

Research on the Impact of the Model of Providing for the Aged on the Subjective Well-being of the Elderly

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Abstract: Based on the 2015 national survey data of China Health and Pension Survey (CHARLS), this study measures the elderly's subjective well-being in two dimensions: overall happiness and emotional well-being. A comparative study of the effects of three types of old-age care and self-care on the subjective well-being of the elderly. In addition, in combination with the process of urbanization, a comparative study of the effects of the elderly care model on the elderly in the urban area was conducted. The results show that family pensions are still improving. An important factor in the happiness of the elderly, but its role is gradually weakening; the effects of social pension measures has begun to appear, but the infrastructure is weak, and the effect on happiness is still limited; self-care has the highest impact on happiness. Compared with this, the elderly in cities and towns are more dependent on the help of social pension resources.

1. Introduction

China's aging has entered a stage of rapid development since 2010. As of the end of 2017, China's aging population over 60 years old was 241 million, accounting for 17.3% of the total population, and it is even more predicted that it will rise rapidly to 33% by 2050 [1]. With the intensification of the aging problem, the old-age care method of the elderly has continuously changed and diversified. At the same time, it has also increased attention to the happiness of the elderly [2]. The Opinions point out that by 2020, a comprehensive elderly care service system based on home-based, community-based, and institutional-supported, with comprehensive functions, appropriate scale, and covering both urban and rural areas will be established [3].

In terms of classification of pension methods, Chen Yanlin (2014) concluded that in addition to traditional pension models, including family pension, social pension, personal pension and other models, with the rapid economic development, new pension models have emerged at the historic moment, such as day care pension, monetization old-age care, information-based old-age care, etc. [4]. In most cases, one kind of old-age care method is used as the main method, and the other auxiliary method is more likely to be an organic combination of multiple methods [5]. The "China Health and Pension Report" pointed out that in 2015, the life satisfaction of middle-aged and elderly people was generally satisfied. Most middle-aged and elderly people were satisfied with their lives. Among them, the middle-aged and elderly people who were more satisfied with their lives reached 50.1%. Cases of people who are too satisfied and those who are not satisfied also account for 8.5% [6]. At the same time, we should also pay attention to the fact that in 2015, the suicide rate of elderly people over 85 in Chinese cities reached 41.09 cases per 100,000 people. In rural areas, there are 65.6 cases per 100,000 people. The suicide rate of the elderly in China, especially the rural elderly, is much higher than the world average [7].

From the perspective of economic income gap, professional background, and other non-economic factors (such as physical health, social mobility, etc.), there is a significant difference in the happiness of the elderly [8]. Less, mainly focusing on two aspects.

- (1) The impact of pension models on mortality or longevity in older populations.
- (2) The impact of old-age model on the health status of the elderly.

With the continuous improvement of people's requirements for quality of life, it is not enough to simply study the health and longevity of the elderly. As a comprehensive measure of quality of life indicators such as physical and mental health, economic level, and emotional state, happiness is gradually being widely used [9]. Based on the above discussion, it is foreseeable that with the continuous improvement of the old-age security system in China, the degree of impact on the happiness of the elderly will become an important part of the evaluation of the development of the old-age model. In terms of structure, the structure of each part tends to be optimized, which is more conducive to the improvement of the elderly's happiness [10].

2. Data source and variable selection

2.1 Data Sources

This article uses the 2015 China Health and Retirement Longitudinal Study (CHARLS) 2015 national follow-up survey microdata to analyze. The main survey object of CHARLS is China's middle-aged and older people aged 45 and above, and their families, covering 30 provincial administrative units, 450 villages and dwellings in 150 counties and districts, a total of about 23,000 samples of 12,400 households. The survey includes information from a wide range of socioeconomic conditions to personal health conditions. In order to analyze the problem of population aging in China and promote interdisciplinary research on aging. According to the research purpose and needs of this article, this paper screens variables and data cleaning, and finally obtains 10,346 elderly people aged 60 and over as the research object.

2.2 Explained Variables

In fact, there is currently no unified opinion on the criteria for measuring subjective well-being. In related research at home and abroad, life satisfaction, subjective well-being, and happiness index are often regarded as the same or similar concepts. For example, Tomioka (2006) thinks that happiness and life satisfaction can be the same as comprehensive welfare indicators; Chen Qianheng et al. (2014) used the three terms interchangeably throughout the text. However, a group of scholars have divided subjective well-being into a long time. Cognitive evaluation, positive emotions and negative emotions (Withey and Clark, 1976). Among them, most scholars agree that the level of cognition should be refined into specific life satisfaction, and it is the most critical of subjective well-being. And the most basic components (Diener, 2000; Welsch H, 2006). According to actual research, some scholars believe that subjective well-being includes four components: pleasant emotion, unpleasant emotion, overall evaluation of life, specific areas satisfaction. Based on the above observations and available data, the explained variable in this article is the happiness of the elderly, and it is divided into two dimensions: overall happiness and emotional happiness, the former "Total Life Satisfaction" (Y_1) and "Self-Assessed Health Status" (Y_2) are measured by the two variables, the latter by "Positive Emotions" (Y_3) and "Negative Emotions" (Y_4) to measure. Unlike the overall life situation represented by overall life satisfaction, emotional state is a short-term state change, so this article uses the respondents' emotions and feelings in the past week to measure it. Table 1 can be concluded that 43.29% of the elderly think that their overall happiness is very satisfied and above, and a total of 92.13% of the elderly have made a satisfactory evaluation of "overall life", indicating that the elderly in China are generally happier. However, it should be noted that nearly one in ten elderly people are dissatisfied with "overall life"; at the same time, only 45.25% of the elderly "self-assessed health status" is acceptable, and more than 18% of the elderly think their health status is very unhealthy good, and there are uneven and large differences among different individuals, and the overall health of the elderly population in China is not satisfactory.

Table 1 Descriptive statistics of overall dimensions of happiness

variable	description	Frequency	Frequency (%)	Cumulative frequency (%)
Overall life satisfaction Y ₁	Extremely satisfied	622	6.63	6.63
	Very satisfied	3436	36.65	43.29
	Quite satisfied	4579	48.84	92.13
	Not so satisfied	560	5.97	98.10
	Very dissatisfied	178	1.90	100.00
	total	9375	100.00	100.00
Self-assessment Y ₂	well	502	5.26	5.26
	it is good	943	9.89	15.15
	general	2870	30.10	45.25
	not good	3503	36.73	81.98
	very bad	1718	18.02	100.00
	total	9536	100.00	100.00

In the dimension of emotional well-being, Table2 separately counts the four specific emotional states that constitute positive and negative emotional variables. For positive emotions, most people hold less than 50% of the two positive emotions most of the time (respectively 35.02% and 47.12%), and 39.33% and 24.06% of the elderly, respectively, are rarely hopeful and happy about the future; while negative emotions, although 55.12% and 72.10% rarely feel lonely and depressed, however, 29.49% and 19.48% of the elderly still feel lonely and depressed for half or more of the time, which indicates that the emotional problems of the elderly in China are not optimistic.

Table 2 Descriptive statistics of various dimensions of emotional well-being (%)

Incidence within a week	Positive emotion y ₃		Negative emotion y ₄	
	I have hope for the future	I am happy	I feel lonely	I feel down
Little or no (<1 day)	39.33	24.06	55.12	72.10
Not too much (1-2 days)	11.90	11.04	15.40	8.41
Sometimes or half the time (3-4 days)	13.76	17.78	15.45	8.46
Most of the time (5-7 days)	35.02	47.12	14.04	11.02
Total	100.00	100.00	100.00	100.00

2.3 Explanatory Variables

The explanatory variable used in this article is the old-age care model. Scholars have divergent views on the classification of China's old-age care model. Among them, the classification of family care and social care is generally unified, and the disputes mainly focus on self-care, home care and institutions. Old-age care methods (Chen Jianlan, 2012). Mu Guangzong (1999, 2000, and 2002) divided the old-age care methods into three types: family care, social care and self-care based on the standards of old-age support. There is no way to go beyond the three basic types of old-age care, but it is more diversified and modernized in form. From another perspective, scholars such as Yang Zongchuan (2000) distinguished social security and family security methods from who provided financial support and living services. The living pattern of people and who live together divides institutional pensions and home pensions.

In view of the analysis of the research content and literature references, this article divides China's old-age care model into three different forms of family care, social care and self-care* according to four aspects: economic sources, living arrangements, living care and spiritual comfort. This pension model is further subdivided into several variables based on the elements of pension.

In the family pension variable (x₁), "with or without children's financial support" (x₁₁) mainly considers financial support from non-cohabiting children, with an average value of 0.87, indicating that most of the elderly's financial source is their children's intergenerational transfers, family pensions still occupy an important position in China. The number of children living together or neighbouring and economically independent (x₁₂) for family pensions indicates that only 0.69 of the elderly surveyed live or live together Children living next to each other, and at the same time 48.49%

of the elderly do not live together or live with their children, indicating that children are far away from their parents. It is becoming increasingly common in Chinese families to provide for the elderly. The average length of child care for the elderly in a year is 7.17 hours. The average frequency of children contacting the elderly through meetings, mobile tools, etc. in the past year is 4.17, which means that most children can contact the elderly once every half month or once a month. These results show that family support for the aged is becoming more and more diluted in China, and children lack of care and communication for the elderly. However, it cannot be denied that family support for the aged is still in an important position among the elderly.

In the social pension variable (x_2), the economic source is measured by "whether to participate in pension insurance" (x_{21}). According to the existing pension policy, the questionnaire divides pension insurance into 9 types, including government agencies and institutions pensions, basic pension insurance for enterprise employees, supplementary pension insurance for enterprises, commercial pension insurance, commercial pension insurance, social pension insurance for urban and rural residents, pension insurance for urban residents, new rural social pension insurance and old-age pensions for the elderly. Therefore the elderly responded "participated the above-mentioned kind of endowment insurance" is assigned a value of 1. The statistical results show that nearly 20% of the elderly surveyed did not participate in the endowment insurance program, reflecting that at the time of the survey, the role of social endowment is still close to one fifth of the elderly, the population is excluded. In the community, there is a nursing home (x_{22}), a home nursing service station (x_{23}), and an elderly activity center (x_{24}). The basic situation of basic old-age care facilities, old-age service projects, and old-age culture construction. At present, China still lacks old-age care facilities such as nursing homes, home-based old-age care stations and elderly activity centers. Which has a volume of only 10.41%, 2.76% and 35.02%. The results of these statistical variables are more confirms the lack of current Chinese social pension, and lack of social support forces further exacerbating the dependence of the elderly family pension.

In the self-care variable (x_3), the economic source of self-protection for the elderly in China is mainly through personal or family-owned cash, financial institution deposits, government bonds (such as treasury bills), the sum of stocks and funds (x_{31}). The statistical results show that each elderly person has an average of 1541 yuan in personal financial assets, and there are large and uneven differences among different individuals, reflecting the lack of self-support ability of the elderly. Living arrangements for self-care consider "whether you live with your spouse" (x_{32}); "whether you can complete daily living activities independently" (x_{33}) is used to measure the elderly's independent living care ability; "whether participate in social activities within the past month" (x_{34}) involves the interaction between the elderly and their relatives and friends, various entertainment and social activities, and basically covers all the content of the elderly's self-deployment. The survey data shows that 75.44% of the elderly surveyed live with their spouse or girlfriend, and have 28.49% of the elderly are below the average level of self-care ability, that is, most of the basic survival behaviors require help from others, indicating that self-care is in a relatively important position in the elderly's choice of care, and spouses help in self-care play a major role, but only 52.32% of the elderly in the past month took part in social activities, the majority of the elderly spiritual emptiness of their lives, unable to find solace, most older people can not exercise sports entertainment.

2.4 Control Variables

In order to minimize missing variables, this paper sets up seven control variables based on relevant references, the content of the questionnaire, the theoretical basis of the model, and the consideration of realistic problems. From the three levels of personal characteristics, family characteristics and macro-regional characteristics, including Personal characteristics related to gender (c_1), age (c_2), education (c_3), and cognitive ability (c_4), of which 51.03% of the elderly people surveyed, the samples selected in this article are all over 60 years old, the average age of the elderly people surveyed is 69 years old, and the maximum is 105 years old; 91.37% of the sample elderly people have a primary school education or below; the cognitive ability (c_4) is adopted the

simple mental state check scale (MMSE) measures. The scale covers the cognitive abilities of the elderly at multiple levels. The scale's total score ranges from 0-30 points, 0-5 points are assigned 1, and 6-10 points are assigned. A score of 11-15 is 3, a score of 16-20 is 4, a score of 21-25 is 5, a score of 26-30 is 6. Reverse intergenerational support (c_5) related to family characteristics and death number of children (c_6), of which reverse generational (c_5) includes two aspects of financial support for children and raising grandchildren. The item content is assigned a value of 1. The result shows that 57.61% of the elderly provide reverse intergenerational support. Finally, the type of area (c_7) reflecting the macro-regional characteristics, of which 73.53% of the sample elderly mainly live in Rural.

3. Research method

3.1 Basic Regression Theory Model

At present, there are mainly two standards for measuring subjective well-being, and under different standards, the models used to study the impact of different factors on well-being are also different. One is to require respondents to score subjective well-being, with a general scope. On a scale of 1-10, you can use decimals, that is, regard happiness as a base. In this case, a linear regression model (OLS) is generally used to estimate the impact of different factors on happiness. The other requires respondents to be subjective the rating of happiness is generally based on the 5-point method or 7-point method, that is, the happiness is regarded as an ordinal number. At this time, an ordered probability model (Ordered Probit or Logit Model) is used to estimate the impact of different factors on happiness. And FERRER-I -CARBONELL a et al (2004) pointed out that in addition to the differences in the regression coefficient values, the significance and the sign of the coefficients have a high degree of consistency. Due to the large sample size in this paper the explained variables are not only discrete but also ordered, so an ordered probability model (Ordered Probit) is used as the benchmark model (Rafael Di Tella, 2003; Knight et al, 2009) to verify the explanatory variables related to the three pension models. Subjective whether significant role blessing sense, the condition of the elderly happiness probability density function is:

$$P(y_k = j | x) = \beta_{k0} + \sum_{i=1}^2 \beta_{ki} x_{1i} + \sum_{i=1}^4 \beta_{k,i+2} x_{2i} + \sum_{i=1}^4 \beta_{k,i+6} x_{6i} + \sum_{i=1}^4 \beta_{k,i+10} c_i + \varepsilon_k \quad (1)$$

Among them, y_k expresses the subjective well-being of the elderly, β_{k0} represents the model intercept term, x represents the pension model variable, c represents the model control variables. $\beta_{ki}(i = 1,2,3,4)$ means, ε_k is the model residual term, assuming ε_k obey the standard normal distribution. i, k, j are positive integers; when $k=1-2, j=1-5$; when $k=3-4, j=2-8$.

3.2 Structural Equation Theoretical Model

In recent years, the Structural Equation Model (SEM) has become more and more popular in social science research. As a statistical method to explore the relationship between theory and concepts and structure, it integrates factor analysis, path analysis and multiple linear regression analysis. Thoughts and methods (Sun Feng, 2007). The advantage of the model lies in the superiority of the measurement method and the high persuasiveness of comprehensive judgment. On the one hand, whether the measurement method is OLS model, Logistic model, or Probit model has limitations, that is, the explanatory variables cannot there are measurement errors. However, the structural equation model allows measurement errors between the explanatory variables and the explained variables. On the other hand, this study uses latent variables to study multi-dimensional happiness. It is difficult to obtain a single indicator by comparing the mean and variance. A comprehensive judgment on happiness. The SEM model consists of a measurement model and a structural model. It uses the measurement model to measure the latent variables of multiple observed variables, and uses the structural model to establish the inherent relationship between each latent variable. Quantitative causality (Gu Shumi et al., 2014).

From this article, the measurement model is set as:

$$\begin{cases} X = \Lambda_x \eta + \delta \\ Y = \Lambda_y \xi + \varepsilon \end{cases}$$

Among them, η and ξ are the matrix of exogenous potential variables and endogenous potential variables, X is the observation variable matrix of exogenous potential variables, Y is the observation variable matrix of endogenous potential variables, and Λ_x and Λ_y are the observation variables X and Y , respectively. The factor load matrix, δ and ε are the residual matrix of the exogenous and endogenous latent variable measurement models, respectively.

The structural model is:

$$\eta = B\eta + \Gamma\xi + \zeta$$

Among them, η and ξ are the matrix of exogenous potential variables and endogenous potential variables, B and Γ represent the coefficient matrix of endogenous and exogenous potential variables, and ζ is the residual of the structural model.

This study builds a structural equation model that includes one endogenous potential variable, three exogenous potential variables, and 23 observed variables. One endogenous potential variable is the happiness of the elderly, and the three exogenous potential variables include family pension, social pension and self-care 3 exogenous latent variables and 1 endogenous latent variable constitute a causal relationship between the subjective well-being of the elderly, that is, 3 exogenous latent variables are causal, and 1 endogenous latent variable is causal. The relationship is indicated by a one-way arrow, and three exogenous potential variables point to one endogenous potential variable. In particular, the relationship between the three exogenous potential variables should be indicated by a two-way arrow. Endogenous potential variables "happiness" (Y) "is measured by four observed variables (Y_1 - Y_4). The exogenous latent variables "family factor (F)", "social factor (S)" and "self factor (P)" are determined by observed variable groups " X_{11} - X_{14} , C_5 , C_6 ", " X_{21} - X_{24} , C_7 ", and " X_{31} - X_{34} , C_1 - C_4 ". E is the residual of the variable measurement model. The model design diagram is shown in Figure 1.

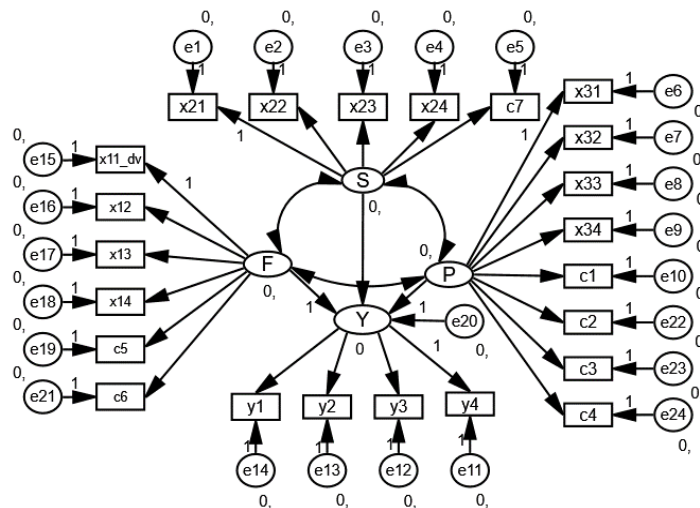


Figure 1. Initial model of the structural equation of happiness for the elderly

4. Basic regression results

The survey found that in family endowment, children's financial support (x_{11}) has a significant positive impact on the elderly's self-assessed health status (y_2) and positive emotions (y_3), but is satisfied with the overall life. The effects of degree (y_1) and negative emotions (y_4) are not significant. It is worth noting that the number of children living together or next door (x_{12}) and the

elderly's overall life satisfaction (y_1) and positive emotions (y_3) have significant negative effects, which greatly confirms that there is an "inverted u" curve between the number of children and the elderly's well-being. Leng Chenxin et al. (2019) proved that in the elderly when the number of children reaches 3 and 6, there is a downward trend in happiness. In this study, 51.81% of the elderly have one or more children living or living next door, excluding children who are not living together or living next door, so roughly. However, Liu Hong et al. (2011) also found that the multi-generation sharing model does not bring the highest happiness to the elderly, and that elderly couples who are economically and living independently have a significant happiness advantage. It also further illustrates that family pensions in China, the number of accompanying children is not as good as possible. Considering the average cost of old-age care for elderly children, when the number of children exceeds a certain amount, the cost of old-age care rises, which is not conducive to the improvement of the elderly's happiness. In response to this, the daily care frequency (x_{13}) has a significant impact on the elderly's self-assessed health status (y_2). The more living care, the better the elderly's health satisfaction; the higher the frequency of communication between children and parents (x_{14}), the better the relief of negative emotions (y_4). It also shows that family providing for the elderly is still a very important way of providing for the elderly in China.

In social endowment, participating in the endowment insurance (X_{21}) can obviously promote the elderly to make a more satisfactory evaluation of the overall life (Y_1), indicating that the implementation of endowment insurance has produced certain effects in improving people's livelihood. Liming (2016) proved that the implementation of the New Rural Cooperative Medical Service and the New Rural Insurance have established a preventive mechanism for rural elderly to cope with diseases and the risk of old age, and increased their subjective well-being to a certain extent. It also further confirms that endowment insurance has gradually become the elderly's happiness. At the same time, the existence of nursing homes in the community (X_{22}) and home care service centers (X_{23}) has no significant effect on the happiness of the elderly, and the reasons can be found. The social pension infrastructure is still quite lacking, and it is unevenly distributed in different regions, and it is uneven. However, the existence of an elderly activity center in the community (X_{24}) has a significant impact on negative emotions (Y_4). Conducive to the relief of the negative emotions of the elderly, Di Mauro S et al (2001) showed that recreation and leisure is an important part of the elderly's life, which can overcome the depression of the elderly, improve their health, and promote their longevity. Is a worthy facilities for the elderly, has become an effective means to improve the well-being of the rural elderly.

In self-care, personal financial assets (x_{31}) have significant negative effects on overall life happiness (y_1), self-assessed health status (y_2), and negative emotions (y_4). The impact indicates that financial assets are an important indicator of the elderly's economic ability to support themselves. The amount of personal assets of the elderly has a great relationship with their income when young. Luo Chuliang (2009) believes that there is undoubtedly a positive relationship between income and subjective well-being. The higher the income, the higher the subjective well-being of the high-income earners. Then, the more financial assets they have, the more they tend to make a higher evaluation of their living standards, and the easier they are to be satisfied with the overall living conditions, and can reduce the generation of negative emotions such as loneliness and depression. Living with a spouse (x_{32}) has a significant impact on emotional well-being (y_3, y_4), indicating that the cohabitation status of the elderly will affect their emotions well-being, living arrangements with a spouse can obviously increase the positive emotions such as the elderly's sense of happiness, and reduce the negative emotions such as the loneliness of the elderly. At the same time, whether the daily life behavior can be completed independently (x_{33}) dimensions have a significant impact, visible, old having the ability to take care of themselves can greatly reduce the burden on children and the pressure of social endowment, and significantly improve the subjective well-being of the elderly. Therefore, it is necessary to strengthen the elderly's medical care; in addition, the elderly participate in social activities (x_{34}) in the positive. There is a significant positive impact on sentiment (y_3). Therefore, enriching the daily social activities of the elderly, guiding them to appropriate

self-deportation, and finding suitable ways of spiritual comfort are also important means to improve the happiness of the elderly.

Among the control variables, gender (c_1) and age (c_2) all have a significant effect on negative emotions (y_4), reflecting that the degree of negative emotions of men is lower than that of women. With the increase, the negative emotions of the elderly will gradually ease; the level of education (c_3) has no significant effect on the happiness of the elderly, indicating that the degree of education has little effect on the happiness of the elderly; the cognitive ability (c_4) has the elderly's emotional well-being (y_3, y_4) has a significant impact. The older the cognitive ability of the elderly, the stronger their ability in memory, attention, language ability, etc., and their positive emotions. The higher the degree, the more you can feel happy and hopeful for the future, while the negative emotions such as loneliness and depression are lower; the reverse intergenerational support (c_6) and the place of residence (c_7) are negative emotions (y_4) have a significant impact, that is, the more the elderly support the children's financial support and the support of grandchildren, the more it is not conducive to the improvement of the elderly's subjective well-being, but it will make the elderly feel negative emotions such as depression. From the perspective of the ground, the more developed the elderly people who live in the negative emotions.

5. Conclusion

This article measures the subjective well-being of rural elderly groups in two dimensions, overall well-being and emotional well-being. Based on the 2015 CHARLS National Baseline Survey data, combined with some data from 2013 and 2011 to deal with personal information issues, ordered Probit and SEM models are used. The effects of three types of pensions for the family, the society, and the self-support on the dimensions of happiness in the rural elderly were tested. Based on this, a comparative study of the impact of the elderly model on the elderly in the urban area was conducted. The results show that the family Old-age care is still the main factor that improves the happiness of the elderly, but its role is gradually weakening; the gap in social pensions is obvious. Although basic pension facilities such as elderly activity centers can significantly improve the happiness of the elderly, due to the number and applicability of infrastructure. The shortcomings have limited its positive effect on happiness, and it is gratifying that old-age insurance can affect the happiness of the elderly to a certain extent, indicating that the government's pension policy has gradually come into play, but it is not difficult to find that a lower pension amount has a positive effect on happiness. The role of sense is still limited; in social pensions, the increase in participation in endowment insurance and the provision of nursing homes, home care service stations and other facilities can effectively improve their happiness, and the marginal effect of participating in endowment insurance is relatively large, but it has no obvious effect on elderly with high satisfaction; with cities and compared with rural elderly people, urban elderly people are more dependent on social pension elements such as pension insurance and home care service stations.

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