

Socioeconomic-Demographic Characteristics and Supporting Resources of the Chinese Elderly

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Supported by the University of Wisconsin – Eau Claire Summer Research Experiences for Undergraduates Program, 2013.

Received 5 April 2014; accepted 16 June 2014
Published online 26 June 2014

Abstract

Inspired by the perspectives of Modernization Theory and Social Stratification Theory of Aging, this paper examines the social resources and the demographic characteristics of the Chinese elderly. The paper addresses the following questions: What social resources are available to the Chinese elderly after retirement? Are the demographic characteristics of the elderly associated with their social resources? Utilizing the 2006 China national survey data, this study demonstrates the current characteristics of the Chinese elderly aged 60 years and above and presents the availability of social resources for the elderly in five categories: external financial resources, medical resources, physical resources, family resources, and self-resources. The study explores the associations between demographic characteristics and the social resources in each area. To complete the above analysis and to test the above theories, methods of statistics of cross-tabulations, Chi-square significance test, and indicators of strengths shown by Cramer's V and tau-c are applied. The results disclose a comprehensive picture of diverse social resources of the older people in contemporary Chinese society. The findings show that medical and self-resources are most closely associated with the demographic characteristics, followed by family resources, external financial resources, and lastly, physical resources. Policy implications are also addressed.

Key words: Chinese elderly; Social supporting resources; Demographic characteristics

Ji, J. J., & Wells, A. K. (2014). Socioeconomic-Demographic Characteristics and Supporting Resources of the Chinese Elderly. *Canadian Social Science*, 10(5), 153-167. Available from: <http://www.cscanada.net/index.php/css/article/view/4746>
DOI: <http://dx.doi.org/10.3968/4746>

INTRODUCTION

Chinese society is currently undertaking the transformation from an agricultural to an industrial society, and its elderly population currently makes up roughly 20 percent of the world's population aged 65 and above. With the number of elderly people continually increasing in China, the resources available to them have to multiply as well in order to continue to meet the needs of this population of people in China.

The number of elderly people in China has been steadily increasing since the 1990s for a few primary reasons. The first is that the life expectancy in China has increased from the forties to over seventy. Because people are living longer lives, China's elderly population is naturally growing. One problem that then arises is the issue of health care services and retirement benefits. Currently, there are virtually no government pension and health care services put in place for the elderly to use, particularly in rural areas. Historically, the Chinese had many children and depended on these children to look after them and take care of them as they aged, a concept known as filial piety. However, with the One Child Policy, which was introduced in 1979, this retirement plan no longer works as smoothly or as effectively. This policy results in the "4-2-1" phenomenon, where one child is expected to grow up and financially and emotionally support both of their parents and all four of their grandparents. The practice of filial piety was effective when multiple children were in each family to help with the responsibility of caring for parents and grandparents, but with only one child in each family, this responsibility

increases and becomes more difficult to fulfill. Over time, the population of elderly people will continue to grow, with less and less younger people to support them. This is going to cause major issues as time passes because younger people will not be able to care as fully for their elderly parents and grandparents, and the government and community are not currently set up to provide financial and social welfare services to this population.

1. THEORIES OF THE RELATIONSHIPS BETWEEN DEMOGRAPHIC CHARACTERISTICS AND SOCIAL RESOURCES

The theoretical grounds that inspired our research include Modernization Theory and Social Stratification Theory of Aging.

1.1 Modernization Theory

Modernization Theory (Cowgill & Holmes, 1972) states that as societies become more “modern,” or economically developed, the status of the elderly in a given society tends to decrease (Silverstein, 1998). When the standard family is defined as extended family instead of nuclear, such as in preindustrial societies, the elderly have a defined role and are cared for by their children and other family members. As societies become more modern, however, the standard family tends to be nuclear and the elderly experience a loss of purpose and of position in their families. In these societies, elder care is often shifted from a family’s role to government or community assistance.

Cowgill (1974) argues that “the most salient aspects of modernization include: (a) the application of modern health technology within a society; (b) the application of scientific technology to economic production and distribution; (c) urbanization; and (d) the extension of literacy and mass education” (p.12). As health and scientific technology become more advanced, older workers become obsolete and less valued in the workforce, which results in them feeling pressured to retire. “It tends to invert the statuses of the generations and leave the elderly in relative deprivation” (p.13). In terms of resources, Modernization Theory suggests that people who live in urban situations may have less familial resources but have greater access to community and government-based social resources.

1.2 Social Stratification Theory of Aging

Social Stratification Theory of Aging (Riley, Johnson, & Foner, 1972) is a functionalist perspective that claims that every part of society has a function and that the elderly are no different (McMullin, 2000). This theory divides people into groups based on their age and claims that every age group is expected to act in certain ways, fulfill certain expectations, and strive to achieve their purpose.

Social Stratification Theory of Aging states that as the elderly become older and older, they tend to lose access to the social resources that they had obtained in the past. As a result, the allocation of social resources for the elderly becomes increasingly unfavorable as they age (McMullin, 2000).

In general, the above theories are broad in their attempt to explain the process and implications that aging has on individuals in different societies. They are important to us, however, because they shed light on the discussion of access to social resources based on demographic characteristics. With these theories, we are better able to generate educated hypotheses that are grounded in literature and sociological theory.

Though these theories were originally developed to explain the social variations and inequalities in modern societies, such as the United States, it would also be appropriate to expand the theories to the examination of the elderly problems in China because the Chinese society is currently undertaking the transformation from an agricultural to an industrial society, and its elderly population makes up roughly 20 percent of the world’s population aged 65 or above.

2. LINKS BETWEEN DEMOGRAPHIC CHARACTERISTICS AND SOCIAL RESOURCES

Before jumping into our own research, we analyzed and studied the research that has already been conducted in this area of interest. We found that there is strong consensus among the researchers with expertise in the Chinese elderly. Almost all of the articles discuss the role of family in meeting the needs of the elderly in this society. Many of the articles explain the phenomenon of filial piety – the Confucian ideal of respecting and honoring one’s parents (Li & Chi, 2011; Wu, Carter, Goins, & Cheng, 2005; Wu, Mao, & Xu, 2008; Sereny, 2011; Wang, Xiong, Levkoff, & Yu, 2010; Mei & Chuanling, 2001). This virtue has traditionally been of extreme importance in Chinese culture. As parents age and begin to need support and care, according to the virtue of filial piety, the children of these elderly adults are expected to provide this care for their parents. “According to Confucian thought, filial piety means not only carrying out duties toward serving parents, but doing so with the proper attitude”.

The Chinese government has even put policies in place to ensure the fulfillment of filial piety. Wu, Carter, Goins, and Cheng (2005) explain that the Chinese Constitution states that “Children who have come of age have the duty to support and assist their parents” (p.39). If children fail to meet these requirements of the law, it is seen as an act “punishable under China’s Criminal Code” (p.39). This expectation and obligation toward taking care of one’s parents is not taken lightly.

One article, which sheds light on aging parents but does not address China's elderly, uses a metaphor to explain filial responsibility: the support bank model (Silverstein, Gans, & Yang, 2006). Throughout childhood and young adult life, parents take care of their children by providing everything they need: physical support, financial support, emotional support, and social support. They invest most of their time into raising their children and helping them grow into healthy and educated women and men. "These invested resources build a sense of obligation in children to reciprocate in kind when the parent experiences challenges in later life. Thus, social capital in long-term intergenerational relationships may lie dormant in children, even for decades, until it is triggered by an extenuating need such as a health crisis or the death of a spouse" (p.1070). In Chinese culture, this sense of obligation and responsibility are even stronger and usually come into play with eldercare even without an extenuating need such as a health crisis or the death of a spouse.

However, with the increase in the elderly population and the decrease in the population of children to support their parents, "the issue of the burden of family support for the elderly has become a growing public concern" (Mei & Chuanling, 50). Generally it is thought that as people age, particularly in Chinese society, the burden placed on the family becomes increasingly heavier. Mei and Chuangling (2001) suggest that there are three forms of "eldercare burden": financial burden, as bills are present and elderly income has declined; daily care burden, as elderly people are not always able to care for themselves in every day activities, especially in their older years; and lastly, spiritual burden, as the social network of friends and acquaintances has been upset, elderly people often turn to family members for their emotional and spiritual care (p.50).

2.1 Government Support and Demographic Characteristics

Because the traditional "retirement plan" for the Chinese elderly was having many children to take care of them in their old age, government systems and policies reflect this virtue of filial piety. For the most part, pension systems and government institutions were not necessary in the process of taking care of the elderly because families were in charge of that; therefore, there are few government assistance programs. Without government and social welfare systems available to meet the needs of the growing elderly population, "the potential loss of family support through coresidence could have huge impacts on the well-being of Chinese elderly" (Sereny, p.173).

With the changing demographics of Chinese society, however, this has started to change. Mei and Chuanling (2001) bring residence into the analysis: Cities often have a pension system in place and in turn, Chinese urban elderly often receive a larger subsidy income than the rural elderly. This income allows more urban elderly to

depend on themselves and government support more fully. "Whereas rural elderly have to depend on themselves for two-thirds of their financial support and on other family members for the remaining third, urban elderly can basically depend on themselves for financial support. This indicates that the rural elderly enjoy considerably less financial independence than their urban counterparts, and that the financial burden of family eldercare for the rural elderly is heavier than that for the urban elderly" (p.56).

Institutional care for elders has been a growing trend as well. Rural areas now have welfare institutes and township welfare institutes that provide resources and options for elderly persons who need them (Wu, Mao, & Xu, 2008). These facilities provide elders a place to live if they cannot live with family members or on their own. "In the past several years, central and local governments have demanded more beds every year, under the assumption that more elders will need to be institutionalized as time progresses" (p.227).

2.2 Family Support and Demographic Characteristics

Although some policies and systems have been put in place recently to meet the needs of the growing elderly class, family members continue to be the main caretakers and care providers of the elderly, especially in rural China (Wang, Xiong, Levkoff, & Yu, 2010). This works for the time being because most Chinese adults still have siblings to share the responsibility of caring for their parents, but when the results of the One-Child Policy hit, the financial and emotional burden of eldercare on adult children will be much greater (Wu, Carter, Goins, & Cheng, 2005). One study shows that "people prefer family support; however, many are concerned that no one will be available to take care of them" (Wu, Mao, & Xu, 2008).

One way that support is provided to the elderly is through coresidence with family members. Li and Chi (2011) state that "62.1% of rural and 55.8% of urban male adults aged 65 or older lived with their children" (934). One study found that "more than half of the respondents chose co-residence with children as their preferred living arrangement, while more than a third prefer living independently" (Sereny, 2011).

Sereny's study suggests that demographic characteristics play a large role in co-residence or living separately (which in this case means by oneself or with one's spouse). Gender, number of children, residence, marital status, and age all have an influence in one's living arrangement. Elderly women are more likely to co-reside with family members than their male counterparts. Research conducted in Beijing found that "two children maximizes the likelihood of coresidence, but there is a slight decline for older adults with more than three children" (p.177). Sereny's research also shows that "elders in China rely on spouses, children, and grandchildren for emotional, physical, and financial

support, especially in rural areas” (p.179). Most frequently, spouses play the role of caretaker, particularly in rural areas. If the elderly person is widowed, however, sons and daughters-in-law usually take the person into their care (Wang, Xiong, Levkoff, & Yu, 2010). In urban areas, there are more non-familial options for residence. Older adults are also more likely to prefer living with family members for a support system and for help with daily needs.

Elderly people with many children have the option of living near family members but not living with them, a phenomenon called quasi-residence (Sereny, 2011). Quasi-residence allows elderly people to gain the benefits of living with family (the emotional and physical support), but still maintain an independent lifestyle. Married couples often have the ability to live on their own but most still want to remain close to family members and continue to be an integral part of the family members’ lives.

Studies have also proven that there is a positive correlation between intergenerational reciprocity and psychological well-being of the elderly (Cong & Silverstein, 2008). Intergenerational reciprocity “refers to children providing money to their older parents and the elders caring for their grandchildren in return” and helping around the house (Li & Chi, 2011). Taking an active role in the family gives older people a sense of purpose and control in the family, which in turn, improves their well-being.

2.3 Personal Resources and Demographic Characteristics

Chinese elderly with a higher income, a more extensive education, and who are married are more likely to live independently from their children and support themselves. A study conducted by Sereny found that “perhaps surprisingly, more than 18% of those elderly respondents who live with children would prefer to live alone” (p.184). Thus, living arrangements and living preferences do not always match up. Studies have shown, however, that people who have economic independence and a high socioeconomic status tend to prefer living on their own (Sereny, 2011).

Mei and Chuanling’s study found that “China’s elderly people enjoy a relatively high degree of independence in terms of economic self-sufficiency, everyday self-care, and spiritual life” (p.65). The amount of care needed, however, varies person to person depending on their demographic characteristics and situation. “The percentage of urban elderly who depend on themselves and their spouses as providers of everyday care is higher than among the rural elderly” (Mei & Chuanling, 2001). This study actually suggests that when elderly people need care they go to daughters and daughters-in-law before sons, which contradicts what Wang, Xiong, Levkoff, and Yu’s study reports.

2.4 Medical Resources and Demographic Characteristics

Family relationships and living arrangements are important in terms of health care because the ability to receive health care and the decision to go to the physician are usually family decisions (Li & Chi, 2011). This study shows that “social support may enable and facilitate the acquisition of needed services by individuals, for example by providing tangible support in the form of information, companionship, or transportation. At the same time, family support may reduce services use by substituting for or complementing the use of formal health service with alternative or cheaper treatment or care provided at home” (p.935).

Wu, Mao, & Xu (2008) explain that the health care system in China is “bifurcated. While most urban employees have employer-sponsored health insurance, rural farmers do not have any type of health insurance” (p.232). Obtaining medical care is often a serious struggle for rural elders. In 2002, a new insurance program was put into place to help fix this problem, but only a small percentage of all rural elders benefit from it. “Health care-seeking behavior for elders often follows a generalized pattern: from a small in-house ‘clinic’ to a village clinic, and then to a township hospital” (p.232). Even when services are available, though, and insurance programs are benefitting more of the rural elders, a large portion of the financial burden is still placed on the individual.

2.5 Community Resources and Demographic Characteristics

According to Wu, Carter, Goins, and Cheng, in 2005 “less than 1 percent of elders live[d] in long-term care institutions” (p.39). Outside of institutional care, some forms of community support have traditionally been available to the urban Chinese elderly: danwei and bao hu zhu. Danwei help “distribute relief funds to elders and their families, visit retirees on holidays, arrange for someone to help families provide hands-on care for their older family member, and provide assistance to families following the death of the older family member by assisting with funeral arrangements” (p.39). Bao hu zhu is the second kind of community support for urban elders. These services “assist with preparing meals, running errands, and accompanying elders to health care visits.”

Due to the changing Chinese society, new ideas have been postulated for long-term care for both urban and rural elders. Communities are working to figure out how to best handle the growing problems of the aging elderly population. Some examples include personal care, adult day care, transportation to appointments, shopping, home maintenance, and counseling for elders.

3. RESEARCH HYPOTHESES

Inspired by the above theories and literature review, the following research questions arise: What social resources

are available to the Chinese elderly after retirement? Do the demographic characteristics of the elderly have an effect on their social resources? If so, to what extent? In corresponding with these questions, we have developed the following hypotheses. H1: The Chinese elderly have a plethora of social resources available to them after retirement. H2: Demographic characteristics have an impact on the social resources available to the Chinese elderly. H3: The rural elderly have fewer community and government-based resources but more family resources than the urban elderly in China.

4. RESEARCH METHODS

4.1 Data Source

This study uses data from a nationwide survey collected by the China Research Center on Aging in 2006 (CRCA). The survey was conducted amid 19,800 urban and rural elderly aged 60 years and above, but this study only uses a representative 10 percent of the sample respondents from the survey, making our sample size 1,980 respondents. The respondents were from 16 provinces, two central government municipalities, and two autonomous regions in China.

4.2 Measures

The data consists of comprehensive information about the Chinese elderly respondents including demographic and social characteristics, economic statuses, social welfares, living arrangements, as well as social resources available to the Chinese elderly. For our study, we focus on two sets of variables: demographic characteristics and social resources. Our independent variables are the demographic characteristics of the Chinese elderly. These variables include both ascribed characteristics (Residence, Gender, and Age) and achieved characteristics (Marital Status and Kids). Residence is an ordinal variable that refers to the type of region where the elderly live, indicated by i) Rural, ii) Rural-Urban, and iii) Urban. Gender, being a nominal variable, is indicated by 1) Male and 2) Female, and the variable of Age is ordinal and recoded into three categories: i) Young-Old 60-69, ii) Middle-Old 70-79, and iii) Old-Old 80 or older. Marital Status and Kids are also both recoded for our research purposes. Marital Status is a nominal variable indicated by i) Married, ii) Divorced, iii) Widowed, and iv) Other, and Kids, referring to the number of children that an elderly person has, is an ordinal variable, indicated by i) 0-2 kids, ii) 3-4 kids, and iii) 5 or more kids. These independent variables are used as predictors to look for their associations with the social resources described below.

The dependent variables used in our research include a variety of variables which we have labelled collectively as “social resources.” Due to the vast array of social

resources accounted for in the survey, we broke this category down into five subcategories, which include External Financial Resources, Medical Resources, Physical Resources, Family Resources, and Self Resources. We then coded the questions in the survey that were relevant to the topic at hand, focusing on resources that are available to at least some of the Chinese elderly. We coded the questions in order to put them each in one of the five subcategories, and finally chose three variables within each category to analyze.

For External Financial Resources, we looked at the following questions and variables: “Do you receive a state stipend?” No; Yes (State Stipend); “Do you receive a social welfare stipend?” No; Yes (Social Welfare Stipend); and “What is your retirement pension?” Less than 1000 Yuan; 1001-2000 Yuan; 2100-4680 Yuan (Pension). For Medical Resources, we looked at these questions and variables: “Can you describe your health status?” Not Good; Average; Good (Health); “Do you have public free medical insurance?” No; Yes (State Medical Free); and “Do you buy your own medical insurance?” No; Yes (Buy Medical Insurance).

In the Physical Resources subcategory, we focused on the following: “Do you have a hospital or clinic nearby?” No; Yes (Clinic Nearby); “Would you like to live in a nursing home?” No; Yes (Live Nursing Home); and “Are there any local elderly service agents available to you?” No; Yes (Elderly Service). In the Family Resources subcategory, we have: “Do you live in your own residence?” No; Yes (Living Own Room); “Do your children help support you financially?” No; Yes (Kid Support); and “Do your relatives help support you financially?” No; Yes (Relative Support).

Lastly, in the Self Resources subcategory, we looked at: “How much do you have in savings in the bank?” 200-9,000 Yuan; 10,000-20,000 Yuan; 25,000-50,000 Yuan; 55,000-250,000 Yuan (Savings); “Do you feel you have economic security at present?” No; Yes (Economic Security); and “What amount of schooling have you attained?” Elementary School; Middle School; High School; College and above (Educational Attainment). All of the social resource variables are either nominal or nominal variables.

4.3 Statistical Methods

Since our research purposes are to seek variations of the Chinese elderly regarding their social, economic, and demographic characteristics, their social and economic resources, as well as the associations between the characteristics and resources, we would utilize two types of quantitative methods. One is descriptive statistics and another is inferential. Descriptive statistics are used to run frequencies of our variables in order to analyze the variation, mean, and percentage distributions of our independent and dependent variables. Inferential statistics are used to analyze the potential association

links between our two types of variables—-independent variables (demographic characteristics) and dependent variables (social resources). We completed this by running cross-tabulations, Pearson's Chi-Square significant Test, Cramer's V, and Kendall's tau-c.

Cross-tabulation examines associations between two variables by comparing percentage distributions. It is also used to test a significant relationship in which we hypothesize that an independent variable has an impact on dependent variable. Cross-tab is one of several methods to analyze bivariate relationships. To interpret the results from a cross-tabulation table, we compare percentages across categories of the independent variable. We follow the magnitude of strength rule of thumb that a small difference (less than 10%) indicates a weak relationship, a moderate difference (10 to 30%) indicates a moderate relationship, and a large difference (more than 30%) is indicative of a strong relationship.

Chi-square is a statistic that compares the observed frequencies with the expected frequencies in order to draw a conclusion about a meaningful relationship between the two variables. Chi-square is used to test for statistical significance between nominal variables in a cross-tabulation. The Chi-square formula is denoted as follows:

$$\chi^2 = \sum \frac{(f_o - f_e)^2}{f_e}$$

where f_o is the observed frequency in each cell, and is the expected frequency in each cell. The formula indicates that the larger the difference between the observed f_o and expected f_e , the larger the value of Chi-square χ^2 , the stronger the relationship at a certain significant level.

Cramer's V is an indicator of strength of the relationship between nominal variables in a cross-tabulation. It is a measurement based on the Chi-square statistic, and is therefore used when one or both of the variables are nominal. The formula is:

$$V = \sqrt{\frac{\chi^2}{N * \text{Min}(r-1, c-1)}}$$

where V = Cramer's V, χ^2 = Chi-square, N = total number of cases, r = number of rows, c = number of columns, and $\text{Min}(r-1, c-1)$ = either $r-1$ or $c-1$, whichever is less. This measure uses the rule of thumb: a Cramer's V value of 0.00 – 0.10 indicates a weak relationship, 0.10 – 0.30 indicates a moderately strong relationship, and a value greater than 0.30 indicates a strong relationship between the two variables.

Lastly, Kendall's tau-c is an indicator of strength of relationship used when both variables are ordinal. The formula is as follows:

$$\text{Tau} - c = \frac{2 * \text{Min}(r, c) * (\text{Same} - \text{Opposite})}{N^2 * \text{Min}(r-1, c-1)}$$

where N = total number of cases, r = number of rows, c = number of columns, Same = number of same-ranking

pairs, and Opposite = number of opposite-ranking pairs. The measure Tau-c also uses a similar rule of thumb as Cramer's V in interpretation of strength.

5. RESULTS

Our results indicate that the Chinese elderly experience resource options from different sources in varying degrees. We also found that many of the resources available do not benefit the majority of the sample.

Our findings reveal that almost half of the Chinese elderly population lives in rural areas (49.6% Rural, 6.1% Rural-Urban, 44.3% Urban); that the population is almost 50-50 between men and women with slightly more men (51.3% Male, 48.7% Female); that the vast majority of the Chinese elderly fit into the Young-Old and Middle-Old categories, ranging between 60-79 years old (44.1% Young-Old, 41.8% Middle-Old, 14.1% Old-Old); that the majority of the respondents are married, with the second largest group being widowed (63.7% Married, 1.4% Divorced, 32.6% Widowed, 2.4% Other); and lastly, that the majority of these people have three to four children (24.4% 0-2 kids, 48.4% 3-4 kids, 27.2% 5+ kids), which means that the One-Child Policy has not affected this elderly population in the way it will affect future generations of Chinese elderly.

As mentioned before, we found that many resources available do not benefit the majority of the sample. Some examples include: State Stipend (91.6% No, 8.4% Yes), Buy Medical Insurance (94.8% No, 5.2% Yes), local elderly service agents (72.1% No, 27.9% Yes), and receiving financial support from relatives other than children (93.3% No, 6.7% Yes). On the other hand, some resources benefit many in the sample: receiving financial aid from children (50.3% No, 49.7% Yes), having a hospital or clinic nearby (21.2% No, 78.8% Yes), living in your own residence (8.9% No, 91.1% Yes), and having economic security (34.8% No, 65.2% Yes).

The results show that medical and self resources are most closely associated with the demographic characteristics studies, followed by family resources, then external financial resources, and lastly, physical resources. The following shows evidence of this statement.

In the medical resources cross-tabulations, 12 of the 15 possible relationships are statistically significant. The strongest relationship was between Residence and State Medical Free with a Cramer's V of .304. The elderly who live in urban areas report a higher percentage of having public free medical insurance. In the self resources cross-tabulations, 11 of the 15 possible relationships are statistically significant. The strongest relationship is between Residence and Savings with a Cramer's V of .315. The elderly who live in urban areas tend to report larger savings accounts than their rural counterparts. For family resources, 9 of the 15 possible relationships were significant, with the strongest relationship between

Residence and Kid Support with a Cramer's V of .304. Elderly who live in urban areas report a lower percentage of receiving financial help from their children. This is what we expected based on our literature review and theory.

In the external financial resources cross-tabulations, 8 of the 15 possible relationships are significant, with Residence and Social Welfare Stipend having the strongest relationship with a Cramer's V value of .556. Urban elderly people reported a higher percentage of receiving a social welfare stipend. Lastly, in the physical resources cross-tabulations, only 5 of the possible 15 relationships were statistically significant. The strongest relationship was between Residence and Clinic Nearby with a Cramer's V of .188. Elderly who live in urban areas report a higher percentage of having a hospital or clinic nearby.

Of all the demographic characteristics, Residence had the strongest relationship in all five subcategories of resources. This suggests that the urban-rural divide more strongly affects the amount of resources available to the Chinese elderly.

6. DISCUSSION AND CONCLUSION

Looking back to our hypotheses, we conclude that the first hypothesis is partially supported by the data. Although there are a plethora of social resources available to the Chinese elderly as a population, some elderly have more resources available to them than others. The second and third hypotheses are supported by the data. Demographic characteristics do have an impact on the social resources available to the Chinese elderly, and the rural elderly have far fewer community and government-based resources but have more family resources than the urban elderly in China.

The policy implications of this research are critical. With the One-Child Law in place, the virtue of filial piety (taking care of one's parents) is harder to fulfill because it leaves the responsibility on one child instead of sharing the responsibility among many children. As the generations continue to age, we are going to continue seeing a gap in the needs of the Chinese elderly and the resources available to them to meet those needs. More government policies and community agencies, such as elderly services, welfare programs, and nursing homes, in particular the programs aiming to help the non-pensioned rural elderly, will need to be put in place in order to meet the demands of this changing Chinese society.

Although we gained some interesting results, there are some limitations to our study. First, we used a previously administered survey so we were not able to control what was asked and how these questions were asked. Therefore, our study was limited to fitting within the bounds of a previous study in China. Next, due to a secondary

data analysis, we could only apply variables available to us, thus limiting our choices of more appropriate and desirable variables. Finally, our sample size was restricted to 10% of the original survey data with only 1,980 respondents which might theoretically reduce the magnitude of representativeness of the whole population. Future endeavors could include looking more in depth at each of the subcategories and could control for different variables in order to rule out potential spurious effects while seeking for effective linkages among variables.

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APPENDIXES

Table 1
Demographic Characteristics of the Chinese Elderly

		Frequency	Percent	Cumulative Percent
Residence	Rural	982	49.6	49.6
	Rural-Urban	120	6.1	55.7
	Urban	876	44.3	100.0
	Total	1978	100.0	
Gender	Male	1016	51.3	51.3
	Female	964	48.7	100.0
	Total	1980	100.0	
Age Group	Young 60-69	874	44.1	44.1
	Middle 70-79	827	41.8	85.9
	Old 80+	279	14.1	100.0
	Total	1980	100.0	
Marital Status	Married	1259	63.7	63.7
	Divorced	27	1.4	65.0
	Widowed	644	32.6	97.6
	Other	48	2.4	100.0
	Total	1978	100.0	
Kids	0-2	483	24.4	24.4
	3-4	958	48.4	72.8
	5+	539	27.2	100.0
	Total	1980	100.0	

Table 2
Social Resources of the Chinese Elderly

		Frequency	Percent	Cumulative Percent
State Stipend	No	1811	91.6	91.6
	Yes	167	8.4	100.0
	Total	1978	100.0	
Social Welfare Stipend	No	1412	71.5	71.5
	Yes	564	28.5	100.0
	Total	1976	100.0	
Pension	< 1000	155	63.0	63.0
	1000-2000	57	23.2	86.2
	2100-4680	34	13.8	100.0
	Total	246	100.0	
Health	Not Good	510	25.8	25.8
	Average	961	48.6	74.4
	Good	507	25.6	100.0
State Medical Free	Total	1978	100.0	
	No	1780	89.9	89.9
	Yes	200	10.1	100.0
Buy Medical Insurance	Total	1980	100.0	
	No	1877	94.8	94.8
	Yes	103	5.2	100.0
Clinic Nearby	Total	1980	100.0	
	No	420	21.2	21.2
	Yes	1560	78.8	100.0
Live Nursing Home	Total	1980	100.0	
	No	1651	84.8	84.8
	Yes	306	15.6	100.0
Elderly Service	Total	1957	100.0	
	No	696	72.1	72.1
	Yes	269	27.9	100.0
Living Own Room	Total	965	100.0	
	No	176	8.9	8.9
	Yes	1795	91.1	100.0
Total	1971	100.0		

To be continued

Continued

		Frequency	Percent	Cumulative Percent
Kid Support	No	995	50.3	50.3
	Yes	983	49.7	100.0
	Total	1978	100.0	
Relative Support	No	1845	93.3	93.3
	Yes	133	6.7	100.0
	Total	1978	100.0	
Savings	200-9,000	97	27.1	27.1
	10,000-20,000	126	35.2	62.3
	25,000-50,000	78	21.8	84.1
	55,000-250,000	57	15.9	100.0
	Total	358	100.0	
Economic Security	No	688	34.8	34.8
	Yes	1289	65.2	100.0
	Total	1977	100.0	
Educational Attainment	Elementary	764	59.7	59.7
	Middle	238	18.6	78.3
	High	187	14.6	92.9
	College +	91	7.1	100.0
	Total	1280	100.0	

Table 3
External Financial Resources Cross Tabulations

Residence	Rural	Rural-Urban	Urban	Total
State Stipend				
No	893 (91.0)	105 (87.5)	811 (92.7)	1809 (91.5)
Yes	88 (9.0)	15 (12.5)	64 (7.3)	167 (8.5)
Total	981 (100.0)	120 (100.0)	875 (100.0)	1976 (100.0)
Chi-Square = 4.346, df = 2, p < .114, Cramer's V = .047				

Residence	Rural	Rural-Urban	Urban	Total
Social Welfare Stipend				
No	944 (96.2)	78 (65.0)	388 (44.4)	1410 (71.4)
Yes	37 (3.8)	42 (35.0)	485 (55.6)	564 (28.6)
Total	981 (100.0)	120 (100.0)	873 (100.0)	1974 (100.0)
Chi-Square = 609.546, df = 2, p < .001, Cramer's V = .556				

Residence	Rural	Rural-Urban	Urban	Total
Pension				
< 1,000	11 (42.3)	14 (46.7)	129 (68.3)	154 (62.9)
1,000 – 2,000	10 (38.5)	8 (26.7)	39 (20.6)	57 (23.3)
2,100 – 4,680	5 (19.2)	8 (26.7)	21 (11.1)	34 (13.9)
Total	26 (100.0)	(100.0)	189 (100.0)	245 (100.0)
Chi-Square = 12.280, df = 4, p < .05, Cramer's V = .158				

Gender	Male	Female	Total
State Stipend			
No	925 (91.0)	886 (92.1)	1811 (91.6)
Yes	91 (9.0)	76 (7.9)	167 (8.4)
Total	1016 (100.0)	962 (100.0)	1978 (100.0)
Chi-Square = .713, df = 1, p < .398, Cramer's V = .019			

To be continued

Continued

Gender	Male	Female	Total
Social Welfare Stipend			
No	698 (68.8)	714 (74.3)	1412 (71.5)
Yes	317 (31.2)	247 (25.7)	564 (28.5)
Total	1015 (100.0)	961 (100.0)	1976 (100.0)

Chi-Square = 7.399, df = 1, p < .01, Cramer's V = .061

Gender	Male	Female	Total
Pension			
< 1,000	81 (66.9)	74 (59.2)	155 (63.0)
1,000 – 2,000	21 (17.4)	36 (28.8)	57 (23.2)
2,100 – 4,680	19 (15.7)	15 (12.0)	34 (13.8)
Total	121 (100.0)	125 (100.0)	246 (100.0)

Chi-Square = 4.670, df = 2, p < .097, Cramer's V = .138

Age Group	Young 60-69	Middle 70-79	Old 80+	Total
State Stipend				
No	814 (93.2)	761 (92.1)	236 (84.6)	1811 (91.6)
Yes	59 (6.8)	65 (7.9)	43 (15.4)	167 (8.4)
Total	873 (100.0)	826 (100.0)	279 (100.0)	1978 (100.0)

Chi-Square = 21.087, df = 2, p < .001, Cramer's V = .103

Age Group	Young 60-69	Middle 70-79	Old 80+	Total
Social Welfare Stipend				
No	634 (72.7)	572 (69.3)	206 (73.8)	1412 (71.5)
Yes	238 (27.3)	253 (30.7)	73 (26.2)	564 (28.5)
Total	872 (100.0)	825 (100.0)	279 (100.0)	1976 (100.0)

Chi-Square = 3.265, df = 2, p < .195, Cramer's V = .041

Age Group	Young 60-69	Middle 70-79	Old 80+	Total
Pension				
< 1,000	88 (67.2)	57 (58.8)	10 (55.6)	155 (63.0)
1,000 – 2,000	25 (19.1)	25 (25.8)	7 (38.9)	57 (23.2)
2,100 – 4,680	18 (13.7)	15 (15.5)	1 (5.6)	34 (13.8)
Total	131 (100.0)	97 (100.0)	18 (100.0)	246 (100.0)

Chi-Square = 5.024, df = 4, p < .285, Cramer's V = .101,
 Kendall's tau-c = .057

Marital Status	Married	Divorced	Widowed	Other	Total
State Stipend					
No	1168 (92.9)	21 (77.8)	584 (90.7)	36 (75.0)	1809 (91.5)
Yes	89 (7.1)	6 (22.2)	60 (9.3)	12 (25.0)	167 (8.5)
Total	1257 (100.0)	27 (100.0)	644 (100.0)	48 (100.0)	1976 (100.0)

Chi-Square = 27.284, df = 3, p < .001, Cramer's V = .118

Continued

Marital Status	Married	Divorced	Widowed	Other	Total
Social Welfare Stipend					
No	847 (67.5)	19 (70.4)	505 (78.4)	39 (81.3)	1410 (71.4)
Yes	408 (32.5)	8 (29.6)	139 (21.6)	9 (18.8)	564 (28.6)
Total	1255 (100.0)	27 (100.0)	644 (100.0)	48 (100.0)	1974 (100.0)

Chi-Square = 27.230, df = 3, p < .001, Cramer's V = .117

Marital Status	Married	Divorced	Widowed	Other	Total
Pension					
< 1,000	153 (63.5)			1 (25.0)	154 (62.9)
1,000 – 2,000	56 (23.2)			1 (25.0)	57 (23.3)
2,100 – 4,680	32 (13.3)			2 (50.0)	34 (13.9)
Total	241 (100.0)			4 (100.0)	245 (100.0)

Chi-Square = 4.756, df = 2, p < .093, Cramer's V = .139

Kids	0-2	3-4	5+	Total
State Stipend				
No	427 (88.4)	881 (92.2)	503 (93.3)	1811 (91.6)
Yes	56 (11.6)	75 (7.8)	36 (6.7)	167 (8.4)
Total	483 (100.0)	956 (100.0)	539 (100.0)	1978 (100.0)

Chi-Square = 8.816, df = 2, p < .05, Cramer's V = .067

Kids	0-2	3-4	5+	Total
Social Welfare Stipend				
No	284 (58.9)	667 (69.8)	461 (85.5)	1412 (71.5)
Yes	198 (41.1)	288 (30.2)	78 (14.5)	564 (28.5)
Total	482 (100.0)	955 (100.0)	539 (100.0)	1976 (100.0)

Chi-Square = 90.687, df = 2, p < .001, Cramer's V = .214

Kids	0-2	3-4	5+	Total
Pension				
< 1,000	53 (67.1)	79 (59.8)	23 (65.7)	155 (63.0)
1,000 – 2,000	17 (21.5)	32 (24.2)	8 (22.9)	57 (23.2)
2,100 – 4,680	9 (11.4)	21 (15.9)	4 (11.4)	34 (13.8)
Total	79 (100.0)	132 (100.0)	35 (100.0)	246 (100.0)

Chi-Square = 1.517, df = 4, p < .824, Cramer's V = .056, Kendall's tau-c = .027

To be continued

Table 4
Medical Resources Cross Tabulations

Residence	Rural	Rural-Urban	Urban	Total
Health				
Not Good	310 (31.6)	29 (24.2)	170 (19.4)	509 (25.8)
Average	427 (43.5)	53 (44.2)	481 (55.0)	961 (48.6)
Good	244 (24.9)	38 (31.7)	224 (25.6)	506 (25.6)
Total	981 (100.0)	120 (100.0)	875 (100.0)	1976 (100.0)

Chi-Square = 41.632, df = 4, p < .001, Cramer's V = .103

Residence	Rural	Rural-Urban	Urban	Total
State Medical Free				
No	973 (99.1)	101 (84.2)	704 (80.4)	1778 (89.9)
Yes	9 (0.9)	19 (15.8)	172 (19.6)	200 (10.1)
Total	982 (100.0)	120 (100.0)	876 (100.0)	1978 (100.0)

Chi-Square = 183.082, df = 2, p < .001, Cramer's V = .304

Residence	Rural	Rural-Urban	Urban	Total
Buy Medical Insurance				
No	915 (93.2)	113 (94.2)	847 (96.7)	1875 (94.8)
Yes	67 (6.8)	7 (5.8)	29 (3.3)	103 (5.2)
Total	982 (100.0)	120 (100.0)	876 (100.0)	1978 (100.0)

Chi-Square = 11.672, df = 2, p < .01, Cramer's V = .077

Gender	Male	Female	Total
Health			
Not Good	235 (23.1)	275 (28.6)	510 (25.8)
Average	494 (48.6)	467 (48.5)	961 (48.6)
Good	287 (28.2)	220 (22.9)	507 (25.6)
Total	1016 (100.0)	962 (100.0)	1978 (100.0)

Chi-Square = 11.284, df = 2, p < .01, Cramer's V = .076

Gender	Male	Female	Total
State Medical Free			
No	871 (85.7)	909 (94.3)	1780 (89.9)
Yes	145 (14.3)	55 (5.7)	200 (10.1)
Total	1016 (100.0)	964 (100.0)	1980 (100.0)

Chi-Square = 39.973, df = 1, p < .001, Cramer's V = .142

Gender	Male	Female	Total
Buy Medical Insurance			
No	953 (93.8)	924 (95.9)	1877 (94.8)
Yes	63 (6.2)	40 (4.1)	103 (5.2)
Total	1016 (100.0)	964 (100.0)	1980 (100.0)

Chi-Square = 4.221, df = 1, p < .05, Cramer's V = .046

To be continued

Continued

Age Group	Young 60-69	Middle 70-79	Old 80+	Total
Health				
Not Good	163 (18.7)	233 (28.2)	114 (40.9)	510 (25.8)
Average	440 (50.5)	391 (47.3)	130 (46.6)	961 (48.6)
Good	269 (30.8)	203 (24.5)	35 (12.5)	507 (25.6)
Total	872 (100.0)	827 (100.0)	279 (100.0)	1978 (100.0)

Chi-Square = 72.863, df = 4, p < .001, Cramer's V = .136, Kendall's tau-c = -0.153

Age Group	Young 60-69	Middle 70-79	Old 80+	Total
State Medical Free				
No	790 (90.4)	736 (89.0)	254 (91.0)	1780 (89.9)
Yes	84 (9.6)	91 (11.0)	25 (9.0)	200 (10.1)
Total	874 (100.0)	827 (100.0)	279 (100.0)	1980 (100.0)

Chi-Square = 1.373, df = 2, p < .503, Cramer's V = .026

Age Group	Young 60-69	Middle 70-79	Old 80+	Total
Buy Medical Insurance				
No	828 (94.7)	780 (94.3)	269 (96.4)	1877 (94.8)
Yes	46 (5.3)	47 (5.7)	10 (3.6)	103 (5.2)
Total	874 (100.0)	827 (100.0)	279 (100.0)	1980 (100.0)

Chi-Square = 1.876, df = 2, p < .391, Cramer's V = .031

Marital Status	Married	Divorced	Widowed	Other	Total
Health					
Not Good	294 (23.4)	6 (22.2)	197 (30.6)	12 (25.0)	509 (25.8)
Average	619 (49.2)	12 (44.4)	301 (46.7)	28 (58.3)	960 (48.6)
Good	344 (27.4)	9 (33.3)	146 (22.7)	8 (16.7)	507 (25.7)
Total	1257 (100.0)	27 (100.0)	644 (100.0)	48 (100.0)	1976 (100.0)

Chi-Square = 16.118, df = 6, p < .05, Cramer's V = .064

Marital Status	Married	Divorced	Widowed	Other	Total
State Medical Free					
No	1097 (87.1)	20 (74.1)	616 (95.7)	45 (93.8)	1778 (89.9)
Yes	162 (12.9)	7 (25.9)	28 (4.3)	3 (6.3)	200 (10.1)
Total	1259 (100.0)	27 (100.0)	644 (100.0)	48 (100.0)	1978 (100.0)

Chi-Square = 42.276, df = 3, p < .001, Cramer's V = .146

To be continued

Continued

Marital Status	Married	Divorced	Widowed	Other	Total
Buy Medical Insurance					
No	1201 (95.4)	23 (85.2)	609 (94.6)	42 (87.5)	1875 (94.8)
Yes	58 (4.6)	4 (14.8)	35 (5.4)	6 (12.5)	103 (5.2)
Total	1259 (100.0)	27 (100.0)	644 (100.0)	48 (100.0)	1978 (100.0)

Chi-Square = 11.208, df = 3, p < .05, Cramer's V = .075

Kids	0-2	3-4	5+	Total
Health				
Not Good	107 (22.2)	240 (25.1)	163 (30.2)	510 (25.8)
Average	248 (51.5)	453 (47.3)	260 (48.2)	961 (48.6)
Good	127 (26.3)	264 (27.6)	116 (21.5)	507 (25.6)
Total	482 (100.0)	957 (100.0)	539 (100.0)	1978 (100.0)

Chi-Square = 12.953, df = 4, p < .05, Cramer's V = .057, Kendall's tau-c = -0.056

Kids	0-2	3-4	5+	Total
State Medical Free				
No	404 (83.6)	862 (90.0)	514 (95.4)	1780 (89.9)
Yes	79 (16.4)	96 (10.0)	25 (4.6)	200 (10.1)
Total	483 (100.0)	958 (100.0)	539 (100.0)	1980 (100.0)

Chi-Square = 38.531, df = 2, p < .001, Cramer's V = .139

Kids	0-2	3-4	5+	Total
Buy Medical Insurance				
No	454 (94.0)	917 (95.7)	506 (93.9)	1877 (94.8)
Yes	29 (6.0)	41 (4.3)	33 (6.1)	103 (5.2)
Total	483 (100.0)	958 (100.0)	539 (100.0)	1980 (100.0)

Chi-Square = 3.209, df = 2, p < .201, Cramer's V = .040

Table 5
Physical Resources Cross Tabulations

Residence	Rural	Rural-Urban	Urban	Total
Clinic Nearby				
No	283 (28.8)	22 (18.3)	114 (13.0)	419 (21.2)
Yes	699 (71.2)	98 (81.7)	762 (87.0)	1559 (78.8)
Total	982 (100.0)	120 (100.0)	876 (100.0)	1978 (100.0)

Chi-Square = 69.893, df = 2, p < .001, Cramer's V = .188

Residence	Rural	Rural-Urban	Urban	Total
Live Nursing Home				
No	837 (86.2)	99 (83.2)	715 (82.6)	1651 (84.4)
Yes	134 (13.8)	20 (16.8)	151 (17.4)	305 (15.6)
Total	971 (100.0)	119 (100.0)	866 (100.0)	1956 (100.0)

Chi-Square = 4.740, df = 2, p < .093, Cramer's V = .049

To be continued

Continued

Residence	Rural	Rural-Urban	Urban	Total
Elderly Service				
No	62 (93.9)	62 (75.6)	571 (70.0)	695 (72.1)
Yes	4 (6.1)	20 (24.4)	245 (30.0)	269 (27.9)
Total	66 (100.0)	82 (100.0)	816 (100.0)	964 (100.0)

Chi-Square = 17.980, df = 2, p < .001, Cramer's V = .137

Gender	Male	Female	Total
Clinic Nearby			
No	227 (22.3)	193 (20.0)	420 (21.2)
Yes	789 (77.7)	771 (80.0)	1560 (78.8)
Total	1016 (100.0)	964 (100.0)	1980 (100.0)

Chi-Square = 1.596, df = 1, p < .207, Cramer's V = .028

Gender	Male	Female	Total
Live Nursing Home			
No	843 (84.0)	808 (84.8)	1651 (84.4)
Yes	161 (16.0)	145 (15.2)	306 (15.6)
Total	1004 (100.0)	953 (100.0)	1957 (100.0)

Chi-Square = .250, df = 1, p < .617, Cramer's V = .011

Gender	Male	Female	Total
Elderly Service			
No	337 (72.5)	359 (71.8)	696 (72.1)
Yes	128 (27.5)	141 (28.2)	269 (27.9)
Total	465 (100.0)	500 (100.0)	965 (100.0)

Chi-Square = .054, df = 1, p < .816, Cramer's V = .008

Age Group	Young 60-69	Middle 70-79	Old 80+	Total
Clinic Nearby				
No	184 (21.1)	185 (22.4)	51 (18.3)	420 (21.2)
Yes	690 (78.9)	642 (77.6)	228 (81.7)	1560 (78.8)
Total	874 (100.0)	827 (100.0)	279 (100.0)	1980 (100.0)

Chi-Square = 2.112, df = 2, p < .348, Cramer's V = .033

Age Group	Young 60-69	Middle 70-79	Old 80+	Total
Live Nursing Home				
No	726 (84.4)	681 (83.2)	244 (87.8)	1651 (84.4)
Yes	134 (15.6)	138 (16.8)	34 (12.2)	306 (15.6)
Total	860 (100.0)	819 (100.0)	278 (100.0)	1957 (100.0)

Chi-Square = 3.361, df = 2, p < .186, Cramer's V = .041

To be continued

Continued

Age Group	Young 60-69	Middle 70-79	Old 80+	Total
Elderly Service				
No	326 (76.2)	281 (69.7)	89 (66.4)	696 (72.1)
Yes	102 (23.8)	122 (30.3)	45 (33.6)	269 (27.9)
Total	428 (100.0)	403 (100.0)	134 (100.0)	965 (100.0)
Chi-Square = 6.804, df = 2, p < .05, Cramer's V = .084				

Marital Status	Married	Divorced	Widowed	Other	Total
Clinic Nearby					
No	260 (20.7)	3 (11.1)	146 (22.7)	10 (20.8)	419 (21.2)
Yes	999 (79.3)	24 (88.9)	498 (77.3)	38 (79.2)	1559 (78.8)
Total	1259 (100.0)	27 (100.0)	644 (100.0)	48 (100.0)	1978 (100.0)
Chi-Square = 2.711, df = 3, p < .438, Cramer's V = .037					

Marital Status	Married	Divorced	Widowed	Other	Total
Live Nursing Home					
No	1062 (85.4)	22 (81.5)	534 (83.7)	32 (66.7)	1650 (84.4)
Yes	181 (14.6)	5 (18.5)	104 (16.3)	16 (33.3)	306 (15.6)
Total	1243 (100.0)	27 (100.0)	638 (100.0)	48 (100.0)	1956 (100.0)
Chi-Square = 12.863, df = 3, p < .01, Cramer's V = .081					

Marital Status	Married	Divorced	Widowed	Other	Total
Elderly Service					
No	488 (73.7)	9 (64.3)	186 (68.6)	12 (70.6)	695 (72.1)
Yes	174 (26.3)	5 (35.7)	85 (31.4)	5 (29.4)	269 (27.9)
Total	662 (100.0)	14 (100.0)	271 (100.0)	17 (100.0)	964 (100.0)
Chi-Square = 2.921, df = 3, p < .404, Cramer's V = .055					

Kids	0-2	3-4	5+	Total
Clinic Nearby				
No	93 (19.3)	190 (19.8)	137 (25.4)	420 (21.2)
Yes	390 (80.7)	768 (80.2)	402 (74.6)	1560 (78.8)
Total	483 (100.0)	958 (100.0)	539 (100.0)	1980 (100.0)
Chi-Square = 7.901, df = 2, p < .05, Cramer's V = .063				

Kids	0-2	3-4	5+	Total
Live Nursing Home				
No	392 (82.5)	810 (85.4)	449 (84.1)	1651 (84.4)
Yes	83 (17.5)	138 (14.6)	85 (15.9)	306 (15.6)
Total	475 (100.0)	948 (100.0)	534 (100.0)	1957 (100.0)
Chi-Square = 2.085, df = 2, p < .353, Cramer's V = .033				

To be continued

Continued

Kids	0-2	3-4	5+	Total
Elderly Service				
No	213 (70.3)	362 (71.4)	121 (78.1)	696 (72.1)
Yes	90 (29.7)	145 (28.6)	34 (21.9)	269 (27.9)
Total	303 (100.0)	507 (100.0)	155 (100.0)	965 (100.0)
Chi-Square = 3.356, df = 2, p < .187, Cramer's V = .059				

Table 6
Family Resources Cross Tabulations

Residence	Rural	Rural-Urban	Urban	Total
Living Own Room				
No	83 (8.5)	9 (7.5)	84 (9.6)	176 (8.9)
Yes	894 (91.5)	111 (92.5)	788 (90.4)	1793 (91.1)
Total	977 (100.0)	120 (100.0)	872 (100.0)	1969 (100.0)
Chi-Square = 1.058, df = 2, p < .589, Cramer's V = .023				

Residence	Rural	Rural-Urban	Urban	Total
Kid Support				
No	348 (35.5)	62 (51.7)	585 (66.9)	995 (50.4)
Yes	633 (64.5)	58 (48.3)	290 (33.1)	981 (49.6)
Total	981 (100.0)	120 (100.0)	875 (100.0)	1976 (100.0)
Chi-Square = 182.299, df = 2, p < .001, Cramer's V = .304				

Residence	Rural	Rural-Urban	Urban	Total
Relative Support				
No	879 (89.6)	112 (93.3)	852 (97.4)	1843 (93.3)
Yes	102 (10.4)	8 (6.7)	23 (2.6)	133 (6.7)
Total	981 (100.0)	120 (100.0)	875 (100.0)	1976 (100.0)
Chi-Square = 44.466, df = 2, p < .001, Cramer's V = .150				

Gender	Male	Female	Total
Living Own Room			
No	83 (8.2)	93 (9.7)	176 (8.9)
Yes	925 (91.8)	870 (90.3)	1798 (91.1)
Total	1008 (100.0)	963 (100.0)	1971 (100.0)
Chi-Square = 1.227, df = 1, p < .268, Cramer's V = .025			

Gender	Male	Female	Total
Kid Support			
No	558 (54.9)	437 (45.4)	995 (50.3)
Yes	458 (45.1)	525 (54.6)	983 (49.7)
Total	1016 (100.0)	962 (100.0)	1978 (100.0)
Chi-Square = 17.820, df = 1, p < .001, Cramer's V = .095			

To be continued

Continued

Gender	Male	Female	Total
Relative Support			
No	953 (93.8)	892 (92.7)	1845 (93.3)
Yes	63 (6.2)	70 (7.3)	133 (6.7)
Total	1016 (100.0)	962 (100.0)	1978 (100.0)
Chi-Square = .912, df = 1, p < .340, Cramer's V = .021			

Age Group	Young 60-69	Middle 70-79	Old 80+	Total
Living Own Room				
No	53 (6.1)	79 (9.6)	44 (15.8)	176 (8.9)
Yes	817 (93.9)	744 (90.4)	234 (84.2)	1795 (91.1)
Total	870 (100.0)	823 (100.0)	278 (100.0)	1971 (100.0)
Chi-Square = 25.333, df = 2, p < .001, Cramer's V = .113				

Age Group	Young 60-69	Middle 70-79	Old 80+	Total
Kid Support				
No	458 (52.5)	412 (49.9)	125 (44.8)	995 (50.3)
Yes	415 (47.5)	414 (50.1)	154 (55.2)	983 (49.7)
Total	873 (100.0)	826 (100.0)	279 (100.0)	1978 (100.0)
Chi-Square = 5.065, df = 2, p < .079, Cramer's V = .051				

Age Group	Young 60-69	Middle 70-79	Old 80+	Total
Relative Support				
No	840 (96.2)	760 (92.0)	245 (87.8)	1845 (93.3)
Yes	33 (3.8)	66 (8.0)	34 (12.2)	133 (6.7)
Total	873 (100.0)	826 (100.0)	279 (100.0)	1978 (100.0)
Chi-Square = 27.449, df = 2, p < .001, Cramer's V = .118				

Marital Status	Married	Divorced	Widowed	Other	Total
Living Own Room					
No	80 (6.4)	2 (7.4)	91 (14.2)	3 (6.4)	176 (8.9)
Yes	1174 (93.6)	25 (92.6)	550 (85.8)	44 (93.6)	1793 (91.1)
Total	1254 (100.0)	27 (100.0)	641 (100.0)	47 (100.0)	1969 (100.0)
Chi-Square = 32.315, df = 3, p < .001, Cramer's V = .128					

Marital Status	Married	Divorced	Widowed	Other	Total
Kid Support					
No	681 (54.2)	19 (70.4)	261 (40.5)	34 (70.8)	995 (50.4)
Yes	576 (45.8)	8 (29.6)	383 (59.5)	14 (29.2)	981 (49.6)
Total	1257 (100.0)	27 (100.0)	644 (100.0)	48 (100.0)	1976 (100.0)
Chi-Square = 44.601, df = 3, p < .001, Cramer's V = .150					

To be continued

Continued

Marital Status	Married	Divorced	Widowed	Other	Total
Relative Support					
No	1198 (95.3)	23 (85.2)	580 (90.1)	42 (87.5)	1843 (93.3)
Yes	59 (4.7)	4 (14.8)	64 (9.9)	6 (12.5)	133 (6.7)
Total	1257 (100.0)	27 (100.0)	644 (100.0)	48 (100.0)	1976 (100.0)
Chi-Square = 24.216, df = 3, p < .001, Cramer's V = .111					

Kids	0-2	3-4	5+	Total
Living Own Room				
No	44 (9.1)	86 (9.0)	46 (8.6)	176 (8.9)
Yes	437 (90.9)	866 (91.0)	492 (91.4)	1795 (91.1)
Total	481 (100.0)	952 (100.0)	538 (100.0)	1971 (100.0)
Chi-Square = .136, df = 2, p < .934, Cramer's V = .008				

Kids	0-2	3-4	5+	Total
Kid Support				
No	308 (63.8)	489 (51.2)	198 (36.7)	995 (50.3)
Yes	175 (36.2)	467 (48.8)	341 (63.3)	983 (49.7)
Total	483 (100.0)	956 (100.0)	539 (100.0)	1978 (100.0)
Chi-Square = 74.998, df = 2, p < .001, Cramer's V = .195				

Kids	0-2	3-4	5+	Total
Relative Support				
No	449 (93.0)	901 (94.2)	495 (91.8)	1845 (93.3)
Yes	34 (7.0)	55 (5.8)	44 (8.2)	133 (6.7)
Total	483 (100.0)	956 (100.0)	539 (100.0)	1978 (100.0)
Chi-Square = 3.294, df = 2, p < .193, Cramer's V = .041				

Table 7
Self Resources Cross Tabulations

Residence	Rural	Rural-Urban	Urban	Total
Savings				
200-9,000	56 (57.1)	8 (28.6)	33 (14.3)	97 (27.2)
10,000-20,000	29 (29.6)	9 (32.1)	88 (38.1)	126 (35.3)
25,000-50,000	9 (9.2)	5 (17.9)	64 (27.7)	78 (21.8)
55,000-250,000	4 (4.1)	6 (21.4)	46 (19.9)	56 (15.7)
Total	98 (100.0)	28 (100.0)	231 (100.0)	357 (100.0)
Chi-Square = 70.690, df = 6, p < .001, Cramer's V = .315				

Residence	Rural	Rural-Urban	Urban	Total
Economic Security				
No	481 (49.1)	33 (27.5)	174 (19.9)	688 (34.8)
Yes	499 (50.9)	87 (72.5)	701 (80.1)	1287 (65.2)
Total	980 (100.0)	120 (100.0)	875 (100.0)	1975 (100.0)
Chi-Square = 176.609, df = 2, p < .001, Cramer's V = .299				

To be continued

Continued

Residence	Rural	Rural-Urban	Urban	Total
Educational Attainment				
Elementary	413 (84.1)	46 (59.7)	304 (42.8)	763 (59.7)
Middle	57 (11.6)	17 (22.1)	164 (23.1)	238 (18.6)
High	19 (3.9)	13 (16.9)	155 (21.8)	187 (14.6)
College +	2 (0.4)	1 (1.3)	88 (12.4)	91 (7.1)
Total	491 (100.0)	77 (100.0)	711 (100.0)	1279 (100.0)

Chi-Square = 230.821, df = 6, p < .001, Cramer's V = .300

Gender	Male	Female	Total
Savings			
200-9,000	56 (24.1)	41 (32.5)	97 (27.1)
10,000-20,000	81 (34.9)	45 (35.7)	126 (35.2)
25,000-50,000	57 (24.6)	21 (16.7)	78 (21.8)
55,000-250,000	38 (16.4)	19 (15.1)	57 (15.9)
Total	232 (100.0)	126 (100.0)	358 (100.0)

Chi-Square = 4.569, df = 3, p < .206, Cramer's V = .113

Gender	Male	Female	Total
Economic Security			
No	332 (32.7)	356 (37.0)	688 (34.8)
Yes	682 (67.3)	607 (63.0)	1289 (65.2)
Total	1014 (100.0)	963 (100.0)	1977 (100.0)

Chi-Square = 3.888, df = 1, p < .05, Cramer's V = .044

Gender	Male	Female	Total
Educational Attainment			
Elementary	471 (58.1)	293 (62.5)	764 (59.7)
Middle	147 (18.1)	91 (19.4)	238 (18.6)
High	125 (15.4)	62 (13.2)	187 (14.6)
College +	68 (8.4)	23 (4.9)	91 (7.1)
Total	811 (100.0)	469 (100.0)	1290 (100.0)

Chi-Square = 7.266, df = 3, p < .064, Cramer's V = .075

Age Group	Young 60-69	Middle 70-79	Old 80+	Total
Savings				
200-9,000	49 (28.5)	37 (24.8)	11 (29.7)	97 (27.1)
10,000-20,000	61 (35.5)	55 (36.9)	10 (27.0)	126 (35.2)
25,000-50,000	34 (19.8)	35 (23.5)	9 (24.3)	78 (21.8)
55,000-250,000	28 (16.3)	22 (14.8)	7 (18.9)	57 (15.9)
Total	172 (100.0)	149 (100.0)	37 (100.0)	358 (100.0)

Chi-Square = 2.307, df = 6, p < .889, Cramer's V = .057, Kendall's tau-c = .026

To be continued

Continued

Age Group	Young 60-69	Middle 70-79	Old 80+	Total
Economic Security				
No	301 (34.5)	286 (34.6)	101 (36.5)	688 (34.8)
Yes	572 (65.5)	541 (65.4)	176 (63.5)	1289 (65.2)
Total	873 (100.0)	827 (100.0)	277 (100.0)	1977 (100.0)

Chi-Square = .394, df = 2, p < .821, Cramer's V = .014

Age Group	Young 60-69	Middle 70-79	Old 80+	Total
Educational Attainment				
Elementary	368 (55.0)	313 (64.4)	83 (66.4)	764 (59.7)
Middle	150 (22.4)	70 (14.4)	18 (14.4)	238 (18.6)
High	104 (15.5)	68 (14.0)	15 (12.0)	187 (14.6)
College +	47 (7.0)	35 (7.2)	9 (7.2)	91 (7.1)
Total	669 (100.0)	486 (100.0)	125 (100.0)	1280 (100.0)

Chi-Square = 17.378, df = 6, p < .01, Cramer's V = .082, Kendall's tau-c = -0.064

Marital Status	Married	Divorced	Widowed	Other	Total
Savings					
200-9,000	62 (22.2)	1 (25.0)	30 (43.5)	4 (66.7)	97 (27.1)
10,000-20,000	101 (36.2)	2 (50.0)	22 (31.9)	1 (16.7)	126 (35.2)
25,000-50,000	64 (22.9)	1 (25.0)	12 (17.4)	1 (16.7)	78 (21.8)
55,000-250,000	52 (18.6)		5 (7.2)		57 (15.9)
Total	279 (100.0)	4 (100.0)	69 (100.0)	6 (100.0)	358 (100.0)

Chi-Square = 20.904, df = 9, p < .05, Cramer's V = .140

Marital Status	Married	Divorced	Widowed	Other	Total
Economic Security					
No	368 (29.3)	12 (44.4)	287 (44.7)	21 (43.8)	688 (34.8)
Yes	890 (70.7)	15 (55.6)	355 (55.3)	27 (56.3)	1287 (65.2)
Total	1258 (100.0)	27 (100.0)	642 (100.0)	48 (100.0)	1975 (100.0)

Chi-Square = 47.593, df = 3, p < .001, Cramer's V = .155

Marital Status	Married	Divorced	Widowed	Other	Total
Educational Attainment					
Elementary	510 (54.5)	8 (36.4)	218 (75.4)	26 (81.3)	762 (59.6)
Middle	196 (21.0)	7 (31.8)	34 (11.8)	1 (3.1)	238 (18.6)
High	150 (16.0)	7 (31.8)	26 (9.0)	4 (12.5)	187 (14.6)
College +	79 (8.4)		11 (3.8)	1 (3.1)	91 (7.1)
Total	935 (100.0)	22 (100.0)	289 (100.0)	32 (100.0)	1278 (100.0)

Chi-Square = 58.041, df = 9, p < .001, Cramer's V = .123

To be continued

Continued

Kids	0-2	3-4	5+	Total	
Savings					
200-9,000	24 (21.4)	43 (24.0)	30 (44.8)	97 (27.1)	
10,000-20,000	34 (30.4)	68 (38.0)	24 (35.8)	126 (35.2)	
25,000-50,000	27 (24.1)	40 (22.3)	11 (16.4)	78 (21.8)	
55,000-250,000	27 (24.1)		28 (15.6)	2 (3.0)	57 (15.9)
Total	112 (100.0)		179 (100.0)	67 (100.0)	358 (100.0)

Chi-Square = 23.784, df = 6, p < .001, Cramer's V = .182,
 Kendall's tau-c = -0.199

Kids	0-2	3-4	5+	Total
Economic Security				
No	136 (28.2)	331 (34.6)	221 (41.0)	688 (34.8)
Yes	346 (71.8)	625 (65.4)	318 (59.0)	1289 (65.2)
Total	482 (100.0)	956 (100.0)	539 (100.0)	1977 (100.0)

Chi-Square = 18.360, df = 2, p < .001, Cramer's V = .096

Kids	0-2	3-4	5+	Total
Educational Attainment				
Elementary	148 (41.5)	402 (62.2)	214 (77.3)	764 (59.7)
Middle	75 (21.0)	131 (20.3)	32 (11.6)	238 (18.6)
High	79 (22.1)	83 (12.8)	25 (9.0)	187 (14.6)
College +	55 (15.4)	30 (4.6)	6 (2.2)	91 (7.1)
Total	357 (100.0)	646 (100.0)	277 (100.0)	1280 (100.0)

Chi-Square = 115.106, df = 6, p < .001, Cramer's V = .212,
 Kendall's tau-c = -0.227