

# Examining Rural Social Security Situation in Xing County, Shanxi Province from a Realistic Perspective

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**Abstract.** Social security is a systematic project related to the well-being of people's livelihood and the long-term stability of the country. Social security refers to the social security system in which the state and society distribute and redistribute the national income through legislation and guarantee the basic life rights of social members, especially people with special difficulties. The essence of social security is to maintain social equity and promote social stability and development. According to the constitution of the people's Republic of China, "citizens of the people's Republic of China have the right to receive material assistance from the state and society in the event of old age, illness or incapacity to work." Generally speaking, social security consists of social insurance, social relief, social welfare, preferential treatment and resettlement. Social insurance is the core of social security. At present, China's social security system is in the stage of rapid growth and development. For social security groups, it can be divided into urban residents' social security system and rural social security system, as well as the social security problems for college students. This survey is mainly an investigation activity focusing on rural social security under the background of the national implementation of the Rural Revitalization Strategy and the purpose of contributing to the construction of a beautiful countryside. The main aspects of the survey are pension and medical care.

**Keywords:** social security, pension and medical care, insurance

## 1. Introduction

Since the second half of 2009, China has launched the pilot of new rural social endowment insurance, which is now in full swing across the country. By the end of 2011, a total of 358 million rural residents had been insured, and 89.22 million old people began to enjoy pension benefits, basically realizing the full coverage of the system for all rural residents.[1]Xing County is an old revolutionary base area and also a poor mountainous area. At the beginning of the 21st century, Xing County was listed as the first of 35 poverty-stricken counties supported by the state in Shanxi Province. As of 2011, the population of Xing County was 281,200. As a state-level poverty-stricken County in Shanxi Province, in recent years, Xing County has adhered to the overall plan of economic and social development through poverty alleviation. It has continuously promoted the "three major challenges" and strived to achieve the "three leapfrog", overcome difficulties, forge ahead, and made steady progress in various undertakings. [2] Based on the reality of rural social security with difficult access to medical care and old-age care, the investigation of rural social security system in Xing County is of great significance in Shanxi Province under the background of fighting against poverty.

## 2. General Situation of Pension and Medical Care in Xing County

### 2.1 General Situation of Pension

Through the introduction of Director Liu of the Bureau of Civil Affairs, we learned that Xing County has a special system for the collection of old-age Insurance, and will sign a power of attorney to charge and deduct fees. The endowment insurance premium ranges from 100 yuan to 2,000 yuan. After retirement, there is 30 yuan subsidy, which will be collected by age groups. Generally, each person will receive around 1,000 yuan per year. The rural old-age insurance still has the problems of low level and little subsidy. The nursing institutions in Xing County are mainly composed of social welfare service center, day care center for the elderly and private nursing

institutions. The Xing County social welfare service center was rebuilt from a middle school, with 108 beds and 38 wubao households. Welfare service centers are mainly aimed at low-income families, poor families, people in extreme poverty, homeless people, orphans and key entitled groups (Figure 1).

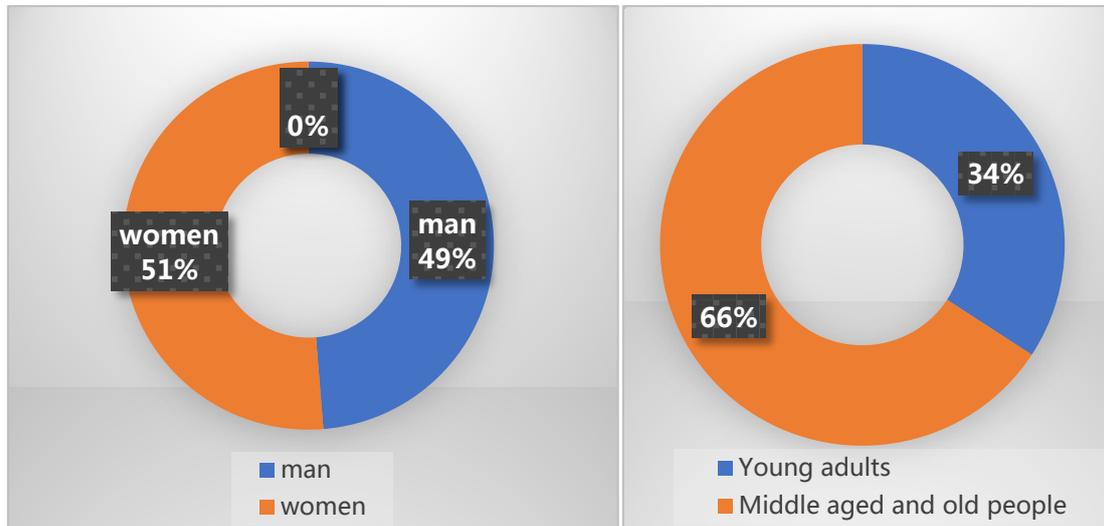


Figure 1. distribution of population enjoying the rural social security system in Xing County

Day care centres for the elderly have also been largely converted from primary and secondary schools in villages, mainly in rural areas. The funds are mainly subsidized by the provincial and municipal governments. For each day care center for the elderly, 100,000 yuan is allocated, and 20,000 yuan is invested annually, with partial subsidies from the collective economy. An individual fee of 2 yuan per day is required for the elderly. Day care centers for the elderly basically cover every township in xingxian, and there are many day care centers for the elderly in some towns with better economic conditions. Day care centers for the elderly are mainly for the elderly over the age of 70 and unable to take care of themselves, providing daytime care. Private pension institutions adopt the mode of "company + government". Two new social pension institutions are built, one is located in Zhaojiaping Township, and the other is transformed by private non-enterprise computer school. Most people are full of expectations for the two new institutions.

According to the questionnaire, 36.84% of the respondents think that "raising children for their old age" should be maintained, 10.53% think it is outdated, 18.42% think their children's pension is unreliable, and 15.79% think it is difficult to say. It can be seen that most people still hold the traditional concept of raising children for old age, thinking that the solution to the problem of providing for the aged mainly depends on the next generation, rather than through the purchase of endowment insurance, commercial endowment insurance to solve the problem (Figure 2).

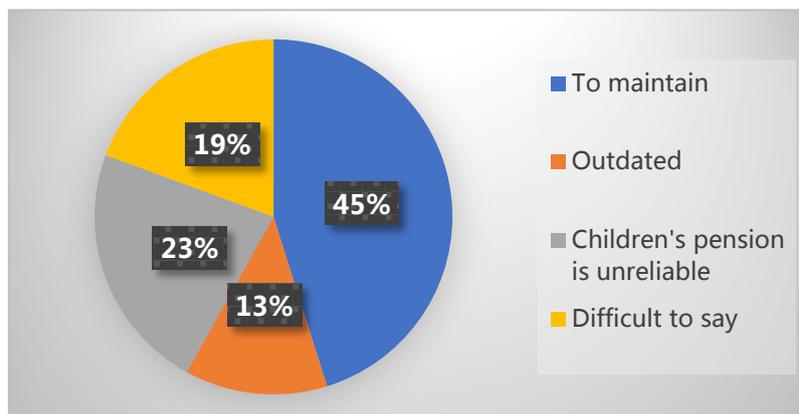


Figure 2. Findings on raising children for their old age

Regarding the mode of providing for the aged in rural areas, 47.39% of the respondents chose to provide for the aged in their families, 18.42% chose to provide for the aged in their communities, 18.42% chose to provide for the aged in institutions, and 10.53% of the respondents never thought about it. It can be seen that most of the local rural groups are still influenced by the factors of the traditional Chinese family, believing that the home is the harbor of love, the home is the last stage of life, and family support for the aged is a common form in the countryside, which is directly linked by blood ties, the physiological need of a family or a family member to provide clothing, food, shelter, daily care, etc. to an older person. For the old-age homes and other institutions of the old-age mode also need some time to be acceptable. Most of the people who choose institutions to provide for the aged are young people. They accept new things more quickly and have a positive and appreciative attitude towards the new mode of providing for the aged. Thus, the ideal mode of providing for the aged in rural areas varies from person to person, mainly by the level of knowledge and culture, life experience, horizon length of the impact (Figure 3).

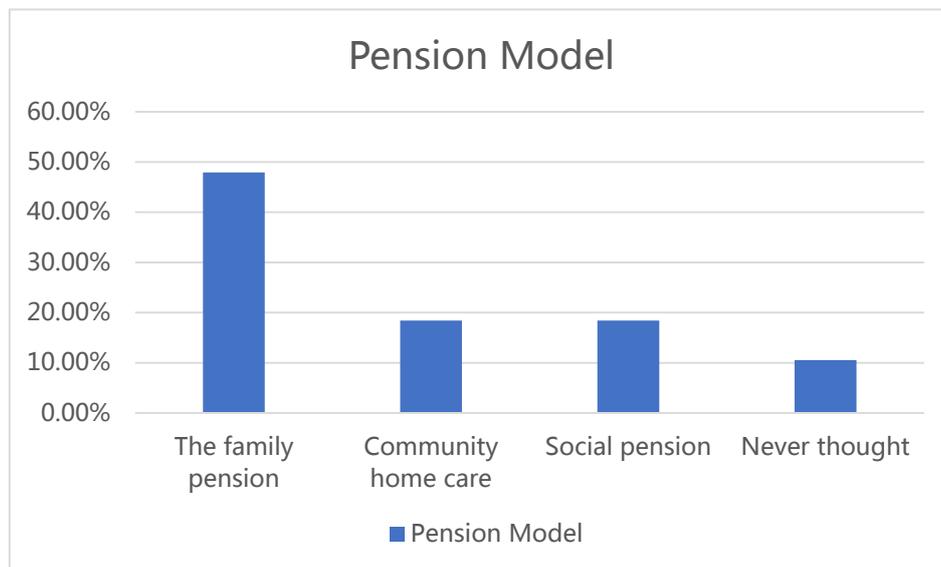


Figure 3. Regarding the mode of providing for the aged in rural areas

## 2.2 The General Medical Situation

According to the preliminary statistics, by the end of 2018, the number of basic medical insurance participants in China was 1344.52 million, with the coverage stable at over 95%. [3] The medical treatment mainly relies on the support of the new rural cooperative medical treatment, which will give relatively high help to the registered families, entitled groups, people in extreme poverty, the disabled, the families receiving subsistence allowances and orphans, and provide preferential treatment for the purchase of medicines for patients with chronic diseases such as hypertension with corresponding certificates. The new rural cooperative medical care system (NRCMS) requires an annual fee of 180 yuan per person, which should be paid to the village committees of each village before 2017. After 2017, farmers do not need to pay to the village committee. Instead, they recharge their social security CARDS in advance and deduct fees regularly, gradually forming a standardized, institutionalized and systematic system. As for the reimbursement ratio, we learned that the reimbursement ratio in the county is up to 70%, and the reimbursement ratio in the city is up to 50%. During the investigation in Aojiawan Township, we found that the basic coverage rate of medical treatment for serious diseases reached 50%, and the medical treatment and the new rural cooperative medical care system gradually gained popularity. The new rural cooperative medical care system has added confidence to the common people for both serious and minor diseases.

According to the questionnaire, 98.67 percent of the respondents have participated in the new rural cooperative medical care system, and have a certain understanding of their payment limits and reimbursement rates. System of new farmers and reduce the peasant's burden, with the constant

improvement of farmers now new system and the growth of new farming and capture to expend scale, new farming and the safeguard function is becoming more and more strong, reimbursement ratio of new farming has now increased to 80% from 50% before, part of the township-level people's hospital of reimbursement ratio as high as 90%, objectively speaking, the new farmers and did help a lot of the burden of farmers.

### **3. Discussion on Rural Pension and Medical Care**

#### **3.1 Analysis of the Current Situation of Rural Pension and Medical Care**

(1) Take Xing County as an example, rural endowment insurance is mainly paid by individuals, with a long payment period.

China is a large agricultural country, and the proportion of farmers is also very large. The farmers face the Loess and face the sky. Most of the family income can only rely on the sale of agricultural products, so it is difficult to increase the rural income, and the problem of low income level of farmers appears. And the rural endowment insurance is mainly paid by individuals, which makes most of the farmers feel more than they can do. They want to pay more to provide more security for their old life, but the economic situation does not allow it. In the survey, there are also many middle-aged and elderly people who reflect that there is a long payment period of rural endowment insurance, mainly because the income level of farmers in rural areas is low, they don't know where to use the annual expenditure of endowment insurance, and whether they have the chance to get it. The state should strengthen the policy publicity and eliminate the concerns of the people.

(2) Lack of legal support and low enthusiasm of farmers for insurance.

I think the main reason for this problem is the low economic level in rural areas and the lack of confidence in the rural endowment insurance system. To solve this problem, we should learn from the western developed countries. Rural endowment insurance in western developed countries is a kind of compulsory social insurance implemented through national legislation. For example, Germany promulgated the first social security law in the world in 1880's, and expanded the scope to all farmers in 1957. In 1971, Japan and 1990, the United States established the social insurance system for farmers and confirmed it in the form of legislation. Compared with this, China's endowment insurance system is basically based on the principle of voluntariness, and does not have legal compulsion. These methods generally lack legal effect, have great instability, and lack sufficient support for farmers' confidence in insurance.

(3) Unreasonable distribution and structure of rural health resources.

In terms of the allocation of urban and rural health resources, cities occupy a large number of health resources; while the proportion of rural allocation is relatively small, resulting in the situation of weak rural health foundation, low service level of grass-roots health institutions, low quality, and lack of drugs and drugs in some poverty-stricken areas. In some areas, due to disorderly management and blind expansion of local medical institutions, resources are idle and wasted the problem is outstanding.

#### **3.2 The Solution to the Problems**

(1) Strengthen the propaganda and the awareness of social endowment insurance of farmers.

The establishment of a system must be widely recognized by the society, because the system itself is a reflection of social reality and demand. The establishment of rural old-age insurance system means that the majority of farmers must fundamentally change from traditional family security consciousness to realistic security consciousness. Therefore, extensive publicity and guidance is an indispensable means to promote the transformation of consciousness and culture. Therefore, governments at all levels and labor security departments should make full use of various media, take various forms, do a good job of solid and detailed publicity and popularization, and improve the awareness of the masses of farmers to carry out the work of endowment insurance.

(2) Increase support to solve the problem of farmers' difficulty in seeing a doctor.

Improve the medical and health level of each province, so that each province can solve its own difficult and severe treatment problems. We will continue to carry out the project to improve the capacity of county-level hospitals, and address most of the diseases of farmers in the county. We should integrate the resources of regional medical institutions, strengthen the construction of grass-roots units, and enable the vertical flow of medical resources

#### **4. Conclusion**

Disease, like a sword hanging on the head of the people. To solve the problem of farmers' difficulty in seeing a doctor is not only to respect their basic right to exist, but also to build a prosperous, democratic, civilized and harmonious socialist modern country. The focus of medical and health work should be put on the rural areas, supplemented by the county-level and rural public health and medical service network. Therefore, strengthening the construction of rural medical and health work and developing a new medical cooperation system are the most important tasks in building a beautiful countryside in the new era.

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