



**THE STUDY OF SOCIAL WELFARE POLICY FOR THE ELDERLY IN
RURAL AREAS OF CHINA: A CASE STUDY IN DA'AN DISTRICT OF ZIGONG**

TAO LI

**A THESIS SUBMITTED IN PARTIAL FULLFILLMENT OF
THE REQUIREMENT FOR THE DEGREE OF MASTER OF ARTS
MAJOR SUBJECT IN PUBLIC MANAGMENT INNOVATION
FACULTY OF LIBERAL ARTS
RAJAMANGALA UNIVERSITY OF TECHNOLOGY THANYABURI
ACADEMIC YEAR 2023
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Thesis Title The Study of Social Welfare Policy for the Elderly in
Rural Areas of China: A Case Study in Da'an District of Zigong.

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ABSTRACT

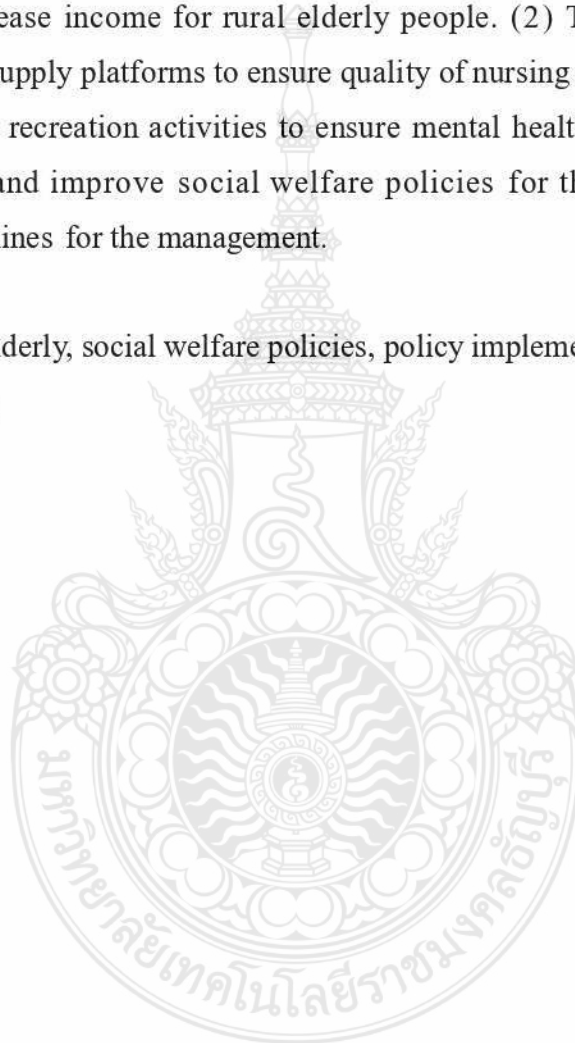
This qualitative research aimed to: 1) study the living conditions and challenges of the elderly in rural areas of Da'an district, Zigong city, China and 2) analyze the social welfare provision to improve the quality of life of the elderly.

This study involved a total of 16 key informants through purposive sampling. The research methods used to collect data in this study include document analysis and interviews. The data were analyzed by content analysis.

The result revealed that: 1) the elderly population in Da'an district, China, had lived in modest conditions and engaged mostly in farming occupations. They were considered relatively underprivileged and relied on farming, their children's support, government allowance, and savings as their primary sources of income. Family care was the primary source of support for older people in rural areas, and they often opted for getting medicine from a pharmacy to save money. They faced economic difficulties due to insufficient income, lack of access to quality healthcare services, and limited opportunities for spiritual, cultural, and recreational activities, which led to a sense of emptiness and loneliness. The collaborative social welfare implementation among the government, community, and family support systems have been effective in providing social welfare for rural area elderly, including basic housing units, free medical check-ups, monthly subsidies, winter clothing, essential food items, and mobility aids. This study highlighted the effectiveness of collaborative governance in providing social welfare for the elderly in rural area and could serve as a model for future policymaking and implementation in other areas. 2) The main problems of the Chinese elderly in rural area included: (1) income which they needed more support for daily living, (2) lack

of health care, which means that the quality of care was not high and professional health care was needed, and (3) poor awareness of medical and health services. 2) The government social welfares provided by the government for the elderly in Da'an district of Zigong were: health service, economic welfare and income, nursing service, medical service, and basic essential things for the elderly's life. 3) The guidelines to improve social policy were as follows: (1) The government should develop rural economy and increase income for rural elderly people. (2) The government should provide the more supply platforms to ensure quality of nursing and medical service for the elderly and the recreation activities to ensure mental health. (3) The government should establish and improve social welfare policies for the elderly and provide independent guidelines for the management.

Keywords: rural elderly, social welfare policies, policy implementation, Da'an district, Zigong



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MINGYUAN XIA



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Chapter 1

Introduction

1.1 Background and presentation of this study

In the 21st century, global aging is accelerating (Béland & Durandal, 2013). China is one of the fastest growing ageing populations in the world. The population of people over 60 years old in China is projected to reach 32.45 % in 2040, 41.91 % by 2060 (figure 1) and the size of the elderly population aged 60 and above is expected to peak at about 482 million in the 21st century, possibly in 2053 due to longer life expectancy and declining fertility rates. This huge demographic shift presents many new challenges and opportunities for public health and socioeconomic development – in particular, the development of an integrated system that caters to the health and social needs of older people, with equal access to health care regardless of geographical area. (Zhai et al. 2017; World Health Organization, 2023). In conclusion, the population size of the elderly in China is rising, and the demand for social welfare for the elderly continues to increase.

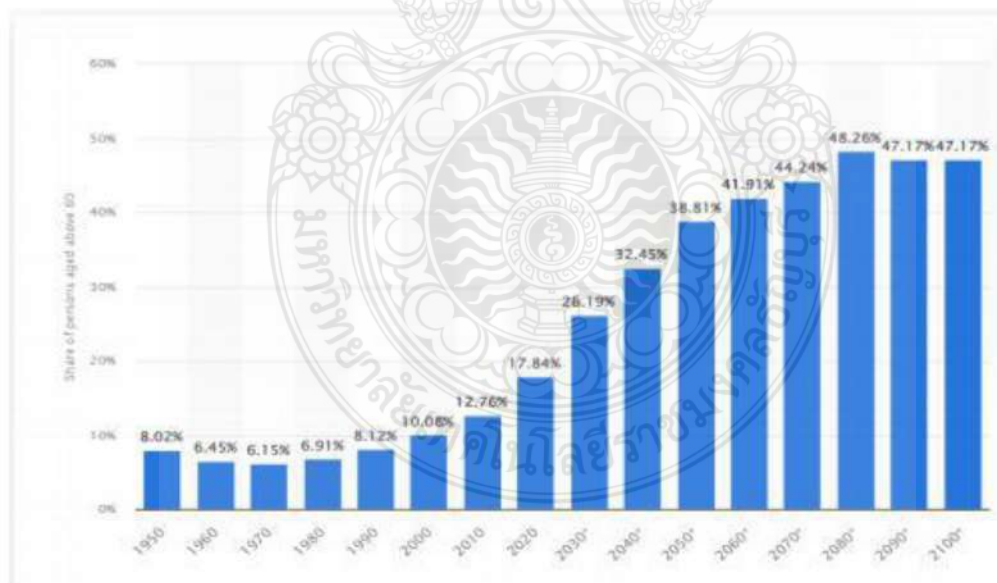


Figure 1.1 Share of population aged 60 and older in China from 1950 to 2020 with forecasts until 2100 (Statista, 2021).

The aging problem in China poses a significant challenge in rural areas, as more than 70% of the aging population resides in the countryside (Yang, 2007). Due to rural-urban migration, the rural population is aging at a rapid pace and by the year 2030 the proportion of people aged 60 and above in rural and urban areas will reach 21.8% and 14.8% respectively (Cai & Wang, 2005). Therefore, with the trend of population aging the government will face the pressure of social welfare management for the elderly.

China has implemented comprehensive policies on social welfare for the elderly through various means, including constitutional provisions, laws such as the Law of the People's Republic of China on the Protection of the Rights and Interests of the Elderly, government decisions like the Decision on Strengthening the Work on Aging, long-term plans such as the 14th Five Year Plan for the Development of China's Aging Undertaking, and specific guidelines like the "Opinions on Strengthening the Work on Aging in the New Era". These policies are primarily established through legislation, regulations, rules, and government initiatives. They aim to provide extensive coverage and support for the elderly population in China. (Krings et al., 2021). However, social welfare policies for elderly individuals in rural areas are relatively limited and cannot effectively address the needs of a large proportion of the population and rapid growth.

Sichuan Province is facing a serious aging challenge due to its large aging population base, rapid growth rate, advanced age, and high number of empty-nest elderly. According to the 2010 National Population Census, Sichuan Province has a permanent resident population of 80.4 million, with over 10.9% of the population aged 65 or older, which is 2.08% higher than the national average. It is projected that by 2027, more than 25% of the province's population will be aged 60 or older, and this will increase to over 33% by 2036. The growing demands for pension, medical treatment, and social services for the elderly are having a profound impact on the economy and society of Sichuan Province (Lu, 2015), despite central and local government efforts to improve social welfare for the elderly as a whole. However, elderly people living in rural areas still face problems in receiving social welfare that is sufficient for their livelihood.

According to the 7th National Census Bulletin of Zigong City, the city's population is 2.49 million people, with 68.05 ten thousand people aged over 60, accounting for 27.34% of the total population. This marks an increase of 8.65 percentage points from 2010. Additionally, the population living in rural areas is 1.1 million people. The aging rate of Zigong City ranks fourth in the country and second in the province (Zigong Municipal People's Government Office, 2022). Da'an is a district of Zigong which is located in Sichuan province, China. In Zigong, there are 690,000 elderly people aged 60 or above, accounting for 27% of the total population. In Da'an District, there are 290,000 permanent residents, with 84,000 people aged 60 or above, accounting for 29% of the total population, including 240,000 rural residents. The acceleration of aging has had a negative impact, which has resulted in increased pressure on the government's social security and public services.

The statements of background above are the challenges that the elderly population in rural areas of Zigong, Sichuan Province, as well as the government are facing. Therefore, this study was conducted in Da'an District of Zigong which aims to examine their living conditions and propose social policies to ensure basic social welfare for them. The results of this study are expected to make a significant contribution towards promoting effective social welfare policies by the governments (Central and Local government) that can adapt to the rapid aging of the rural population in China.

1.2 Research objectives

The research objectives of this study are mainly as follows:

1.2.1 To study the living conditions and problems of the elderly in rural areas of Da'an District, Zigong City

1.2.2 To analyze the social welfare provision to improve the quality of life of the elderly.

1.2.3 To search the guidelines for social welfare management for the elderly in Da'an District of Zigong.

1.3 Scope of the research

The analysis of this research process is a qualitative study consisting of in - depth interviews, document analysis, content analysis, and scope of the study as described below :

1.3.1 Scope of content

1.3.1.1 The researcher collected data on the living conditions and problems of the elderly in rural areas of Daan District, Zigong, China, using in-depth interviews.

1.3.1.2 Literature on welfare policies for the elderly was analyzed to obtain the content of the literature and collect data on the social welfare provided by the government for the elderly.

1.3.2 Scope of population

The population scope studied in this research was all rural elderly people in Da'an District, Zigong City, China. A simple random sampling technique of all elderly people was conducted, and 8 rural elderly people from Da'an District, A and B villages in Zigong City were interviewed to obtain relevant data.

1.3.3 Scope of time frame

The period of continuous data collection for this study was determined to be October 2022 - June 2023.

1.4 Research contributions

The contributions of this study are as follows:

1.4.1 This research will provide the data for local government to develop policy to promote the quality of elder's life in rural areas.

1.4.2 The research results will be useful to academics and the government in order to provide information for issuing policies to solve problems for the elderly.

1.5 Definition of Terms

This study examines the social welfare policies for the elderly in rural China, using Da'an District in Zigong City as sample of the study. Below are the key terms for the living conditions and problems of the rural elderly, and the key terms for the provision of social welfare by the government.

1.5.1 Living conditions and problems of the elderly are elderly people in rural areas of Da'an District, Zigong City the living conditions and problems of the elderly in rural areas as revealed through the five areas of daily life, economic income, daily care, medical health, and social conditions of the elderly.

--**Daily life** refers to the daily activities and behaviors carried out in the social environment by individual or families of the elderly in rural Da'an District, Zigong City. It includes food, clothing, housing, traveling and so on.

--**Economic income** refers to the money acquired by individual rural elderly people or families of elderly people in Da'an District, Zigong City, through legal activities and resources.

--**Elderly care** refers to the elderly people's access to basic support and care in the context of limited resources and lack of education and services in rural Da'an District, Zigong City.

--**Medical Health** refers to the real needs and difficulties faced by the elderly in maintaining and improving their health in the context of resource and service constraints in Zigong, which is a rural area of Da'an District.

--**Elderly spiritual life** refers to the serious lack of spiritual and cultural activities and the singularity of cultural and recreational activities for the elderly in rural Da'an District, Zigong City.

1.5.2 Government social welfare comprises five types of social welfare provided by the Government for the elderly in rural Da'an District, Zigong City, namely medical safeguards, income security and subsidies, nursing care, medical care and social protection.

--**Medical safeguards** is an institutionalized arrangement to provide financial support for disease prevention and treatment, free medical checkups, and pharmaceutical services for the elderly in accordance with national laws and local policies, with the aim of achieving universal access to medical services and equity in health insurance.

--**Income security and subsidies** refers to a series of economic support measures for the elderly in rural areas in accordance with national laws and regulations and local policies.

--**Nursing services** refers to a series of services specifically designed for the mobility-impaired elderly provided in the village-level service stations established in rural areas of Da'an District, Zigong City.

--**Medical services** refers to a variety of means, that the elderly and mobility-impaired groups access to timely, professional and humanized medical care and consultation, in accordance with the regulations and requirements of the government at all levels and the relevant departments.

--**Social protection** refers to the planning and notification based on the Zigong Municipal Government's policy to ensure, through various measures and policies, that the elderly groups, especially the elderly living alone and those in special hardship, are able to receive adequate assistance and care.

1.5.3 Social welfare

Social welfare refers to social services provided by the state or other sectors to assist people in achieving a good quality of life and a standard of living that is acceptable in society. The forms of assistance or services provided can be either monetary, goods, care, or other types of services. The assistance or services may be related to areas such as education, healthcare, housing, income security, employment, recreation, and other social services (Sodapacha et al. 2017).

1.5.4 Theory of Collaborative Governance (CG)

Theory of Collaborative Governance (CG) Ansell & Gash, (2008) is a framework for understanding how collaborations among stakeholders can be used to address complex public problems. The theory is based on the idea that traditional bureaucratic approaches to problem-solving are often inadequate for addressing complex issues, and that collaborative governance can be more effective. Ansell & Gash (2008) identify several key factors that are necessary for successful collaborative governance. These include shared goals, mutual trust, open communication, inclusive participation or diverse range of stakeholders, including government agencies, community organizations, and private sector actors and adaptive learning.

1.5.5 Quality of life of the elderly

The quality of life of the elderly refers to the overall well-being and satisfaction experienced by older individuals in various aspects of their lives. It encompasses their physical health, mental and emotional well-being, social interactions, and ability to engage in activities that bring them joy and fulfillment. The World Health Organization (WHO, 1997) has provided a widely used measure for evaluating quality of life, which identifies four aspects of the elderly population's quality of life.

(1) Physical domain is the perception of a person's physical condition which affects daily life.

(2) Psychological domain is the perception of one's own mental state, such as perception, knowledge, spreading legs.

(3) Social relationship is the perception of one's relationship with person, smell, perception, receiving help and being a person who helps other people in society.

(4) Environment is the perception about the environment that affects life, perceived interactions between oneself and the environment. The perception of one's independent life is safety and stability in life, etc.

1.6 Conceptual framework

The conceptual framework of “The study of social welfare policy for the elderly in rural areas of China: A case study in Da'an district of Zigong” was developed from concepts, and theories as follows:

1.6.1 David Blane (2008) stated that models and measures of quality of life for older adults have three dimensions: (1) Objective, on the basis of observations external to the individual such as standard of living, income, education, health status and longevity. (2) Subjective, on the basis of psychological responses by the individual such as life satisfaction, happiness and self-ratings.

1.6.2 WHO (1997) announced that the quality of life of the elderly has 4 aspects below.

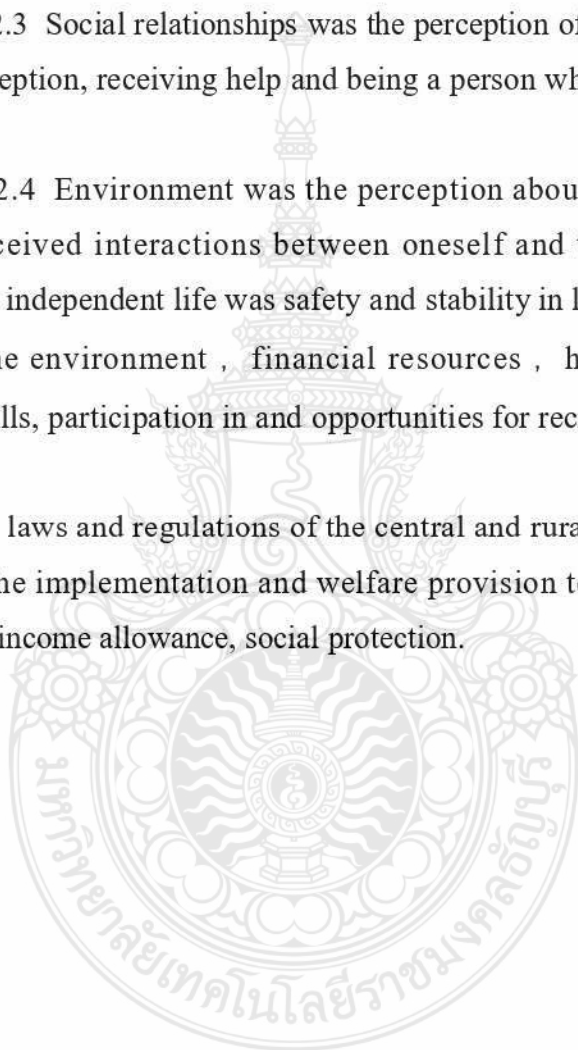
1.6.2.1 Physical domain was the perception of a person's physical condition which affected daily life, such as perception of the completeness of the body, pain, discomfort, energy, fatigue, sleep, rest perception of their ability to work, etc.

1.6.2.2 The psychological domain was the perception of one's own mental state such as perception, knowledge, spreading legs, and some people that the person, self, struggle, perception, judgment, and learning ability of self, etc.

1.6.2.3 Social relationships was the perception of one's relationship with person, smell, perception, receiving help and being a person who helps other people in society.

1.6.2.4 Environment was the perception about the environment that affected life, perceived interactions between oneself and the environment. The perception of one's independent life was safety and stability in life, etc. Physical safety and security, home environment , financial resources , health and social care, availability and skills, participation in and opportunities for recreation leisure physical environment

1.6.3 The laws and regulations of the central and rural government of China which stipulated the implementation and welfare provision to the elderly including healthcare service, income allowance, social protection.



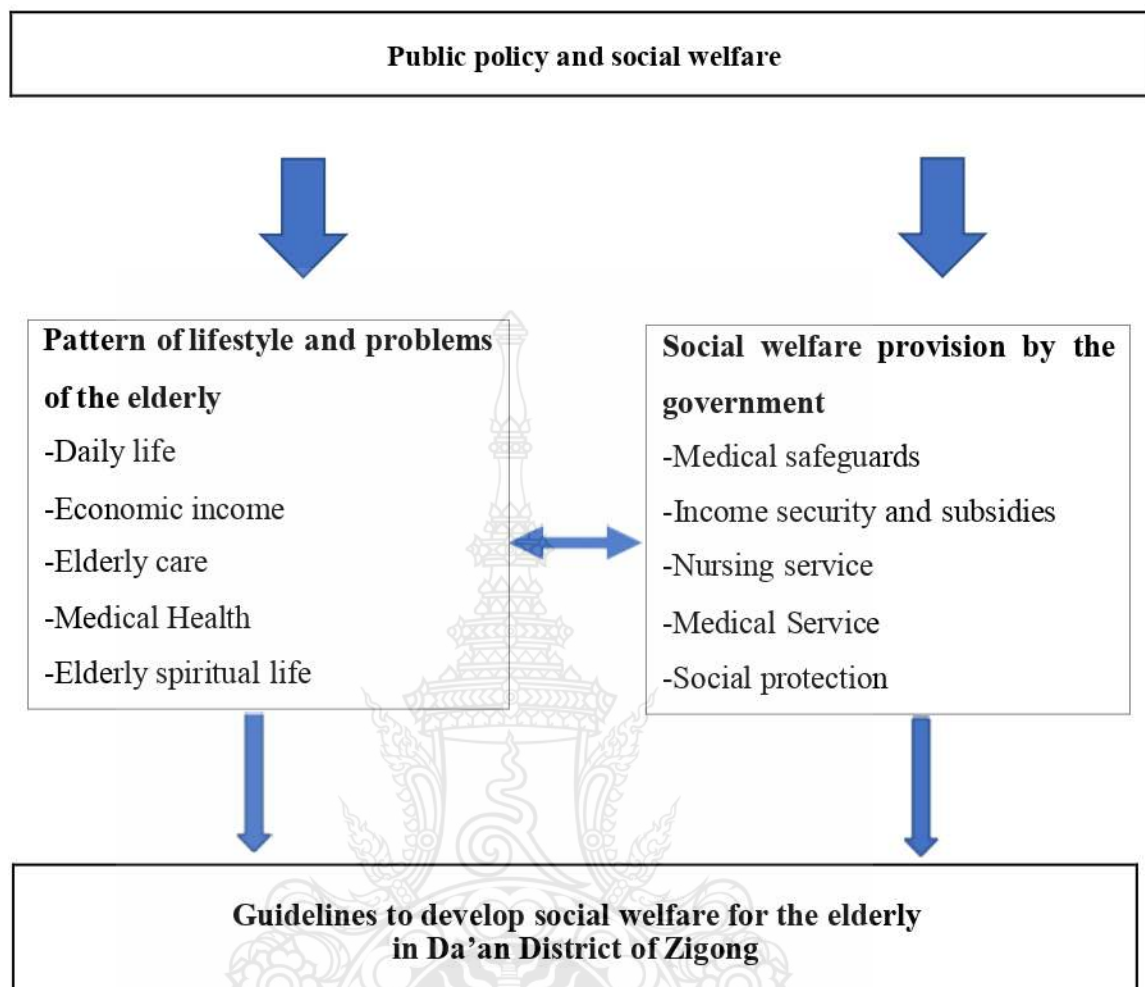


Figure 1.2 Conceptual Framework

Chapter 2

Literature review

The research title of this study is "Research on Social Welfare Policies for the Elderly in Rural China: A Case Study of Da'an District, Zigong City". The related literature on concepts and theories was reviewed as follows:

- 1) Public Policy Theory
- 2) Social Welfare Theory
- 3) Concepts related to older persons
- 4) Theory of Collaborative Governance (CG)
- 5) China's social welfare system for the elderly
- 6) Information about Zigong City
- 7) Literature review

2.1 Public Policy Theory

2.1.1 Introduction of Public Policy Theory

The study of public policy theory can be traced back to the beginning of the 20th century, when Laswell (1936) first proposed the concept of "policy science" in his article "Political Science and the Science of Policy", marking the birth of the science of public policy, while Simon (1946) proposed the concept of "limited rationality" in his book "Managerial Behavior", laying the foundation for the theory of incrementalism. Lindblom (1959) formally put forward the theory of "incrementalism" in his article "Decision Science: The Science of Dominoes Techniques", arguing that policy making was a complementary process of incremental modification.

Easton (1953) constructed a model of political system centered on "input - output" in his book "Political System", which provided the basis for the later theory of group competition, while "Calculated Consent" by Buchanan and Tullock (1962) laid the theoretical foundation of public choice theory. Since the 1980s, New Public Management (NPM) theories have emerged and influenced policy practice (Hood, 1991). Scholars have also conducted a series of evaluation and testing studies on

different theories (Sabatier, 2007; Howlett et al., 2009). Nowadays, public policy theories are still being enriched and developed.

2.1.2 Public policy process

Policy-making involves both a technical and political process of articulating and matching actors' goals and means. Policies are thus actions which contain goals and the means to achieve them, however well or poorly identified, justified, articulated and formulated. (Howlett & Cashore, 2014). Probably the best-known, simple and short definition of public policy has been offered by Thomas Dye, 'anything a government chooses to do or not to do' (Dye, 1972). Nowadays, public policy theories are still being enriched and developed. In China, the policy process generally had five stages: policy formulation, policy implementation, policy evaluation, policy monitoring, and policy termination but such a determination was not detailed enough. The detailed stages of the public policy process were: identification of policy issues, construction of policy agendas, policy planning, policy legalization, policy implementation, policy evaluation, and policy termination (Lin, & Zhang, 1997).

2.2 Social welfare theory

2.2.1 Social welfare policy

Social welfare policy refers to a series of policy measures formulated and implemented by governments to improve the welfare of their citizens, with the core objective of promoting social equity and social justice (Rothstein, 1998). Midgley (2000) affirmed that social welfare policy was a collective intervention to meet the basic needs of citizens through cash transfers, in-kind transfers and service transfers. Social welfare policies covered a wide range of areas, including income support, health care, education, housing, employment, etc. (Pierson, 2006). Social welfare policies aimed to assist socially and economically disadvantaged groups, reduce poverty and inequality, and achieve the goals of social equity, justice and social security (Midgley & Tang, 2001).

2.2.2 Life Cycle Theory

Modigliani (1966) proposed the theory that there were differences in the economic capacity and needs of individuals at different stages of their lives, and that the

social security system should be designed based on the perspective of the whole life course in order to balance the income and expenditures over the individual's life cycle. This was of great significance to the design of a social welfare system for the elderly.

2.2.3 Filial Piety Theory

Ikels, C. (2004) discussed the division of responsibilities between the family and the state in old age support. The theory described that traditional filial piety emphasized the responsibility of adult children to respect and financially support the elderly, but industrialization has weakened the traditional extended family and the concept of filial piety was changing. Different societies had different perceptions of "supporting the young with the old" and "serving the old with the young", with China emphasizing the responsibilities of children. Family support and state support was a dynamic adjustment process, and cultural adaptation should be emphasized. For China, the legal obligation of adult children to care for and support them should be implemented to give full play to the function of the family, and at the same time, the government should set up a coordinated system of old-age care services and economic security to achieve social progress.

2.2.4 Successful Aging Theory

Rowe & Kahn, (1997) in the Successful Aging Theory proposed a multi-dimensional index system for defining and evaluating the successful aging of the elderly. The multidimensional criteria for successful aging that went beyond survival included physical and mental health, ability to live, and social participation, etc.; it provided a guide to building a positive and healthy outlook on aging, emphasizing the combined role of individual effort and social support to promote the well-being and dignity of older adults.

2.3 Concepts related to older persons

2.3.1 Older persons

According to Article 2 in the Law of the People's Republic of China on the Protection of the Rights and Interests of the Elderly, "The elderly referred to in this law were citizens over the age of sixty." According to international regulations, the elderly refers to adults aged 65 and above.

The key to defining the concept of old age lied in determining the boundaries of old age (Wu Cangping Xie Nan, 2011 (1), 11- 12). The United Nations has proposed the criteria for the division of the elderly as those who are 65 years old or older in developed countries and those who are 60 years old or older in developing countries. Old age is regarded as a stage in the life course, and the elderly in this stage can be further divided into: young old (young old) referred to those aged 60 or 65 to 74; old old (old old) referred to those aged 75 to 84; and very old (very old) referred to those aged 85 or above. There are also some countries (such as Japan) referred to those aged 75 as the boundary that will be divided into the elderly before the old man and the late old man, and 90 years of age and above is called longevity of the elderly.

China's standards for the division of old age are: 45 to 59 years old for the pre - elderly (middle-aged people), 60 to 89 years old for the old age (the elderly), more than 90 years old for the long life period (long-lived elderly). More than 100 years old for the long life period of the elderly is called the centenarian.

2.3.2 Diseases of the Elderly

Meng et al. (2023) affirmed that osteoporotic fracture is a serious consequence of sarcopenia and one of the most important causes of disability in the elderly. The study concluded that the prevalence of osteoporotic fracture in Chinese elderly was high, and there was an urgent need to strengthen the prevention and treatment.

Tang et al. (2021) disclosed that the elderly had needed to take multiple medications for a long time due to the presence of multiple co-morbidities, and irrational multiple medication administration might have led to serious adverse effects. The key problems in rational medication management for the elderly in China included increased risk of serious drug abuse, poor adherence, and insufficient number of pharmacists. To effectively address these problems, China needed to reform pharmacy education and developed a fee-for-service system for pharmacy services in order to reduce the risk of irrational medication use in the elderly.

In summary, sarcopenia and bone fractures are common health problems among the elderly in China, and the rational management of medication use is also an urgent challenge to be solved. It is necessary for the government and the medical and health

departments to take positive and effective measures in the areas of prevention, diagnosis, and medication management in order to alleviate the pain and improve the quality of life of the elderly.

2.3.3 The quality of life of the elderly

2.3.3.1 Blane (2008) proclaimed that models and measures of quality of life for older adults consisted of three following parts:

1) Dimensions

A. Objective, on the basis of observations external to the individual such as standard of living, income, education, health status and longevity. Example of a definition of quality of life in the objective dimension: 'The individual's command over resources in the form of money, possessions, knowledge, mental and physical energy, social relations, security and so on, through which the individual can control and consciously direct his living conditions'.

B. Subjective, on the basis of psychological responses by the individual such as life satisfaction, happiness and self-ratings. Example of a definition of quality of life in the subjective dimension: 'Quality of life is defined as an individual's perception of their position in life in the context of the culture and value system in which they live and in relation to their goals, expectations and standards and concerns. It is a broad ranging concept affected in a complex way by the person's physical health, psychological state, level of independence, social relationships and their relationship to salient features of their environment'.

2) Domains

A. Physical health, general (e.g. self-rated health) or disease-specific (e.g. asthma)

B. Psychological (e.g. subjective well-being, happiness, life satisfaction)

C. Social (e.g. social relationships and networks) In the context of medicine, a conceptual framework to assess quality of life that combines the objective and the dimensions and the three domains as a third dimension had been suggested. Other conceptual approaches include theory of human needs and their satisfaction, and environmental well-being.

3) Instruments

A. Generic, used here to refer to instruments which are common to all participants whose quality of life is being measured, as opposed to B. Idiopathic, which are tailored for individual participants.

2.3.3.2 WHO (1997) has divided the quality of life of the elderly into 4 following aspects:

1) Physical domain is the perception of a person's physical condition which affects daily life, such as perception of the completeness of the body , pain, discomfort , energy , fatigue , sleep , rest perception of their ability to work, etc.

2) The psychological domain is the perception of one's own mental state, such as perception, knowledge, spreading legs, and some people that the person, self, struggle, perception, judgment, and learning ability of self, etc.

3) Social relationships is the perception of one's relationship with person, smell, perception, receiving help and being a person who helps other people in society.

4) Environment is the perception about the environment that affects life, perceived interactions between oneself and the environment. The perception of one's independent life is safety and stability in life, etc. Physical safety and security, home environment , financial resources , health and social care: availability and skills, participation in and opportunities for recreation. Leisure Physical environment (pollution of noise, traffic, climate) transport.

2.3.3.3 The study by Zhan (1992) focused on the four dimensions that compose the quality of life for the elderly in Thailand :

1) Satisfaction in life is the response to changes in external circumstances, such as health status, economic conditions, and social support. It also includes the balance between desires, expectations, aspirations, and the realization of those desires.

2) Psychological well-being and happiness are related to self-esteem and the pleasure derived from one's achievements, especially in terms of personal growth and self-fulfillment.

3) Health and physical functioning are about the interdependence between one's physical health and the well-being of the individual in relation to family and society. It considers both clinical conditions and the person's own perceptions of their health.

4) Social and economic aspects involve the assessment of occupation, education, and income as social standards. These aspects are influenced by social support, economic conditions, and urbanization.

2.4 Theory of Collaborative Governance (CG)

The Theory of Collaborative Governance (CG) (Ansell & Gash, 2008) is a framework for understanding how collaborations among stakeholders can be used to address complex public problems. The theory is based on the idea that traditional bureaucratic approaches to problem-solving are often inadequate for addressing complex issues, and that collaborative governance can be more effective. Ansell & Gash (2008) identified several key factors that are necessary for successful collaborative governance. These include: shared goals, mutual trust, open communication, inclusive participation or diverse range of stakeholders, including government agencies, community organizations, and private sector actors and adaptive learning: CB should be flexible and able to adapt to changing circumstances, with an emphasis on continuous learning and improvement. Ansell's Theory of Collaborative Governance emphasizes the importance of collaboration, trust, and communication in addressing complex public problems. By bringing together diverse stakeholders and fostering a shared understanding of the problem, collaborative governance can lead to more effective and sustainable solutions. The CG theory had been employed to various studies in different countries and found success in multiple areas. Firstly, the study by Chriqui, et al. (2013) demonstrated that Collaborative Governance was effective in reducing childhood and adolescent obesity rates within a community. This suggests that Collaborative Governance can be a valuable approach to addressing complex public health issues and achieving positive outcomes. In a study conducted by Alam & Mahmudul (2022) further highlighted the critical factors essential for the success of collaborative efforts to cope with the Covid- 19 crisis in Bangladesh. These factors

include effective coordination between governmental and non-governmental entities, the mobilization of resources, facilitating access and communication, active community engagement, and the government's ability to adapt in response to the crisis. And lastly, in Thailand, Collaborative Governance of Local Governments to promote the quality of life of the elderly in Samut Prakan Province by Supromin (2023) revealed that the factor of leadership, participation both public sector (central and local government, private sector, community and the elderly group are essential for success of collaboration to promote the quality of life of the elderly in urban area.

2.5 China's social welfare system for the elderly

2.5.1 Current status

2.5.1.1 According to Sha (2001), it can be known that the present status and issues of the elderly fit welfare system in China are as follows:

1) Present status

1.1) Since the reform and opening up, China has gradually established a social security system including pension insurance, medical insurance and unemployment insurance.

1.2) The system is based on basic old-age insurance and basic medical insurance, and adopts the mode of joint contributions by employees, employers and the government, and the combination of individual accounts and social co-ordination accounts.

1.3) A system of social insurance funds for employees has been initially established, and social coordination has been implemented to expand the scope of coverage and reduce the burden on enterprises.

1.4) At present, the coverage of social security is expanding, but the rate of participation is uneven, and the incentive for non-public enterprises to participate in insurance is still low.

2) Problems

2.1) Social security fund income and expenditure gap is large, sustained operation of financial risks.

2.2) Social security contribution rate of enterprises is on the low side, and the phenomenon of payment evasion is relatively serious, with loopholes in the supervision of collection.

2.3) Social security legislation is not sound, and law enforcement and supervision need to be strengthened.

2.4) Fragmentation of social security administration is prominent, with low operational efficiency and bloated institutions.

2.5) Insufficient social security covers for individual private enterprises, migrant workers and temporary workers.

2.6) Increasingly severe pressure of an aging population, the sustainability of the social security system and the issue of intergenerational equity has come to the fore.

2.7) Rapid aging of the population resulting in the social security system which is incomplete, for example, old-age care insurance has not yet been established.

3) To summarize, China has made some progress in the construction of its social security system, but there are still many problems that need to be solved in terms of insufficient investment, system construction and coverage expansion. It is necessary to further deepen reform and establish a scientific and sustainable social security system with broad coverage, sustainable and extensive social security system

2.5.1.2 Yang et al. (2010) revealed their research findings on the current situation of social security for the elderly in rural China as detailed below:

1) China's current rural old-age security coverage is very limited, with only 9% of rural older people receiving an old-age pension. This exacerbates the urban-rural income gap and rural poverty. Most social security systems in developing countries are based on a contributory system, which makes it difficult to cover the majority of the rural population. Non-contributory pensions, on the other hand, have achieved better coverage in some middle-income countries.

2) Suggestions based on universal non-contributory pensions

2.1) A universal non-contributory pension can be introduced in rural China, giving a basic pension to all rural elderly people who meet the age limit.

2.2) Non-contributory pensions can reduce rural poverty, improve the status of the elderly family and maintain social stability. Its financial burden is also within China's affordability.

2.3) In designing this pension, it is necessary to consider the economic and political feasibility of the system, and gradually expand the coverage and treatment level.

2.5.2 Social welfare policies and laws for the elderly

This section analyzes the content of laws and regulations on social welfare policies for the elderly, the content of social welfare provided to the elderly at the central and local levels, and three types of social insurance for the elderly.



Table 2.1 Social Welfare Policies for the Elderly

| Administrative level | Year | Policy name | Policy content |
|---|------|--|---|
| People's Congress of the People's Republic of China | 2018 | Law of the People's Republic of China on the Protection of the Rights and Interests of the Elderly | <p>1.basic living assistance: low income or no income "three" old people and "five" The elderly can receive a monthly stipend</p> <p>2.Medical assistance: The government provides medical assistance to the elderly in need</p> <p>3.Nursing subsidies: The elderly who cannot take care of themselves for a long time and have financial difficulties enjoy nursing subsidies</p> <p>4.Housing assistance: Local governments at all levels give priority to renovating dilapidated houses for the elderly</p> <p>5.legal aid: when their legitimate rights and interests are damaged and unable to pay the legal costs of the elderly, can be exempted, less or deferred</p> |
| The State Council | 2021 | The 14th Five-Year Plan for the Development of the National Cause for the Aged and the Old-age Service System. | <p>1.Put forward the main goals and tasks for the development of the cause of aging in the next five years</p> <p>2.In rural areas, adjust the Five guarantees and subsistence allowances, strengthen services for the elderly in rural areas, focus on the development of home care for the elderly, establish comprehensive service facilities and sites in rural communities, set up township and township nursing homes, and build a network of mutual old-age care services in rural areas.</p> <p>3.Expand the coverage of elderly care services, strengthen the ability to provide home-based community services for the elderly, and promote the combination of medical and nursing care</p> <p>4.Develop geriatric medical, rehabilitation and hospice care services</p> <p>5.Strengthen education for the elderly, optimize the role of re-employment, and enrich cultural life services for the elderly.</p> <p>6.We will create an elder-friendly social environment and promote digital-assisted elderly care.</p> |

Table 2.1 Social Welfare Policies for the Elderly (continue)

| Administrative level | Year | Policy name | Policy content |
|----------------------|-------|--|---|
| The Council | State | 2005 Decision of The State Council on Improving the Basic endowment Insurance System for Enterprise employees | 1.The elderly who enjoy the pension insurance for urban workers shall receive the pension from the personal account and the basic pension Composition of pension, the monthly drawing of personal account is the balance of personal account divided by the number of months of payment; basic The pension is based on the local average monthly wage of the staff and workers in the previous year and their indexed average monthly wage |
| | 2005 | 《2009 Guidance of The State Council on carrying out the pilot program of New Rural Social Endowment Insurance》 | The average value shall be the base and 1% shall be paid for each full year of payment. |
| | 2009 | 《2006 "Notice on Accelerating the pilot program of New Rural Cooperative Medical Care | 2.Those who have reached the age of 60 and have not enjoyed the old-age insurance benefits for urban workers do not have to pay contributions and receive them on a monthly basis The basic pension is set at 55 yuan per person per month by the central government and may be raised appropriately by local governments. 3.Medical insurance: The payment is made up of individual contributions and government subsidies, and the reimbursement is gradually increased The ratio. |
| Sichuan Province | 2018 | 《Article on Protection of the Rights and Interests of the Elderly of Sichuan Province Example》 | 1.Family support; Elderly care should be provided at home, and families should ensure basic needs of daily life, medical treatment and nursing. 2.Residence environment: The government plans the public living and traveling environment for the elderly. 3.Social security: improve the system of basic endowment insurance, medical insurance and nursing insurance, provide subsidies to poor and elderly people, and rationally use lottery public welfare funds. |

Table 2.1 Social Welfare Policies for the Elderly (continue)

| Administrative level | Year | Policy name | Policy content |
|----------------------|------|---|---|
| | | | <p>4.Social services: the government reasonably plans the infrastructure for the elderly, radiates rural old-age care with urban old-age care, encourages the capital of social institutions to enter rural old-age care services, promotes the development of old-age care professionals, establishes the old-age service evaluation mechanism, improves the grass-roots medical service network for the elderly, establishes detailed archives, and speeds up the implementation of the medical care structure model.</p> <p>5.Social preferential treatment: The elderly are provided with certain concessions and convenience in travel, tourism, public transportation and medical treatment.</p> <p>6.Cultural life: Timely carry out cultural publicity activities to enrich the cultural life of the elderly.</p> |
| Sichuan Province | 2018 | <p>《On the formulation and implementation of the elderly Advice on the Implementation of Customer Service Projects》</p> | Implement an old-age allowance system throughout the province. |
| Sichuan Province | 2018 | <p>《On the full release of the elderly service city Field to improve the quality of services for the elderly Opinion》</p> | Reduce the number of public pension beds and open the market to the whole society |

Table 2.1 Social Welfare Policies for the Elderly (continue)

| Administrative level | Year | Policy name | Policy content |
|----------------------|------|---|---|
| Sichuan Province | 2020 | 《Implementation on Opinions of the General Office of Sichuan Provincial People's Government on Promoting the Development of Elderly Care Services in Sichuan》 | Encourage the improvement of the living environment for home-based care, evaluate and manage institutions for the aged, and put institutions for the elderly in rural areas under the direct management of county-level care |
| Zigong City | 2018 | 《Zigong City "13th Five-Year" aging cause Development and pension system construction plan》 | 1. Improve the level of social welfare for the aged; 2. Accelerate the development of home care services; 3. Coordinate the deep integration of medical and elderly care services |
| Zigong City | 2021 | 《Zigong City "13th Five-Year" civil affairs development plan》 | 1. Improve the old-age service network. A system of health and elderly care services covering both urban and rural areas has been established, which is based on homes, supported by communities and supplemented by institutions, integrates medical and nursing care, has complete functions, and is rationally distributed. 2. Promote the integration of medical and nursing care. We will improve the mechanism for combining medical and old-age care services, and support qualified institutions to open (or establish) medical institutions. The medical institutions within these institutions will be under unified management and enjoy the same treatment as public medical institutions, |

Table 2.1 Social Welfare Policies for the Elderly (continue)

| Administrative level | Year | Policy name | Policy content |
|----------------------|------|---|---|
| Zigong City | 2021 | 《Zigong City "13th Five-Year" civil affairs development plan》 | <p>and those that meet the conditions may be included in the agreement management of designated medical institutions under basic medical insurance.</p> <p>3. Establish a long-term care security system. We will improve the contents and procedures of old-age service subsidies for the elderly with financial difficulties, expand the scope of the old age allowance, and explore ways to establish a nursing subsidy system.</p> <p>4. Smart elderly care services. We will support enterprises and institutions to use mobile Internet, cloud computing, big data, the Internet of Things and other technological means to deeply integrate with elderly care services, and innovate ways to provide home-based elderly care services.</p> <p>5. Spiritual life. We will coordinate material and spiritual support for the elderly, rely on universities for the elderly, associations for the elderly at all levels, and community social organizations, improve the working mechanism for providing cultural services to the elderly, and support the elderly in participating in various forms of cultural and sports activities, so as to ensure that the elderly have something to enjoy.</p> <p>6. Public pension institutions provide free or low compensation support and nursing services for urban and rural "three without" elderly people, low-income elderly people, elderly people who have lost their only child, and disabled and semi-disabled elderly people with financial difficulties. We will encourage private capital to participate in old-age services</p> |

Table 2.1 Social Welfare Policies for the Elderly (continue)

| Administrative level | Year | Policy name | Policy content |
|----------------------|------|---|--|
| Da 'an district | 2018 | 《Da 'an District has steadily promoted the construction of the elderly care service system》 | 1.Public pension institutions are suitable for aging reform 2.Implementing home-based care services step by step 3.Start the adjustment of pension service planning and increase the number of pension institutions and beds |
| Da 'an district | 2018 | 《Da 'an District rural subsistence management workers Make a plan 》 | The object of subsistence allowance shall be identified again and the object of non-compliant subsistence allowance shall be replaced |

Table 2.2 Social Welfare Policies for the Elderly Compare content

| Social Welfare | Central Government | Local government |
|----------------|--|--|
| Health Care | <p>1.The central government has formulated the basic medical insurance and medical insurance subsidy system, and the new rural cooperative medical care system.Employee pension insurance, urban pension insurance, new rural pension insurance.</p> <p>2.the provisions of the national survey of common diseases, chronic disease free physical examination, serious disease relief, the establishment of village clinics.</p> | <p>Local governments are responsible for implementing policies.</p> <p>1.through the establishment of social benefits for the elderly in the area, such as free health check-ups, the establishment of the first elderly ward, and the provision of family doctors for the elderly with mobility difficulties</p> <p>2.Set up geriatric consultation rooms (elderly specialist services) in primary medical institutions, cooperate with hospitals for elderly care, provide village doctors and nurses, village clinics or mobile medical vehicles for routine visits, and sign a contract with township health centers to provide outpatient discounts</p> |

Table 2.2 Social Welfare Policies for the Elderly Compare content (continue)

| Social Welfare | Social Welfare | Social Welfare |
|-----------------|--|--|
| Nursing service | <p>1. The central government to improve the overall construction (expansion) of various types of elderly care institutions (long-term care institutions) (facilities), supervision of elderly care institutions service quality, training village doctors and nursing staff, the development of nursing institutions standards</p> <p>2. Open a hotline for reporting elder abuse.</p> | <p>1. Local governments provide care services for local elderly people according to the economic situation of the region.</p> <p>2. the local district government through the development of community care (home care services), the establishment of day care centers (day care), provide home care services</p> <p>3. The local government to establish assisted elderly living facilities, family safety assessment</p> <p>4. The local district government has set up a college student volunteer cooperation group and a village-level nursing staff team for the poor Elderly.</p> |
| Medical Service | <p>Central Government:</p> <p>1. Promote the provision of on-site medical rehabilitation services</p> <p>2. Urge the establishment of geriatric clinics</p> | <p>1. The local government organizes door-to-door medical services for the elderly with mobility difficulties</p> <p>2. Local governments set up geriatric specialties centers in community for medical service.</p> |
| Basic life | <p>Central Government:</p> <p>1. Providing guaranteed housing</p> <p>2. Subsidizing large-scale cultural activities for the elderly</p> <p>3. Promote living allowance for the childless and special hardship elderly, and discounts on public facilities (parks, tourist attractions, etc.)</p> <p>4. Implementing education programs for the elderly</p> | <p>Local governments provide social welfare with a wide range of livelihood guarantees.</p> <p>1. Provide apartment for the elderly, canteen, living assistance, food delivery service, grocery delivery, hospital pick-up service.</p> <p>2. The local government provides activity centers for the elderly through cultural and educational activities</p> <p>3. the local district government provides housing maintenance subsidies, rental subsidies, barrier-free buses</p> <p>4. Local governments establish village and community mutual assistance networks, carry out information technology education courses and inter-generational integration projects</p> |

2.6 Information about Zigong City

2.6.1 Population

According to the communiqué of the Seventh National Population Census of Zigong City, the city's population in 2020 was 2.49 million, with 680,500 people over 60 years of age, accounting for 27.34% of the total population, an increase of 8.65 percentage points over the proportion in 2010, and 1,110,100 people living in rural areas (Office of the Leading Group of the Seventh National Population Census of Zigong City, 2021). According to the Medium- and Long-term Plan for Population Development in Zigong City, Zigong City's population development has entered a transition stage, and the balance between population size, structure, and distribution, as well as the balance between population, economy and society, and resources and environment, will face problems and challenges that cannot be ignored. For example, the negative impact of accelerated aging will increase, the supporting role of labor resources will continue to weaken, and the potential hidden dangers of family development will gradually accumulate.

Da'an District of Zigong City is located in the northeast of the city and was established in 1953 as Da Tombou District of Zigong City. In August 1955, it was renamed Da'an District with the approval of the provincial government. The district has 9 towns, 3 towns, and 4 streets, with a total area of 398 square kilometers (Sichuan Provincial Office of Local Records, 2021). At the end of 2021, according to the Seventh National Population Census Bulletin of Da'an District of Zigong City, Da'an District had a total population of 369,100 people, with elderly people aged 60 or above accounting for 10% of the total population of the district or more than 7% of elderly people aged over 65 years old (Zigong Seventh Population Census Office, 2020,p. 3; Census Office, 2020, p3). The region as a whole is in an aging stage (Tao Li Hua Yan, 2021,p. 1)

2.6.2 Economy

Zigong is a typical industrial city with rapid development of secondary and tertiary industries. According to Zigong Statistical Yearbook 2021, Zigong's urbanization rate reached 75% in 2021, and agriculture only accounted for 3.8% of the gross regional product. This led to a large number of rural laborers flowing into towns and cities for employment. According to Wang et al. (2019), about 30% of the rural elderly in Zigong were left behind in the countryside. The literature research on the Development of New

Urbanization in Zigong City pointed out that Zigong should promote agricultural modernization, develop characteristic and high-quality agriculture, increase agricultural labor productivity, and improve the income level of farmers. In addition, intelligent comprehensive agricultural development was also a trend.

Zigong is closely connected with Chengdu Economic Circle. Li Ming et al. (2022) argued that Zigong should strengthen its industrial collaboration with Chengdu, give full play to their comparative advantages, and realize complementary advantages. Zigong is also strengthening its infrastructure links with neighboring counties to promote the integrated development of urban and rural areas.

In summary, Zigong is committed to promoting the modernization and industrialization of agriculture, as well as positive interaction with neighboring cities. This is of great significance in promoting a balanced flow of urban and rural factors and coordinated regional development. However, it is necessary to pay attention to the widening gap between urban and rural areas and the hollowing out of rural areas.

2.6.3 Society

According to the United Nations World Urbanization Prospects 2018 report, the urbanization level of Zigong has reached 76.8%, higher than the average level in China. The advancement of urbanization was accompanied by a series of social problems, such as the widening of the urban-rural gap and shortcomings in public service provision (United Nations, 2018).

The study of Mao Yongchun and Yao Yun pointed out that Zigong city should strengthen the construction of community service system, promote employment and entrepreneurship and social security in order to adapt to the social structure and mode changes that occurred in the process of rapid urbanization (Mao Yongchun, Yao Yun, 2019).

Mingyan (2020) affirmed that the main needs of the rural left-behind elderly in Zigong city included old-age service, life care and spiritual comfort. It was necessary to build a community mutual-help model of old-age care and provide long-term care services that suited the needs of the rural elderly.

To sum up, Zigong is in a period of rapid social transformation, and while promoting urbanization, attention should be paid to solving the social problems of old age and employment that arise as a result.

2.7 Literature review

2.7.1 Study of social welfare for the elderly

2.7.1.1 Yue liu studied "The elderly problems and policies in china: a comparison with Japan" in 2016. It was found that there were three major problems of aging in China: increasing medical needs, empty-nest family problems, and increasing pressure on long-term care services. The study revealed that there were three main aging problems in China: increased medical needs, empty nest families, and increased pressure on long-term care services, and that although many aging-related policies have been implemented, they have been ineffective.

2.7.1.2 Daibaozhen et al. (2013) , in "Old age security in rural china: there is a long way to go" assured that socio-economic development has made the burden of traditional caregiving for the elderly in rural areas more burdensome than ever before. The study found that socio-economic development has made the burden of traditional care for the elderly heavier than ever before, and new challenges were emerging in rural communities, such as poor economy, deterioration of the natural environment and health crises.

2.7.1.3 Wang et al. (2019) found out that empty nesters received less family emotional support, life care support, and economic support, and the family economic pressure was higher. Empty-nest living could consequently increase the risk of depression in older adults, and poorer economic conditions might lead to declining mental health. Improving the economic conditions of empty nesters may help to improve their mental health.

2.7.1.4 Shen et al. (2012) described their research findings that a proportion of rural older persons were in poorer health and that the medical needs of those over 80 years of age were greater. The rural elderly had low incomes, with the main sources being child support, agricultural income and pensions. As they aged, their ability to take care of themselves declined. Although the family basically met the care

needs of the elderly, the community did not pay enough attention to them. A significant proportion of rural older persons often felt lonely, and most lacked recreational activities. Research had shown that to improve the quality of life of the elderly in rural China, it was necessary to improve the social security system for the elderly in rural areas.

2.7.2 Social welfare for the elderly

2.7.2.1 Nursing care services

Nursing service refers to providing the elderly with life care, basic nursing care, rehabilitation care, psychological care and other services, trying to meet the diversified needs of the elderly for elderly care services, especially in life to give the elderly meticulous care, physical health to give them professional health service management. Additionally, care was also the core of nursing service (Junlan, 2016).

From the perspective of care services, in the context of social transformation and urban-rural imbalance, care services were the weakest part of the current social security system for the elderly in China (He, 2015). With the industrialization and urbanization of society, the phenomenon of population mobility has become more and more frequent. Because of the impact of improved housing conditions, young people marrying and living independently, the miniaturization of family structures, the separation of young children from the rural elderly, and empty nests among the rural elderly population were becoming more common (Li et al. 2022). The income of older people in rural areas could not support their own care services. Social welfare administrations failed to integrate relevant subsidies and insurance (Jiang and Zhang, 2020). Unequal distribution of resources and geographical constraints were barriers to rural care services as well.

2.7.2.2 Medical services

Medical services means Medically Necessary services, including, as the context requires, Confinement, treatments, procedures, tests, examinations or other related services for the investigation or treatment of a Disability. With regard to medical services, the rate of illness and morbidity among the elderly has increased significantly due to the decline in physiological functions and resistance, which inevitably led to a significant increase in the demand for medical services (Gerdtham, 1993). In addition, timely access to health care had a very important impact on the health of the elderly (Gu,

2002). In rural areas, the rural elderly family members help in medical services was also decreasing because under the accelerated urbanization in China , most of the young people kept moving to the cities. (Guo, Aranda et al., 2009, p1085 - 1104) Some studies have shown that most rural older people were still considered low economic income as a major barrier to accessing healthcare services. (Zhang, Zhou et al, 2017, p151).

2.7.2.3 Economic income

In terms of financial income, financial problems enabled to limit a person's ability to live independently and meet their needs (Liu and Guo 2008) . Throughout all studies, it has been shown that the sustainability and stability of economic income was a necessary condition for older people to enjoy high quality subjective well-being and social welfare. Sources of economic support for the elderly involved personal wage income, family support, social support, and government subsidies. (Chen and Chunharas, 2009).

From the literature review on social welfare for the elderly highlights several key findings:

1) Aging problems in China: The study by Yue Liu identified three major problems of aging in China - increasing medical needs, empty-nest family problems, and increasing pressure on long-term care services.

2) Burden of caregiving in rural areas: Daibaozhen et al. found that socio-economic development has made the burden of traditional caregiving for the elderly in rural areas more challenging, with new challenges emerging such as poor economy, deterioration of the natural environment, and health crises.

3) Impact of empty-nest living: Wang et al. discovered that empty nesters received less family support and experienced higher economic pressure, which could increase the risk of depression in older adults. Improving economic conditions may help improve their mental health.

4) Health and social security system: Shen et al. highlighted that a proportion of rural older persons were in poorer health, with greater medical needs for those over 80 years of age. It was necessary to improve the social security system for the elderly in rural areas to enhance their quality of life.

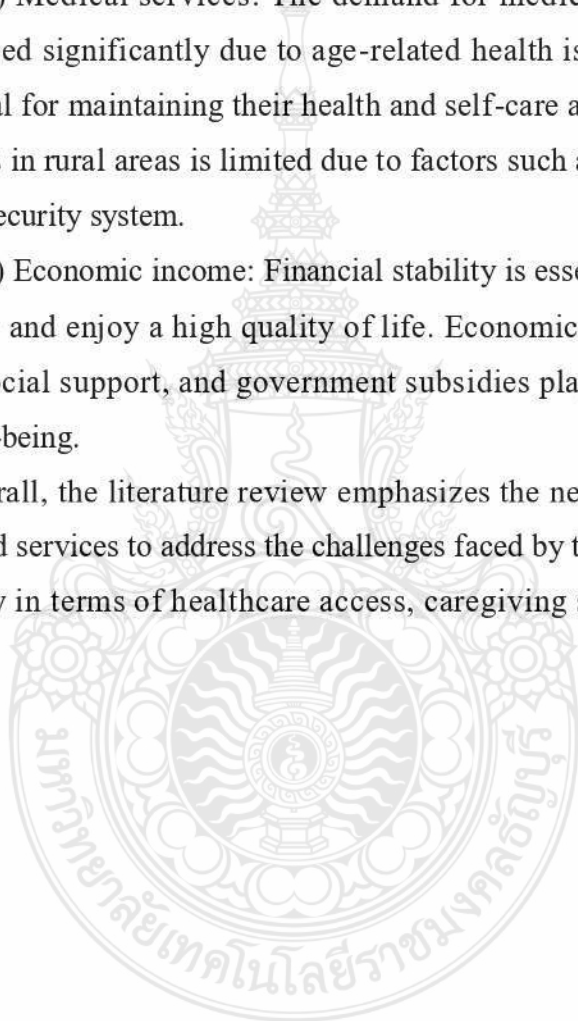
Regarding social welfare for the elderly, the review focused on two aspects:

1) Nursing care services: Nursing services aim to provide the elderly with life care, basic nursing care, rehabilitation care, psychological care, and other services to meet their diverse needs. However, care services were identified as the weakest part of the current social security system for the elderly in China.

2) Medical services: The demand for medical services among the elderly has increased significantly due to age-related health issues. Timely access to healthcare is crucial for maintaining their health and self-care ability. However, access to medical services in rural areas is limited due to factors such as labor outflow and an inadequate social security system.

3) Economic income: Financial stability is essential for older adults to live independently and enjoy a high quality of life. Economic support from personal income, family, social support, and government subsidies plays a significant role in ensuring their well-being.

Overall, the literature review emphasizes the need for improved social welfare policies and services to address the challenges faced by the elderly population in China, particularly in terms of healthcare access, caregiving support, and economic stability.



Chapter 3

Research Methods

The purpose of this study is to provide the government with a guideline for social welfare management by investigating rural elderly people in Da'an District, Zigong City and analyzing social welfare policies that support the elderly. This chapter describes the research methodology, which consists of five parts: (1) research design, (2) population, (3) research instrument, (4) data collection, and (5) data analysis.

3.1 Research Design

This research mainly uses qualitative research methods to study the social welfare of rural elderly, collecting data through in-depth interviews, and then analyzing qualitative data. In-depth interviews are unstructured, direct, in-depth, and one-on-one interviews that are an appropriate way to collect the underlying motivations, experiences, attitudes, and emotions of interviewees about specific issues (Jimenez, 2019). During the interview, the investigator does not need to ask questions step by step according to the order of the questions in the survey outline but put forward new questions at any time to gradually deepen the topic according to the answers to the survey.

Finally, in order to test the validity of this study, data from different sources were used.

3.2 Research object

The research object of this study is all the rural elderly in Da'an District, Zigong, China. The researcher conducted in-depth interviews with three key target groups using purposive sampling technique. The three key target sampling groups were: 8 elderly people in villages A and B, 4 officials related to social welfare for the elderly in Zigong Municipal Government, and 2 experts and scholars related to social welfare for the elderly. A total of 14 people were interviewed. The following were the interviewee information and coding form:

Table 3.1 The population and Key Informant for Interview

| Key Informants | Number |
|--|--------|
| 1. The Chinese elderly in Rural area village A | 4 |
| 2. The Chinese elderly in Rural area village B | 4 |
| 3. Experts or researchers | 2 |
| 4. A government official in charge of social welfare | 4 |

Table 3.2 The code for interview are

| Key Informants | Name |
|--|-------------|
| 1. The Chinese elderly in Rural area village A | A,D,E,F |
| 2. The Chinese elderly in Rural area village B | C,B,G,H |
| 3. Experts or researchers | AAA,BBB |
| 4. A government official in charge of social welfare | AA,BB,CC,DD |

3.3 Research Tools

This study used two research tools as follows:

3.3.1 Document Analysis

The author reviewed and analyzed the literature of public policy literature, social welfare management literature, ageing related literature and government literature among other literature.

3.3.2 Interviews

Interview method, according to the research objectives on the study group was conducted a simple sample of interviews, using rural elderly interview outline, government ministries and staff interview outline, and rural social welfare policy of experts (district level). The details are as follows:

3.3.2.1 Rural elderly interview outline: topics include the current situation of daily life and problems, sources of economic income, access to care services and medical services and evaluation of views, awareness of these social welfare policies.

3.3.2.2 Outline of interviews with government officials: the main topics include their job responsibilities, work progress, the content of social welfare policies (care and medical services, economic support) supporting the rural elderly in their

region, the process of formulation, the effectiveness of implementation, and the degree of implementation.

3.3.2.3 Outline of expert interviews: the topics include evaluation and views on supporting social welfare policies in the region, whether the government pays attention to the economic income of rural elderly people in the region, nursing care services, medical care services social welfare, and whether the current social welfare policies for rural elderly people are perfect and where they can be improved and perfected.

3.4 Data Collection

The data collection procedure of this study was presented as follows:

Firstly, the author randomly sampled 8 elderly people, 4 government officials in social welfare management, and 2 experts and scholars from villages A and B in Da'an District, Zigong City for interviews to obtain data. Then, she analyzed the laws and regulations related to social welfare for the elderly and some literature to obtain original literature data. Finally, she classified and grouped the raw data based on her own research project objectives.

3.5 Data analysis

This study is a qualitative research. The content analysis is employed to analyze the existing laws and regulations implemented at the central and local levels in China. The primary source consists of the transcripts of the interviewees, which mainly include audio recordings, video footage, charts and transcripts. In addition, the primary data also includes relevant literature and some government documents. In these textual data, the researcher also needs to exclude some contents that are not related to the study.

Once the data collection was completed, it was analyzed through qualitative data analysis, which consists of four consecutive steps, namely, data collection, data organization, data presentation, and data validation (Mile and Huberman, 1994). Finally

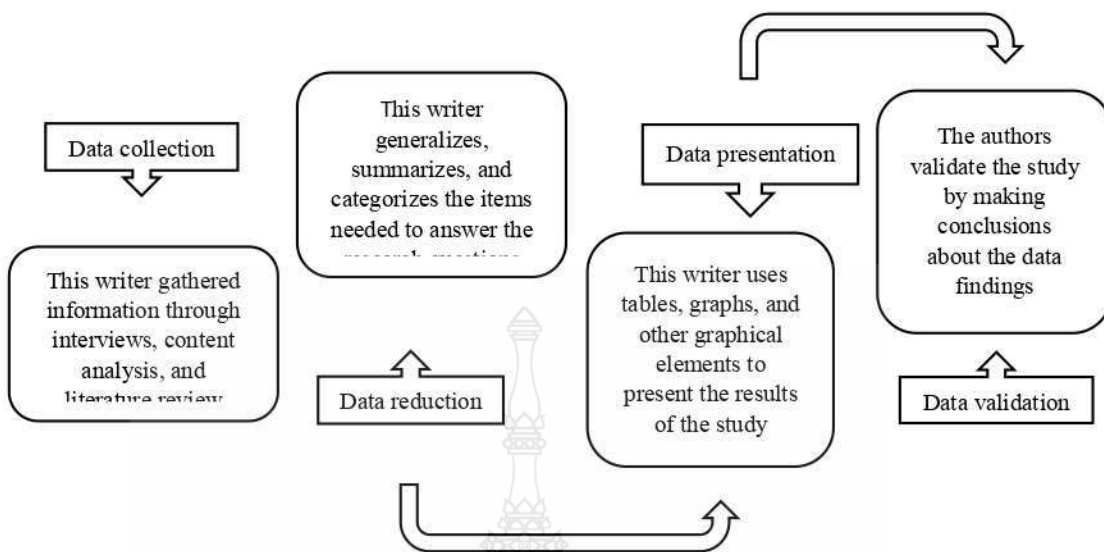


Figure 3.1 Qualitative data analysis model (Mile and Huberman, 1994)



Chapter 4

Research Results

This chapter presents the results of this study from data analysis in Chapter 3. The research aims to find out the living conditions and problems of rural elderly people in Da'an District, Zigong City, the social welfare content provided by the government for the elderly, and management guidelines for improving social welfare policies for rural elderly people. The research findings obtained were described in the following.

4.1 Research Results

Research objective 1: The living conditions and problems of the elderly in Da'an District of Zigong

4.1.1 Daily life:

In terms of food consumption: Under the influence of family economy and the consumption concept of the elderly themselves, the daily consumption of three meals for all elderly people was less than 10 yuan (most of which was described the daily expenditure as 0 yuan since they relied on eating self-grown grains, vegetables, and fruits). The sample statements below were referred to the Elderly in Village A and B:

“Within a day if I have to spend money on food, I most spend 5- 10 yuan to eat; but most of the time I do not spend money. I mainly eat my home-grown vegetables and my own grain rice, plus pickles, which is basically enough. I normally don't spend money on food, so I can afford the expenses.”

(Interviewee: Village A, Name D, Male, 68 years old, interviewed on May 26, 2023)

“Every day, we eat simple food. We grow our own rice and vegetables that are enough. There is no expense. We save a lot of money on groceries. Although we are struggling, we are self-sufficient and have enough to eat.”

(Interviewee: Village B, Name H, Female, 75 years old, interviewed on May 25, 2023)

In terms of clothing: Most elderly people in rural areas rarely went out and mostly worked in household farming. They frequently bought clothes. The general situation was to buy clothes once a quarter. Many elderly people said that because winter clothes were rarely worn; thick winter clothes could be worn for several years or even decades. Summer clothes could be worn for only a few years. The below statements were referred to the Elderly in Village A and B:

“I generally buy one or two pieces of clothing every season: lighter ones in summer and thicker ones in winter. Since I do farm work at home and don't go out much, I can wear them for a long time. I've been wearing that thick jacket for more than 10 years, and it's still in good condition.”

(Interviewee: Village A, Name F, Female, 79 years old, interviewed on May 29, 2023)

“My clothes were extremely simple. I only bought one or two pieces of old clothes a year, and it didn't matter if they were ragged because they were practical and kept me warm. My jacket in the house had numerous patches, but it still enabled to protect me from the cold. Although life was hard, I was happy to be able to protect my body from the wind and rain.”

(Interviewee: Village B, Name B, Male, 66 years old, interviewed on May 13, 2023)

In terms of housing level: The housing of rural elderly people was basically self-built. During the interview, it was learned that rural elderly housing could be divided into two categories. One was a type of house built for oneself when they were young. Another was a type that their children had settled down in rural areas and built relatively modern houses. Four elderly people in these two types of self-built housing were very satisfied with their housing while the other two were not very satisfied with

their housing. Finally, the demand for housing for rural elderly people was normally to get used to living in their old houses.

“My partner and I built this house ourselves when we were young, and we have been living in it for decades. It's rather simple, but I'm used to it. I don't want to renovate or move, so I'll just live in the old house.”

(Interviewee: Village B, Name G, Male, 77 years old, interviewed on May 25, 2023)

“This house was built by me and my partner when we were young, and we've lived here for decades. It's simple, but we're used to it, and I don't want to move or renovate it, so I'll let it stay with us until the end!”

(Interviewee: Village A, Name E, Female, 67 years old, Interviewed on May 26, 2023)

In terms of transportation : Due to the government's policy of implementing village access roads, rural elderly people could walk, ride bicycles, and take buses for transportation. The biggest challenge was the limited number of buses that can be taken.

“I usually just walk around the village, and only go to the county town by car when I need to buy things. The village has built roads, so I can ride a bicycle. There are fewer buses to the county town, but they are enough.”

(Interviewee: Village A, Name A, Male, 76 years old, interviewed on May 28, 2023)

“I usually go around the village, and only take a car when I have to go to the county town to buy things. The village has built a road, so I can go by bicycle. There aren't many buses to the county town, but they're enough for us.”

(Interviewee: Village B, Name C, Female, 61 years old, interviewed on May 13, 2023)

In terms of daily life, the rural elderly in Da'an District, Zigong City lived a simple and economical life with not so demanding. They only needed the most basic living security and were usually satisfied with and adapt to the current daily living conditions. But there were certain life difficulties as well.

4.1.2 In terms of household economic income:

The economic income of rural elderly people was a condition to meet their basic material living needs, a basic condition to achieve the "elderly care" of rural elderly people, and also the most basic elderly welfare needs.

According to the interview results, it was found that although rural elderly people had received a minimum of 60 yuan per month from the government; yet, their income level was very low. The main sources of income were: supports from one's own children, earnings from selling crops and land contracting, working part-time nearby, basic pension insurance, retirement pension, previous savings, and government subsidies. In addition, with the implementation of the rural elderly pension, subsistence allowance, and five guarantees system in recent years, these economic supports have also increased some income for the elderly, accounting for a certain proportion of their income. However, the proportion of this type of support needed to be further increased.

“I have rheumatism and don't go out to earn money anymore. I have to grow crops at home, sell chickens and ducks raised for money, and contract out the land. My daughter-in-law gives me some money. I can save some money to maintain the most typical food, drink, and clothing in my daily life”

(Interviewee: Village B, Name B, Male, 66 years old, interviewed on May 13, 2023)

“Now the national policy takes good care of the rural elderly; we have 60 yuan from the government pension per month. Even though the money is not much, saving it can guarantee the basic life for a month.”

(Interviewee: Village A, Name A, Male, 76 years old, interviewed on May 28, 2023)

4.1.3 Elderly care

Firstly, daily family care was the main source of care for the elderly in rural areas. The specific manifestations were: mutual care and care between spouses, supplemented by childcare, and occasional care and care from rural neighbors. However, there was no established community-based elderly care service model in rural areas. Due to the low level of education for the elderly in rural areas, they were unable to obtain better nursing information and master more nursing skills. As a result, there was a significant difference in the level of care services and professional care provided to their spouses by the elderly in rural areas. In addition, it was also difficult for their children to continue caring for and caring for the elderly while working outside for years. Some elderly people needed to take care of children left behind at home. Due to various reasons, rural elderly people were not able to access more nursing services, hence they were let alone with neither good quality nursing services, nor the intervention of the government, market, and other institutions. The following statement referred to the Elderly in Village B:

“My old lady had broken her leg while washing clothes last year and later was bedridden. I've been taking care of her. Isn't that what old age is all about, having someone to bring you a cup of tea and a glass of water? Though my daughters take the time to take care of her, they won't come every day. Now that I'm in good health, I don't count on them.”

(Interviewee: Village B, Name C, Female, 61 years old, interviewed on May 13, 2023)

“I'm suffering from osteoporosis. Moreover, I also have kyphosis, a hunching of the upper spine. Sometimes I have a waist pain. Usually, when I'm at home, some of the heavy housework is done by my old partner. He's not particularly busy. The daily laundry and cooking is done by him.”

(Interviewee: Village A, Name F, Female, 79 years old, interviewed on May 29, 2023)

4.1.4 Medical health

The overall health of older persons in rural areas was poor, with a high rate of chronic diseases. Nevertheless, the annual expenditure on comprehensive medical check-ups and medical care for the elderly in rural areas was still very low. Most of them went to hospitals in town for medication when they had any physical problems or minor ailments now that county hospitals were far away and expensive, and there was the phenomenon of excessive medical treatment. Rural elderly people had few choices of medical institutions. Therefore, as far as medical and health services were concerned, the lack of resources and the low level of skills of specialized medical and nursing staff in rural areas made it impossible to guarantee efficient and high-quality medical services.

“I usually have physical problems so I generally do not go to hospital. If I have a really unbearable pain, I will only go to district rural hospital instead. I have a checkup or physical examination once a year for free, and I think, very common checkup are not useful at all. Last year I went once; this year I don't want to go. There is only one hospital in town. The hospital in the city is far away and very expensive. Additionally, there are a lot of tests and medicines prescribed for merely minor ailments.”

(Interviewee: Village B, Name H, Female, 75 years old, interviewed on May 25, 2023)

“Usually, a little bit of health problems is their own simmering. When I've a pain and cannot bear it, I go to the country hospital to see the doctor. He prescribed me some medicines. Once I went to the county hospital to see a doctor because I had a cold. The doctor did a lot of tests and gave me medical prescriptions. He prescribed me a lot of medicines. I brought them home, took them for a few days, and I felt better. Nonetheless, the drugs prescribed for my cold were left a lot. It cost me more than 1,000 RMB.”

(Interviewee: Village A, Name E, Female, 67 years old, interviewed on May 26, 2023)

4.1.5 Elderly spiritual life

There was a serious lack of spiritual and cultural activities. The cultural and entertainment activities of the rural elderly in this area were very simple, and there were almost no collective cultural and entertainment activities. They were primarily individual entertainment activities, mainly watching TV and chatting to pass the time. Some elderly with mobility difficulties could only sleep at home and watch TV. In terms of cultural infrastructure, it was not possible to provide basic cultural facilities for the elderly to enhance interpersonal relationships, knowledge level, and relax their physical and mental health. Therefore, for rural elderly people, their spiritual life was empty and lonely. The following statements referred to the Elderly in Village A and B:

“Now that my daughter is back, I have the time to play poker and dragon door games with some of the neighbor's in-laws. The days are still but manageable.”

(Interviewee: Village A, Name D, Male, 68 years old, interviewed on May 26, 2023)

“Usually, I have to take care of the land, when the farm is busy. I feel that my days are full. But when I can't find anything to do in the sparetime, I can only watch TV and listen to the radio to kill the time and look forward to the return of my children.”

(Interviewee: Village B, Name G, Male, 77 years old, interviewed on 25 May 2023)

The supply of family spiritual welfare was prominent, and in rural areas, children and partners were the most basic pillars of spiritual life for the elderly. They played an irreplaceable role in the issue of mental loneliness among the elderly. However, in rural areas, due to the influence of local economic level, it was difficult to earn money in rural areas. Most rural young people chose to work outside, and the growing phenomenon of left behind elderly people was very prominent. This led to a lack of family spiritual supply for rural elderly people, seriously affecting their spiritual life.

Research objective 2: The government's social welfare policies to promote the quality of life of the elderly include: medical care, economic security and income subsidies, nursing care services, medical services, and social protection

4.1.6 Government social welfare provision for the elderly in rural involved:

4.1.6.1 Medical protection

1) In China, according to 《The Law of the People's Republic of China on Social Insurance, it was mainly divided into urban employee medical insurance, urban resident medical insurance, new rural cooperative medical insurance, etc. According to this law, Da'an District of Zigong City has fully implemented the new rural cooperative medical system in rural areas. According to Article 11 of the 《The Opinions of the General Office of the State Council on the Development and Implementation of Elderly Care Services Programs》, it has established a free physical examination system for rural elderly over 65 years old. It organized a free physical examination every year, including routine examination, screening for senile diseases, etc., covering all rural elderly over 65 years old, as well as establish health records for the elderly in rural areas. At the sametime, according to Article 16 Law of the People's Republic of China on Basic Medical Care and Health Promotion, Da'an District of Zigong City regularly organized medical teams to come to the village to provide free outpatient services. Article 30 stipulated that doctors and conventional drugs were provided in the village clinics. Article 67 and Article 215 stipulated that experts were regularly invited to the village to carryout health knowledge and disease transmission prevention and control knowledge publicity activities, and carry out on-site vaccination health guidance services, too.

However, throughout the process of enrollment, the different status of the insured population, the uneven economic development of various regions, the existence of certain differences in the policies formulated by various regions, the differences in the bases for enterprise and individual contributions, and the differences in the level of management and operation of the medical insurance in various regions ultimately led to different amounts of reimbursement for medical insurance between different regions and different individuals. This required further promotion of the unification of the medical

insurance system, and improving management effectiveness to narrow the gap. One of government official had expressed that:

“Currently there are differences in the reimbursement policy of medical insurance in various regions, mainly due to the imbalance of regional development, the structure of the insured population that is different, as well as in the formulation of specific policies in various regions that have their own considerations. This affects the fairness of the health insurance system to a certain extent.”

(Interviewee: Government official BB, Female, 41 years old, interviewed on May 15, 2023)

Another official also had expressed the similar opinion about medical service as below:

“Due to the unbalanced economic development of the regions, there are differences in the policies formulated by the regions, the financial situation of the insured is different, and the amount of insurance coverage is also different. Thus, the reimbursement rates of the medical insurance in different regions are different too, which leads to the unfairness of the medical insurance system.”

(Interviewee: Government official DD, female, 53 years old, interviewed on May 27, 2023)

4.1.6.2 Economic security and subsidies

1) In accordance with the requirements of the 《 New Rural Social Pension Insurance System 》 and taking into account the actual local situation , in order to ensure the basic livelihood of the rural elderly through the granting of economic subsidies such as old-age pensions, a basic old-age pension of 80 yuan per month was paid to eligible rural elderly persons over 60 years of age. The standard old-age pension for elderly persons living in remote mountainous areas that were more difficult to reach was increased by 20 per cent.

2) The 《Rural Minimum Subsistence Guarantee System》 has been formulated, and a monthly subsistence allowance (410 yuan) was paid to eligible poor elderly and low-income recipients. The government developed and implemented the 《Rural Five Guarantees Subsistence System》 (410 yuan for those who can take care of themselves on a daily basis and 710 yuan for those who cannot). According to the 《Law on Social Assistance》 the of article 28, paragraph 4, the requirement revealed that the elderly in special hardship would be given regular financial assistance in the form of temporary relief grants and medical subsidies.

4.1.6.3 Nursing services

1) According to the 《Zigong Da'an District 2021 National Economic and Social Development Statistics Co-Report》, it could be seen that Da'an District in Zigong City has established village-level elderly service stations in more than 80% of administrative villages. In accordance with the 《14th Five-Year Plan for the Development of Services in Zigong》 chapter IV, article 2, point 3, it was explicitly called for the provision of full-time or part-time service personnel to provide elderly persons with mobility impairments with such services as life care, rehabilitation guidance and daily nursing care.

2) In accordance with the 《Fourteenth Five-Year Plan for Promoting the Development of Elderly Services in Da'an District, Zigong City》 the second requirement is that, in terms of hardware facilities, Da'an District in Zigong City has equipped some of its village-level service stations with day-care centers, baths, hairdressing rooms, etc., to facilitate access to amenities for the elderly in rural areas.

4.1.6.4 Medical services

1) According to the 《“One Old, One Young” Overall Solution in Zigong City》 provisions, they have been made for the establishment of specialized geriatric outpatient clinics and wards in town health centers, with doctors and nurses trained in the diagnosis and treatment of geriatric diseases. The number of doctors and nurses and the number of beds were different in places with different numbers of elderly people and at different levels of economic development.

2) According to the General Office of the Central Committee of the Communist Party of China and the State Council issued 《Opinions on Further Deepening the Reform and Promoting the Healthy Development of the Rural Healthcare System》 articles (5), (9), (13) and (7), it required that medical care had to be sent to the countryside and villages on a regular basis, and that specialists needed to organize to visit rural villages to provide door-to-door medical care for elderly patients with mobility problems. 3. Based on the 《Opinions of the General Office of the State Council on Promoting the Development of Internet + Medicine and Healthcare, there were the relevant provisions of the Zigong City, Da'an District for the use of telemedicine system, the realization of county-level hospitals and village health clinics networking consultation, timely provision of professional advice for the elderly.

4.1.6.5 Social protection

1) According to 《Circular of the People's Government of Zigong Municipality on the Issuance of the Plan for Accelerating the Development of Social Utilities in Zigong Municipality during the Thirteenth Five-Year Plan Period》, the relevant requirements of article (viii) of the Convention on the Rights of the Child have been implemented in the form of neighborhood mutual assistance and voluntary service projects for elderly persons living alone, and the coverage rate of care and assistance has reached 89 per cent.

2) According to 《Zigong Municipal People's Government on the issuance of Zigong senior care service industry development "13th Five-Year Plan" notice》 Article (1), the relevant sectors have called for the construction of public nursing homes. Regarding to 《Circular of the People's Government of Zigong Municipality on Further Strengthening and Improving the Work of Care Services for the Elderly Living Alone in the City》, the relevant provisions provided free nursing and recreational services for the elderly in special hardship.

3) The issuance of a welfare card entitled the elderly to gain discounts on transportation, medical care, shopping, and so forth.

The Local Government social welfare policy of Da'an for the elderly were

1) The government constructed basic housing units for elderly people whose homes were at risk of collapsing. The government was building simple homes for elderly people whose current homes were in danger of collapsing. This was to ensure their safety and well-being.

2) Annually, the county provided complimentary medical examinations for elderly individuals residing in rural areas. Every year, the county provided free medical check-ups for elderly people who lived in rural areas. This was to help them maintain good health and detect any potential health issues early on.

3) The elderly who were experiencing difficulties could receive voluntary assistance and were eligible to access free daily living support at public nursing homes. Elderly individuals who were struggling could receive voluntary assistance and might qualify for free daily living support at public nursing homes. This was to provide them with the care they needed to live comfortably.

4) Village doctors conducted medical consultations and checkups for elderly individuals at their homes. Local doctors visited the homes of elderly individuals to provide medical consultations and checkups. This was to make it easier for them to access healthcare services.

5) The government offered a minimum monthly subsidy of 60 yuan for eligible elderly. The government provided a minimum monthly subsidy of 60 yuan to eligible elderly individuals. This was to help them with their living expenses and ensure that they had a basic standard of living.

Community welfare for the elderly in rural area

1) Daily minivan transport was available between villages and towns, but the elderly had to pay for themselves. This means that there were minivans that operate daily to transport people between villages and towns. However, elderly individuals would need to pay for their own transportation fees.

2) Winter clothing was provided free for elderly in need by the village committee. Winter clothing included jackets, gloves, hats, and other warm clothing items.

3) A quarterly distribution of rice, oil, and meat was made free of charge to elderly in need individuals at their homes. This distribution was provided at their homes and was free of charge.

4) Elderly individuals who have difficulty moving around due to mobility impairments or disabilities received wheelchairs at no cost. These wheelchairs were provided free of charge to help them move around more easily.

5) The "Elderly People's Association" was established by the village committee, which organized cultural and recreational activities such as singing and dancing twice a month. Collaborative recreational activities with neighboring villages were also organized. Moreover, the village committee provided elderly center and facilities for social activity such as daily meetings, physical exercise, libraries, and card games. Lastly every month, the headman of the village paid a visit to the elderly in their homes.

Family support for the elderly in rural area

1) Daily care was provided by their spouse, sons, and daughters. Elderly people who lived in rural areas of Da'an depended on four primary sources of income to support themselves: farming and agriculture, support from their children, government allowance, and their savings.

1.1) Farming and agriculture: This refers to the practice of growing crops, raising livestock such as pig, duck, chicken, or other agricultural activities that generated income for the elderly in rural areas.

1.2) Income from their children: In Chinese cultures, it was common for adult children to support their elderly parents. When children got income from work, then they provided some money to take care of their parents' daily needs. (Children give money to their children, usually from factories and companies, agriculture, and to a lesser extent, institutions, and government jobs.)

1.3) Government allowance: The government provided a minimum monthly allowance of 60 Yuan to eligible elderly individuals. This allowance was intended to help them with their living expenses and ensure that they had a basic standard of living.

1.4) Savings: Elderly individuals might have saved money over the years to support themselves in their retirement. This included savings from their own income or from gifts or inheritances from family members.

2) Sons and daughters paid for medical check-ups, and older persons with better families paid for their own medical check-ups. But the main thing was to economize. The elderly individuals received daily care from their companions and family members, including their sons and daughters. This care included assistance with tasks such as bathing, grooming, and dressing, as well as providing meals and other daily necessities.

Medical check-ups were an important aspect of elderly care, and the sons and daughters of these individuals paid for these check-ups. However, those with better family support paid for their own medical check-ups. The priority in all cases was to save money, as resources were limited. In addition to medical check-ups, the sons and daughters of the elderly individuals also provided alimony to support them financially. The elderly individuals themselves also generated income through agricultural labor, which helped to supplement their financial resources.

3) Watching TV, chatting, playing cards, catching up with the companion, and family member were the elderly individuals' leisure time. They engaged in various activities such as watching TV, chatting with companions and family members, playing cards, keeping up with the market news, and attending family gatherings. These activities helped to keep them socially engaged and mentally stimulated.

Research objective 3 The guidelines to improve social policy for the elderly in rural area are:

4.1.7 Social welfare management guide exploration

4.1.7.1 Governments should develop the rural economy and increase the income of rural older persons.

The provision of rural social welfare was mainly based on family economic income, and the family was regarded as the keyway for the rural elderly to obtain material and spiritual benefits. Therefore, the focus was to consolidate the basic position of family pension, enhance the ability of families to cope with risks, and

improve the economic strength of families. To this end, the following specific measures needed to be taken:

1) Promote the supply-side structural reform of agriculture: encourage innovation and entrepreneurship and utilize existing village resources to develop characteristic agriculture and tourism, such as planting cash crops, raising poultry and carrying out farm entertainment business so as to create more employment and income opportunities for rural residents.

“We encourage innovation and entrepreneurship and use village resources to develop special agriculture and tourism, such as planting cash crops, raising poultry, and farm entertainment business, to create more jobs and income opportunities for rural residents.”

(Interviewee: Government official AA, Male, 52 years old, interviewed on May 19, 2023)

“Encourage people to start their own businesses in rural areas and develop industries using the limited resources in rural areas. Rural areas could make use of cash crops, animal husbandry, and agroindustry, which would increase their economic income and provide jobs.”

(Interviewee: Government official CC, male, 49 years old, interviewed on May 20, 2023)

2) Promote the development of agricultural modernization: improve the level of rural planting and agricultural farming technology and agricultural modern machinery, and help farmers enhance their ability to cope with market risks.

"We promote agricultural mechanization, improve farmers' planting techniques, help farmers master market information, improve their ability to resist risks, and realize agricultural modernization."

(Interviewee: Government official DD, female, 53 years old, interviewed on May 27, 2023)

“To promote the modernization and mechanization of agriculture, more publicity and training of farmers in cultivation knowledge, and to help farmers acquire the skills of market information. This will improve their ability to resist risks and safeguard their economic income.”

(Interviewee: Experts AAA, female, 56 years old, interviewed on May 27, 2023)

3) Ensure the effective connection between rural elderly welfare policies and agricultural development policies. When formulating agricultural development plans, government departments had to integrate relevant elderly welfare policies into them to form a close combination of the two in terms of goals. Through the coordination of various relations in policy formulation, the close cooperation and positive interaction between rural elderly welfare policies and agricultural development policies should be continuously enhanced to better promote rural social progress.

"When we make agricultural development plans, we will fully consider the needs of the elderly and integrate the contents of the elderly welfare policy so that the two can form a positive interaction and jointly promote rural development."

(Interviewee: Government official CC, male, 49 years old, interviewed on May 20, 2023)

“Social welfare for the elderly is not a stand-alone policy, and it is still necessary to coordinate social welfare for the elderly in rural areas in the formulation of some agricultural policies. This is because the rural areas themselves are based on agriculture.”

(Interviewee: Experts BBB , Male, 66 years old, interviewed on June 5, 2023)

4.1.7.2 The Government should provide more supply platforms to ensure the quality of care and medical services for the elderly in rural areas, as well as recreational activities and attention to the mental health of the elderly.

1) The welfare of the elderly in rural areas needed a diversified strategy, involving the government, communities, families, and social organizations. Welfare diversification was a global development trend, which could effectively solve the problem of government dereliction of duty and share welfare. However, the health status of the rural elderly was also an important indicator of well-being, but care and medical services faced challenges. Home care was declining, and government and social care services were unstable. At the same time, low economic income affected access to medical services and medical resources were scarce. We needed to take comprehensive measures to improve the well-being of older people, ensure their access to high-quality care and medical services, and enhance their quality of life and well-being.

“The welfare of the rural elderly is indeed an important concern for us. We will adopt a diversified strategy, involving the government, communities, families, and social organizations. This kind of welfare diversification has become a global development trend, which can effectively solve the problem of government dereliction of duty and realize shared benefits.”

(Interviewee: Government official BB, Female, 41 years old, interviewed on May 15, 2023)

“We will focus on improving nursing and medical services, increasing the number of care centers and medical institutions, and improving service coverage. At the same time, social organizations are encouraged to participate and support home care to ensure that the elderly receive quality care and improve happiness.”

(Interviewee: Government official CC, male, 49 years old, interviewed on May 20, 2023)

2) Enrich recreational activities: The government enabled to organize a variety of cultural and sports activities and entertainment programs suitable for the elderly to provide a pleasant and fulfilling living environment. To provide mental health support: The government enabled to set up mental health counseling centers to provide mental health counseling and support services for the elderly to help them relieve psychological stress and anxiety.

“We will enrich recreational activities, organize cultural and sports activities and entertainment programs suitable for the elderly, and provide a pleasant and fulfilling life.” At the same time, mental health counseling centers will be setup to provide support and counseling to older people to help them deal with stress and anxiety.”

(Interviewee: Government official AA, male, 52 years old, interviewed on May 19, 2023)

“Although the government is providing the elderly with appropriate cultural, sports and recreational activities, these can still fully satisfy and address the mental and psychological needs of the elderly, so the government should increase the construction of mental health facilities and services.”

(Interviewee: Experts BBB , Male, 66 years old, interviewed on June 5, 2023)

4.1.7.3 The Government should establish and improve social welfare policies for the elderly and formulate independent management guidelines. Through the following measures, the government enabled to establish and improve social welfare policies for the elderly, ensuring that the welfare needs of the elderly were effectively met, and improving the quality of life and happiness of the elderly. At the same time, the government should continue to pay attention to the changing needs of the elderly and social development trends, and constantly improve welfare policies to meet the changing social needs.

1) Investigate actual needs: gain a deep understanding of the elderly's nursing, medical, economic security, and other needs, and formulate and improve welfare policies.

2) Develop independent management guidelines: treat the welfare needs of the elderly as a separate policy area to ensure that more attention is paid to their special needs and rights.

3) Set up a special management organization: establish an organization responsible for the welfare of the elderly, strengthen policy coordination and management, and ensure the effective implementation of policies.

“We have begun to step up research to understand the real needs of the elderly, from medical, nursing and economic, to formulate welfare policies for each individual.”

(Interviewee: Government official AA, male, 52 years old, interviewed on May 19, 2023)

“We will setup a special administrative body responsible for the welfare of the elderly, ensure the independence and effective implementation of policies, pay attention to the special needs of the elderly, and provide them with better welfare protection.”

(Interviewee: Experts AAA, Female, 56 years old, interviewed on May 27, 2023)

Chapter 5

Conclusion and Recommendation

This section presents the conclusion and findings of the research on the living conditions and problems of the elderly in Da'an District, Zigong City. It also provides the analysis of social welfare policy by Governments for the elderly, recommendation, and the guidelines for improving social welfare policies. These are as follows:

5.1 Conclusion

5.1.1 Regarding to the research aim at the living conditions and problems of the elderly in Da'an District of Zigong City, its findings were the following:

The results of this study revealed that the daily life of the elderly in rural Da'an District, Zigong City was relatively simple. The elderly over 60 years old received at least 60 Yuan (289.30 baht) per month from the government. However, the daily economic income was very low, and the main sources of their income were mainly from children's support, agricultural income, and the government. Elderly people were in poor health and had high healthcare needs with difficulties in accessing medical care, high cost of medical care, more tests, more prescriptions, and overmedication. Elderly care was mainly based on home nursing care, which met the daily care of the elderly. There was no community attention care model. The spiritual life of the elderly was lacking, almost no recreational activities, the main spiritual dependence on children, and old companions. The overall feeling of life was empty, and lonely. From this study, it was found that the quality of life of the elderly in rural China was relatively low, and that they faced difficulties in their lives due to physical and mental health problems, low economic income, increased costs of medical care, and a lack of social attention and services.

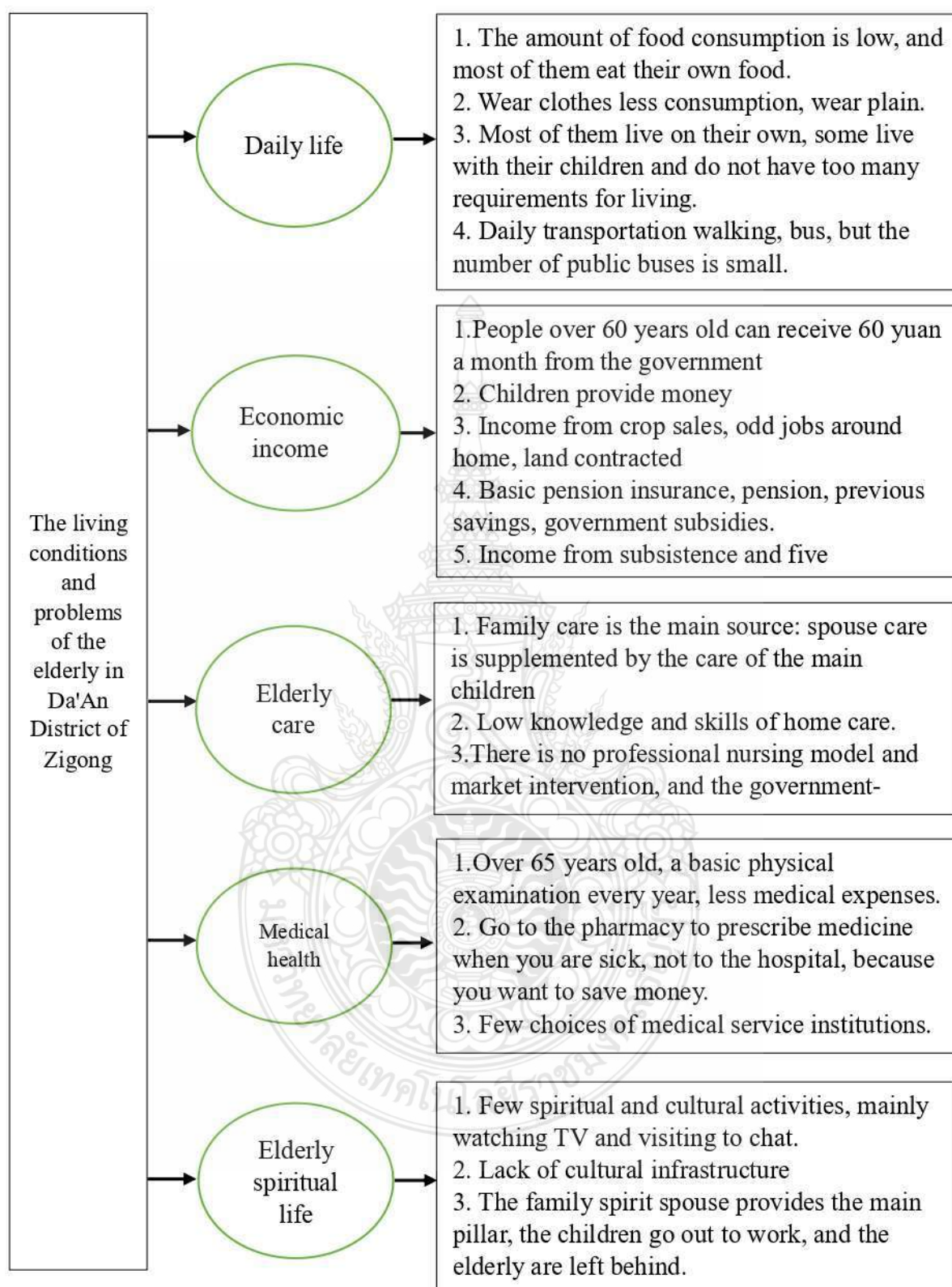


Figure 5.1 The summary of living conditions and problems of the elderly in Da'An District of Zigong

5.1.2 The results of this study revealed the main problems of the elderly below:

5.1.2.1 Economic difficulties. Insufficient income. Need more ways to support income.

5.1.2.2 Lack of health care. Poor quality of care. Need for specialized health care.

5.1.2.3 High demand for medical and health services. Tendency to self-quality affects health. Need better medical services.

5.1.2.4 Basic life needs to be improved. Simple life, no actual dietary expenditure, simple traveling.

5.1.2.5 Lack of spiritual, cultural and recreational activities. Empty and lonely life.

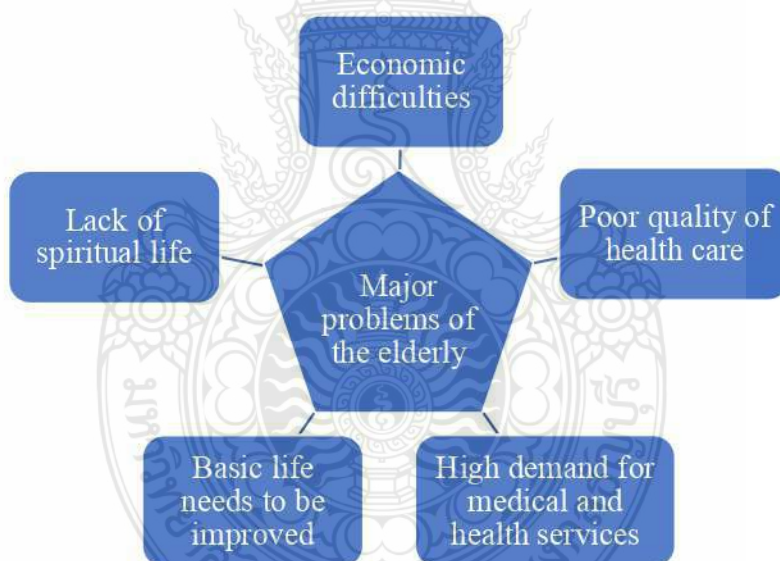


Figure 5.2 The Main problems of the elderly

5.1.3 The social welfare policy provision to improve the elderly' s quality of life

The social welfare policy provision to improve the quality of life of the elderly could be explained that the government provided basic housing units for elderly individuals whose homes were at risk of collapsing, free medical check-ups for those

living in rural areas, and subsidies for eligible individuals. The village committee offered winter clothing, free distribution of rice, oil, and meat, and organized cultural and recreational activities. Family support came from farming and agriculture, income from children, government allowance, and savings. Sons and daughters paid for medical check-ups, provided daily care, and engaged in leisure activities with their elderly family members. Overall, the community and family played a crucial role in supporting the well-being of the elderly in rural areas.

The new knowledge gained from this research was summarized in:

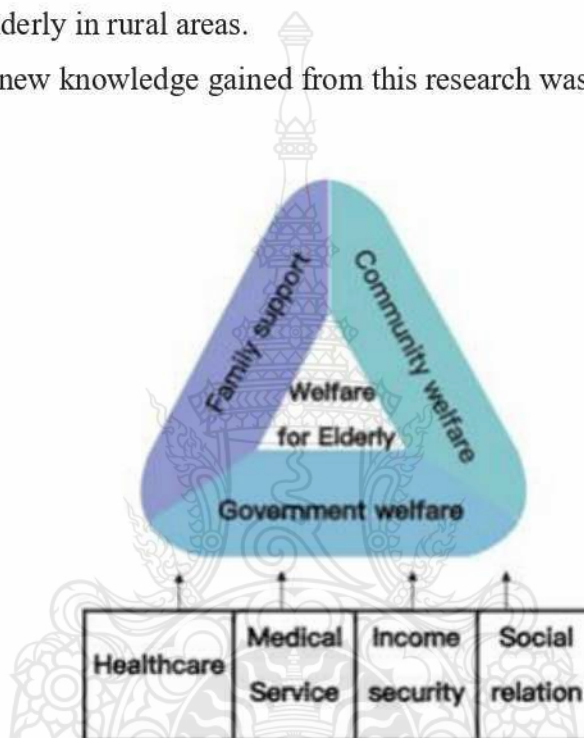


Figure 5.3 A summary model of social welfare provision for the elderly in rural of Da'an District of Zigong

From Figure 5.3 above, the new knowledge gained from this study proved that the collaboration of the government, community, and family support systems in providing social welfare for elderly individuals in rural China demonstrated the importance of cross-sectoral partnerships and stakeholder involvement in policymaking and implementation. This new knowledge reflected the need for a collaborative governance approach involving multiple sectors, including the government, civil society, and families in providing public services, especially in policies related to the elderly. The government alone might not be able to effectively address public issues, as

highlighted in the context of elderly care, especially in rural areas. Therefore, the government should cooperate and involve with third sectors such as community and family to achieve social welfare goals and could serve as a model for future policymaking and implementation in other areas.

5.1.4 The exploration into the social welfare management guidelines for the rural elderly in Da'an District, Zigong City

The results of this study showed that the guidelines for improving social policies were: (1) Developing the rural economy and increasing the income of the rural elderly. (2) Providing more platforms for social welfare provision to ensure the quality of care and medical services for the elderly together with recreational activities to ensure mental health. (3) Establishing and improving the social welfare policy for the elderly, and establishing dependent management guidelines. From the results of this study, it was found that the government and society should pay more attention to the social welfare of the rural elderly group, and make more efforts to develop the rural economy, which is the basis for other physiological social welfare. Then, the government should provide more platforms for the provision of social welfare, improve social welfare policies, and establish independent management guidelines that refine multiple categories.

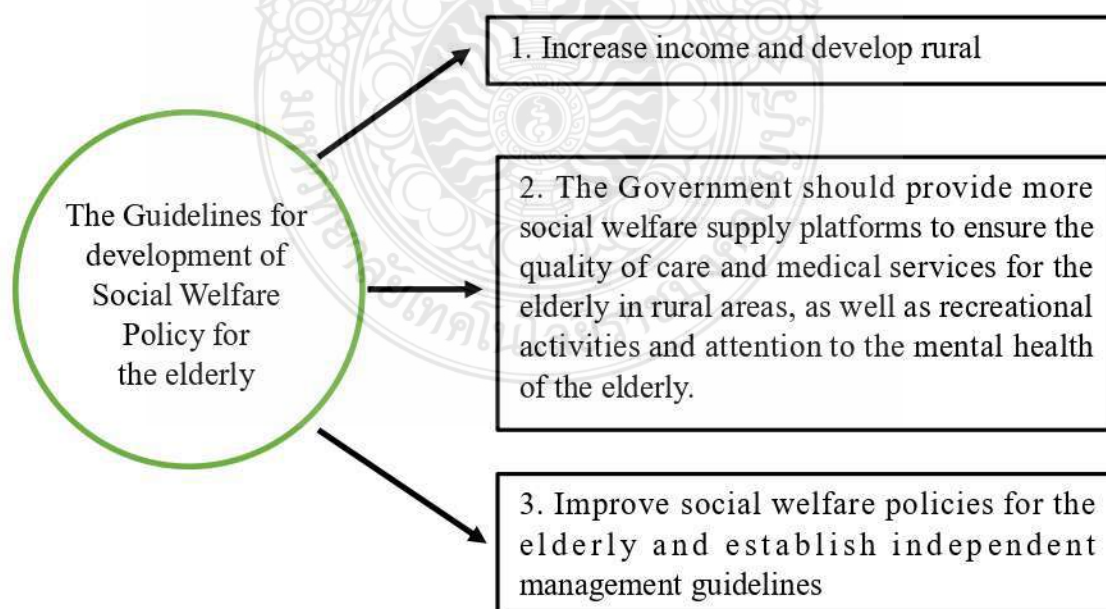


Figure 5.4 The Guidelines for Social Welfare Policy

5.2. Research Discussion

5.2.1 Living conditions and problems of the elderly in Da'an District of Zigong
According to the findings, rural Chinese older adults had a basically low quality of life, and they faced difficulties in their lives due to physical and mental health problems, low economic income, rising costs of increased health care needs, and lack of social attention and services. This finding was consistent with Shen & Tanui (2012) which found that rural older adults had a low quality of life in later life and faced difficulties due to illness, financial difficulties, and lack of social services. Therefore, we had to look at the social welfare of the rural elderly from an economic perspective and called on the government to pay more attention to improving the quality of life of the rural elderly.

5.2.2 Social welfare provided by Da'an District Government of Zigong City for the elderly.

From the findings of the study, it was evident that there were inequities in the social welfare system for the elderly in the various regions. The social security system was not sufficiently detailed, and the content of the system was no longer adapted to the rapidly developing needs of the elderly population. This finding coincided with Sha (2001) that China's social security legislation for the elderly was inadequate and incomplete, and that enforcement and supervision needed to be improved. In addition, Yang et al. (2010) pointed out that China's rural old-age security coverage was very limited, with only 9% of the population receiving it, which led to income disparities and inequities between urban and rural seniors. Therefore, there were differences and inequities in the establishment of social welfare and security systems in various regions. The types of social security systems were not complete, and the content of the system did not meet the needs of the rapidly aging society, which was the reason to call on the government to pay more attention and solve the problem.

5.2.3 To explore the social welfare management guidelines for the rural elderly in Da'an District of Zigong City.

According to research findings, it was showed the rural elderly social welfare management guidelines were mainly: Increase income and develop rural economy. Provide multiple platforms to guarantee the quality of nursing and medical services and organize recreational activities to ensure mental health. Improve social welfare policies for the elderly and establish independent guidelines for their management. This finding was related to Sainsbury, (2020) the real needs of the elderly in rural areas needed to be taken into account in the formulation and implementation of policies, as well as in the improvement of social welfare policies for the elderly and the establishment of independent management guidelines. (Garritzmann et al, 2018) found that increasing rural economic development was consistent with investment. However, the government needed to ensure the multi-platform provision of social welfare as well.

5.3 Research Recommendation

5.3.1 The results of the study revealed that the main economic incomes of the rural elderly were the agricultural economy and the government's poverty alleviation assistance. Income came from agriculture and the Government, so the Chinese Government should increase the construction and development of the rural economy.

5.3.2 The final results of the study showed that the social welfare provided by the government for the rural elderly mainly included health service security, income and economic welfare, nursing service, medical service and basic life security for the elderly. Therefore, the government should enhance the scale and quality of social welfare protection for the elderly, enrich and strengthen the supervision and implementation of regulations, as well as develop the rural economy.

5.3.3 With regard to the Guidelines for Social Welfare Management for the Rural Elderly, the study found that the Government and social welfare organizations should strengthen financial support, enhance rural economic development, improve medical and nursing care services, train health volunteers, promote economic security and employment for the elderly, raise the level of medical protection and health promotion, strengthen community support and promote public participation. Simultaneously, policy measures should be regularly evaluated and adjusted to ensure their applicability and effectiveness.

5.4 Recommendations for further study

5.4.1 Overregulation of social welfare for the elderly in rural areas

5.4.2 Unfair phenomena in the implementation of social welfare policies for the elderly in rural areas. Feedback link in the implementation process of social welfare policies for the elderly in rural area.



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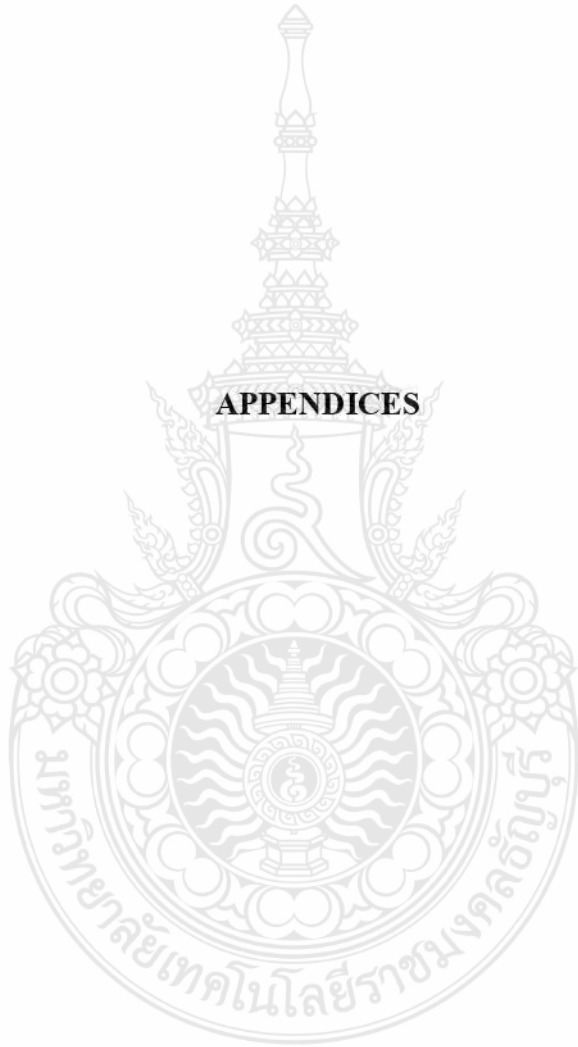
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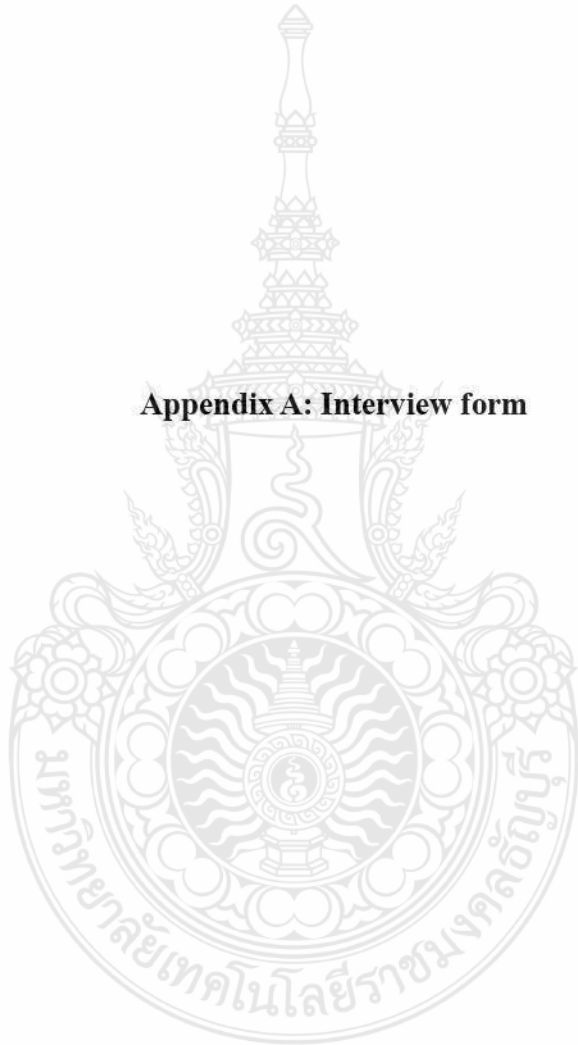
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APPENDICES



Appendix A: Interview form



INTERVIEW OUTLINE FOR THE ELDERLY

Place of interview:

Purpose of the interview: To understand the living conditions and problems of the elderly.

Interviewee:

Age:

Self-rated health status:

Gender:

Interview outline:

1. How is your daily life such as, food, health, Clothes, medical care, income, transportation, housing? daily food)?

2. What are the obstacles and problems in your daily life such as health, food, medical care, income, meeting with friends, transportation, housing? daily food, clothing, etc.)?

3. Now What social Welfare do you receive from the central government and local government ?Are you satisfied with these welfare policies?

4. Are you satisfied with your current economic income? What are your views on such economic income?

5. What do you think of the current medical and nursing services? How do you feel about the effect of these services?

6. Do you think the government should improve and develop any additional welfare for rural Chinese people?



INTERVIEW OUTLINE OF EXPERTS AND AUTHORITIES

Place:

Time:

Purpose of the interview: to understand the current situation and problems of social welfare of the elderly in rural areas

Interviewee:

Interview research direction:

Research results of interviewees:

Interview outline:

1. What are the living conditions of the Elderly in the Village of DA 'An District of Zigong ?

2. What are the problems of the Elderly in the Village of DA 'An District of Zigong ?

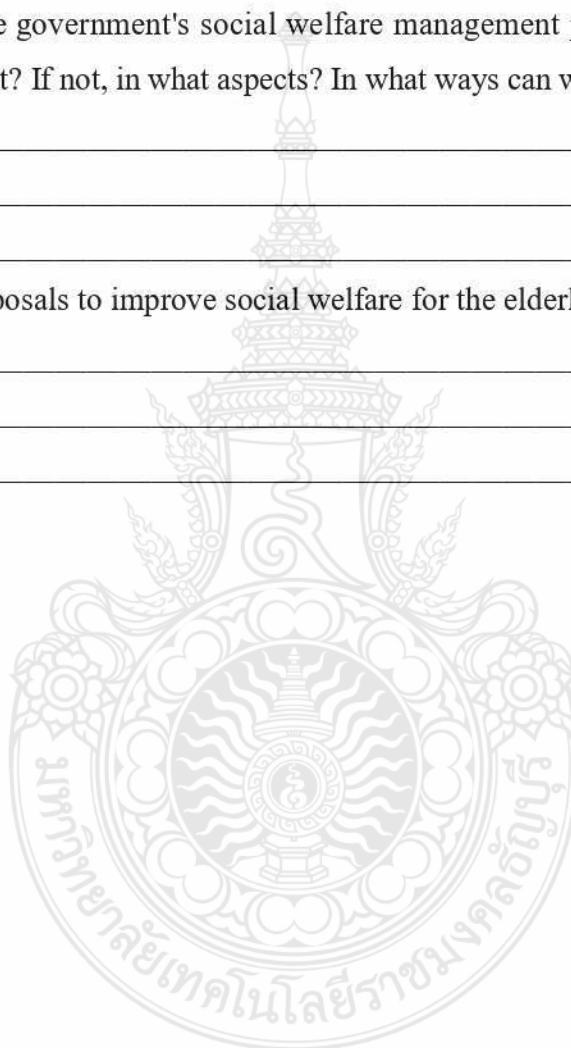
3. How do they (The Elderly) live in the daily life. Who is caring for the elderly in the Village of DA 'An District of Zigong ?

4. What are the social welfare benefits has the Central government of China provided to rural people?

5. What are the social welfare benefits that the Local governments of China provided to rural people?

6. Do you think the government's social welfare management policy for the elderly in rural areas is perfect? If not, in what aspects? In what ways can we solve these problems?

7. What are the proposals to improve social welfare for the elderly?



OUTLINE OF INTERVIEWS form WITH MANAGERS OF SOCIAL WELFARE GOVERNMENT DEPARTMENTS

Interviewer:

Purpose of the interview: To understand the relevant contents and issues of social welfare management in the region

Interviewee:

Position:

Field of responsibility:

Years of current position:

Interview outline:

1. What welfare benefits has the local government authorities or your organization provided for the elderly?

2. What areas of work is your agency responsible for the elderly? (financial support, Economic support, Social Support, Housing, etc.).

2. Could you please talk about the current problems of rural elderly people in terms of economic income, medical and nursing services, social welfare?

4. What do you think needs to be solved or improved in promoting the management of social welfare for the elderly in rural areas? What are your suggestions for improvement?

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