

# Informal Social Support on China Older Health

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Population aging is an inevitable global trend. The United Nations stipulates that the countries and regions where more than 10% of the population is over 60 years old will become aging societies. In China, the population aged 60 and higher was 253.88 million in 2019, accounting for 18.1% of China's total population (National Bureau of Statistics 2020), which far exceeds the international standards of aging. Furthermore, the proportion of the older population is still rising.

Keywords: informal social support ; formal social support ; older health ; healthy aging

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## 1. Introduction

As the average age of society continues to increase and society grows more developed, people are beginning to pay greater attention to older health. In addition, according to numerous studies, health is strongly related to professional activity <sup>[1][2]</sup>. According to China's current retirement policy, the retirement ages for most males and females in China are 60 and 55, respectively, which also poses a challenge to China's social security system. However, China has not yet developed adequate social security capabilities, which is forcing people to turn to other paths for assistance with healthy aging. Through Chinese cultural traditions that value family, informal social support (ISS) can provide various services to the older, especially while formal social security capacities remain insufficient; ISS provided by family members as the core has become a major determinant of older health.

Social support is a key concept of social gerontology and is closely related to older health <sup>[3]</sup>. Social support can be divided into formal social support (FSS) and ISS, depending on who is providing the support. FSS refers to social security policies and medical security systems provided by governments and communities at all levels; ISS refers to economic support, daily care, and emotional support provided by family members, friends, or neighbors <sup>[4][5]</sup>. In the study of ISS for black people, in addition to the support provided by family relatives and friends, the church is also a major source of ISS <sup>[6][7][8]</sup>.

Scholars who view the role of facilitation believe that ISS can not only make up for the shortcomings of social security systems <sup>[9][10]</sup>, but also replace some of the professional care with the care of family members, relatives, and friends, which can reduce the cost of nursing for the elderly <sup>[11]</sup>. This replacement is beneficial to elderly health thus informal care support can be a useful supplement to professional care <sup>[12]</sup>. An analysis of 695 elderly men and women conducted by Choi N.G. and Wodarski J.S. (1996) found that emotional and instrumental aid from spouses, children, and other relatives appeared to contribute significantly to the prevention of further physical and functional deterioration <sup>[13]</sup>. Phillips D.R. et al. (2008) used data from interviews with 518 older people over 60 years old in Hong Kong to discuss the importance and effectiveness of informal support for the mental health of the older. They found that informal support from family members, relatives, friends, or neighbors can effectively enhance older mental health and that the impact of family support is the most significant <sup>[14]</sup>. Wu H. and Lu N. (2017) used data from the 2011–2012 China Health and Retirement Longitudinal Study (CHARLS) to discuss the impact of children's informal care on the health behaviors of elderly people with chronic diseases through the propensity score matching method and found that children's informal care can improve the health behaviors of the elderly and thus improve elderly health <sup>[15]</sup>.

However, scholars who hold an inhibitory point of view, starting from the self-perception of support providers or recipients, believe that ISS is not conducive to improving elderly health. From the perspective of the support provider, the provision of ISS will place varying degrees of burdens on the providers <sup>[16]</sup>. This kind of burden puts support providers under physical and psychological stress, which has a negative impact on their health, which in turn affects elderly health <sup>[16][17]</sup>. Therefore, caregivers can be connected to the community <sup>[17]</sup> to develop community home care for the older, or increase the number of caregivers or the duration of professional care <sup>[18]</sup> to share care responsibilities and stress. From the perspective of the recipient of support, the family's support will place a certain psychological burden on the older <sup>[19]</sup>, thereby reducing the older's sense of self-efficacy <sup>[20]</sup> and negatively affecting their physical and mental health. Zhang W.J. and Li S.Z. (2004) used the Data Collection of the Healthy Longevity Survey in China, completed in 2000, to explore

the impact of children's intergenerational support on the physical and mental health of elderly seniors, and they found that living with children and receiving economic support from children has a negative impact on the elderly's ability to take care of themselves [21]. Wang P. et al. (2017) used a hierarchical linear model to explore the impact of intergenerational support on the mental health of rural elderly. They found that receiving the help of children in completing housework will cause a decline in the mental health of the elderly [22].

## **2. Informal Social Support on China Older Health**

Here focused on the health effects of ISS on the older and found that different forms of ISS had different effects on older health, which was consistent with previous studies [13][23]. Care support from the son, daughter, and spouse all had negative health effects on the older [24]. Long-term care by children or spouses led to a decline in the sense of self-efficacy [24][25] and caused psychological burdens [16][17]. This psychological hint made the older put themselves in a disadvantaged position and then handed over many tasks that they were capable of doing themselves, which resulted in a lack of proper exercise. Economic support had a significantly positive health effect on the older [13]. The possible reason was that with the increase in the age of the older, physical functioning ability declined [26], the demand for medical expenses would increase with the increase in demand for medical care, and the economic support from children or others would reduce pressure on the older's medical expenses and helped to improve older medical conditions. Accompanied support had a significantly positive health effect on the older [27][28]. Living with the older could not only provide them with some psychological comfort but also could provide some care during their daily lives [29]. Regular contact with relatives and friends could effectively promote older health [30][31]. Moreover, education and exercise both had significantly positive effects on older health. For education, there was a close connection between education and health, education was associated with better health [32][33], thus people with higher education might have better socio-economic status, higher levels of social support, and healthier lifestyle [32], which would improve older health. Moreover, people with higher education level had more extensive knowledge, they might know more health knowledge, and they would pay more attention to health maintenance. At the same time, people with higher education levels had a relatively richer cultural life, which could alleviate the individual's mental emptiness and psychological gap after entering old age. For exercise, the elderly who often exercised had a higher health level because appropriate physical activities could not only help the elderly stretch their bones and muscles, made the body and mind smooth, but also helped reduce the prevalence of chronic diseases such as hypertension and hyperglycemia.

In addition, ISS had different health effects among different groups based on the age and household registration. Older people experienced a decline in physical functioning ability as their age increased [26] and would, therefore, face increasing medical expenses. High-age people might also be more eager to have the company and interaction of family members or others to eliminate feelings of loneliness. Compared with those who were urban, older who were rural had a disadvantaged position in terms of socio-economic status [32][34]; they also had relatively weak health awareness and insufficient FSS [35], thus they might need more ISS, especially economic support. However, the researchers should also note that all forms of care support had significantly negative effects among the abovementioned groups, which once again showed that care support not only did not promote older health, but also had a negative impact [24]. In the context of Chinese culture, the son was the main force in supporting the older, and the daughter was only a supporting role to a certain extent. For the low-age older, their self-care level was still relatively high at this time, and they did not need too much care from their sons. However, as they grew older, the influence of traditional Chinese culture on the older made them more dependent on their sons. At this time, even if the daughters provided care support, but the absence of the son's care would also affect the mental health and even physical health of the older.

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