Social Economic Status, Social Capital, and Mental Health Inequity among the Older Adults in China: An Examination with Individual and Community Data

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Introduction: Health and well-being of older adults has become a worldwide public health concern and has been attracting increasing attention from scholars across the globe. China faces a period of rapid aging that will outpace the aging of most of the world's populations. Moreover, projections for China suggest a clear feminization of old age under way and a continuing increase in the share of the elderly in rural areas. This grand demographic change poses enormous challenges to the sustainability of health among this increasingly old and frail population. But little is known about the health of the elderly in China. A considerable body of extant research has documented the proactive function of social capital in promoting better health (Lin et al., 2001; 2009; Kawanchi 1997; 1999; Putnam 2004). However, most of these empirical studies focused on individuals in Western industrialized countries, which have quite different social settings than those of China, particularly in terms of old-age support and caring systems. Growth of China's population is happening at a time of rapid social transformation, which has shaken the traditional old-age support systems for Chinese elderly. Study on the health of the elderly in China from a social capital perspective will provide empirical evidence to evaluate the association and direction between health and social capital in different cultural settings, which can also offer insights into other developing countries having a similar epidemiological and socioeconomic transition stage with China.

Objectives: This study aims to examine the current mental health conditions among the older adults in Zhejiang and Gansu provinces, China, and the effects from the measures of the socio-economic status (SES) and measures of social capital, with particular attention given to compare the variations across genders, across different age groups, and across rural/urban residential areas. Patterns and variations for different groups will be categorized and analyzed. Policy recommendations with regards to health-promotion programs and health-care services will also be discussed.

Methods: We used data from the pilot study of the China Health and Retirement longitudinal Study (CHARLS) to document mental health conditions among the elderly in Gansu and Zhejiang provinces, which is measured with a self-reported depression scale developed from the short seven question version of the CES-D (Center for Epidemiological Studies-Depression) scale. We examined the correlations between mental health conditions and three important individual-level indicators of socio-economic status (SES): education, house ownership, and annual household expenditure. We also examines the correlations between mental health conditions and the elderly people's individual-level social capital, measured with the individual's network size, the individual's help offered to others, support the individual received from others, and their

perceived support in the future, and community-level social capital, measured with the number of amenities for the elderly within the community/village, and the years the community/village committee office established.

Results: Statistical results indicated that females were more likely to report mental health disorder symptoms in comparison to their male counterparts. Elderly with rural *hukou* residence are more likely to undergo mental health disorder symptoms compared to the urban *hukou* residents. And the older age group (60 or older) on average has worse mental health conditions than the younger age group (younger than 60 years). In regard to the correlations between these older adults' mental health conditions and other covariates, analysis from SPSS indicated that education, perceived support in the future, and number of amenities/organizations for the elderly in the community/village tend to be consistently correlated with mental health conditions for all groups. The correlations between other SES measures and social capital measures, however, varied across different groups. Specifically, annual household expenditure is a significant predictor of mental health conditions only for female elderly. Being married and living with the spouse is positively correlated to better mental health for both female and male, younger and older age groups, and rural elderly, but not for elderly in urban areas. Ownership of house is a significant predictor of mental health only for male elderly. Getting help from other is significantly associated to the mental health condition for female elderly and rural *Hukou* residents. Providing help to others is a significant predictor of better mental health only for males. Years the community/village committee established is significant in predicting the mental health conditions for females and rural *Hukou* residents.

Implications: These findings suggest that there are still great differentiations in economic and social life between different groups among the older adults in China, even with its rapid developing economy in recent years. Lots stories of patterns and variations in the social dynamics of the current Chinese elderly people lie behind these statistical numbers, relating to the legacy of traditional cultural norms, the changing structures of family and marriage, the changing attitudes towards interpersonal mutuality and governance, the different life courses for different generations, and the disparities of life chances for different groups in the transitional era of China. These results also suggest that differences may exist in using social and psychological resources to cope with the stressful circumstances in life and it may be inappropriate to assume the effects of social and psychological resources are uniform for different groups. The policy implications of our findings is that more attention need to be paid to narrow the differences across different groups, in terms of individual empowerment, health care provision, and community development, that would result in improved quality of life and health status for the elderly.

Limitations: CHARLS pilot study strictly required that only the elderly person can answer the interview questions in modules of intergenerational transfer and health. So our final analysis is limited only in the relatively small number of complete cases. Another limitation of this study lies in its indicators of social capital. For example, the network size is measured just by the number of their close family members.