

Study on Urban-Rural Social Security Differences Based on the Data of Chinese Household Income Project Survey (CHIP) in 2013

Yunxian Yang^{1,*}, Lucang Wang¹

¹College of Geography and Environmental Science, Northwest Normal University, Lanzhou, Gansu 730070, China

*Corresponding author. Email:2401404816@qq.com

ABSTRACT

Social security is a basic means to prevent risks, relieve pressure and ensure people's basic living standards. At present, there are differences between urban and rural social security in China, which is not conducive to the urban-rural integration development. Based on this, this paper adopts the data of Chinese Household Income Project Survey (CHIP) in 2013 and takes urban and rural residents as the research object to investigate the current situation of social security in China and the differences between urban and rural areas. The results show that the coverage rate of medical insurance and minimum subsistence allowance in rural areas is higher than that in urban areas, while the coverage rate of endowment insurance and labor insurance benefits is lower than that in urban areas. And the coverage rate of urban labor insurance benefits is 5 times that of rural areas.

Keywords: endowment insurance, medical insurance, minimum subsistence allowance, coverage rate, urban and rural differences

I. INTRODUCTION

With the development of social economy and the deepening of the aging process, the traditional family pension mode is gradually deteriorating, which poses a great threat to the old and their children. With the increasing demand of social security, both families and society are facing great pressure. As social security measures are playing an increasingly important role in people's life [1], social security has gradually become a hot topic in academic research. China's social security has been established for a long time. In the early stage of the founding of the People's Republic of China, a social security system of independent governance between urban and rural areas was established. With the development and aging of the society, the dual structure of social security system is no longer applicable, and the urban-rural gap gradually appears [2]. Improving the social security system, improving the separation and governance of urban and rural areas, narrowing the gap between urban and rural areas, and balancing urban and rural development are important tasks of the government currently [3].

Research on social security has always been one of the key topics of domestic and foreign scholars. Japan, Switzerland, France, the United States and other countries have been ahead of China in the aging process of society for more than half a century. Therefore,

foreign scholars' research on social security, especially social security for the elderly, is ahead of China, and the research content is more detailed. According to research and statistics, most countries in the world have a certain degree of social security policies, but only one third of them have a social security system covering all sectors. Most countries only provide social security for a minority of sectors and population, and the scope of social security needs to be further expanded [4]. There are obvious regional and group differences in global social security, and the social security needs of many regions and groups are not met [5]. After entering the aging society, social security is facing a serious financial crisis. As early as 1999, Bohn and Henning, etc. concluded that the aging of the population would make the American social security system (including medical insurance) face serious financial problems; and according to the Social Security Administration (SSA), the cost of retirement benefits would rise from 4% of GDP in 1997 to about 5.5% by 2030, and the cost of health insurance would rise even faster, from 2.7% of GDP to 7.0% [6]. Doris Prammer made a static analysis of the impact of the aging of Austria's population on social security contributions, and concluded that the aging brought certain pressure to social security [7]. In recent years, foreign research on social security is mainly related to finance, focusing on solving the financial crisis caused by aging.

Before the reform and opening up, there were few studies on social security in China. After the reform and opening up, with the development of social economy, the original social security system could not adapt to the current social development, and the studies on social security gradually increased [8]. At present, the research on social security in China involves all aspects, focusing on fiscal expenditure, institutional reform and innovation, regional differences and influencing factors of social security. Floating population [9], migrant workers [10] and the elderly [11] are the main subjects of social security maintenance.

Over the past 40 years, China has established different social security systems for different social groups [12]. However, due to the influence of economic, social and population factors, there are obvious problems in social security, such as gender, imbalance between urban and rural areas and between the east and the west. Therefore, it is an effective way to realize social security equity to narrow regional and urban differences and coordinate development [13]. From the perspective of fund expenditure, the overall fund expenditure of China's pension insurance for urban and rural residents has been under great pressure and the region is unbalanced since the beginning of aging [14]. From the perspective of system and innovation, the medical security system, the old-age security system and the minimum subsistence allowance system have been continuously reformed and improved, and the quality of service has been continuously improved and the operating efficiency has been improved; the mobile security welfare system, which is mainly composed of unemployment insurance, work-related injury insurance and maternity insurance, has also been constantly improved [15]. From the perspective of regional differences, the insurance coverage rate of the floating population in the eastern region is higher than that in the central and western regions, and the insurance rate in the central region is the lowest [16]. On both sides of the "Hu Huanyong Line", the scale of subsistence allowance population shows a trend of "more in the west and less in the east" [17]. From the perspective of urban and rural differences, China has been implementing different social security systems in urban and rural areas for a long time, which directly causes the emergence of urban and rural differences. Due to the door-to-door collection of pension insurance fees in rural areas, the coverage of social security programs in rural areas is higher than that in urban areas [18], while the rates of urban and rural residents are higher than that in the rural-urban continuum [19]. China's urban residents enjoy more security items than rural residents, and most rural residents do not enjoy unemployment insurance, maternity insurance and work-related injury insurance. In addition, the security standard of urban residents is higher than that of rural residents. The

number of relief workers in rural areas is lower than that in urban areas, and the difference in social security benefits between urban and rural residents seriously affects the urban-rural income gap [20].

The 19th CPC National Congress emphasized the issue of people's livelihood, which is one of the issues that must be paid attention to in China's current development [21]. The social security systems implemented in China, such as endowment insurance system, medical insurance system, minimum subsistence allowance system and labor protection policy, guarantee the basic living standard of poor families, safeguard the basic rights and interests of laborers during work, and guarantee the living standard and work efficiency of laborers. By reimbursing the medical expenses of the insured, reducing the medical expenses, they effectively avoid people's risk of being unable to get treated when ill due to poverty, and relieving their economic pressure in the old age. But the benefit of these safeguard measures does not include the uninsured person. Therefore, it is of great significance to understand the coverage of various social security measures in China.

According to the existing literature, the research on social security mainly focuses on the financial expenditure and management of social security, and the coverage of safeguard measures is less studied, and the coverage of individual measures is mainly studied. For this reason, this paper, based on the CHIP data of 2013, makes a statistical analysis of the coverage of endowment insurance, medical insurance, minimum subsistence allowance and labor insurance benefits in 2013, and studies the main factors affecting the participation in insurance, so as to promote the full implementation of China's social security measures, universal coverage, and ensure the basic welfare of people's lives.

II. DATA SOURCE AND VARIABLE SELECTION

A. Data source

The data in this paper are from the China Household Income Project Survey database of China Income Distribution Institute. The survey was conducted with the support of the National Natural Science Foundation of China and the National Bureau of Statistics, and was conducted by the Institute of Income Distribution at Beijing Normal University, in collaboration with domestic and foreign experts. CHIP has conducted five household surveys successively in 1989, 1996, 2003, 2008 and 2014, collecting income and expenditure information in 1988, 1995, 2002, 2007 and 2013, as well as other household and personal information. In this paper, the survey data of 2013 are used, and the project team is stratified according to the East, Middle and West, and the samples are obtained according to the

systematic sampling method. The sample has certain representativeness, covers 14 provinces (municipalities directly under the central government, autonomous regions) of 217 counties, the eastern region including five provinces and cities, namely Beijing, Liaoning, Jiangsu, Shandong and Guangdong, the central region including 5 provinces, including Shanxi, Anhui, Henan,

Hunan and Hubei, the western region including 4 provinces and cities, namely Chongqing, Sichuan, Yunnan and Gansu provinces and cities (see “Fig. 1”). After excluding invalid samples, 19885 urban households and 39,063 rural households were included, accounting for 33.7% and 66.3%, respectively.

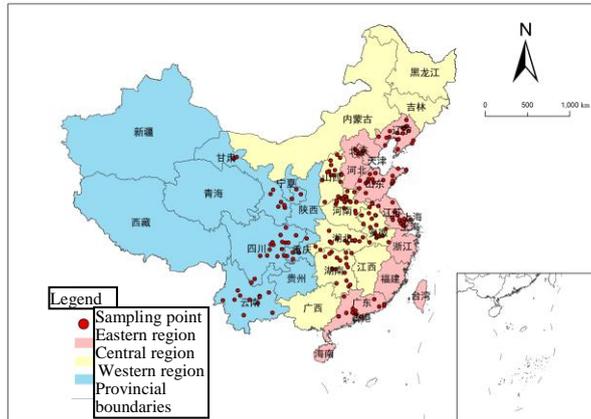


Fig. 1. Sampling point distribution map.

B. Research method

SPSS22.0 statistical software was used for statistical analysis of sample data to calculate the proportion of

insured persons in the total population of urban and rural residents, namely the coverage rate. Cross analysis table was used to analyze the differences of social security coverage among different age groups.

TABLE I. BASIC STATISTICS OF URBAN AND RURAL RESIDENTS

Variables		Urban residents		Rural resident	
		Population	Percentage (%)	Population	Percentage (%)
<i>Gender</i>	Male	9892	49.7	20351	52.1
	Female	9993	50.3	18712	47.9
<i>Age</i>	0-14 years old	2129	10.7	5169	13.3
	14-29 years old	3416	17.1	8970	22.9
	30-44 years old	4797	24.1	7537	19.3
	45-64 years old	6923	34.8	13004	33.3
	65years old and above	2620	13.3	4383	11.2
<i>Marital status</i>	Married	13764	69.3	24960	63.9
	Unmarried	5167	25.9	12282	31.5
	Divorced or widowed	954	4.8	1821	4.6
<i>Health condition</i>	Good	14872	74.7	29810	76.3
	General	4088	20.6	6569	16.8
	Bad	925	4.7	2684	6.9
<i>Educational background</i>	Primary school or below	4276	21.5	16733	42.8
	Junior middle school	5361	27	15376	39.4
	Senior high school	3935	19.7	4221	10.8
	Junior college	3734	18.8	1884	4.8
	Bachelor or above	2579	13	849	2.2
<i>Employment status</i>	Employed	9879	49.7	22262	57.1
	Retireed	3487	17.5	362	0.9
	Students	2931	14.7	6113	15.6
	Unemployed	444	2.3	476	1.2
	Others	3144	15.8	9850	25.2

C. Variables and sample statistics

According to the research content of this paper, urban residents and rural residents are selected as research samples; demographic characteristics such as gender, age, education, marital status, health status and employment status of individual households and family members are selected as control variables; the participation of medical insurance, minimum subsistence allowance, endowment insurance and labor insurance benefits is taken as the research variable. The specific situation is: the value of being insured is 1, while the value of being uninsured is 0.

Statistics are made on the basic characteristics of urban and rural residents in "Table I". From the perspective of gender, the gender distribution of urban residents is even, while the male proportion of rural residents is higher than that of female. In terms of age structure, the working population aged 14-64 is the main body, and the proportion of the population over 65 in urban areas is higher than that in rural areas. From the perspective of marital status, there is no obvious gap between urban and rural areas, and the proportion of married residents is the highest, exceeding 60%. In terms of health status, the overall health level of urban and rural residents is relatively high, while the proportion of rural residents with poor health is slightly higher than that of urban residents. From the perspective of education level, the distribution of urban residents in different school segments is relatively uniform. Rural residents in junior middle school and below account for more than 80%. In general, the education level of urban residents is higher than that of rural residents. Among them, the proportion of urban

specialties is 4 times that of rural areas, and the proportion of urban undergraduates and above is 6 times that of rural areas. From the point of employment and education situation, both urban and rural residents in employment accounted for the main body; the employment proportion of rural residents is higher than that of urban residents; the proportion of retirees in urban areas is higher than in rural areas; the proportion of rural residents is higher than that of urban residents in other aspects (domestic worker, women on maternity or breast-feeding leave, population on long-term sick leave, population do not go to work or school).

III. SOCIAL SECURITY COVERAGE

A. Overall coverage of social security in urban and rural areas

The social security research in this paper is mainly based on the participation of medical insurance, minimum subsistence allowance or social relief, endowment insurance and labor insurance benefits in 2013 CHIP. As can be seen from "Fig. 2", there is a big gap between urban and rural areas in terms of labor insurance benefits. Urban labor insurance benefits are 5 times that of rural areas. In the other three aspects, the gap is relatively small. The medical insurance coverage rates are all above 90%, the endowment insurance coverage rates are close to 70%, and the minimum subsistence allowance coverage rates are between 4-6%. Compared with urban areas, the coverage of medical insurance and subsistence allowance is slightly higher in rural area, while the coverage of old-age insurance is slightly lower there.

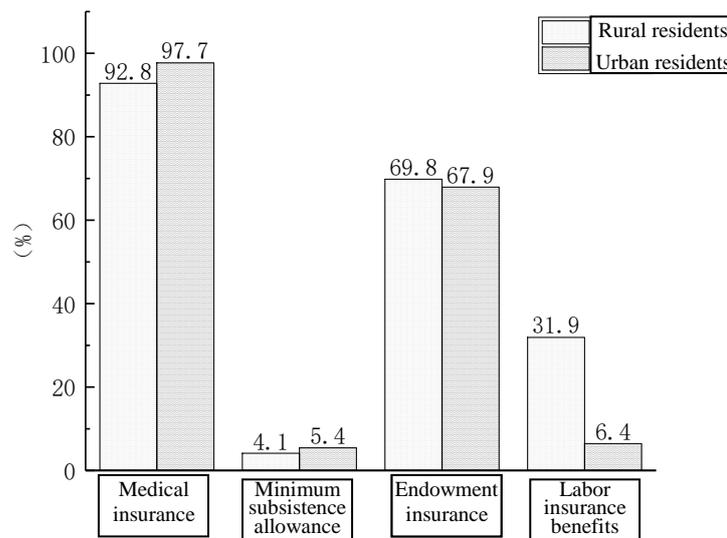


Fig. 2. Social security coverage in urban and rural areas.

From the perspective of medical insurance participation, urban residents are mainly covered by

basic medical insurance for urban workers and basic medical insurance for urban residents, with a coverage

rate of over 74%, while rural residents are mainly covered by the new rural cooperative medical insurance, with a coverage rate of 88%, showing that the coverage rate in rural areas is relatively high. From the coverage of minimum subsistence allowance or social relief, which is divided into urban and rural subsistence allowance, rural subsistence allowance coverage is higher. In terms of the coverage of endowment insurance, urban residents are mainly covered by urban workers' basic endowment insurance and (urban) residents' social endowment insurance,

while rural residents are mainly covered by new rural social endowment insurance. The coverage of urban areas is slightly higher than that of rural areas. In terms of the coverage of labor insurance benefits, the coverage rate of urban areas is obviously higher than that of rural areas. The coverage of work-related injury insurance, unemployment insurance and housing provident fund for urban residents is above 20 percent and the coverage of maternity insurance is over 14 percent. However, the coverage of various insurance schemes for rural residents is below 5 percent.

TABLE II. SOCIAL SECURITY COVERAGE OF URBAN AND RURAL RESIDENTS IN CHINA

Types of social security		Urban area (n=19885)		Rural area (n=39063)	
		Population	Coverage rate (%)	Population	Coverage rate (%)
<i>Medical insurance</i>	Basic medical insurance system for urban workers and residents	8865	44.6	1874	4.8
	Free medical care or coordination	759	3.8	72	0.2
	Basic medical insurance for urban residents	5896	29.6	1651	4.2
	The new rural cooperative medical insurance	2389	12	34374	88
	Commercial health insurance	616	3.1	470	1.2
	Other health insurance	522	2.6	298	0.8
<i>Minimum subsistence allowance or social relief</i>	Rural minimum subsistence allowance	142	0.7	1613	4.1
	Urban minimum subsistence allowance	553	2.8	102	0.3
	Five forms of support (food, clothing, medical care, housing, and burial expenses)	45	0.2	73	0.2
	Other social relief	67	0.3	312	0.8
<i>Endowment insurance</i>	Basic old-age insurance for urban workers	9315	46.8	2104	5.4
	Urban flexible employment personnel pension insurance	565	2.8	236	0.6
	Social endowment insurance for urban residents	2299	11.6	1243	3.2
	New old-age insurance system for rural residents	1095	5.5	22408	57.4
	Enterprise annuity	113	0.6	177	0.5
	Commercial endowment insurance	356	1.8	373	1
	Others	398	2	272	0.7
<i>Labour insurance and welfare</i>	Work-related injury insurance	4032	20.3	1742	4.5
	Unemployment insurance	4626	23.3	1320	3.4
	Housing provident fund	4202	21.1	758	1.9
	Maternity insurance	2858	14.4	1306	3.3

^a. Note: The overall coverage of a single insurance policy may be greater than 1.

B. Social security coverage in urban areas

The overall coverage of urban medical insurance is over 86%. On the whole, the participation rate of the elderly is higher than that of people aged 0-64, and the opposite is true in some provinces, such as Jiangsu, Yunnan and Guangdong. Except in Jiangsu and Chongqing, the coverage of the two groups in other provinces has a certain gap (see "Fig. 3").

As with medical insurance, the urban elderly have higher subsistence allowance coverage than those aged 0-64. The coverage rate for the elderly in urban areas is between 1-11%, with a large gap among provinces. The coverage rate in Shandong, Gansu and Yunnan is above 9%, while in Beijing and Chongqing, it is less than 2%. The minimum subsistence allowance coverage for people aged 0-64 is between 0-7%, which is lower than

that for the aged in most provinces, only slightly higher than that for the aged in Sichuan, Hubei and Chongqing (see "Fig. 4").

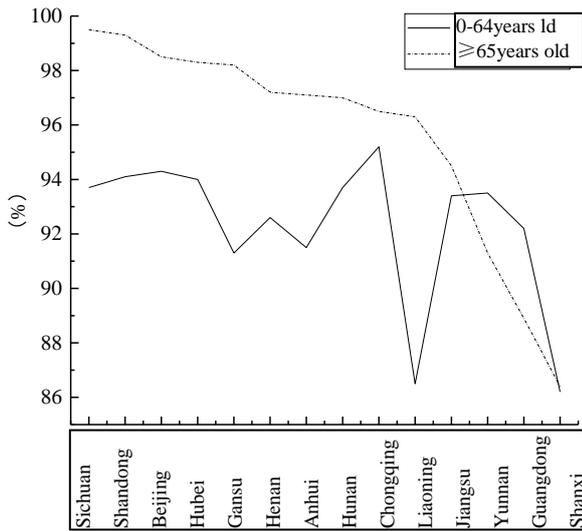


Fig. 3. Urban medical insurance coverage.

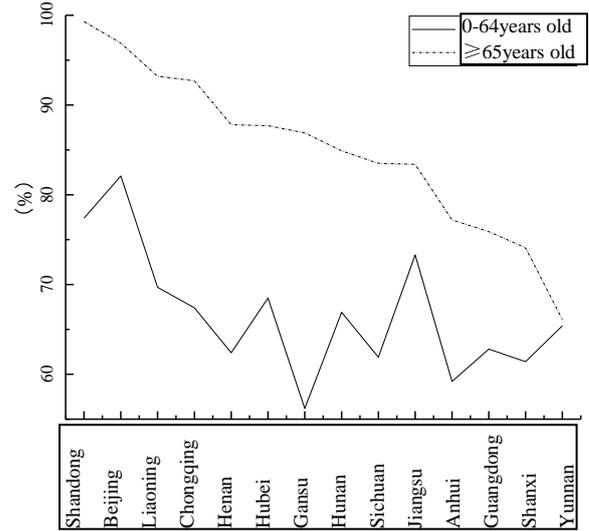


Fig. 5. Urban endowment insurance coverage.

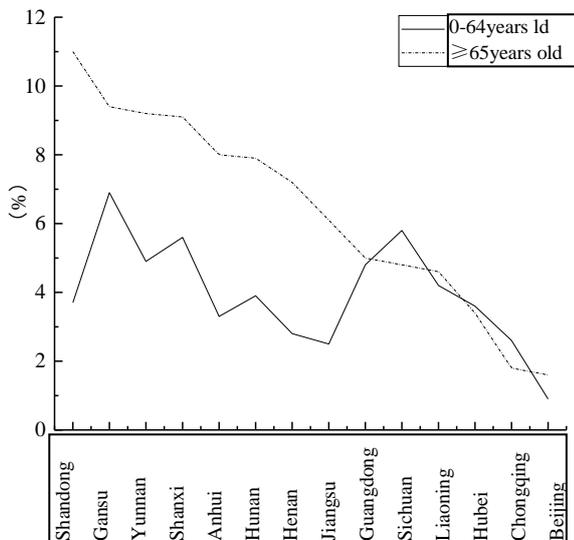


Fig. 4. Urban minimum subsistence allowance coverage.

The insurance coverage of old-age in urban areas is higher than that of people aged 0-64, with the coverage rate of the elderly above 75% and the coverage rate of the people aged 0-64 ranging from 55-85%. The coverage gap between the two groups is large, and among different places, the gap in Gansu province reaches more than 30%, and the gap in Yunnan province is the smallest (see “Fig. 5”).

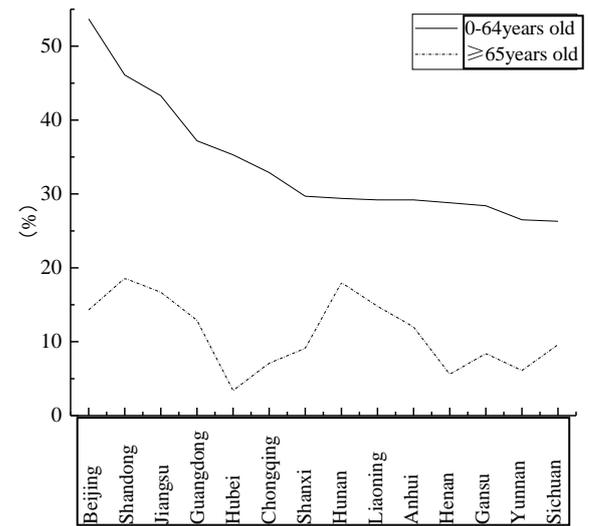


Fig. 6. Urban labor insurance and welfare coverage.

From the perspective of the social security coverage of the two groups, the labor insurance benefits show completely opposite situation to the other three items of social security benefits. The coverage rate of the 0-64 age group is higher than that of the elderly group, and the gap is more than 10%. From the spatial distribution characteristics, the labor insurance coverage in the eastern region is significantly higher than that in the central and western regions (see “Fig. 6”).

C. Rural social security coverage

As shown in the figure, the coverage of medical insurance, minimum subsistence allowance and endowment insurance for the elderly is higher than that for people aged 0-64; the coverage of labor insurance

benefits for the elderly is lower than that for 0-64 year olds (see “Fig. 7”, “Fig. 8”, “Fig. 9” and “Fig. 10”).

The coverage rate of rural medical insurance is over 95%, and the gap between the two groups is small, among which the coverage rate of the elderly population is over 97%. Yunnan, Anhui and other provinces see a smaller gap, while Beijing, Shanxi, Liaoning and other provinces see a slightly larger gap (see “Fig. 7”).

The two rural minimum subsistence allowance groups have the same change trend in different provinces. The coverage rate is higher in the central and western regions, and the gap between them is large, with a difference of 20% between them in Gansu Province. The coverage rate in the eastern region is low, and the gap between the two is small, with a difference of 5% between the two in Guangdong Province (see “Fig. 8”).

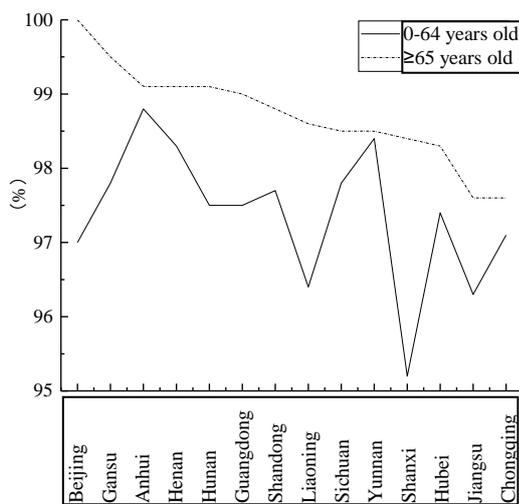


Fig. 7. Rural health insurance coverage.

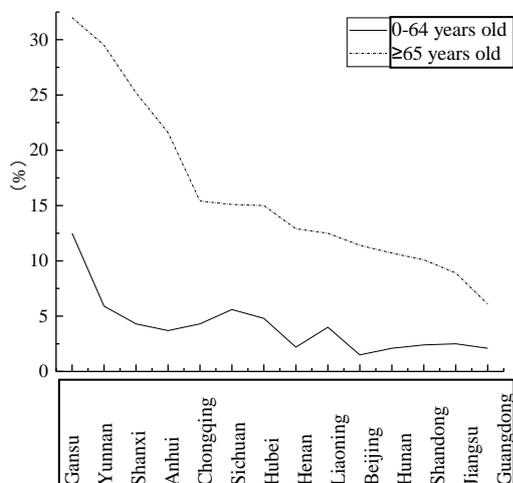


Fig. 8. Minimum subsistence allowance coverage in rural areas.

The overall coverage of the old-age insurance for rural residents is over 45%, the coverage of the elderly in all provinces is over 80%, and the coverage of 0-64 year-old people fluctuates between 45-80%. Among them, the overall coverage rate of Beijing and Shandong is relatively high, and the difference between different groups within the province is small, while the difference within other provinces is large (see “Fig. 9”).

The coverage rate labor insurance benefits for rural residents are no more than 22 percent. It is only 4 percent for the elderly, as high as 3.6 percent for the elderly in Sichuan province, and 0 percent for the elderly in Beijing and Hunan province. The labor insurance benefit coverage of non-elderly people is generally higher than that of elderly people. The coverage rate in Beijing, Jiangsu, Guangdong and other provinces in the eastern region is relatively high, while that of Henan and Gansu provinces in the central and western regions is relatively low, forming a spatial pattern of high rate in the east and low rate in the west (see “Fig. 10”).

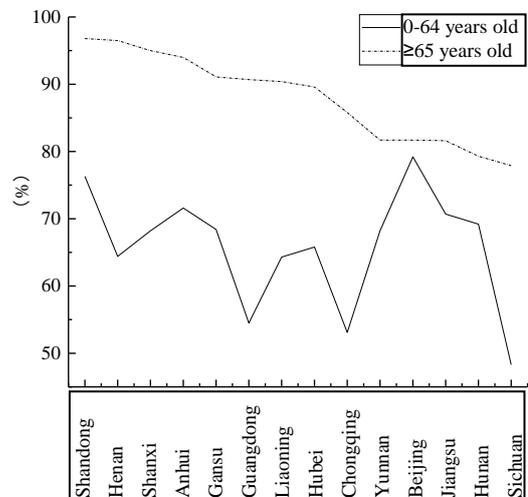


Fig. 9. Rural endowment insurance coverage.

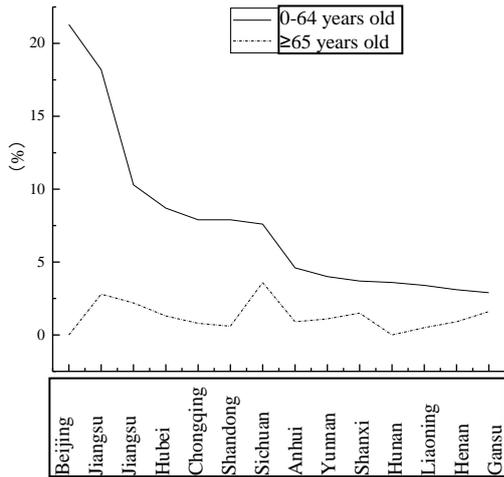


Fig. 10. Rural labor insurance benefits coverage.

IV. ANALYSIS OF SOCIAL SECURITY DIFFERENCES BETWEEN URBAN AND RURAL AREAS

A. Regional differences in social security between urban and rural areas

As can be seen from “Fig. 11”, there is a small gap in the coverage of medical insurance among urban provinces. Except in Liaoning and Shanxi, the rates of all the other provinces are above 90%. The coverage rate of endowment insurance varies greatly among provinces, with more than 60% in all provinces except Gansu, which has the lowest coverage rate of 59.6%, and the highest coverage rate is 84.3% in Beijing, with a difference of 24.7% between them. The coverage of labor insurance benefits fluctuated between 23 and 48

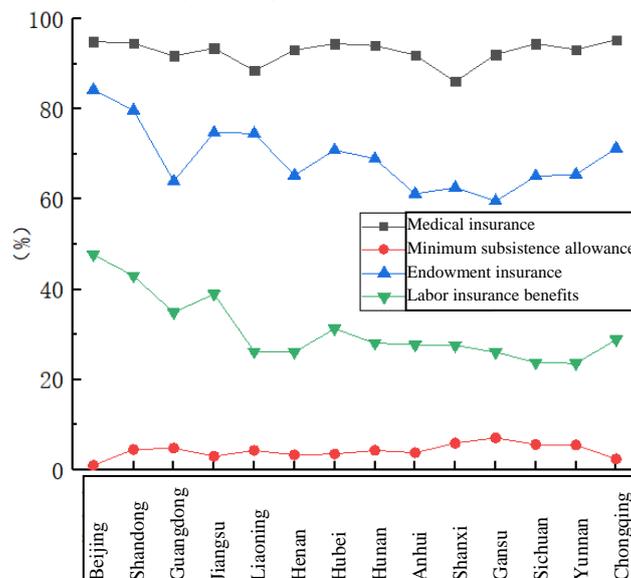


Fig. 11. Urban social security coverage.

percent in all provinces. The highest coverage rate is 47.7% in Beijing and the lowest is 23.6% in Yunnan, with a difference of 21.1%. On the whole, the coverage rate in the eastern region is higher than that in the western region. The minimum subsistence allowance coverage rate across the country is between 1 and 7 percent, with higher coverage rates in western China.

As can be seen from “Fig. 12”, the coverage rate of rural medical insurance varies little among provinces. With the exception of Jiangsu province, where the coverage rate is 94.6%, the coverage rates in other provinces are 95-99%. The coverage rates of endowment insurance have certain gap between provinces. As can be seen from the figure, the coverage rates of Guangdong, Sichuan and Chongqing are significantly lower than those of other provinces. The coverage of labor insurance benefits in rural areas is the same as that of cities and towns, showing a trend of higher rates in eastern region than in central and western regions. With the exception of Gansu, the minimum subsistence allowance coverage rate in other provinces is between 2-7%, with a small gap between provinces. Gansu has the highest coverage rate, reaching 14.1%.

From the overall difference of social security between urban and rural areas, the coverage rate of medical insurance in rural areas is higher than that in urban areas, the coverage rate of labor insurance benefits in urban areas is higher than that in rural areas, and there is no obvious rule for the difference of endowment insurance and minimum subsistence allowance between urban and rural areas.

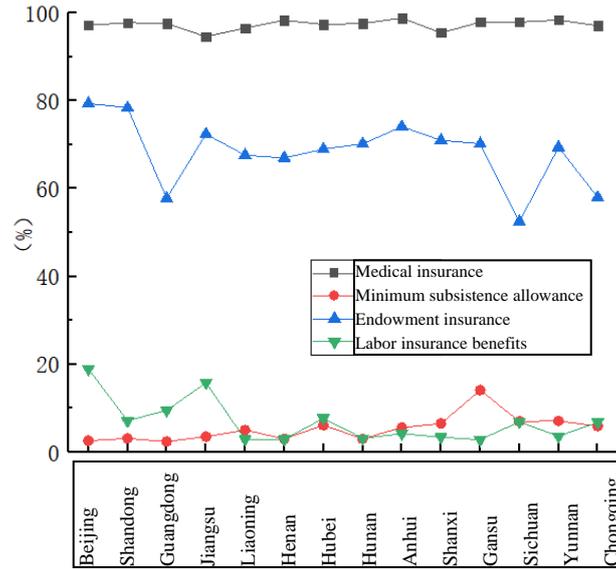


Fig. 12. Rural social security coverage.

B. Age difference of urban and rural social security

According to age, the survey samples were divided into five age groups: 0-14 years old, 15-29 years old, 30-44 years old, 45-64 years old and over 65 years old [22], among which 13.2% and 11.3% of the samples were aged 65 and over in urban and rural areas separately. Taking age group as the observation value, the social insurance coverage rate of each age group was statistically analyzed to observe the difference of insurance participation between different age groups and the difference of urban and rural insurance participation in the same age group.

As can be seen from “Fig. 13” and “Fig. 14”, medical insurance and endowment insurance have similar changing trend. With the rise of age, insurance participation first shows an upward trend, reaching the highest level in 45-64 years old, and slightly decreases in 65 years old and over, and the urban-rural gap also decreases with the rise of age. The difference between the two is that the change range of medical insurance is small, while the change range of endowment insurance is large, and age has a more significant impact on endowment insurance coverage rate. In 2003, the "New Rural Cooperative Medical System" (New Rural Cooperative Medical System) was carried out. According to the 11th Five-Year Plan, the coverage of the new rural cooperative medical insurance would reach over 80 percent in rural areas by 2010. The medical insurance system for urban workers implemented in 1998 only covers workers with regular employment. In 2007, the "urban residence insurance" (medical insurance system for urban residents) was implemented to include urban residents who had not been able to be covered by the medical insurance for urban workers. In 2010, the average coverage rate of

medical insurance for urban residents in all provinces was over 90 percent. Therefore, the participation rate of different age groups in urban areas is above 80%, and that of rural areas is above 90%. The endowment insurance is mainly aimed at middle-aged and elderly people, and the coverage rate of teenagers is low. Therefore, the coverage rate of people aged 65 and above is 5-6 times that of those aged 0-14.

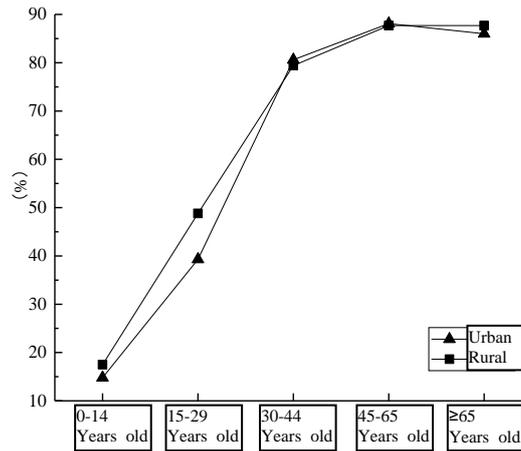


Fig. 13. Medical insurance coverage in urban and rural areas.

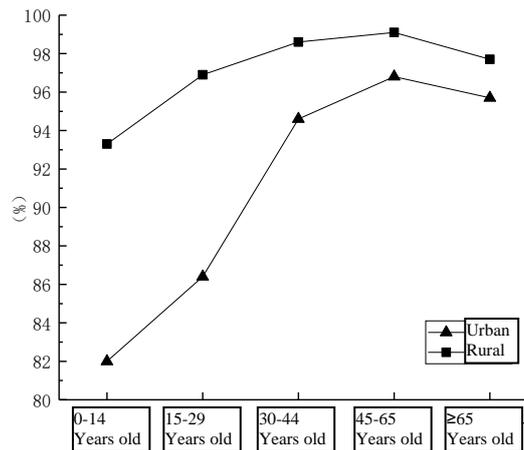


Fig. 14. Coverage of old-age insurance in urban and rural areas.

As can be seen from “Fig. 15”, the coverage of the minimum subsistence allowance increases with the increase of age. In the first three age groups, the increase is small, and the difference between urban and rural areas is not big. In the last two age groups, the coverage of the minimum subsistence allowance increases significantly, and the gap between urban and rural areas widens. The elderly, who have lost their labor force and lack income sources, are one of the main groups covered by the subsistence allowance. Moreover, the rural areas are the main battlefields for the implementation of the subsistence allowance. The subsistence allowance coverage is the highest among the people aged 65 and over, and the coverage in rural areas is nearly three times that in urban areas. As can be seen from “Fig. 16”, the coverage rate of cities and towns at all ages is always higher than that of villages, and the coverage rate of labor insurance benefits shows an inverted U-shape with the increase of age. The change has been even more pronounced in cities and towns, where workers aged 15-64 are the main group covered by labor insurance benefits. In the age group of

30-44 years old, the labor insurance coverage reaches the highest level, the difference between urban and rural areas reaches the highest level, and the coverage of urban labor insurance is 4.9 times that of rural areas. The labor insurance coverage of 0-14 years old and 65 years old and above is low and the difference between urban and rural areas is small.

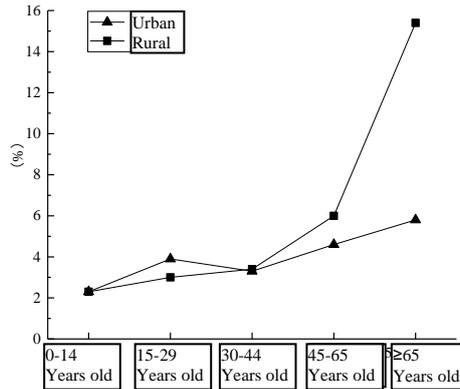


Fig. 15. Minimum subsistence allowance coverage in urban and rural areas.

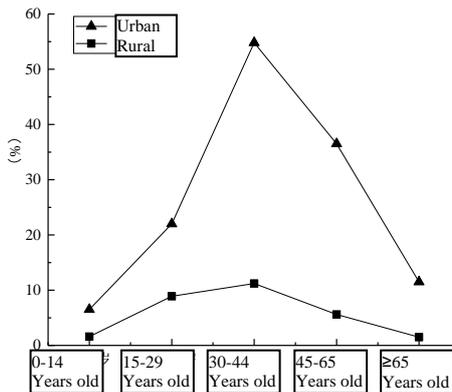


Fig. 16. Labor insurance and welfare coverage in urban and rural areas.

V. CONCLUSION

In terms of the overall coverage rate, the urban medical insurance and minimum subsistence allowance are slightly lower than the rural areas, and the endowment insurance is slightly higher than the rural areas. The gap between urban and rural labor protection and welfare is large, with urban areas being five times as large as rural areas. In urban areas, the coverage of endowment insurance, endowment insurance and labor insurance benefits is higher in the east than in the west, and the coverage of subsistence allowance is higher in the west; within the countryside, the pattern is similar to that of towns and cities, with the most significant inter-provincial differences in health insurance.

From the perspective of age structure, with the increase of age, the coverage of medical insurance, minimum subsistence allowance and endowment insurance is on the rise. The coverage of rural areas is relatively high, and the gap between urban and rural areas is the most obvious. Labor insurance benefits show a trend of first rising and then declining. Urban areas are higher than rural areas. People aged 30-44 are the main subjects of labor insurance benefits, and the gap between urban and rural areas in this group is the largest.

References

- [1] Lihong S. Preparing for an “Insured” Old Age: Insurance Purchase and Self-Support in Old Age in Rural China[J]. *Journal of Cross-Cultural Gerontology*, 2018, 33(2): 183-195.
- [2] Zhang Wen, Tang Xiaoxiao, Xu Xiaoqin. Analysis of Urban-rural Differences in China's Social Security Level [J]. *Truth Seeking*, 2013(05): 45-49. (in Chinese)
- [3] He Xiuzhi. Regional Differences, Influencing Factors and Policy Optimization Paths of China's Social security Level [D]. Nanjing University, 2015. (in Chinese)
- [4] Li Tan, Cory Koedel. The Effects of Differential Income Replacement and Mortality on U.S.Social Security Redistribution [J]. *Southern Economic Journal*, 2019, 86(02): 613-637. (in Chinese)
- [5] De noviembre de. Executive summary of World Social Security Report 2010/11. Providing coverage in times of crisis and beyond [J]. 2010.
- [6] Bohn, Henning. Will social security and Medicare remain viable as the U.S. population is aging? [C] *Carnegie-Rochester Conference Series on Public Policy*. Elsevier, 1999.
- [7] Prammer D . How does population ageing impact on personal income taxes and social security contributions? [J]. *The Journal of the Economics of Ageing*, 2018.
- [8] Sun Yanfeng. On the Analysis of Urban-rural Differences in Social Security in Shanghai [D]. East China Normal University, 2011. (in Chinese)
- [9] Han Feng. Influence Factors on the Rate of Social Security Participation of Urban Migrants: An Analysis Based on Beijing-

- Tianjin-Hebei Dynamic Monitoring Data of Migrants [J]. *Journal of Population*, 2016, 38(01): 61-67. (in Chinese)
- [10] Wang Guixin, Hu Jian. Social Security and Citizenization Intention of Urban Migrant Workers [J]. *Journal of Population*, 2015, 37(06): 45-55. (in Chinese)
- [11] Liu Lulu, Liu Meike, Zhang Yingying, Gao Qianqian. Analysis of the Difference in Elderly Care Intention Between Urban and Rural Areas in Shandong Province [J]. *Chinese Journal of Gerontology*, 2019, 39(15): 3791-3794. (in Chinese)
- [12] Zheng Bingwen. 40 Years of Social Security in China: Experience Summary and Reform Orientation [J]. *Chinese Journal of Population Science*, 2018, No. 187(04): 4-19+128. (in Chinese)
- [13] Li Qiong, Zhou Yu, Zhang lanlan, Wu Xiongzhou, Chao Nan. Regional Disparities and the Influence Mechanism Within China's Urban Employees' Basic Endowment Insurance Funds [J]. *Acta Geographica Sinica*, 2018, 73(12): 2409-2422. (in Chinese)
- [14] Qi Peng. Research on Pension Insurance for Urban and Rural Residents in China [D]. Shandong University, 2016. (in Chinese)
- [15] Deng Yue, Zhi Ruoping. Analysis of the Integration Status and Paths of Urban and Rural Social Security System in the New Era [J]. *Theory Monthly*, 2019(06): 131-136. (in Chinese)
- [16] Qin Lijian, Hui Yun, Wang Zhen. Analysis on Participation Rate and Determinants of Social Insurance of Migrant Population in China [J]. *Statistical Research*, 2015, 32(01): 68-72. (in Chinese)
- [17] Nian Xin. Research on the Integrated Development of Urban and Rural Social Security in Liaoning Province [D]. Dongbei University of Finance and Economics, 2018. (in Chinese)
- [18] Wang Chaoqun, Tao Lili. Universal Health Insurance Coverage from the Perspective of Big Data [J]. *Jiangnan Academic*, 2018, 37(03): 11-18. (in Chinese)
- [19] Zhang Shuying. Study on Coverage and Expansion Countermeasures of Old-age Insurance for Urban and Rural Residents in Cangzhou [D]. Hebei University, 2019. (in Chinese)
- [20] Tao Jikun. Social Security System and Urban-rural Income Gap [J]. *Lanzhou Journal*, 2008(12): 54-57. (in Chinese)
- [21] Gao Xiangdong, Wang Jing, Wang Xinxian. Study on Distribution Characteristics and Influencing Factors of Population Enjoying Subsistence Allowance in China [J]. *China Population Science*, 2019(04): 56-65+127. (in Chinese)
- [22] Feng Jin, Yu Zhongyang, Lou Pingyi. Medical Demands and Growing Medical Cost in China — Based on the Gap Between Senior Citizen's Medical Costs for the Elderly in Urban and Rural Areas [J]. *Chinese Social Sciences*, 2015(03): 85-103+207. (in Chinese)