

Senior's Life in Rural China

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Introduction

The life-quality in rural China is declining as focus is increasingly on urban development. Young people are migrating to cities, leaving old persons behind to shoulder a growing economic burden [2, 3], working the land and taking care of their grandchildren. This burden has increased as taxes have risen, crop prices have fallen, and government subsidies for education and health care have declined [5, 6].

While the urban/rural per capita income ratio is lower than 1.50 in most countries [7], China's nominal urban/ rural per capita income ratio has increased from 2.20 in 1990 to 3.11 in 2002 [8]. The latest study showed that the urban-rural income gap was responsible for about 40 percent of the total income inequality in 2002 [9]. The income gaps between city folk and peasants could form the basis for political instability [10 -12]. Wen Tiejun, a renowned Chinese scholar, told a 2001 forum at Beijing University that, since 1999, rural protests had been more frequent and larger than city actions. In 2000, the Chinese government acknowledged that rural unrest was the biggest threat to social order [13].

China's current process of modernization is occurring within a highly dynamic, market-driven sector, more in coastal than in inland provinces and regions. Rural areas have benefited from modernization mainly by their proximity to urban centers [14]. Meanwhile, China's agricultural system is suffering from poor technology and planning, and environmental degradation [15]. The past year saw a 9% fall in grain output due to drought and a decrease in the land area used to plant grain. Although harder to document, many observers believe that farmers have also suffered due to government corruption and greed, taxes, and extra fees [16,17].

Seniors in rural China are becoming vulnerable and isolated while their life expectancy has increased. Although the current elderly (65+) population is not

high with 6.96 percent in 2000 [8], China is seeing rapid population aging and will become an aging society by 2050 [18 - 20]. Due to large-scale youth exit, rural China faces a more serious challenge of aging than urban areas even with a high fertility rate.

Safety-nets cater mainly to those who live in towns and cities. The welfare program is meager [21,22]. Pensions were introduced in rural China only in 1991 [23] and there exist institutionalized forms of exclusion to the disadvantage of rural residents [24]. By the end of 2003, out of 807.39 million (2000 Census number) rural population, only 54.28 million [25] had under-written the old-age insurance program, with coverage rate of only 6.72 percent. By contrast, in 2002, the basic pension system covered 45 percent of the urban workforce [26]. For the rural poor, any saving is used to offset personal calamities, not for old age [23, 27]. The poorest are often left without any safety net and must rely upon family members and their children for security in old age [28-31]. Thus, poverty is still, to a large degree, a rural issue. A World Bank report indicated that as of the end of 1998, some 106 million Chinese lived below the stringent poverty line, and the vast majority was rural residents who comprised 11.5 percent of China's rural population [32].

Although there are considerable numbers of studies of rural poverty and urban-rural income disparities in China [33, 34, 7], the quality of life of rural seniors is still in need of research [35, 36, 30, 37-40]. Existing studies have shown that health status, social and economic status, and quality of life are closely related [41, 42, 38]. However, the life quality of the elderly outside of the Western developed world has received surprisingly little examination [40].

How do current reforms in China influence seniors? What role social and economic status play in the quality of life of the seniors? Do seniors in the countryside display different attitudes about the quality of their lives? What are their biggest concerns? These are the questions to be investigated in this study.

The Current Study

This study by Jiang, Tessler and Li [1] took place in Anhui Province, which has a population of about 63 million people [8], of whom over 50 million are engaged in agriculture. Anhui is located in Eastern China where impressive economic gains are being made in urban centers, while farmers in the countryside continue to use water buffalo and wooden plows to till their fields. In this study, we contrast farming with other vocations that are more typical of urban living.

Whereas the conceptualization of occupation is fairly straightforward, defining and measuring quality of life is more complex. Quality of life is an overall judgment composed of many specific judgments. What a person believes to be true about his or her life is not necessarily the same as how an independent observer might evaluate the situation. But, for our purposes, the individual's own assessments are all that matters.

Historically, China's occupational system has been highly stratified by education [43]. Peasants in the countryside not only have markedly less education than urban dwellers, but many who are now over 60 years of age have no formal education at all. These uneducated rural dwellers also have the lowest per capita income. In contrast are the occupations found more frequently in towns and cities such as workers, clerks, doctors, teachers, and cadres. Many of these have been able to retire, are receiving pensions, and are enjoying the conveniences of urban living in a developing economy.

We have chosen to consider self-assessed physical health as an independent risk factor for a compromised quality of life rather than as part of the definition of quality of life. This allows us to ascertain whether any occupational differences in quality of life are themselves due to perceived health status or, alternatively, whether the negative effects of poor health are independent of occupational history. Along with physical health, we also consider as predictors of quality of life whether an elderly person is married or widowed, how much formal education the individual has received, and whether the elder is living with or nearby an adult son or daughter.

Methodology

The study on which this article is based is the first of a series of bi-annual surveys of the elderly population of Anhui Province under the direction of Prof. Jiang Chuanhe of Social Work and Sociology at Anhui Agricultural University in Hefei. Every two years Professor Jiang trains his students as data

collectors and sends them home during the Spring Festival and May Day holidays with copies of a structured questionnaire to interview their grandparents and others of their grandparents' generation. In the year 2000 survey, 57 of his students interviewed a total of 930 persons. This is a large, diverse sample to approximate the total population of interest. In designing the interview protocol, Professor Jiang reviewed measures of quality of life, including scales used in the U.S. and Western Europe [44], and within China [27]. The product is a culturally appropriate synthesis of 55 questions tailored for seniors in Anhui Province.

Independent Variables: The independent variables included occupation before retiring, physical health status, and social background. For occupation, respondents chose among categories that included farmer, worker, clerk, teacher or doctor, and cadre.

The following background variables were also included in the instrument: age, gender, education, marital status and distance to nearest child. Distance included the following response categories: in the same family, in the same village or street, in the same town or district, in the same county or city, and outside the county or city of where the respondent's nearest child was living. In some analyses, we contrast living in the same family with other distances. We constructed three indices of physical health status. The first focused on sensory health, and included questions about the condition of the ears, eyesight, smelling ability, and taste. A second index focused on major systems of the body including the torso, digestive system, breathing system, the urological and reproductive systems, the internal secretion system, the neurological system, and the heart. A third index of physical health was constructed based on several items covering activities of daily living including appetite; sleep; daily dressing; going to the bathroom; and taking baths or showers. This index is referred to as Self-Sufficiency.

Dependent Variable: The key dependent variable in this analysis is "*quality of life*." The Quality of Life index was composed of the following seven items and response categories, re-coded from the original so that high scores equal higher quality of life: general evaluation of psychological situation; attitude toward psychological health situation; attitude toward financial situation; attitude toward degree of convenience in life; attitude toward children's filial obedience; attitude toward relatives' and neighbors' respect for you; and attitude toward children's work and life. In addition to

the quantitative indicators of life quality, we also examine qualitative data pertaining to respondents' main worries and concerns.

Results

For this condensed article, we use only partial results (Table 4 in the original presentation). It breaks down the Quality of Life Index into 7 separate items and depicts the items' means for each vocation. All comparisons except for "respect" are highly significant. Farmers reported the lowest scores for every component of quality of life. The strongest association is for "attitude toward financial situation"; where there is a .43 difference between the farmers and the cadres who are the most satisfied with their financial situation. The difference between cadres and farmers for "children's obedience" is nearly as strong; cadres report

scores .31 higher than farmers. Farmers are much less satisfied with their children's work and life than the cadres (there is a .25 difference), and their scores on convenience are much lower than all other vocations, but especially in comparison with the professionals. In respect to "attitude toward psychological health," professionals report the highest satisfaction and farmers report the lowest. It is notable as well that for each component of quality of life, either the professionals or the cadres have the highest scores.

Table 1. Quality of Life Components and Summary for Each Vocation

Dependent Variables	Farmer Worker		Clerk Professional		Cadre		F -ratio
N=555 N= number of people.	N=137	N=64	N=65	N=109			
General Psychological	2.37 (.627)	2.51 (.530)	2.40 (.526)	2.58 (.556)	2.53 (.554)	3.93**	cal Evaluation (mean)
1=poor, 3=very good							
Psychological Health (mean)		2.21 (.750)	2.29 (.719)	2.42 (.662)	2.43 (.684)	2.39 (.667)	3.30*
1=worried, 3=satisfied							
Financial Situation (mean)		2.45 (.713)	2.66 (.599)	2.72 (.576)	2.72 (.545)	2.87 (.387)	13.20***
1=difficult, 3=is OK							
Convenience in Life (mean)		2.37 (.657)	2.52 (.631)	2.41 (.610)	2.57 (.558)	2.55 (.616)	3.74**
1=inconvenient, 3=convenient							
Children's Obedience (mean)		2.31 (.688)	2.44 (.674)	2.39 (.657)	2.58 (.527)	2.61 (.622)	6.75***
1=dissatisfied, 3=satisfied							
Respect (mean)		2.48 (.602)	2.55 (.568)	2.48 (.617)	2.54 (.639)	2.60 (.563)	1.14
1=terrible, 3=satisfied							
Children's Work and Life (mean)	2.32 (.533)	2.42 (.599)	2.48 (.599)	2.54 (.599)	2.57 (.599)	4.38**	and Life (mean) (.751) (.638) (.642)
1=dissatisfied, 3=satisfied							
Quality of Life (over-summary/mean)	2.36 (.436)	2.48 (.378)	2.47 (.405)	2.57 (.354)	2.59 (.360)	10.91***	all higher scores = better quality of life

*p <<.05, **p <<.01, ***p <<.001 p=probability that the difference occurred by chance. Thus, for example, a difference of less than 5 out of 100 (p<<.05) is unlikely to have occurred by chance, and may therefore be considered to be a real difference. Differences for p<<.01 and p<<.001 are even more statistically significant.

The last row in Table 1 highlights the differences in quality of life overall, indicated by the summary index, as a function of occupational history. The results are quite significant, and again it is the farmers who report the lowest quality of life. Professionals and cadres report the most satisfaction with their lives.

We also calculated a number of regression equations with various combinations of independent variables. The regressions reveal that the occupational effects on quality of life are robust. That is, the relative disadvantage of farmers and workers compared to all other occupational strata, as well as the relative advantage of professionals and cadre, remain significant controlling for numerous other variables. Among the control variables that were significant in their own right are health status, education, marriage, and co-residence. Better health, more education, having a spouse, and/or living with an adult son or daughter, all increase scores on the summary index of quality of life.

We also analyzed open ended data about respondents' main concerns and worries. These responses, recorded in the respondents' own words, were sorted among several categories. A first set concerned concerns directed at the self or spouse, including health, death, and dying; micro-economics such as money, work, and housing; and social relationships. The second set of codes was directed at responses about adult children, including their health; their micro-economics, including education; and their social relationships, e.g. marriage and divorce. The remaining codes covered concerns about grandchildren's education, work, marriage, housing; concerns having to do with community; and lastly concerns with the nation or world.

A random selection of the expressed worries of elderly farmers, in their own words, shows the following types of concerns.

(It is hard to walk.) (I am still recovering from an operation.) (I worry how long can I live.) (How can I die without pain?) (My spouse's health is not good.) (I am very poor.) (The farm work is overwhelming me.) (I think about being

cremated when I die.) (I worry about the harvest.) (I have a conflict with my daughter-in-law.) (My son is not obedient.) (I bicker with my spouse.) (I want to re-marry but my children oppose it.) (I don't often see my children.) (My husband has a lot of bad habits.) (My son hurt his leg and as a result now has trouble getting around.) (My daughter died some time ago due to a terrible illness.) (My oldest son was laid off from his job.) (My youngest son is unemployed; there is no job for him.) (I worry about my youngest son's marriage.) (My son is recently divorced.) (My son does not think for himself; his wife makes all the decisions.) (My wife and I quarrel a lot with our son.) (My daughter-in-law only thinks of herself; she is very selfish.) (My oldest grandson is having trouble finding a job.) (I worry whether my grandson will pass the college entrance examination.) (My grandson met a sudden death.) (I feel a lot of pressure from taxes which are too high.) (Being a farmer is too burdensome; the load is too heavy.) (I don't like how I am treated by the doctors and nurses when I go to the hospital.)

Among such concerns in the total sample of seniors, the most prevalent were: own social relationships (25 percent); own health, death, or dying (22 percent); and micro-economics (17 percent). Respondents also expressed a fair amount of concern over their adult children's micro-economics (16 percent); and social relationships (10 percent). Except for being concerned with things outside the family, the pattern of worries for farmers, workers, and clerks was not significantly different than the pattern for professional and cadres. Professionals and cadres were more often concerned with community and world events.

Discussion

Although we have highlighted the differences in quality of life between farmers, workers, and clerks on one end, and professionals and cadres on the other, the similarities in health status and life quality are also impressive. Most respondents, regardless of occupation, rated their health as fair to good, and only about one-quarter in each group cited health as their main worry.

Loss of spouse is a major disruption in all of their lives. And, in a society not known for psychological sophistication, many nonetheless include psychological health as a problem and cite tension in social relationships, as well as loneliness, as major concerns.

This is not to say that there were no significant differences in quality of life traceable to occupational history. Seniors from the lower strata were disadvantaged educationally, as indicated by a low rate of literacy, and socially, as indicated by a high rate of widowhood. The only advantage that we could discern in their lives was a higher propensity to have a relative living nearby. But kinship proximity was also associated with friction in social relationships, and for this reason may not always have been advantageous. Of all of the occupational groups, farmers complained most about filial obedience, and about children's work and life.

On a number of items, the conclusion that seniors from the higher occupational strata have better lives is inescapable. The finances of professionals and cadres are much more secure. Their moods are better. Their surroundings are healthier, safer, and daily activities are more convenient. The differences discerned across the occupational strata in education and marital status are additive with those in quality of life. For seniors in the countryside, they add up to lives that are harder and more limited in opportunity. The only exception to these generalizations is that occupational stratification was not associated with physical health. This may be due to selective survival, whereby the socio-economic differences in health narrow in older groups because a disproportionate number exposed to the most stress have already died, leaving behind only the more resilient members. The relatively higher rate of widowhood among the farmers

suggests that the harsh conditions of life have already taken their toll on health and mortality. Thus, it would probably be wrong to infer from these data that conditions in the countryside are just as health promoting as conditions in the cities. We know from much related research that socio-economic status can play an important role in the health of older persons by limiting the length and severity of acute and some chronic conditions and by alleviating pain or discomfort [45].

While the proportion of elderly (65+) of the Chinese population is not very high currently, with 6.96 percent in 2000 [8], China is seeing rapid population aging and will become an aging society by 2050 [18 - 20]. While the fertility rate in rural China is much higher than that in urban areas, mainly due to large-scale rural-urban migration with the majority of migrants being youth, rural China faces more serious challenge of aging than urban areas. Thus, rural China is simultaneously challenged by both economic and demographic (age structure) transitions. Almost no other countries in the world face the same set of poverty and aging problems that are besetting rural China.

The results of this study need to be interpreted in the context of macro economic forces and reforms which have benefited seniors in the cities much more than they have benefited seniors in the countryside. The lower quality of life available to seniors in the countryside mirrors the cumulative impact of a lifetime of economic disadvantage and occupational stress aggravated by illiteracy and lower life expectancy. In contrast, the economic situation of senior's life in the cities is providing many of them with pensions, a rising standard of living, and a basis for optimism about the future.

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