate number of participants with dependent parents and informal caregivers. To achieve this, a three-stage stratified sampling procedure was used, with the following distribution: one-third of the participants were individuals with dependent parents and who provided informal care; another third were individuals with dependent parents who did not provide informal care; and the final third were individuals with any dependent family member. Within each group, the sample was further stratified by gender (50% male and 50% female), age group (40% aged 40-49, 40% aged 50-59, and 20% aged 60-65) and language region (67% German-speaking and 33% French-speaking). The weighting of the second stratification closely reflected the population weights, except for the French-speaking linguistic region, which was over-represented.

Given the nature of our research question, we restrict our final sample to those respondents who are interested in buying LTC insurance. This leaves us with a total sample of 449 observations.

3.2. Dependent variables

The purpose of this research is to identify respondent characteristics associated with agreement with two statements about motivations for purchasing LTC insurance. The two statements are part of a five-statement question designed to explore the motivations that drive an individual's predisposition to purchase LTC insurance. These statements were presented to participants who had previously expressed an interest in purchasing LTC insurance. The question was as follows:

You have indicated that you would be interested in purchasing long-term care insurance. What are the motivations? For each of the following indicate your level of agreement.

If I became dependent …
(M1) I would be concerned about the financial consequences.
(M2) My savings would not be sufficient to cover the costs.

(M3) I would want to spare my family the burden of caring for me.
(M4) I could not rely on my family to help me.
(M5) I would protect my children's future inheritance by not having to pay for professional help at home or a stay in a nursing home.

Respondents indicated their level of agreement or disagreement with each statement on a five-point Likert scale, with the midpoint representing a neutral position. We consolidate the two disagreement and agreement levels into "disagree'' and "agree'', respectively, and keep the neutral level separated. While the survey covers all five motivations, this study focuses on (M4) and (M5) as these are the two main motivations for purchasing LTC insurance that have been identified in the literature as being related to family considerations.

By analyzing the responses to these two statements, the research aims to identify the characteristics that shape respondents' agreement with these motivations for purchasing LTC insurance, focusing on their perceptions of family support and their intention to secure their children's future inheritance.

3.3. Independent variables

In order to identify the respondent characteristics that significantly determine agreement with statements (M4) and (M5) above, we consider a range of factors categorized into socio-economic aspects, health and dependency factors, attitudes towards care funding and regional influences that may be related to the respondents' perceptions of family support and their intention to protect their children's future inheritance. In the descriptive statistics (see below), we included all variables, whether or not they were later selected in the regression analysis. This approach ensures a broad understanding of the range of factors considered in our analysis and provides valuable insights.

Socioeconomic factors serve as key indicators in profiling respondents, shedding light on their lifestyle, financial standing, and family structure. Factors considered include gender, age, marital status, employment status, education level, overall wealth, housing type, monthly income, and the presence of children. These determinants may directly or indirectly influence respondents' views on family support and securing their children's inheritance.

Health and dependency factors provide insight into respondents' current health status, exposure to dependent parents, concerns about future dependency, and their perceptions of their own probability of dependency. These factors may shape respondents' perceptions of family support and their ambitions to secure their children's financial futures.

The category of attitudes toward LTC financing captures respondents' views on who should bear the financial burden of care and their understanding of the costs involved. Specifically, we examine their perspectives on the roles of government, citizens, and insurers in financing LTC. Perceptions of the costs of professional care, another key factor, provide insight into respondents' understanding of the financial aspects of care services. In addition, we consider the respondent's political orientation, which may significantly shape these views. Taken

together, these variables could show how beliefs about financing care and awareness of costs might influence respondents' perceptions and decisions related to LTC.

Finally, regional factors, represented by the respondent's language region, may influence agreement with the statements. Indeed, regional differences in culture, in care provision schemes, and availability of support services may influence an individual's views on family support and inheritance protection.

More information on the independent variables considered as potential determinants and their brief description can be found in Table 1.

INSERT TABLE 1 HERE

3.4. Descriptive statistics

Tables 2 and 3 provide descriptive statistics for the dependent and independent variables, respectively. While a large majority of respondents, over 90%, agreed with (M1), (M2), and (M3), this percentage is lower for (M4) and (M5), with 57.06% of respondents agreeing with (M4) and 61.21% with (M5) (see Table 2). Motivations (M4) and (M5) have a balanced distribution of agreement and disagreement among respondents, providing a more diverse perspective than motivations (M1), (M2), and (M3), which have a substantial majority of agreement. The lower levels of agreement for (M4) and (M5) suggest that these motivations reflect less universally held beliefs about LTC insurance, revealing nuanced attitudes and preferences. In what follows, we focus on the sample of respondents with a clear opinion (see the right panel of Table 2), making the dependent variable binary.

Table 2
Statistics on the level of agreement for the motives (M1–M5) to buy LTC insurance.

	Overall sample							Respondents with a clear opinion				
	Disagree		Neutral		Agree		*N*	Disagree		Agree		*N*'
(M1)	3.79%	(17)	8.91%	(40)	87.31%	(392)	449	4.16%	(17)	95.84%	(392)	409
(M2)	7.57%	(34)	15.81%	(71)	76.61%	(344)	449	8.99%	(34)	91.01%	(344)	378
(M3)	7.80%	(35)	14.25%	(64)	77.95%	(350)	449	9.09%	(35)	90.91%	(350)	385
(M4)	31.85%	(143)	25.84%	(116)	42.32%	(190)	449	42.94%	(143)	57.06%	(190)	333
(M5)	30.07%	(135)	22.49%	(101)	47.44%	(213)	449	38.79%	(135)	61.21%	(213)	348

Note: The value N represents the total number of respondents for each motive (M). The value N' represents the reduced sample size (respondents with a clear opinion) for each motive.

Regarding the independent variables reported in Table 3, we note several patterns within the share of respondents who agreed with motives (M4) and (M5). For example, males showed a

higher rate of agreement (60.11%) than females (53.33%) with (M4). Similarly, respondents from the French-speaking language region showed a higher rate of agreement (63.83%) than their German-speaking counterparts (52.08%). The presence of children also seemed to influence respondents' views. Most respondents without children agreed with (M4), while most respondents with children agreed with (M5). Respondent's overall wealth also affected their agreement with (M4). Respondents with modest (64.44%) and below-average wealth (62.96%) were more likely to agree than those with above-average wealth (46.28%). Self-perceived health status was another influential factor. Respondents in poor health were more likely to agree with M4 (74.14%) while being less likely to agree with M5 (45.45%). Finally, political orientation appeared to influence respondents' views on (M5). Right-leaning respondents had a higher rate of agreement (72.82%) than those who identified as centrist (59.52%) or left-leaning (49.35%).

INSERT TABLE 3 HERE

4. Econometric analysis

4.1. Econometric specification

Given the binary nature ("agree" or "disagree") of the two response variables related to the motives (M4) and (M5), we consider generalized linear models (GLMs) to explore the determinants of the response. Formally, the regression models related to motive (M4) and (M5) are written as follows:

$$L_{kj} = \alpha_k + \sum_{i=1}^{n_k} \beta_{ki} X_{kij}$$

where L_{kj} is the logit link function for a respondent agreeing with a given statement (dependent variable related to the answer for M4 and M5). The index $k \in \{M_4, M_5\}$ identifies the specific logistic regression model and j indicates individual observations. The coefficient α_k is the intercept of the model, and β_{ki} is the coefficient for the i-th independent variable in the model. To build the model, we systematically analyzed all available variables (see Section 2.3) using the stepwise Akaike Information Criterion (AIC). The variable selection procedure allows to identify the most meaningful variables while minimizing the loss of information. More specifically, a variable is included in our model only if it decreases the value of the AIC. This method ensures that each selected variable improves the goodness-of-fit of the model without significantly increasing the risk of overfitting. Finally, the variables X_{kij}, $i = 1, \dots, n_k$, represent the significant independent variables retained by the selection procedure.

The model related to motive (M4) includes $n_{M_4} = 7$ variables: gender, attitude towards professional home care costs, self-perceived health, having children, language region, state's role

in financing of care, and overall wealth. For the (M5) model, $n_{M_5} = 3$ and the variables include having children, self-perceived health, and political orientation.

We test for multicollinearity among the independent variables. The generalized variance inflation factor (GVIF) is calculated for each variable, with all GVIF values falling between 1 and 2, indicating no significant multicollinearity problems in either of our models. Additionally, to account for neutral responses present in the original data, we run multinomial regression models for motivations (M4) and (M5). In these models, we use a three-level response variable (disagree, neutral, and agree) for the dependent variable, with neutral opinion as the reference level. Starting with the same set of variables as in the logit regressions, we use the AIC stepwise selection procedure to identify the variables to be retained. This approach confirms the consistency of our choice of variables in the logit regression models, even when we include neutral opinions in our analysis.

We treat all categorical variables, regardless of whether they were ordinal or nominal in nature, as nominal variables. This is because our primary interest is in comparing each level of the categorical variables to a specific reference level, rather than examining trends across ordered levels. While this approach does not account for the inherent order of ordinal variables, it does allow for a straightforward interpretation of the coefficients in terms of the odds of the outcome occurring at each level of the categorical variables compared to the reference level. This decision is guided by our specific research objectives and the exploratory nature of our research questions.

4.2. Empirical results

In Table 4, we present the estimated coefficients and significance levels for the two regression models related to motives (M4) and (M5) presented above.

Table 4
Results of the multivariate binomial model for motives (M4) and (M5).

	Model for (M4)	Model for (M5)
Gender: Male	0.418* (0.239)	
Presence of children: Yes	-0.562** (0.257)	1.761*** (0.257)
Language region: German-speaking	-0.807*** (0.262)	
Overall wealth: Below average	-0.683 (0.596)	
Overall wealth: Above average	0.080 (0.609)	
Overall wealth: Wealthy	0.108 (0.622)	
Self-perceived health: Average	-0.241 (0.271)	-0.020 (0.273)
Self-perceived health: Poor	0.796** (0.362)	-0.899** (0.349)
State's role in financing of care: Neutral	-1.651* (0.866)	
State's role in financing of care: Disagree	-0.103 (0.321)	
Attitude towards professional home care costs: 5-10k	0.200 (1.072)	
Attitude towards professional home care costs: < 5k	-0.400 (1.062)	
Attitude towards professional home care costs: Unknown	-0.880 (1.101)	

Political orientation: Center		0.602** (0.306)
Political orientation: Right		1.225*** (0.350)
Constant	1.393 (1.279)	-1.120*** (0.337)
Sample size *N*'	333	348

Note: The baseline levels are as follows: gender "female", presence of children "no", language region "French-speaking"; overall wealth "modest", self-perceived health "good"; attitude towards professional home care costs "10k", state's role in financing of care "agree", and political orientation "left". The significance levels are coded as follows: * $p<0.1$; ** $p<0.05$; *** $p<0.01$.

First, we observe that having children is a strong determinant of both motivations, but in opposite directions. Respondents without children are more likely to purchase LTC insurance for not being able to rely on family care than those with children. This is somewhat logical as children are the main source of family care and those without children are therefore less likely to rely on and receive family care. This suggests that parents may feel more dependent on their family, possibly because they expect support from their children. In contrast, individuals with children are more likely to buy LTC insurance for the purpose of protecting their estates. This finding highlights the tendency of respondents with children to protect the financial future of their offspring.

Another determinant of both motivations that also works in the opposite direction is self-perceived health. Respondents with poor self-perceived health are more likely to purchase LTC insurance because of the unreliability of family care than respondents with good self-perceived health. This may indicate a heightened awareness of potential care needs among those in poorer health and a concern that family alone may not be able to meet these needs. Conversely, respondents with good self-perceived health are more likely to buy LTC insurance for estate protection. This divergence in motivation may be due to their current positive health status, which may instill a sense of optimism and longevity. As a result, these individuals may foresee fewer immediate care needs and therefore focus on financial planning for their family's future.

Shifting the focus to (M4), we find that male respondents are more likely than females to purchase LTC insurance for not being able to rely on family care. This finding is surprising given that within couples, women are more likely to care for their partners than men (OECD, 2020b), which might suggest the opposite. Gender-specific factors may influence perceptions of future care needs. Respondents who believe that the state should pay for LTC are also more likely to buy LTC insurance because of the unreliability of family care. Publicly funded LTC may be seen as a substitute for family care.

Cultural factors also influence the motivation to buy LTC insurance due to the unreliability of family care motive. In particular, individuals from the French-speaking language region are more likely to buy LTC insurance for this reason than individuals from the German-speaking language region. This result may be related to the findings of Gentili et al. (2017), who show that individuals from Latin-speaking regions of Switzerland receive more formal care at home than individuals from the German-speaking language region. Thus, the purchase of LTC insurance would become a means to access these professional home care services.

Finally, political orientation is shown to drive the motivation to buy LTC insurance for the bequest protection motive. Respondents with right and center political orientations are more likely to buy LTC insurance for this motive. These respondents may have a stronger preference for individual responsibility and private insurance solutions over public or family support, reflecting their political beliefs. They may view LTC insurance as a reliable way to ensure the financial stability of their children without relying solely on government programs or personal savings. On the other hand, respondents with a left-leaning political orientation may be more inclined toward universal solutions, such as social support systems, which could reduce their perceived need for private LTC insurance as a bequest protection tool.

5. Conclusion

Previous research has shown that family considerations are a strong driver of LTC insurance decisions. This paper explores this issue further and uses an original Swiss survey to identify the characteristics of individuals who are willing to purchase LTC insurance for either a bequest protection motive or due to the unreliability of family care. Among respondents, about 61 percent report a willingness to buy LTC insurance for estate protection reasons, while about 57 percent report a willingness to buy because of the unreliability of family care.

Our first result shows the important role of having or not having children in driving the two motivations to buy LTC insurance. Those individuals with children are more likely to buy LTC insurance for the bequest protection motive. While those individuals who do not have children are more likely to buy LTC insurance due to non-reliance on family care.

Second, men, individuals from the French-speaking language region, and those with a lower self-perceived health are more likely to buy LTC insurance due to the unreliability of family care. While those with higher self-perceived health, and those with right and center political orientation are more likely to buy LTC insurance for the bequest protection motive.

The results offer insights for designing more targeted strategies to promote LTC insurance, particularly in Switzerland, as they allow for addressing the diverse needs of potential LTC insurance buyers. For example, according to our results, framing LTC insurance as a way to protect bequests to individuals with children, healthier individuals, or individuals with right- and center-leaning political orientations should encourage the uptake of LTC insurance. Similarly, framing LTC insurance to address the unreliability of family care for individuals without children, men, individuals with a low level of health, or living in the French-speaking language region of Switzerland would also support the demand for LTC insurance.

This study has several limitations. First, like much survey-based research, the data collected relies on self-reported responses, which introduces the possibility of response manipulation or self-report bias. Second, because the survey was administered only once, the results of this research lack a temporal dimension and primarily represent associations rather than causal relationships.

In the future, further research could delve deeper into the specific mechanisms by which the motivations to buy LTC insurance are influenced, as well as explore other potential factors that may influence the LTC insurance decision-making process. While our work is limited to

Switzerland, its conclusions could be extended to other countries. We hope that it will contribute to a better understanding of the complex factors that influence the decision to purchase LTC insurance and the role that family plays in that decision. By doing so, a larger proportion of the aging population can be protected against the financial risks associated with LTC, ultimately contributing to the well-being and quality of life of older adults worldwide.

Table 1
Summary of variables used and survey questions.

	Variable	Survey question / Attribute	Answers / built categories
	Socioeconomic factors		
1	Education level	What is your highest level of education?	Mandatory school, high school, and higher education
2	Monthly income	What is your monthly net income?	CHF ≤3000, 3001−5000, 5001−7000, 7001−9000, >9000, NA
3	Professional situation	What is your current employment status?	Retired, employed, other
4	Housing type	Concerning your main residence, are you…	Tenant, owner, other
5	Presence of children	Do you have a daughter and/or son?	Yes, no
6	Overall wealth	Considering all your household income and wealth, would you say that your household is rather…	In a modest / below average / above average / wealthy situation
7	Gender	You are a…	Male, female
8	Age	How old are you?	40–45, 46–50, 51–55, 56–60, 61–65
9	Marital status	What is your civil status?	Married/registered partnership, other
	Health and dependency Factors		
10	Concern for future dependance	How concerned are you that in old age you may have difficulty independent performance of one or more of the following activities bathing or showering, using the toilet, getting out of bed or going to bed, dressing, eating, walking 50 meters?	Concerned, not concerned
11	Probability of dependance	How likely do you think it is that you will lose your independence to carry out activities of daily living in the future? activities of daily living in the future?	Unlikely, likely, probably, very probable
12	Self-perceived health	How do you perceive your own health status in general?	Very bad, bad, fair, good, very good
13	Exposure to dependant parents	During the last 12 months, did any of your parents / in-laws have any difficulty to carry out independently a daily living activity (take a bath or a shower, go to the toilet, to get dressed…)?	Yes, no
	Attitudes towards LTC financing		
14	Attitude towards state's role in financing of care	It is the role of the State to plan and guarantee the financing of healthcare for the entire population through social insurance.	Disagree, neutral, agree
15	Attitude towards citizen's role in financing of care	It is the role of every citizen to supplement state funding of healthcare with his or her own resources, so that only in extreme situations of misfortune do we have to resort to state subsidies.	Disagree, neutral, agree
16	Attitude towards insurers' role in financing of care	It is the role of private insurers to offer insurance solutions that allow citizens to supplement state financing of care by taking advantage of the pooling of risks.	Disagree, neutral, agree
17	Attitude towards professional home care costs	In your opinion, what is the average monthly cost of professional home help?	CHF <5k, 5-10k, >10k, unknown
18	Attitude towards personal wealth participation in home care	If you became dependent, how much do you think you will have to pay out-of-pocket for LTC?	Nothing, little part, important part, almost all, don't know
	Other factors		
19	Political Orientation	What is your political alignment?	Left, Center, Right
20	Language region	The linguistic region of the respondent's place of residence	German-speaking, French-speaking

Table 3

Summary statistics on the level of agreement for the motives (M4) and (M5) to buy LTC insurance.

	Level of agreement			
	Motive (M4)		Motive (M5)	
Variable	%	(*n*)	%	(*n*)
Gender				
Male	60.11	(110)	63.19	(115)
Female	53.33	(80)	59.04	(98)
Marital status				
Married / Registered partnership	53.16	(101)	69.04	(136)
Other	62.24	(89)	50.99	(77)
Age				
40-49	51.18	(65)	65.71	(92)
50-59	64.84	(83)	55.73	(73)
60-69	53.85	(42)	62.34	(48)
Language region				
German-speaking	52.08	(100)	56.86	(116)
French-speaking	63.83	(90)	67.36	(97)
Presence of children				
Yes	53.11	(111)	74.45	(169)
No	63.71	(79)	36.36	(44)
Professional situation				
Employed	56.64	(145)	62.07	(162)
Retired	52.63	(20)	67.57	(25)
Other	64.10	(25)	52.00	(26)
Monthly income				
Modest	61.48	(75)	59.09	(78)
Below average	53.10	(60)	64.60	(73)
Above average	52.00	(26)	54.00	(27)
Wealthy	60.42	(29)	66.04	(35)
Overall wealth				
Modest	64.44	(58)	59.18	(58)
Below average	62.96	(68)	60.19	(65)
Above average	46.28	(56)	62.90	(78)
Wealthy	57.14	(8)	66.67	(12)
Housing type				
Renter	59.55	(131)	57.52	(130)
Owner	51.79	(58)	67.80	(80)
Other	100.00	(1)	75.00	(3)
Education level				
Mandatory school	56.25	(9)	60.00	(9)
High school	54.26	(102)	63.45	(125)
Higher education	61.24	(79)	58.09	(79)
Self-perceived health				
Poor	74.14	(43)	45.45	(25)
Average	53.70	(58)	64.23	(79)
Good	53.29	(89)	64.12	(109)
Concern for future dependence				
Not worried	55.25	(100)	63.83	(120)
Worried	59.21	(90)	58.13	(93)
Probability of dependence				
Improbable	48.72	(38)	56.16	(41)
Unlikely	56.25	(72)	69.57	(96)
Likely	58.33	(56)	55.77	(58)
Probable	77.42	(24)	54.55	(18)
Exposure to dependent parents				
Yes	57.58	(114)	60.68	(125)
No	56.30	(76)	61.97	(88)
Attitude towards personal wealth participation in home care				
No part	60.00	(6)	50.00	(4)
Small part	49.37	(39)	51.32	(39)
Considerable part	55.56	(80)	64.97	(102)
Big part	68.42	(39)	69.49	(41)
I don't know	60.47	(26)	56.25	(27)
Political orientation				
Left	55.70	(44)	49.35	(38)
Center	56.33	(89)	59.52	(100)
Right	59.38	(57)	72.82	(75)
Attitude towards state's role in financing of care				
Disagree	22.22	(2)	72.73	(8)
Neutral	55.56	(30)	54.39	(31)
Agree	58.52	(158)	62.14	(174)
Attitude towards citizen's role in financing of care				
Disagree	58.16	(57)	55.66	(59)
Neutral	59.22	(61)	59.65	(68)
Agree	54.55	(72)	67.19	(86)
Attitude towards insurers' role in financing of care				
Disagree	61.54	(32)	54.24	(32)
Neutral	54.64	(53)	55.10	(54)
Agree	57.07	(105)	66.49	(127)
Attitude towards professional home care costs				
<5k	52.87	(184)	59.24	(109)
5-10k	30.46	(106)	64.15	(68)
>10k	1.44	(5)	80.00	(4)
Unknown	15.23	(53)	60.38	(32)
Overall agreement	57.06	(190)	61.21	(213)
Sample size *N*'		(333)		(348)

Note: The level of agreement represents the number and share of respondents who agreed on the motive.

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