Research on the Impact of Social Support on the Health of Urban and Rural Elderly Based on the Analysis of CFPS Data in 2018

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ABSTRACT

Based on the 2018 China Family Panel Studies (CFPS) data, a generalized ordinal logistic regression model was used to analyze the impact of social support on self-rated health in the elderly. The empirical results show that, in general, social support has a significant impact on the self-rated health of the elderly; there are differences in the impact of social support on the self-rated health of the urban and rural elderly: informal social support has a significant impact on the health of the rural elderly, and Elderly health was not significantly affected. Institutional support in formal social support has no significant effect on the health of the rural elderly, but has a significant impact on the health of the urban elderly at the 0.01 level. At the same time, the self-assessed health value of the elderly in the sample is low, so this situation should be improved by increasing the level of social support for the elderly in urban and rural areas.

Keywords: Social support, The elderly in urban and rural areas, Self-assessed health.

1. INTRODUCTION

Health issues are related to people's well-being and social development, and social support is very important for the physical and mental health of the elderly. [1]Due to the influence of factors such as personal characteristics, different medical expenditures in different places, and different allocation of medical resources, there are certain inequalities in medical services in different countries and regions. In my country, it is the inequality between urban and rural areas.

At present, there is a lot of research on social support and health. As far as the research group is concerned, scholars have studied urban and rural residents, the elderly in rural areas, etc., and most of the health indicators are ADL, self-assessed health ,[2] and mental health.[3] As far as the measurement dimension is concerned, for the measurement of the dimension of social support: Zhao Qing (2021) divides social support into family support and community support;[4] Sun Weiwei (2020) divides social support sources into three dimensions: intimacy, friends and neighbors, and community.[5] Zhang Min (2014) believes that the elderly with high social support have higher scores in physical and psychological aspects, which is the same as the conclusion of most scholars.[6] Scholar Zhao Feng (2018)

also pointed out that there may be significant differences in the impact of different sources, types and levels of social support on health.[7]

Therefore, under the background of aging and the society attaching great importance to the problem of aging, this paper hopes to analyze the current social support of the urban and rural elderly in my country, and the impact of social support on the health of the elderly through the study of the 2018 CFPS data. Suggestions are made on the rational allocation of social support resources to ensure the health of the elderly.

2. VARIABLE SETTINGS AND DESCRIPTIVE STATISTICS

The analysis was performed using data from the 2018 China Family Panel Studies (CFPS). CFPS officially started the survey in 2010. Its samples cover 25 provinces, municipalities, and autonomous regions, with a target sample size of about 16,000 households. The survey objects include all family members in the sample households, and the target sample size is about 30,000 people. According to the research purpose of this paper, the individual self-answered questionnaire part of CFPS is selected, and after excluding invalid data such as inapplicable and missing values, the final retained valid sample size is 7611 people.

2.1. Variable Settings

2.1.1. Explained Variable

The explained variable of this study is about the self-assessed health of the elderly. With reference to previous studies by scholars and the research purpose of this paper, in the CFPS (2018) questionnaire, it is mainly based on the elderly respondents' opinions on "how do you think your health is?" To reflect this question, the options and reassignments are "very healthy=5", "very healthy=4", "relatively healthy=3", "general=2", and "unhealthy=1".

2.1.2. Explanatory Variables

By sorting out the dimensions of social support measurement in the literature, combined with the availability of data and the purpose of the study, this study constructs a social support measurement framework from three aspects: formal social support, informal social support, and the utilization of social support. Informal social support uses the monthly financial support given by the children of the elderly, and uses the "monthly amount of financial help provided by children to you" in the questionnaire to measure, and the data is processed logarithmically. Formal social support is measured by two questions in the questionnaire. One is: "What medical insurance do you enjoy?" Any one of the rural cooperative medical care is assigned as "Yes = 1", and no medical insurance is assigned as "No = 0"; the second is: In the questionnaire, "personal pension" includes various subsidies, you now receive monthly after tax The amount of pension and pension insurance", and log the data. The utilization of social support uses the question "If you go to a doctor to see a doctor, where do you usually choose?", the options and reassignments are "general hospital = 5", "specialized hospital = 4", "community health service" Center/township health center=3", "Community health service station/village clinic=2", "Clinic=1".

2.1.3. Control Variable

In order to reduce the error related to the impact of social support on self-assessed health of the elderly, this paper uses demographic characteristics as control variables, and selects age, gender, residence status, and current marital status in the questionnaire as indicators. Among them, the age is taken as its original value; in terms of gender, it is assigned as "Male=1, Female=0"; in terms of residence, it is assigned as "City=1, Rural=0"; for marital status, unmarried, divorced, widowed and cohabiting are regarded as If there is no spouse, assign the value "no spouse = 0", and assign a spouse (remarriage) to "have a spouse = 1".

2.2. Descriptive Statistics

Descriptive statistical analysis of variables is to have a preliminary grasp of the basic situation of the sample before performing regression analysis. This paper uses Spss26.0 software for data processing.

It can be seen that under the full sample, the self-assessed health of the elderly is slightly lower than 2.5, and the health level is relatively average. In terms of urban and rural categories, the self-assessed health of the urban elderly in the sample is higher than that of the rural elderly, the monthly income of the urban elderly is three times higher than that of the rural elderly, and the utilization of support in the urban elderly society is higher than that of the rural elderly. In terms of gender type, the number of men and women in the data is basically equal, the self-assessed health value of men is higher than that of women, and the monthly income of male elderly is significantly higher than that of female elderly.

3. EMPIRICAL ANALYSIS

This study uses Spss26.0 software to operate, first of all, descriptive statistical analysis is carried out on the basic situation of the sample (self-assessment of health, social support, demographic characteristics), so as to have a general understanding of the situation of the respondents; because the explained variable - self-assessment Health is an ordered categorical variable with a value of 1-5. Therefore, this paper intends to use an ordered logistic model to perform regression analysis on the variables of social support and the self-assessed health of the elderly, and obtain the corresponding results to provide data for Since the parallelism test of the model has never been passed, this paper uses the generalized ordinal logistic regression analysis for reference from previous scholars' handling of such situations.

3.1. Full Sample Test

The generalized ordinal logistic regression model was used to analyze the influence of medical accessibility on the self-assessed health of the urban and rural elderly, and the statistical software SPSS26.0 was used to test. First of all, in terms of model fit, the likelihood ratio chi-square value is 209.254, and the corresponding sig. value is 0.000, which is significant at the statistical level of 0.001, so it can be considered that the equation is overall significant. The output results are shown in Table 1.

Table 1. Full sample regression results

Influencing factors		Coefficient	Standard error	Wald	OR
Threshold	Unhealthy	-1.416***	0.267	28.034	——
	Generally	-0.672**	0.267	6.339	——
	Relatively healthy	1.066***	0.267	15.889	——
	Very healthy	1.916***	0.268	47.472	——
Demographic factors	Gender (male as a reference)	-0.408***	0.043	92.271	0.665
	Age	-0.014***	0.035	16.143	0.987
	Place of residence (city as a reference)	-0.045*	0.066	8.305	0.844
	Marital status (with a spouse as a reference)	-0.014	0.056	0.065	0.987
Social support factors	Institutional support	0.169*	0.083	4.125	1.184
	Material support	0.050***	0.013	15.576	1.052
	Informal social support	0.108*	0.051	4.401	1.114
	Availability of social support	0.106***	0.146	52.851	1.112

Note. p*<0.05, p**<0.01, p***<0.001

3.2. Divided into Urban and Rural Sample Test

The test results of urban and rural samples show that the utilization of social support has a significant impact on the self-assessed health of the elderly at the level of 0.001, and the impact direction is consistent, which is the same as the results of the full sample analysis. However, in terms of formal social support, for rural residents, the existence of medical insurance has no significant impact on self-assessed health, but it has a significant impact on urban residents. In terms of pensions with formal social support, there is a significant impact on self-assessed health in old age at the level of 0.01.

4. EMPIRICAL RESULTS ANALYSIS

The degree of social support has a very important impact on the health status of the huge elderly population in my country. Based on related research, this paper uses the 2018 CFPS data to empirically analyze the overall self-assessed health of the elderly by the overall social support and various dimensions of social support. Influence. At the same time, in order to further clarify the differences between groups, this paper divides the total sample into two categories: urban and rural, and explores the differences in the impact of social support on the self-rated health of the elderly in urban and rural areas. The findings of this study can be summarized in the following aspects.

4.1. Descriptive Statistics for the Sample

The income of the rural elderly is significantly lower than that of the urban elderly, and the medical level of the institutions that choose to seek medical treatment when they are sick is also lower than that of the urban elderly. As a result, the self-assessed health of the elderly in rural areas is lower than that of the elderly in urban areas. Rural health inequalities exist.

4.2. Full Sample Analysis Results

The results of the full sample analysis showed that, in general, social support had a positive impact on the self-rated health of the elderly, which was basically consistent with the previous results. In this study, it was found that the utilization of social support had the greatest impact on the self-rated health of the elderly, which also proved the importance of providing convenient, timely, and geographically accessible medical services for the elderly. However, in this study, the influence of formal social support participation in medical insurance on the self-assessed health of the elderly is weaker than that of the other three dimensions of social support. The possible reason is that the insurance participation rate of the urban elderly and rural elderly in the sample is 92%. % and 94%, the insurance participation rate is relatively high, so because the negative impact on health brought by not participating in medical insurance is gradually weakened,

it can be said that only whether to participate in medical insurance is not enough to explain the difference in elderly health.

4.3. Results Divided into Urban and Rural Categories

Affordability has a significant impact on the self-assessed health of the urban elderly, but has no effect on the rural elderly. The possible explanation is: the above descriptive statistics show that the monthly income of the rural elderly is only 1/4 of that of the urban elderly, so it may be Due to economic factors, people may not go to see a doctor when they are sick, or choose a hospital with a smaller scale and lower fees to achieve the effect of treatment. There is a negative correlation between the insurability of the urban and rural samples and the self-assessed health, but there is a difference in the impact on the explained variables, which has no significant impact on rural health, and has an impact on urban health at the 0.01 level. The self-assessed health of the elderly in rural areas has no significant impact, but has a significant impact on the health of the elderly in urban areas.

5. CONCLUSION AND SUGGESTION

Based on the above conclusions, in order to achieve healthy aging, promote the implementation of the Healthy China strategy, and improve the health level of the elderly, this paper puts forward the following suggestions: First, improve the formal social support for the elderly in rural areas, that is, the level of pension security and medical security. Formal social support, that is, the availability of medical insurance has a significant impact on the self-assessed health of the elderly in urban and rural areas, and endowment insurance itself is an important tool to resist the risks of old age. Therefore, it is necessary to continuously improve endowment security and reduce the phenomenon of rural elderly giving up medical care due to economic constraints., reduce the financial burden on the elderly and their families. Secondly, attach importance to the advocacy of informal social support. Children' s physical or spiritual care for the elderly is irreplaceable. The society should also promote the idea of respecting the elderly and loving the young, so that young people can maintain communication with their parents. link, thereby increasing the level of material support in the elderly. Finally, it is necessary to improve the utilization of social support, that is, to improve the rational allocation of the number and distance of medical service resources in rural areas. In contrast, the urban elderly can improve the utilization of their own social support, and the results of this study show that the utilization of social support has the most significant effect on the self-assessed health of the elderly, which means that the unequal allocation of resources is more important for the urban and rural elderly. Inequality between health, therefore, while improving the overall medical service level in the whole society, we should also pay attention to the differences between urban and rural groups, increase financial investment in social support in rural areas, and at the same time plan rationally The distance and number of medical institutions in rural areas improves the health of the elderly.

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