

Research on Behavioral Motivation of Experiential Consumption of Health Products in the Elderly

Ping ZHANG

School of Economics and Management, Shanghai University of Political Science and Law, Shanghai, China

Zhangpg09@163.com

Keywords: the elderly, experiential consumption of health products, imagined community, community pension

Abstract: The experiential consumption of health products in the elderly is a market transaction behavior triggered by health motives, and it is a social behavior driven by social motives. Due to the empty nesting of family structure, the alienation of neighbors, the shrinking social interaction, etc., the social and emotional comfort needs of the elderly are difficult to meet. Through the experiential consumption of health products, they can build their imagined community and expand their social network and emotional connection. From the perspective of the supply side, it reflects the lack of community care services for the elderly. It is necessary to improve the community's ability to serve the elderly, so that the daily needs of the elderly can return to the real community, and to enhance the elderly's sense of gain, while also effectively preventing the elderly from falling into the scam of experiencing consumption of health products.

1. Introduction

For a period of time, experience consumption in health products stores for the elderly has developed into a group activity, and there are many cases of falling into consumer scams. The elderly suffered economic losses and also suffered serious physical and mental health. This leads to deep thinking: What is the motivation that leads to the experiential consumption of health products for the elderly? Under the background of the country's active development of community care for the elderly in the new era, behind the fact that the elderly are keen to experience consumption of health products and even fall into a scam, does it reflect the real problems of insufficient community care services and the lack of sense of gain for the elderly?

Reviewing the existing literature, it is found that most studies on the consumption behavior of health products for the elderly remain at the economic level. They regard consumption as the process of economic activities to obtain goods and services, and from the perspective of "economic man", consider that the elderly's consumption of health care products has the characteristics of blind obedience and irrationality; however, the occurrence of consumer behavior is not entirely the result of market relations. The market theory of new economic sociology believes that any role relationship and behavior are embedded in a specific social structure and environment. Therefore, it is necessary to embed the health product consumption behavior of the elderly in the social environment from the perspective of "social people", and explore the behavioral motivation of the elderly health product experiential consumption, in order to find a universal prescription that can not only enhance the elderly's sense of gain, but also effectively prevent the elderly from falling into health products scams. This is the purpose of the article.

2. The Demand Characteristics of the Chinese Elderly in the New Era and the Interpretation of Their Experiential Consumption Behavior of Health Products

2.1. The Characteristics of the Needs of the Elderly and the Current Situation of Satisfaction

The elderly population in the new era tends to focus on the quality of life and the spiritual and cultural needs. As the elderly grow older and decline in physical function, they are susceptible to

diseases. They have a strong desire for health care and are more likely to be induced to buy health care products. On the other hand, the social circle of the elderly after retirement has shrunk, their leisure time increases, and they are prone to emptiness and loneliness, and so they need social and spiritual comfort and emotional support. It has been proved that the spiritual pleasure, spiritual comfort and satisfaction brought by social interaction have an irreplaceable effect on improving the quality of life of the elderly in their later years. However, from the perspective of supply, the family structure's declining birthrate, empty nesting, and separation of intergenerational residence have weakened the function of family care for the elderly. In addition, factors such as the disintegration of the unit system, the reform of the housing system, and the lagging of community construction have resulted in the limited ability of the community to serve the elderly, and it is difficult for the elderly to meet their daily health care, social and spiritual needs. These unsatisfied needs have become the internal force that drives the elderly to experience health care products, and also provide a breakthrough for the intervention of health care products merchants.

2.2. Constructing an Imagined Community Based on Consumption: an Explanation of the Experiential Consumption Behavior of Health Products for the Elderly^[1]

Imagined community is proposed by Benedict Anderson who pay attention to the construction of imagined community from the perspective of nationalism. Benedict Anderson believes that the nation, through the construction of various imaginative factors, shapes the common space and boundary of imagination, and constructs the spatial discourse system of "us" and "them."^[2] Initially, Anderson's concept of imaginary community was used to explain the construction of nation and state. Later, related research was gradually applied to community research such as communities, emphasizing the imaginary representation of specific groups.^[3]

The imagined community is not a virtual community, but a process of relationship construction for modern communities.^[4] In the traditional community, the connections between people based on blood, industry, geography and common values are very stable.^[5] With the rise of the market economy and the development of social technology, the original connections, communication and trust between people begin shrinking. People try to reproduce the imagination of community space and social relations through consumption, form an imagined community composed of specific needs, interests, or target groups, increase social capital, and promote social interactions between people. They do not have a common area, but they have a common participation behavior, a sense of identity and a sense of belonging.

For the relationship between neighbors is estranged, the older people's communication is limited in modern communities. Therefore, the experiential consumption of health products replaces the original connection and becomes the link to build an imagined community. The elderly can use this to expand their communication network and emotional connection. In the eyes of the elderly, the experience center set up by health care products merchants for the sale of health care products is not only a place for the experience of health care products, but also a social space where you can chat, talk and exchange emotions. The common needs of "health, health care", and the consistent actions of health experience activities become the internal elements and bonds of imaginative community construction, which promotes the sharing of life and emotions among the elderly, and obtains their own inner satisfaction and spiritual comfort. The old people depend on each other and are needed in the imagined community, and develop a sense of identity with the imagined community. Those health product salesmen who are "closer than their loved ones" undoubtedly act as liaisons and organizers of the imagined community. Therefore, the consumption behavior of health care products can be interpreted as the result driven by two aspects of demand motivation. One is driven by health care motives which hope health products will bring good health. The second is affected by social and spiritual comfort motives, while experiencing consumption of health products, it also carries out the production of imagined community and social interaction which bring pleasure and satisfaction to the old. This conclusion just explains the irrational behavior why the old people still want to buy the health products even if knowing its high price.

The interpretation of the imagined community theory on the experiential consumption behavior of health care products provides constructive ideas for reflecting on the lack of services for the elderly in the real community and improving the ability of the community to serve the elderly.

3. Imagined Community: a Sign of the Lack of Service Capacity for the Elderly in Reality Community--a Case Study

In order to further analyze the experience consumption behavior of health products, this article takes a physiotherapy experience center (hereinafter referred to as the "experience center") in T County, southern Anhui as the object for case analysis. The experience center is a place temporarily rented by merchants to experience and sell physiotherapy equipment. It is located in a residential house not facing the street, about 50 square meters, with more than 30 physiotherapy equipment for experience. Every day, 9:00-15: 00, the elderly are organized to sing health songs, take health training classes, and try physical therapy equipment. The effect of physiotherapy is introduced by the merchant that "it is very good, and all diseases can be cured." In addition to physiotherapy products, some kind of health capsules are sold for a few days a month. This kind of capsule, in the words of the merchant, "needs to book in advance, not to buy it at other times." Because the researcher's relatives are frequent visitors to the experience center and have purchased the physiotherapy equipment and health capsules ,the researcher followed their relatives to the experience center, interviewed 25 old people who participated in the experience activities, and also inspected the residential communities of these elderly people. Some common features are found in the old-age care environment and the supply of community old-age services.

3.1. Common Features of the Elderly and Their Needs

The common features mainly include the following aspects:

Firstly, the elderly interviewed have a strong desire for health care due to chronic diseases. They are all under 75 years old, most of them are the younger elderly who have good self-care ability, but all have chronic diseases. Therefore, they are more concerned about their health, and hope that health products can treat their physical diseases, which is the initial motivation for their experience consumption behavior. In the old man's own words, "In fact, we just want to live a few more years, and don't want to leave the world too early because our living conditions are better." Health care products merchants have captured the "pain points" of these elderly people who are sick and old, and have the desire for health and longevity.

Secondly, the elderly interviewed basically come from empty-nesting families and have a clear desire for emotional comfort. They have been living alone for a long time, with little care from their families, so they need other spiritual comfort. The experience space provided by the experience center for promoting the sales of health products and the value-added services "like relatives" fit the elderly's emotional needs. The elderly themselves also said: "The old people are too lonely! we know that health products are not necessarily effective, but salesmen are closer than our relatives, we are embarrassed if we not to buy their products." Therefore, for these people, what they buy is not only health products, but also "good medicine" to relieve their loneliness.

Thirdly, the elderly have relatively high income and their social needs play a leading role. These old people have pension income, which are above the middle level in the local area. Some of them also have income from their children. There is a lot of surplus in addition to meeting their daily expenses. For these elderly people who are "not short of money", the experience center is not only to experience the product, but also a social space where they can chat and talk, engage in social interactions, and ease emotions. "The pleasure and satisfaction brought by social interaction" make them believe that what they buy in the experience center is not only the health products themselves, but also the consumption of social space.

3.2. Common Characteristics of the Community Where the Elderly Live

The reality community is based on a certain region, and it is the main space for the elderly to live and socialize, as well as an important carrier and basic unit of social governance. In theory, the

elderly live in the community and are familiar with the community environment. The first choice for the elderly to meet their daily needs should be in the community. Behind the establishment of imaginary communities for the elderly to meet social needs, it is necessary to analyze the situation of the community serving the elderly from the supply side.

After visiting the communities where the elderly live, some common problems have been found.

First, there is a shortage of community fitness space and supporting facilities for the elderly. A good community can enhance neighborhood communication, reduce loneliness and enhance the sense of security and belonging in the community. For the elderly, the fitness space and facilities for the elderly provided by the community are safer and more flexible and convenient to use than those outside. After visiting the communities where the elderly live, it is found that the shortage of fitness space and supporting facilities for the elderly is a coexistence problem. There are only a few simple, general-purpose fitness equipment, no activity center or activity room for the elderly. Some public spaces in the community are zoned as parking spaces, and space for elderly activities is scarce. An old man living in a unit-based community complained: "There are 20-30 households living in our unit where no other facilities for the elderly except for a few general-purpose fitness equipment for adults. The open space where square-dancing used to be is occupied by private cars. Nowadays, the activities of the elderly in the community are just walking around buildings, or standing in groups and chatting". "The lack of fitness space and supporting facilities" makes it difficult for the elderly to do some activities and establish their social network, and it is difficult to meet their daily needs.

Second, community support is lacking and medical care and spiritual comfort services are hard to supply. Community support has a protective effect on the self-rated health of the elderly.^[6] T county, located in southern Anhui province, is a poverty-stricken county in China. Due to the weak financial resources of the government, the community supporting system for the elderly has not yet been established. Some elderly people complained: "I don't know the community staff, nor do they visit me, and I haven't been notified to participate in community activities." When asked "If there are chat rooms and fitness centers in the community, would you still go to the experience center?" The answer is: "Most likely not going there anymore! The main reason to go there is that many elderly people gather there, take health classes and chat together, pass the day happily! "

At last, the neighbourhood relations in the community is estranged and there is little communication among the elderly. Neighbourhood relations are the main interpersonal relations in the community. Good neighbourhood relations can meet the needs of the elderly for social and emotional comfort and improve their physical and mental health. From the interviews with 25 elderly people, the interaction of the elderly in the community is very limited. The people is familiar with each other, but they only meet to "nod", "greet", and "hardly stop by." The estrangement of neighborhood relationships in the community makes the elderly poor communication, and the lack of supporting services for elderly in T County, so it is difficult for the elderly to satisfy the social and emotional comfort needs in the community, and they tend to be empty and lonely. The sense of belonging is not strong. This also provides health products merchants with an opportunity, and by the salesman's family-like marketing methods, it is not a case of old people being deceived.

4. Conclusion

With the life of the elderly continue to improve, their needs tend to be diversified in the new era. The experiential consumption of health products in the elderly is a market transaction behavior triggered by health motives, and it is a social behavior driven by social motives. factors such as the shortage of community fitness space and supporting facilities for the elderly, lack of community supporting pension services, and the alienation of neighborhood relations have restricted the ability of community elderly care services. it is difficult for the elderly to meet their daily needs through community elderly care. The construction of an imagined community by the elderly based on the consumption of health products is a sign of the lack of ability to provide services for the elderly in the reality community.

The community is the home of the elderly and it has a natural geographical advantage in meeting the daily needs of the elderly. The effective way to strengthen the ability of the reality community

to serve the elderly, so that the daily needs of the elderly can be satisfied, the imagined community is no longer depended on and the health care scams can be avoided falling into.

To improve the ability of the reality community to serve the elderly, some measures should be taken such as constructing a diverse and coordinated community elderly care service support system, speeding up the construction of elderly service infrastructure, introducing social forces to improve service efficiency and quality, etc.

Acknowledgements

Fund Project: The phased results of the general project of the National Social Science Fund "Research on the Social Capital Investment Return Mechanism of the PPP Model of Pension Services" (17BGL192).

References

- [1] Wenjie Yu, Zhongyu Zheng. "Constructing an imaginary community based on consumption—a study on a certain elderly health care product consumer group and its behavior". *Sociological Review*, no.1, pp.80-92, 2018.
- [2] Anderson B. *Imagined Communities: Reflections on the Origin and Spread of Nationalism*, London: Verso Books, 1996, pp.21-23.
- [3] Gill V. *Imagined Geographies: Geographical knowledges of self and other in everyday life*, Cambridge: Polity Press, 1999, pp.47-62.
- [4] Gregory D. *Imaginative geographies*, Oxford: Black-well, 2009, pp.369-371.
- [5] Harvey D. "The sociological and geographical imaginations". *International Journal of Politics, Culture, and Society*, vol.18, no.3, pp.211-255, 2005.
- [6] Yushan Yu, Li Ma, Jun Lei. The correlation between community support and self-evaluated health effects of the elderly. *Chinese Journal of Gerontology*, no.1, pp.210-212, 2019.