

Disparities among Older Persons in China

November 2016



United Nations System
in China



Disparities among Older Persons in China

November 2016

By **Du Peng** Institute of Gerontology, Renmin University
Asghar Zaidi University of Southampton, UK
Chen He School of Public Health, Peking University



United Nations System
in China





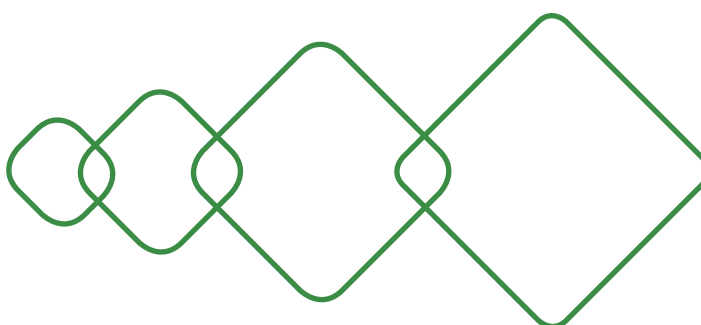
The designations employed and the presentation of material throughout this publication do not imply the expression of any opinion whatsoever on the part of the United Nations System in China concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

The presentation of data and information as contained in this work, and the opinions expressed therein, do not necessarily reflect the position of the United Nations System in China.

Published by the United Nations System in China © 2016
All rights reserved

Contents

Preface	2
Executive Summary	3
Introduction	5
China's global ranking in terms of wellbeing of older people	6
Major disparities within older persons as a group	7
Methodology	8
1. Disparities among older persons in 'Health'	11
1.1 Key findings	11
1.2 Discussion and policy recommendations	15
2. Disparities among older persons in 'Security'	18
2.1 Key findings	18
2.2 Discussion and policy recommendations	22
3. Disparities among older persons in 'Participation'	25
3.1 Key findings	25
3.2 Discussion and policy recommendations	30
Synthesizing discussions	32
References	32
Annex Additional information on the key datasets used in this paper	34



Disparities among Older Persons in China

— *To ensure that older persons have equal rights and opportunities without any prejudice to benefit from and contribute to the national development process.*

Preface

In July 2012, the United Nations System in China convened a seminar on “Rethinking the Equity-Efficiency Relations: Challenges Ahead”. That seminar focused on urgent and emerging challenges of growing disparities and inequalities in contemporary China. While China has rapidly transformed into a vibrant and dynamic middle-income country, major gaps still exist between urban and rural areas, between men and women, and between the wealthier Eastern coast and the poorer Western and Central regions. Subsequently, in December of 2013, the United Nations System in China launched the “Equity in China” report as the first of a series of United Nations publications designed to explore concepts of equity in contemporary China and identify policies towards closing the gaps.

Building on an academic paper jointly developed by the United Nations Population Fund (UNFPA) China Office, the Institute of Gerontology at Renmin University of China (RUC), the China Research Centre on Ageing (CRCA), National School of Development of Peking University (PKU), the Women’s Studies Institute of China (WSIC), and National Bureau of Statistics (NBS), this report, “Disparities among Older Persons in China”, with its focus on the disparities within the group of older persons, is a product of a study led by the United Nations Population Fund China Office, with contributions from Professor Asghar Zaidi of the University of Southampton and London School of Economics (the United Kingdom), Dr. Gu Yan, Institute of Social Development of the National Development and Reform Commission (NDRC), and Dr. Chen He, School of Public Health, Peking University. UNFPA China also appreciates the contributions from the UN agencies in China, in particular WHO and UNDP.

This report, employing the World Health Organization’s (WHO) “Active Ageing Framework” and the work of the Active Ageing Index led by Professor Asghar Zaidi, analyses three important dimensions of wellbeing of older persons: Health, Security and Participation.

Ageing is undoubtedly a phenomenon to be celebrated, yet it will continue to be one of the top priority challenges shaping Chinese economy and society at large. The rights of older persons include the right to participate in and benefit from national social and economic development. They should remain an undisputable part of national responses to ageing.

The new Sustainable Development Goals (SDGs) provide unparalleled opportunities to countries around the world to support both older men and women to realise their potential and in the process maximize opportunities for prosperity and wellbeing for all. The study of equity and ageing addressed in this report provides critical insights how population ageing can spur further the pursuit of prosperity and development in modern China.

Executive Summary

China's population is experiencing a rapid transition towards a greater proportion and number of older persons. China shows a relatively good comparative position in terms of the wellbeing of older persons, on the basis of the latest 2015 Global AgeWatch Index (<http://www.helpage.org/global-agewatch/>). However, this study shows that despite unprecedented economic progress, major disparities persist between urban and rural areas, between the wealthier Eastern coast and the poorer Western and Central regions, and between men and women. These disparities exist largely because of differential life course experiences that tend to be magnified in old age due to their cumulative effects. These disparities have drawn attention from the Government of China as well as in the work of the international development agencies. This report contributes towards understanding the situation better and making recommendations for policy reforms.

This report takes as its starting point the "Active Ageing Framework", developed by WHO's Ageing and Life Course Programme as a contribution to the 2nd United Nations World Assembly on Ageing, in 2002. The three pillars of this WHO policy framework, namely: Health, Security and Participation, are the three areas this report covers in studying the disparities across the subgroups of older persons. In addition, learnings are drawn from the analytical framework and core indicators of the Active Ageing Index of European Union countries.

The analysis included in this report points to the following nine policy recommendations aiming towards improving the wellbeing of older persons in China.

Health

1. Rural, female, central and western region, and oldest old are the four characteristics of vulnerable groups in terms of health. Policymakers should pay specific attention on these vulnerable groups, especially those with multiple disadvantage factors, in their health promotion programmes. More attention is required on the provision of health care for "empty-nest" older persons who live in central and western regions, and those living in rural areas. It is recommended to provide special support to the long-term care services needed by those oldest old women who are disabled.
2. Policy measures aiming at reducing health disparities among older persons should take a life course perspective and introduced through mainstreaming health in all national and local policies. Such measures should include, but not limited to, increasing reimbursement rates in Urban Residential-based Medical Insurance (URBMI), and New Rural Cooperative Medical Insurance (NRCMI), especially for outpatient care. The basic health package should be improved and provided to people of all ages to improve health management of pregnant women, children and youth as well as older persons and patients with chronic disease. Special policies need to focus on social determinants of health, such as equal opportunities to education and employment and enhancement of occupational health.
3. Policies are also needed to meet the increasingly higher health and long-term care needs of older persons, especially the needs of those key vulnerable groups mentioned above. Such policies should include, but not be limited to, adjusting the laws regulating the practicing sites of health workers; set more incentives for health workers in community health centres to provide home-visit

services for older persons; improve the quality of long-term care workforce through occupational education and continuing education; promote integrated medical and long-term care aimed at older persons living in communities; establish efficient inter-sectoral work mechanisms between National Health and Family Planning Commission (NHFPC), Ministry of Civil Affairs (MOCA), Ministry of Human Resources and Social Security (MOHRSS) and National Development and Reform Commission (NDRC) to better unify the fragmented health and long-term care services; provide incentives and trainings to older persons' families and communities on older persons care.

Security

4. One of the most important policy priorities is to invest in the Chinese social insurance system to promote pension income coverage and particularly income level of rural and low-income urban residents. The measures already introduced should continue, be evaluated and further strengthened.
5. The local and provincial governments should undertake special urban planning strategies in which the economic development is balanced with compensating measures for those who may no longer have comparative advantages in the modern Chinese labour market, especially older workers close to the retirement age and those who are residents of rural areas. Lifelong learning, age-friendly work environments as well as innovative types of new employment are required to assist older persons in rural areas to earn a decent living when working and to live a more financially secured life in retirement.
6. The local authorities must formulate favourable policies to attract private sector investments, together with professional social workers, to deliver the social services needed. The cooperation across private and public sectors should be strengthened to explore how best to pursue mutual benefits, i.e. to satisfy the pursuit of profits by private sector providers, while also making services accessible and affordable to all segments of society.

Participation

7. Education is a long-term investment, and policies should give specific priorities to early education and training, especially for girls. Special mentoring programmes should target young professional women to help them succeed in both economic and political participation of modern China.
8. Lifelong learning opportunities should be expanded with a special focus to enhance the participation of older women. Innovative ways should also be explored to mobilise and utilise the current experiences and knowledge of Chinese elderly women through lifelong learning and new forms of employment and engagement. Besides lifelong learning, other investments to improve the social and cultural life in rural China also need to be enhanced in order to reduce the disparities between rural and urban older persons.
9. It is recommended to give extra-pension income allowances to rural older persons so that they reach the local minimum living standards of that of urban older persons and are not constrained to work over the retirement age because of their low pension income.

Chinese women have been burdened disproportionately by child-rearing and housework. This

has made them lose competitiveness in their education and labour market status leading to their more disadvantaged overall position in society. Therefore, it is not surprising that women have fewer resources to support themselves when they are old, especially in rural areas. All the policies recommended above are needed to create a favourable environment for women by recognising their family responsibilities and providing them an equal chance of health, security and participation. It is also important for China to continue identifying new trends in population ageing and challenges so as to bring about timely and effective policy reforms.

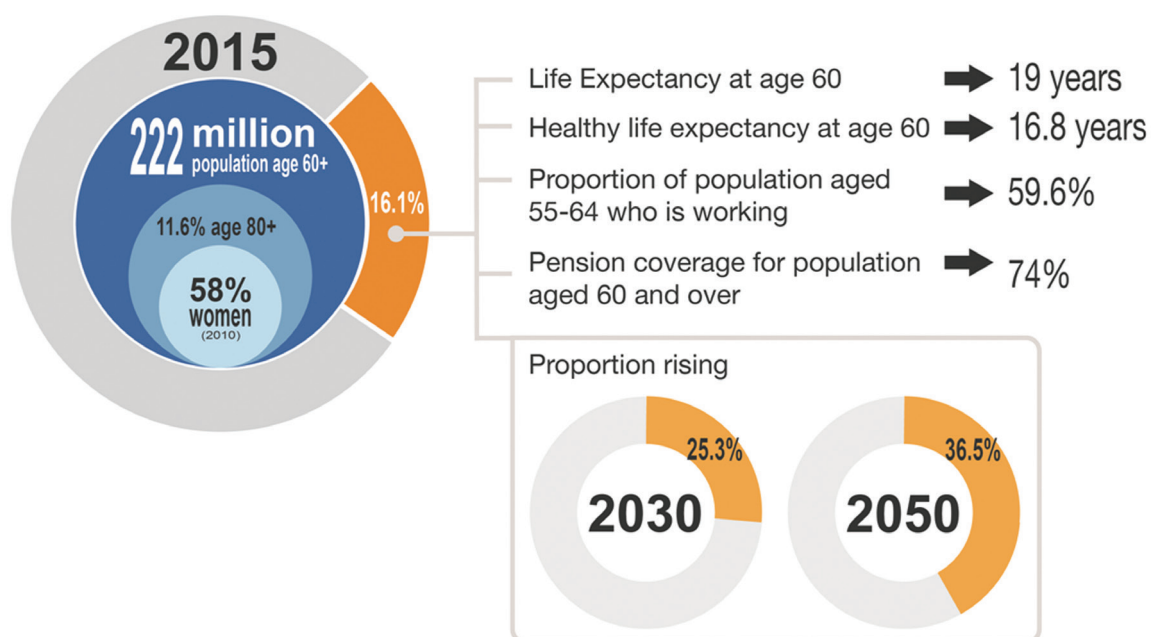
Introduction

China's population structure is changing rapidly. Over the course of the past four decades, the Chinese population went from being skewed towards younger cohorts to becoming an ageing population. In 2015, 16.1% of the population was aged 60 and over, while approximately 30% of the population was young (aged 24 and under). The population projections by the United Nations estimate that between now and 2030, each year, an extra 10 million Chinese will join the ranks of older persons (aged 60 and over). Hence, in 2030, China's 358 million elderly population will account for roughly 25% of the total population, further rising to 36.5% by 2050, making China one of the "hyper ageing" societies. New evidence and policy actions are required in order to be prepared for these rapid demographic changes happening in China.

Though ageing is becoming more and more common worldwide, China's ageing population is unique from that of other countries because of the speed of ageing as well as population size. Population ageing in China is therefore considered to have three characteristics: huge in terms of its size of the cohort of older persons, fast in terms of the increase in both the number and proportion of older persons and faster in terms of the increase of the oldest old (defined in this paper as people aged 75 and over).

Furthermore, ageing in China is happening at a much earlier stage of economic development compared to other ageing societies in Western Europe and North America. For example, when China became an ageing country in 2000 (i.e. when its elderly population first accounted for at least 10% of the total), its Gross Domestic Product (GDP) per capita was only 7% of what Japan's was when it also crossed the same threshold.

Figure 1 Key Indicators of Population Ageing in China



Source: World Population Prospects: 2015 revision, United Nations, Department of Economic and Social Affairs & China Statistical Yearbook, 2015, National Bureau of Statistics

China's global ranking in terms of wellbeing of older people

The comparative position of China can be approximated by using the evidence available in the Global AgeWatch Index (GAWI). Since its launch in October 2013, the GAWI has helped identify contexts in which older people fare better, and point to policy interventions that are effective in reducing their vulnerabilities (for purpose and methodology of the Global AgeWatch Index, see Zaidi, 2013).

China ranks 52 out of the 96 countries covered in 2015, ahead of Russia (65), India (71) and Indonesia (74). It performs best in the enabling environment domain (28), with above regional average values in three out of four indicators: safety (78%), civic freedom (76%) and satisfaction with public transport (71%). China ranks 39 in the capability domain, with educational attainment among older people (30.1%) equal to the regional average but below the Index average (45%). It ranks 58 in the health domain and has near regional average values for life expectancy at 60 and above the regional and Index averages for healthy life expectancy at 60. China ranks lowest in the income security domain (75), due to high old-age poverty rate (23.9%) compared to the regional average (12.9%), and low relative welfare (50%).

The countries doing best in the GAWI have social and economic policies supporting older people in terms of universal pension income and adequate and affordable access to healthcare services. Likewise, older people's capabilities for employment and autonomy are promoted with the help of enabling environments at work places and in society at large. This approach is apparent not just in advanced Western European, Nordic and North American countries but also in some middle ranking countries such as Chile (21), Argentina (31) and Mauritius (42) (HelpAge International, 2015).

Major disparities within the group of older persons

China already has a reasonably good comparative position in terms of the wellbeing of older persons. However, as this study will show, major disparities persist between urban and rural areas, between the wealthier Eastern coast and the poorer Western and Central regions, and between men and women. These disparities exist largely because of differential life course experiences that tend to be magnified in the old age due to their cumulative effects. These disparities are increasingly drawing attention from the Government of China, as well as from international development agencies. This report will contribute towards a better understanding of the situation and making recommendations for policy reforms.

As a response to ageing, the Government of China has already enacted multiple policies and plans and more new policy instruments are being prepared. Yet, no single actor can address all these challenges and realize a society for all ages where people can age with security and dignity, and continue to participate in their societies as citizens with full rights.

The inter- and intra-generational equity of ageing are two equally important dimensions to study. The former examine the issue of equity from the perspectives of across generations of young and old and the latter will address the disparities within the group of older persons. This report has focused itself on the analysis of disparities within the subgroups of older persons, in order to highlight the issue of disparity and equality.

It is useful to draw a distinction between the terms ‘inequalities and inequities’ and ‘gaps and disparities’ as they are often used interchangeably.

- o Equality implies that no differences should exist between people, even when the differences are not unjust. For example, equality of earnings will imply that everyone should earn or receive the same income, irrespective of their efforts.
- o Equity, on the other hand, accepts differences but rejects disparities that are unfair and avoidable. The differences observed must therefore be judged with a level playing field for everyone and on principles of social justice. For example, the wage reward should be fair according to the efforts and productivity, but without any form of discrimination, such as gender discrimination.

‘The distinctive feature of high inequities is that they are always unfair, often systemic, and mostly avoidable’ (Vandemoortele, 2013; Whitehead and Dahlgren, 2007). For example, the disparities among older persons arising merely because of gender, or geographic location, are unacceptable and must be remedied. This report prefers to use the term ‘disparity’, and discusses in particular those disparities in China that can be avoided by providing a level playing field during all phases of a life course.

Methodology

In line with the official Chinese documents (e.g. the Law of People's Republic of China on the Protection of Rights and Interests of Older persons) and for the purpose of comparing with other studies on ageing, this report uses the age 60 and over as the age for old age. Usually, the oldest old are defined as the population aged 80 and over. However, due to the younger age structure of the data used in this report (especially in the analysis of health issue), the oldest old are thereafter defined as those age 75 and over.

This study takes as its starting point the “Active Ageing Framework”, developed by WHO's Ageing and Life Course Programme as a contribution to the 2nd United Nations World Assembly on Ageing, held in April 2002, in Madrid, Spain (WHO, 2002). The three pillars of this policy framework, namely: Health, Security and Participation, are the three areas this report covers. In addition, learnings are drawn from the analytical framework and core indicators of the Active Ageing Index (see, e.g., Zaidi et al. 2016).

Through a collaborative research with multiple academic institutions, this report describes and analyses the disparities existing among the current generation of older persons, with a focus on three dimensions:

- Rural and Urban
- Men and Women and
- Eastern coastal areas in comparison to Western and Central areas.

Table 1 reports on the data sources used in this report and also on the definitions of regions in China. Table 2 provides the analytic framework and core indicators analyzed in this report.

Table 1 Data Sources and Definition of Regions

Three domains	Data Sources	Definition of Regions
Health	The 2013 China Health and Retirement Longitudinal Study (CHARLS 2013), conducted by National School of Development and Institute of Social Science Survey, Peking University	East , 11 provinces and municipalities: 1. Beijing 2. Tianjin 3. Hebei 4. Liaoning 5. Shanghai 6. Jiangsu 7. Zhejiang 8. Fujian 9. Shandong 10. Guangdong, and 11. Hainan Central , 8 provinces: 1. Heilongjiang 2. Jilin 3. Shanxi 4. Anhui 5. Jiangxi 6. Henan 7. Hubei and 8. Hunan West , 12 provinces, municipalities and autonomous regions: 1. Inner Mongolia 2. Guangxi 3. Chongqing 4. Sichuan 5. Guizhou 6. Yunnan 7. Tibet 8. Shaanxi 9. Gansu 10. Qinghai 11. Ningxia, and 12. Xinjiang
Security	The National Survey on Older persons in Urban and Rural Areas in 2000, 2006, and 2010, conducted by China Research Centre on Ageing	
Participation	a. Household Surveys, conducted by National Bureau of Statistics; b. The 3 rd National Survey on the Status of Women in China, conducted by the Women's Studies Institute of China	

Table 2 Analytic Framework and Main Indicators

Three domains	Sub-domains		Indicators	
Health	Health outcomes	Physical health	1.1 Self-rated health status 1.2 Activities of Daily Living (ADL)	
		Mental health	1.3 Cognition competence 1.4 Depression	
	Healthcare services	Access	1.5 Prevalence of untreated diseases in recent two weeks	
		Cost	1.6 Insurance coverage 1.7 Reimbursement rate	
	Security	Economic security	Income	2.1 Average income 2.2 Main source of income
			Pension	2.3 Pension coverage rate 2.4 Pension level
Community care			2.5 Demand of community care 2.6 Supply of community care	
Physical security				
Participation		Economic participation		3.1 Labour force participation rate
		Political participation		3.2 Voting rate for congress elections 3.3 Voting rate for villagers committee/ neighborhood committee
	Social participation		3.4 Coverage of OPAs 3.5 Usage of activity centres for the older persons 3.6 Coverage of third-age university	

Note: The results of all these indicators were analysed but for brevity sake only selected results are included in this report.

1. Disparities among older persons in ‘Health’

1.1 Key findings

A) Older persons in rural areas are in a disadvantaged position in terms of access to healthcare services, which will affect their health status

Through many years of health reforms, China has achieved close to universal health care insurance coverage. According to China Health and Retirement Longitudinal Study (CHARLS) 2013, about 95% of older persons participate in at least one of the following three schemes: People living in urban areas and who are employed, are covered by the Urban Employee Basic Medical Insurance (UEBMI), while those who are unemployed, students, children and older persons, are covered by the Urban Resident Basic Medical Insurance (URBMI). Those who have a rural hukou registration are covered by the New Rural Cooperative Medical Insurance (NRCMI). However, significant disparities are noted among different health insurance schemes. Table 1.1 presents some basic information about these three major health insurance schemes.

Table 1.1 Three Major Health Insurance Schemes in China

Schemes	Financing	Personal contribution	Reimbursement rate*
UEBMI	Shared by employers and employees	2% of salary	<ul style="list-style-type: none"> • ≤5000RMB: 75% • 5000-10000RMB: 80% • More than 10000RMB: 85% • Reimbursement proportion for people retired: 85%/90%/95%
URBMI	Personal contribution and government subsidies (320RMB per person per year in 2014) ¹	90RMB per person per year (2014)	<ul style="list-style-type: none"> • For students and children: 55%/60%/65% • For urban unemployed residents: 50%/55%/60% • For urban residents older than 70 years old: 50%/60%/65%
NRCMI	Personal contribution and government subsidies (320RMB per person per year in 2014)	90RMB per person per year (2014)	<ul style="list-style-type: none"> • Inpatient: 75% (2014) • Outpatient: 50% (2014) • Ceiling: 6000RMB

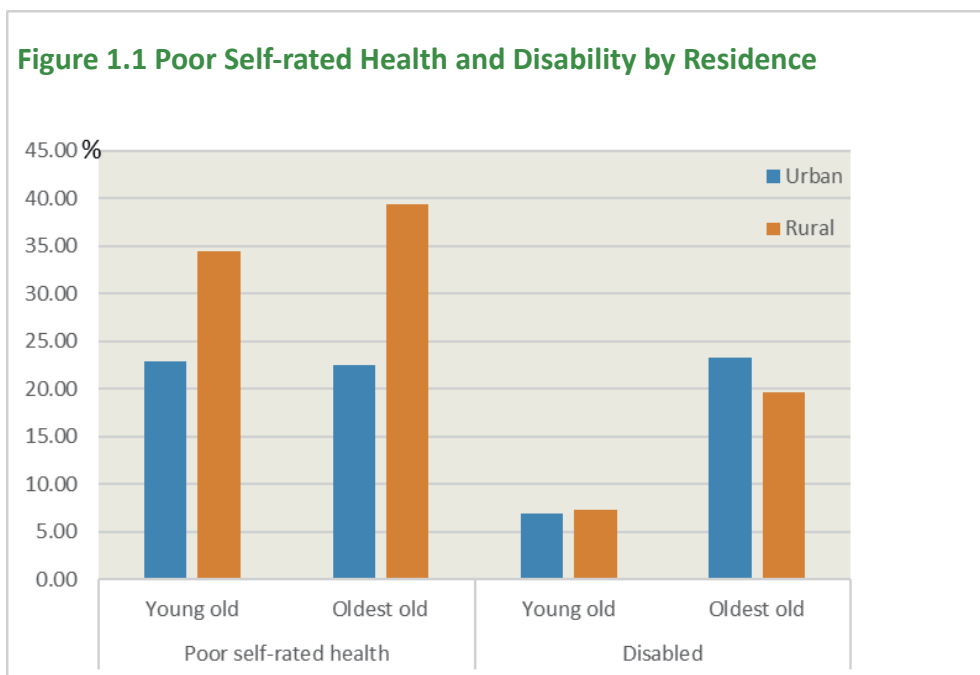
* The lower level the health institution is, the higher proportion the medical expenditure can be reimbursed.

In recent years, older persons have more access to health care services needed and the urban-rural disparities have been closing up in some indicators. For example, the prevalence of untreated

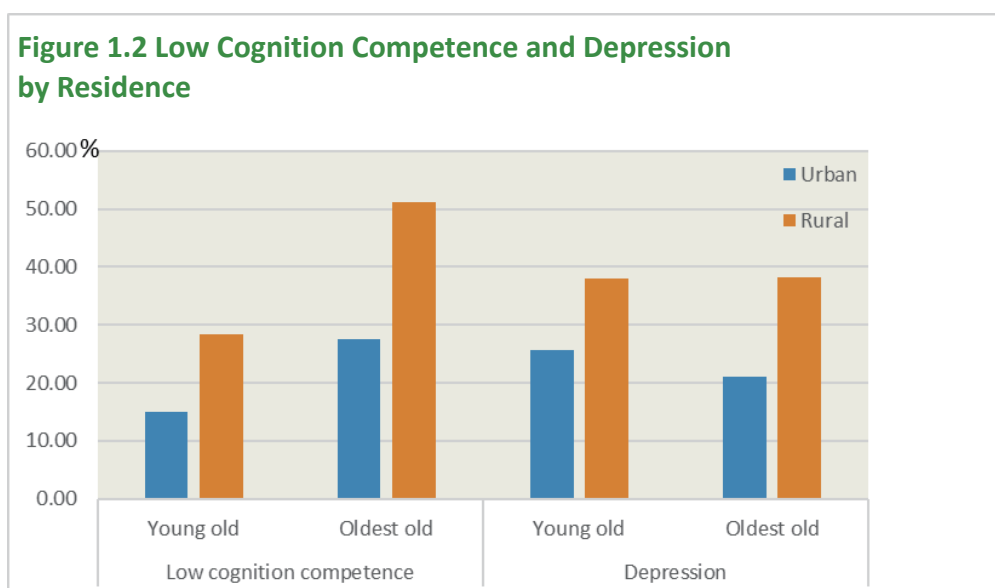
¹ *About Raising the Financing Standards of 2014 NRCMI and URBMI*, Ministry of Finance, National Health and Family Planning Committee, Ministry of Human Resources and Social Security, April 25, 2014.

diseases in the recent two weeks among urban and rural older persons are 0.5% and 2.5% in 2013, respectively; and the figures in 2008 were 4.8% and 13.3%, respectively (NHFPC, 2015). However, rural residents still bear a heavy burden of out-of-pocket expenditure on healthcare services. In 2013, the average self-payment per inpatient care (3,309 RMB) accounted for 33.0% of per capita household annual income for those enrolled in NRCMI, which is higher than that in URBMI (30.0%), and especially, UEBMI (16.7%) (NHFPC, 2015). Such disparities reduce the access of rural older persons to high cost treatments and increase the risk of disease.

The 2013 CHARLS shows that rural residents are more likely to report poor health, have low cognition competence and be depressed (Figure 1.1 and Figure 1.2).



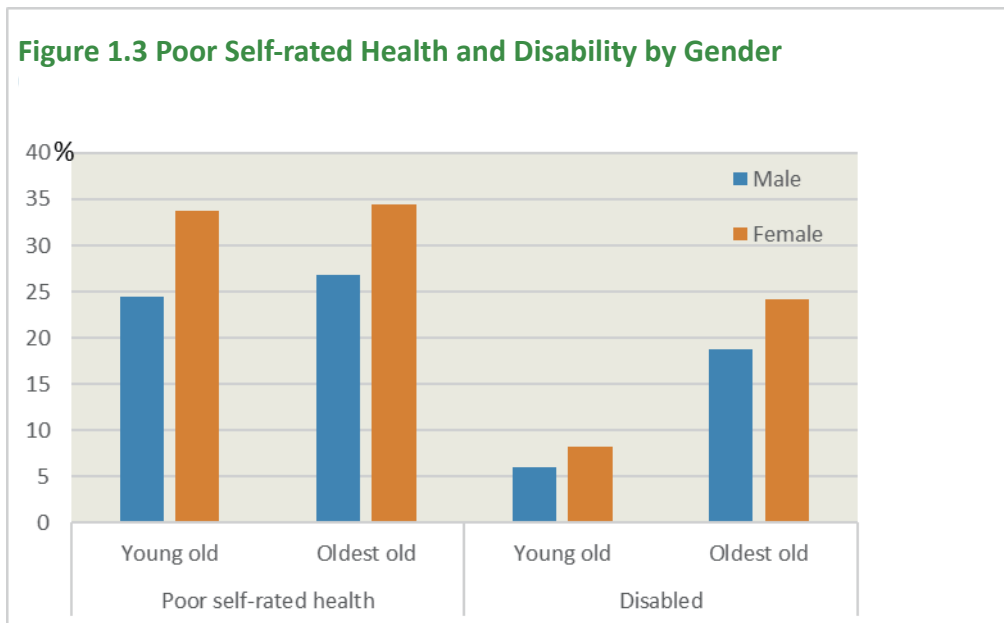
Source: 2013 China Health and Retirement Longitudinal Study



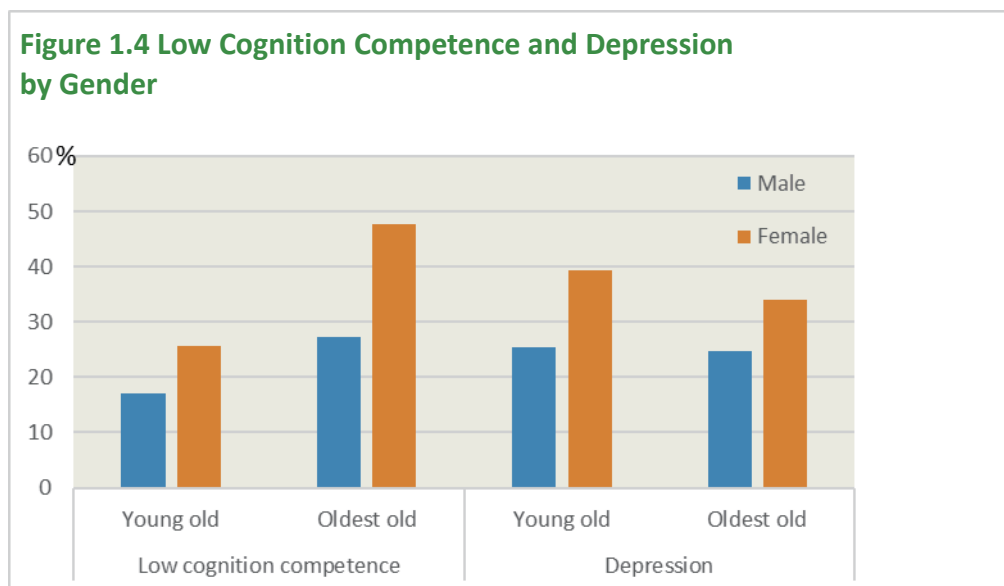
Source: 2013 China Health and Retirement Longitudinal Study

B) Women live longer but they are less healthy than men in China

In 2010, women in China have a life expectancy at birth of 77.4 years, five years longer than men.² However, older women's physical and psychological health conditions are worse off than men. Figure 1.3 and Figure 1.4 show that among both young old (60-74) and the oldest old (75 and above) females are relatively more disadvantaged than their male counterparts in terms of self-rated health status, cognition competence and depression.



Source: 2013 China Health and Retirement Longitudinal Study



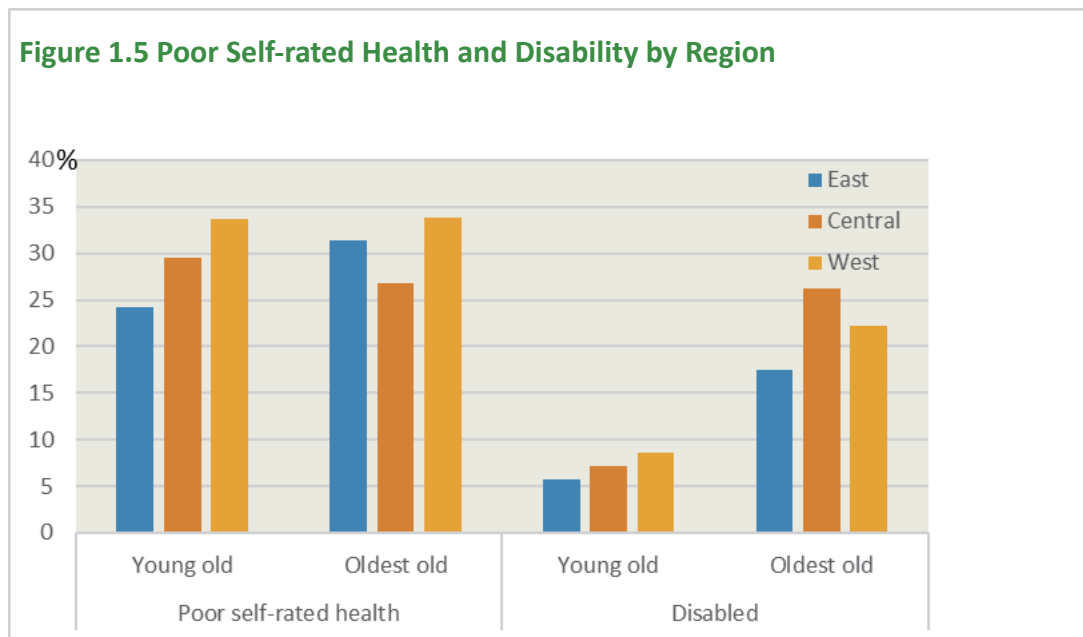
Source: 2013 China Health and Retirement Longitudinal Study

² National Bureau of Statistics of the People's Republic of China, National data, 2010, <http://data.stats.gov.cn/workspace/index?m=hgnd>

It is noticeable that a higher proportion of women in both the young and oldest old groups are disabled (Figure 1.3). Through the advancement of medicine and health technology, some chronic diseases can be treated through timely interventions. This would prolong life expectancy but would consequently increase morbidity levels along with functional limitations caused by these diseases. Other studies also find that on average, men will be in need of long-term care for 1.5 years against 2.5 years for women (Du, 2006). Older women need more long-term care, especially during the later stages of their life.

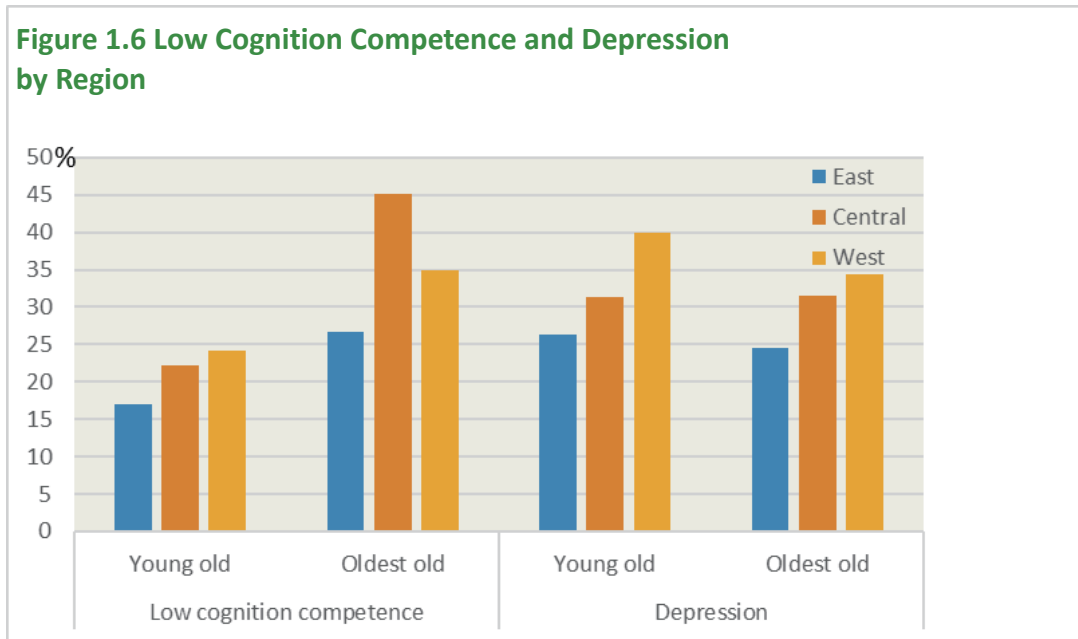
C) Older persons in Western and Central regions of China are in poorer health than those in the Eastern coast region

From a regional perspective, older persons in the East have better health conditions than those in the central and the Western regions in terms of “self-rated health” and “disability”, except for the oldest old (Figure 1.5).



Source: 2013 China Health and Retirement Longitudinal Study

Older persons in Central and Western China, whether young old or the oldest old, tend to have worse mental health than those in the Eastern part of China (Figure 1.6). Similarly, older persons in Eastern China have fewer depressive symptoms than those in other regions.



Source: 2013 China Health and Retirement Longitudinal Study

1.2 Discussion and policy recommendations

Analyses on the self-rated health, disability, cognition and depression show that widespread health disparities exist among groups of older persons in China. Combined with issues such as decreasing family size, internal migration, income inequality and unbalanced regional development, to reduce health disparities among older persons becomes even more complicated. In recent years, the Government has implemented a series of policies to promote health equity, such as the health reform launched in 2009 and the Healthy China 2030 plan. Considering limited resources, pinpointing the key older person groups would help to enhance policy performance.

Policy recommendation # 1

Rural, female, central and western region, and oldest old are the four characteristics of vulnerable groups in terms of health. Policymakers should pay specific attention on these vulnerable groups, especially those with multiple disadvantage factors, in their health promotion programmes.

- More attention is required on the provision of health care for “empty-nest” older persons who live in central and western regions, and those living in rural areas
- It is recommended to provide special support to the long-term care services needed by those oldest old women who are disabled.

Health disparities in later life are accumulated throughout the whole life course (ILC-UK/WHO, 2000). Experiences in the fetal period and during childhood probably affect the health of older persons (Huang and Zhou, 2013). As discussed above, thanks to health reforms, the health insurance coverage of older persons is now almost universal. However, due to issues such as unequal reimbursement rate and income inequality, urban unemployed and rural older persons still have poorer accessibility to health care compared to their counterparts. In addition, life style and other social determinants are also important factors of health disparities. (WHO, 2015)

Policy recommendation # 2

Policy measures aiming at reducing health disparities among older persons should take a life course perspective and introduced through mainstreaming health in all national and local policies. Such measures should include, but not limited to:

- Increasing reimbursement rates in Urban Residential-based Medical Insurance (URBMI), and New Rural Cooperative Medical Insurance (NRCMI), especially for outpatient care
- The basic health package should be improved and provided to people of all ages to improve health management of pregnant women, children and youth as well as older persons and patients with chronic disease
- Special policies need to focus on social determinants of health, such as equal opportunities to education and employment and enhancement of occupational health

According to UN estimates, the oldest old in China will rise to 93.08 million in 2030, accounting to 6.6% of the total population. This upward trend is projected to continue until 2070 (UNDESA, 2015). Irrespective of residence, sex or region, there will be more oldest-old with disabilities and dementia, which will trigger higher demands for care. Currently, health and long-term care systems are separated and managed by multiple government departments, mainly the National Health and Family Planning Commission (NHFPC), the Ministry of Civil Affairs (MOCA), Ministry of Human Resources and Social Security (MOHRSS), and the National Development and Reform Commission (NDRC). Moreover, both systems have their own problems to deal with, such as public hospital reforms and under-developed long-term care in community.

Although China has made significant achievement in the designing of service systems for older persons and the promotion of integrated health and long-term care services for institutionalized older persons, more actions are still needed.

Policy
recommendation # 3

Policies are also needed to meet the increasingly higher health and long-term care needs of older persons, especially the needs of those key vulnerable groups mentioned above. Such policies should include, but not be limited to:

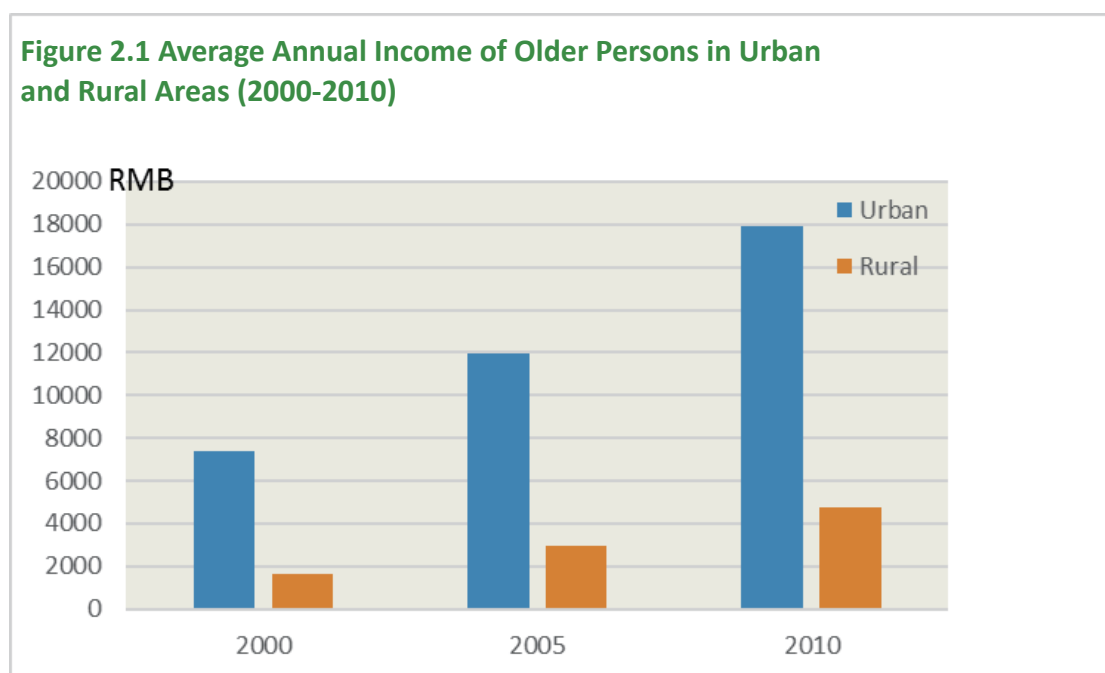
- Adjusting the laws regulating the practicing sites of health workers
- Set more incentives for health workers in community health centres to provide home-visit services for older persons
- Improve the quality of long-term care workforce through occupational education and continuing education
- Promote integrated medical and long-term care aimed at older persons living in communities
- Establish efficient inter-sectoral work mechanisms between National Health and Family Planning Commission (NHFPC), Ministry of Civil Affairs (MOCA), Ministry of Human Resources and Social Security (MOHRSS) and National Development and Reform Commission (NDRC) to better unify the fragmented health and long-term care services
- Provide incentives and trainings to older persons' families and communities on older persons care.

2. Disparities among older persons in 'Security'

2.1 Key findings

A) Huge disparities in annual pension income among different subgroups of older persons

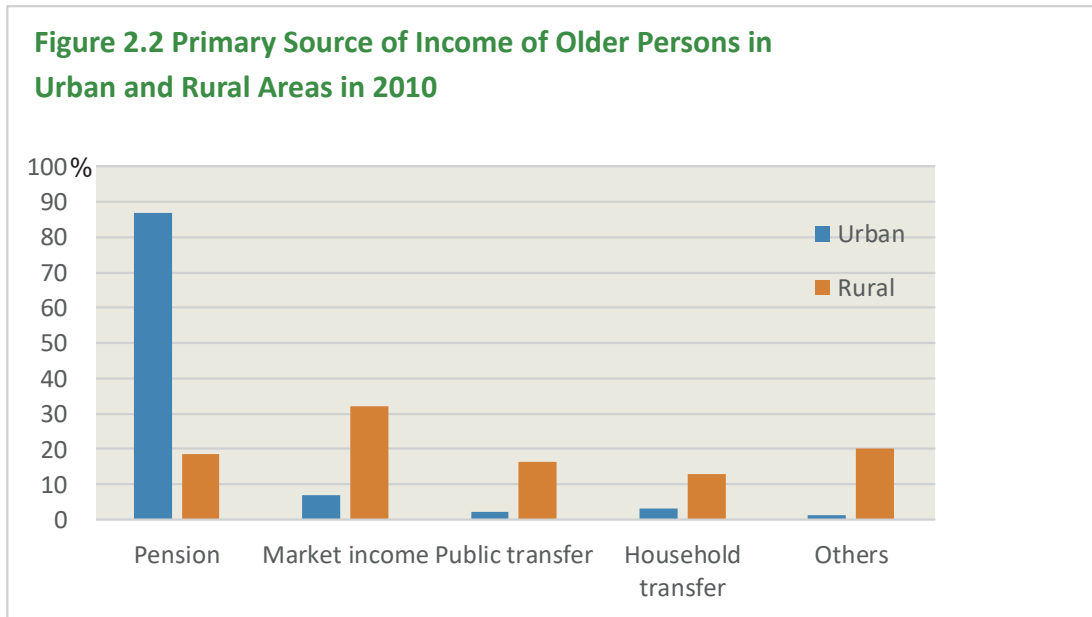
In 2010, older persons in China had an average annual income of RMB 10,547 (equivalent to approximately US\$ 1,550). Older persons in urban areas had an average income of RMB 17,892, almost four times higher than those in rural area at RMB 4,756. This income gap was the result of continued expansion during the period between 2000 and 2010 (Figure 2.1).



Source: The National Survey on Older Persons in Urban and Rural Areas (2000, 2006, 2010)

Compared with other age groups whose ratio of average urban to average rural incomes rose consistently to 3.3 by 2009 (Liu, 2013), this ratio was 3.8 for the population aged over 60, reflecting a cumulative effect of inequity through the life course.

In terms of primary source of income, older persons in urban areas depend mainly on pensions, while those in rural areas still have to work and/or depend on transfers from their children (Figure 2.2). Besides, the income disparities between urban and rural older persons can also be attributed to the different pension systems, which in urban areas is mostly associated with one's levels of incomes during working lives while in rural areas it is a low flat rate.



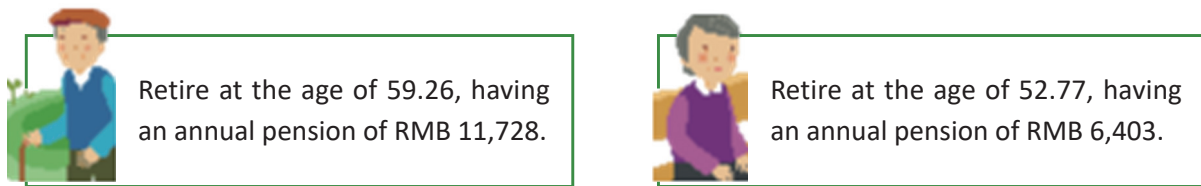
Source: The National Survey on Older Persons in Urban and Rural Areas (2010)

In both rural and urban areas, older men have higher incomes than older women. In urban areas, older men have higher average income (RMB 22,578), compared with older women (RMB 13,431). Older men and women in rural areas have an average income of RMB 5,466 and RMB 4,069 respectively. The disparities among older men and women both in urban and rural areas reflect the relatively disadvantaged position of women in Chinese society in terms of their access to social security and their opportunities in the labour market. The gender gap in pension income is particularly striking in urban areas.

The level of the pension income depends on how much someone contributes before retirement, and is affected by the duration of the contribution and its amount, which is closely related to the salary. For the former, while female life expectancy (77 years during 2010-2015) is 3 years longer than men (74 during 2010-2015), they usually retire at the age of 52.8 years on average, seven years earlier than men (Figure 2.3) and hence a shorter duration of contributions. According to the 3rd National Survey of Women's Social Status in China, the average income of women as a percentage of that of men in 2010 is 67.3 percent in urban areas, and 56 percent in rural areas (UNWOMEN, 2015).

Consequently, older men in urban areas have an average annual pension income of RMB 11,728, while older women have only 54.6% of this (RMB 6,403). Both the difference in the retirement age and their respective contributions are the main causes of different pensions between men and women. Therefore, women face bigger challenges to maintain a decent standard of living during old age.

Figure 2.3 Comparisons on Separation/Retirement Age and Income between Urban Older men and women



Source: The National Survey on Older Persons in Urban and Rural Areas 2010

B) Pension schemes are highly differentiated among subgroups of older persons

In 2015, the “Decision on the pension system reform for staff of government agencies, party organizations and public institutions” released by the State Council ended a decades-long dual-track pension system. People working at government agencies, party organizations and public institutions, who contributed zero to their personal pension accounts previously, start to pay 8% of their salary, the same as those working in private enterprises. Although this latest reform in pension system brought profound changes, for a long period China has been running a pension system with four different schemes of pension insurance for staff at government agencies, party organizations and public institutions, pension insurance for urban employees, pension insurance for urban residents and new pension insurance for rural residents.

Although the coverage rate of the pension system has been increasing, the gaps on pension security levels for different groups of people will continue to exist for a long time (Table 2.1). The goal of the policies introduced is to create a universal and equitable pension system for all. More concrete policies are required to smooth the path of pension reform and improve the inequitable distribution of pension income.

Table 2.1 Comparisons of Four Pension Insurance Systems in China³

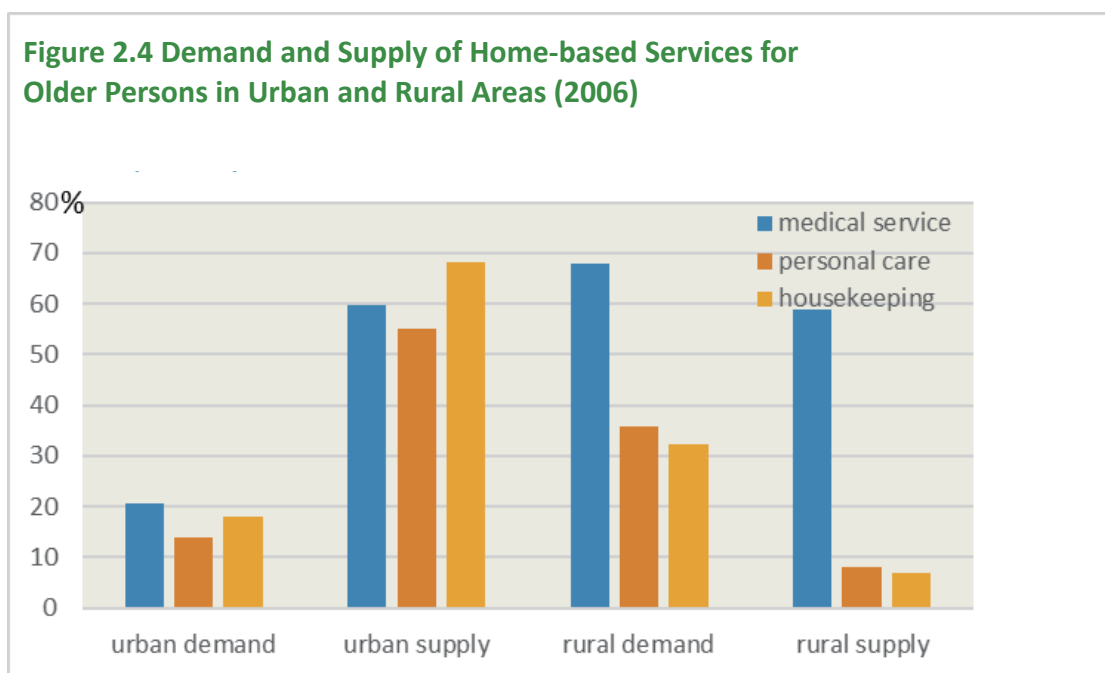
Insurance system	Population covered	Source of pension	Personal contribution	Monthly pension (Before the reform in 2015)
For public servants	Staff at government agencies, party organizations and public institutions	Shared by employers and employees	8% of salary	90%/85%/80% of the wage for the month before retirement
For urban employees	Employees of various enterprises, individual business, flexible employment personnel, staff of private non-enterprise units	Shared by employers and employees	8% of salary	20% of average wage in the previous year + Balance of individual old-age insurance account/120
For urban residents	Urban unemployed residents above the age of 16 (excluding students at school)	Personal contribution, collective and government subsidies	To be paid by the residents, including 10 grades varying from RMB100 to RMB1,000 a year	RMB55/ month of basic pension + Balance of individual old-age insurance account /139
For rural residents	Rural residents above the age of 16 (excluding students at school)	Personal contribution, collective and government subsidies	To be paid by the residents, including 5 grades varying from RMB100 to RMB500 a year	RMB55/ month of basic pension + Balance of individual old-age insurance account /139

C) Gaps of community-based elderly care between urban and rural areas are remarkably profound

According to the 12th Five Year Plan on Ageing, China was to develop an elderly care service system with home-based care as its foundation, backed up by the community care, and supplemented by the institution care. As over 95% of older persons in China live at home and communities, community care is important as it provides essential support to home-based care. Since 2010, China has initiated a series of policies to accelerate the development of elderly care system, including encouraging the development of care service industry, introducing a subsidy scheme for the seniors with financial difficulties and physical limitations, and increasing local government's purchase of elderly care services.

³ *The State Council, Opinions of the State Council on establishing a unified basic pension insurance system for urban and rural residents, February 21, 2014, <http://www.cncaprc.gov.cn/zhengce/43257.jhtml>. MOHRSS, Interim Measures for Convergence of Urban and Rural Pension Insurance System, February, 24, 2014, http://www.mohrss.gov.cn/SYrlzyhshbzb/lidbk/shehuibaozhang/yanglao/201402/t20140228_125006.htm
The State Council, Decision of the State Council on the pension reform for staff at government agencies, communist organs and public institutions, January 3, 2015, http://www.gov.cn/zhengce/content/2015-01/14/content_9394.htm*

For community care services, the problem of inequitable allocation of community care resources between urban and rural areas is huge. Such a gap directly leads to different quality of life among older persons living in urban and rural localities. A 2006 survey by the China Research Centre on Ageing (CRCA) shows that the demand for community-based service by rural older persons is much higher than that of urban older persons. This is not surprising given a higher concentration of older persons in rural areas. In contrast to the needs, the supply of community-based services for rural older persons is much lower than their urban counterparts, indicating the huge unmet needs of older persons for community-care services in rural areas (Figure 2.4).



Source: The National Survey on Older Persons in Urban and Rural Areas (2006)

2.2 Discussion and policy recommendations

By the end of November 2014, there were more than 100 million people who were not covered by any pension insurance, most of which being rural residents, migrant workers in urban cities, and employees in private sectors or informal sectors⁴. Furthermore, for rural and urban residents participating in pension scheme (unemployed or work in informal sectors), the basic social pension was only 55 RMB per month, which is far from enough for a person to live a decent life. It has also been noted that the basic pension insurance system for both rural and urban residents, whose income level is lower than that of the minimum living allowance (dibao), has not been integrated with the social assistance system like the minimum living allowance system in rural areas. Research shows that the increase of rural older persons' pensions can reduce their working hours (Huang et al, 2014).

⁴ Data derives from Renmin Daily, <http://finance.people.com.cn/n/2014/1224/c1004-26263774.html>

Experiences from developed countries show that social assistance system is the last resort to protect older persons from extreme poverty. In the broad sense, both social insurance and social assistance belong to the broader social security system. An effective combination of social insurance and social assistance can help identify poor older persons, who are in need of financial support. Therefore, it can be advised to give extra allowance to those rural older persons' families whose per capita income is still lower than the local minimum living standards after receiving the social assistance living allowance. Besides, it is reasonable to set the same standard of basic pension insurance system for both rural and urban residents as the minimum living standard. The central government and local governments are both the duty-bearers to increase investments in social insurance system.

As for health, similar disparities are noticed in pension systems across different subgroups of older persons in China. The dual pension system that existed until recently is the root cause of the differences in pension income between urban and rural areas and between employees of the government organizations and private enterprises. The ongoing economic transition and urbanization process in China have extended their disparities over the past decade. Older persons in rural areas have been trapped into a further disadvantaged situation, not only financially, but also in terms of support from their family, as well as the community they live.

As a response, the government has already identified as a priority to keep investing in establishing and improving the pension system in rural areas. In this respect, other sources of income of older persons should not be neglected. The overall trend of urbanization and the fundamental socio-economic and family changes older persons in rural areas are experiencing brought to them multiple dilemmas to address lack of pension income.



**Policy
recommendation # 4**

One of the most important policy priorities is to invest in the Chinese social insurance system to promote pension income coverage and particularly income level of rural and low-income urban residents. The measures already introduced should continue, be evaluated and further strengthened.

There are a number of root causes underlying the difficulties faced by rural residents, particularly for the low pension income and the inadequate care services.

- First, labour income from traditional agriculture is no longer sufficient as the land those older persons had worked for their whole life underwent various changes during the economic transformation. More and more agricultural lands are turned into residential or commercial ones. People are struggling between losing the old way of making a living, and not being well prepared to find working opportunities outside of agriculture. Most of older persons are still self-functional and can continue to work, but they lack of sufficient knowledge and equal opportunity.

- Second, as the traditional base of informal care and support (children) was significantly weakened due to migration, there has been increasing demand for formal care services by older persons in rural areas. However, affordable formal care services are extremely rare in villages and often inadequate to satisfy the demand.

**Policy
recommendation # 5**

The local and provincial governments should undertake special urban planning strategies in which the economic development is balanced with compensating measures for those who may no longer have comparative advantages in the modern Chinese labour market, especially older workers close to the retirement age and those who are residents of rural areas. Lifelong learning, age-friendly work environments as well as innovative types of new employment are required to assist older persons in rural areas to earn a decent living when working and to live a more financially secured life in retirement.

**Policy
recommendation # 6**

The local authorities must formulate favourable policies to attract private sector investments, together with professional social workers, to deliver the social services needed. The cooperation across private and public sectors should be strengthened to explore how best to pursue mutual benefits, i.e. to satisfy the pursuit of profits by private sector providers, while also making services accessible and affordable to all segments of society.

3. Disparities among older persons in ‘Participation’

3.1 Key findings

A) Older persons in rural areas have a higher labour force participation rate, largely as a result of a low pension income security

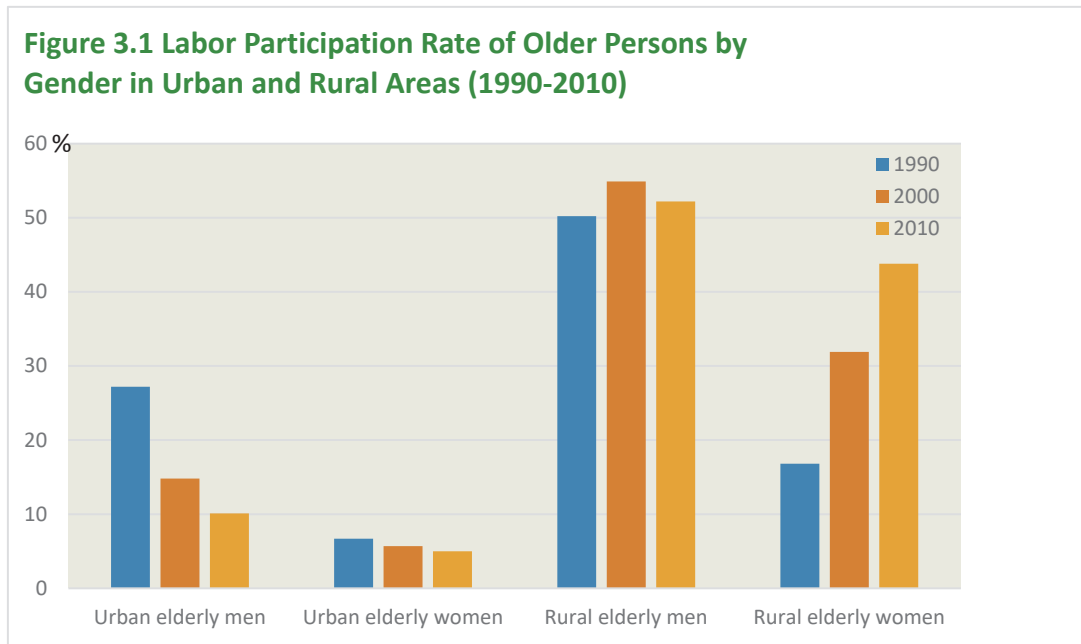
The gap of the labour force participation rate between urban and rural older persons continued to widen during the period 1990-2010.

- The labour force participation rate of older persons in rural areas rose from 32.6 percent in 1990 to 42.8 percent in 2010, while that of their urban counterparts fell from 16.7 percent in 1990 to 6.9 percent in 2010.
- Over these two decades, the gap between urban and rural older persons in terms of labour force participation rate expanded from about 16 to nearly 36 percentage points.
- For those urban and rural residents (unemployed or working in informal sectors), the basic pension, 55 RMB per month, is far from enough to ensure a basic living standard. Older persons in rural areas almost rely solely on their own labour income and support from their family. In addition, when younger workers migrate to other cities, their left-behind older household members have no choice but to continue the work, formally or informally.

As stated previously, by the end of November 2014, there were more than 100 million people who had not participated in any pension insurance scheme, most of whom being rural residents, migrant workers in urban cities, and employees in private sectors or informal sectors.⁵

The situation is more complicated when comparing the situation of men vs. women. In urban areas, the proportion of men continuing to work beyond retirement age (60 for men) fell drastically by 17 percentage points from 1990 to 2010, while the proportion of women (50 for workers and 55 for officials) remained almost the same. In rural areas, the proportion of women continuing to work beyond the age of 50 (when women in urban areas are supposed to retire) grew by 27 percentage points from 1990 to 2010, while the proportion of men remained almost the same (Figure 3.1). To sum up, among the four subgroups of older persons, rural older men remained the one with the highest economic participation rate (approximately 50%), and rural older women have experienced the biggest increase in the labour force participation rate, from 16.8% to 43.8%, during the past two decades. Urban older men have experienced the sharpest decline, which indicates to some extent that they benefited more from the progress of overall social support system.

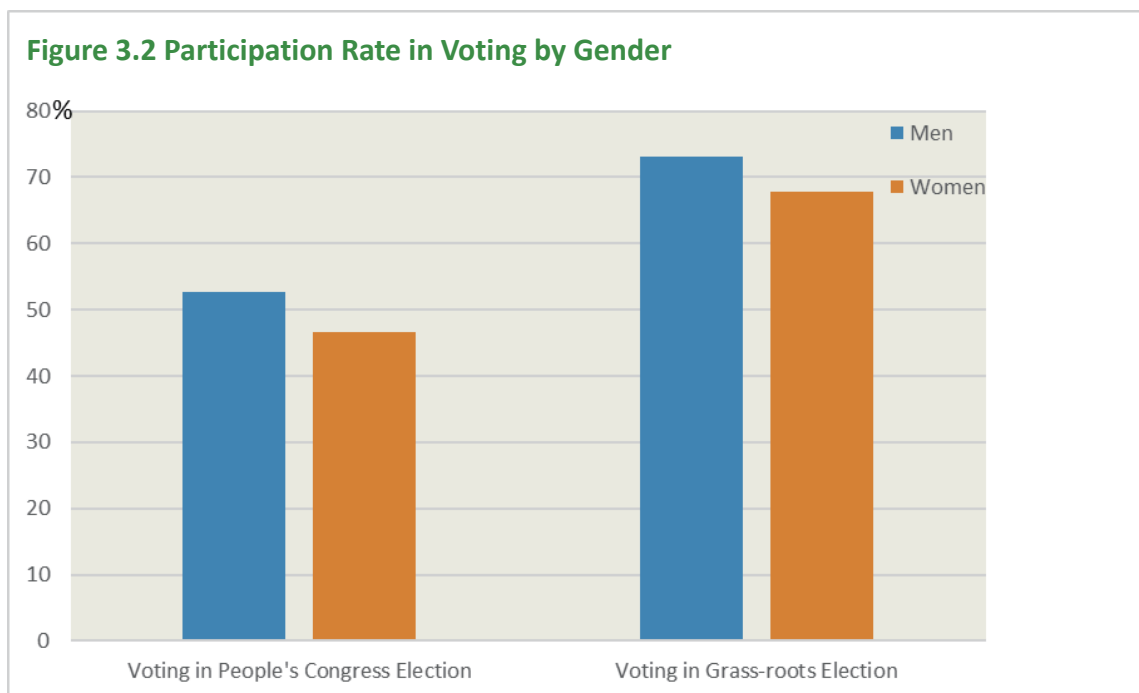
⁵ Data derives from Renmin Daily, <http://finance.people.com.cn/n/2014/1224/c1004-26263774.html>



Source: Population census, 1990, 2000, and 2010, National Bureau of Statistics

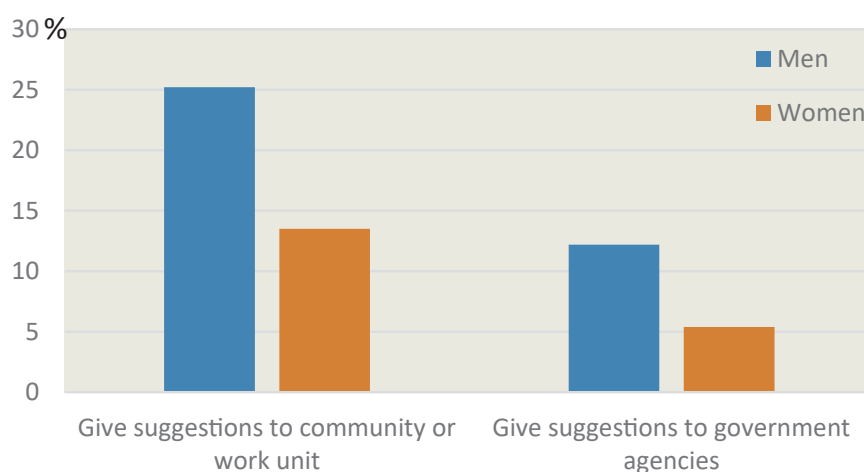
B) Elderly men play a more active role in political participation

Elderly men are more active in political participation, not only for voting but also for other political activities. The gender disparity recorded in political participation (Figure 3.2 and 3.3) is a result of the different social and cultural expectations towards Chinese men and women.



Source: The 3rd National Survey on the Status of Women in China, 2010, All China Women's Federation and National Bureau of Statistics

Figure 3.3 Rate of Participation in Political Activities by Gender



Source: The 3rd National Survey on the Status of Women in China, 2010, All China Women's Federation and National Bureau of Statistics

According to the 3rd National Survey on the Status of Women in China conducted in 2010, when asked “do you agree with the following statements about why female political leaders are rare”, the following three statements won the highest percentage of “agree”: “women are confined to housework” (67.3%), “women have fewer opportunities to be trained and selected” (51.9%) and “there are social and cultural norms discriminating against women” (51.7%) (See Table 3.1). The majority of people agreed that the imbalanced division of housework between men and women as well as the implied social and cultural discrimination against women lead to limited opportunities for them in political participation.

Table 3.1 Reasons for why female political leaders are rare in China

Reasons for why female political leaders are rare	Agree (%)
Women are confined to housework	67.3
Women have fewer opportunities to be trained and selected	51.9
There are social and cultural norms discriminating against women	51.7
A woman will not be supported by her family members to be a leader	24.6
Women are not capable as men	18.3
Women are not qualified to be leaders	12.2
Women are not willing to be leaders	11.2

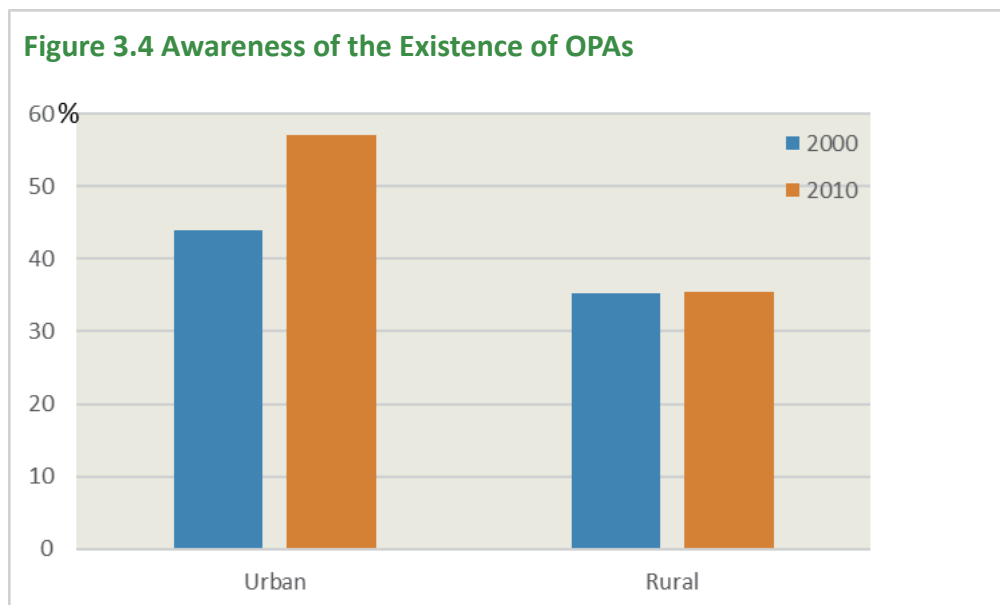
* For each statement, choices include “agree”, “disagree” and “not sure”.

Source: The 3rd National Survey on the Status of Women in China, 2010, All China Women's Federation and National Bureau of Statistics

Besides the discrimination in the labour market, women are often constrained by their work capabilities, which is caused mainly by fewer years of schooling and limited employment experiences. Studies around the world have demonstrated the positive relationship between education level and political participation rate. According to the 2010 population census, the proportion of female population with at least senior middle-school education is 41.5 percent, much lower than that of the male population (58.5 percent). This negatively impacts women's abilities and skills in writing, reading and speaking, which impedes their capacity to participate in the political process.

C) Older persons have more social participation opportunities in wealthier areas

Older Person's Associations (OPA) are important grass-root organizations for older persons. According to the latest statistics (June 2014), the coverage rate of OPAs in urban areas is 80.5% and 72.85% in rural area. The gap in coverage between urban and rural areas indicates that urban older persons have more opportunities to participate in such activities than rural older persons. Compared with the coverage rate, the gap between awareness rates is much larger. In 2010, 57.1 percent of urban older persons had heard about OPAs, approximately 20 percent higher than that of rural older persons. What can be termed worse is the fact, over the last ten years, the awareness rate of OPAs among urban older persons rose by 13 percent while that of rural older persons remained almost the same (Figure 3.4), indicating the gap is expanding.

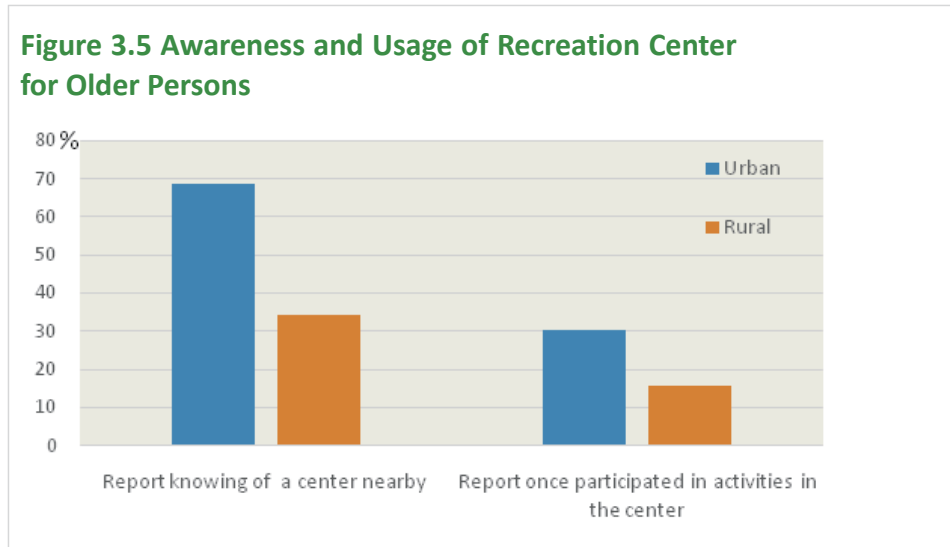


Source: The National Survey on Older Persons in Urban and Rural Areas (2000, 2010)

Recreation centres are the public places and recreation facilities for older persons to get exercise and entertain themselves. As of July 2014, there were more than 360,000 recreation centres for older persons around the country⁶, but most of them are in urban communities. A 2010 CRCA survey reported that approximately 68 percent of the urban older persons confirmed that there is a recreation centre nearby, twice as much as that of rural older persons; and the proportion of urban older persons who ever participated in the activities in recreation centres was also much higher than

⁶ Data derives from Xinhua net, July 21, 2014, http://news.xinhuanet.com/politics/2014-07/21/c_1111725925.htm

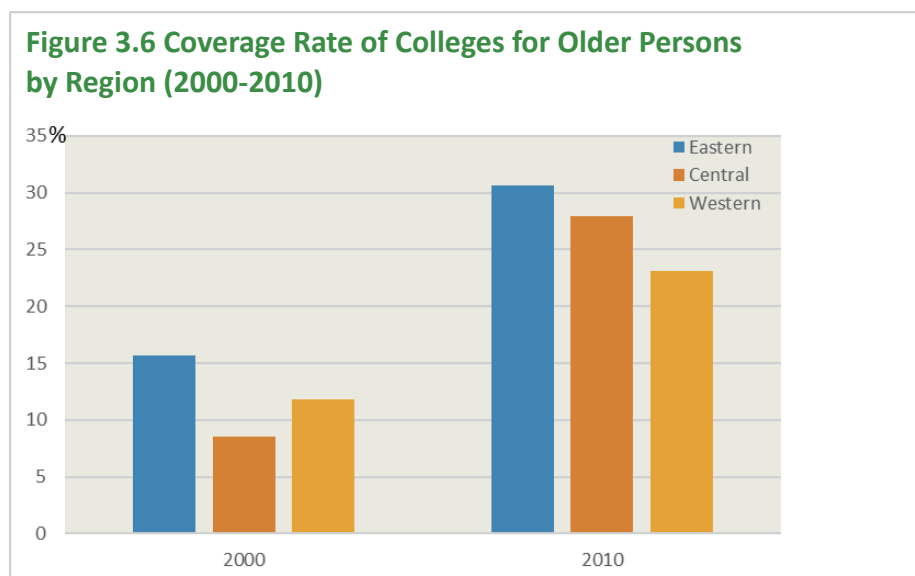
that of rural older persons (Figure 3.5). Considering the lack of adequate recreational facilities in rural areas, investment in recreational facilities in rural areas should be prioritized.



Source: The National Survey on Older Persons in Urban and Rural Areas (2000, 2010)

Lifelong access to education and training is essential for a fuller utilization of the potential and expertise of persons of all ages. In China, Colleges for the Third Age, usually established around the community, have been providing continuing education and training for older persons. Such colleges play a major role in promoting social participation of older persons and increase their quality of life. The 2010 CRCA survey also reported that the western region of China had the lowest coverage rate of such kind of colleges.

Comparison of the coverage of colleges for older persons by region (excluding Beijing and Shanghai) during 2000-2010 (Figure 3.6), the Central region came first with more than a twofold increase, followed by Eastern and then Western regions. To sum up, the gaps among the Eastern, Central and Western regions are narrowing.



Source: The National Survey on Older Persons in Urban and Rural Areas (2000, 2010)

3.2 Discussion and policy recommendations

The rapid increase in the number of older persons in China reflects the increase in life expectancy in China by over 5 years during 2000 to 2015. Young older persons aged 60-69 have been and will remain the main body of older persons in China in the coming years, even if it has slightly decreased from 59% to 56% during 2000-2010. As 83% of older persons reported “in good health” or “primarily in good health” in 2010, older persons in China as a whole possess huge potential of participation at various types of activities, whether economic, political or social.

The noted disparities between older persons in urban and rural areas in terms of economic participation, however, clearly indicated the implications of a distorted social security system, particularly the pension system that favors people in urban areas. Therefore, to install favorable policies and support the active participation of older persons should be an inseparable part of China’s national response to ageing.

Across all the indicators discussed, the disparities between older men and women are more complex. Besides the root causes associated with the roles envisaged for women (particularly the current generation of older women) in Chinese society, which restricts women to heavy burden of housework, the lack of adequate capabilities and skills contributes to a great extent to the low level of political and social participation of women. Therefore, equality in education opportunities and outcomes can be seen to be the root solution to empower women and improve their socio-economic status in the Chinese society. Also, innovative lifelong learning programmes should be encouraged to overcome social and cultural constraints for women to take them up.



Policy
recommendation # 7

Education is a long-term investment, and policies should give specific priorities to early education and training, especially for girls. Special mentoring programmes should target young professional women to help them succeed in both economic and political participation of modern China.

The low awareness of the existence of OPAs, especially in rural areas where the awareness rate is only half of the OPA coverage, hinders the role of OPAs. OPAs should be an important instrument to mobilize and protect older persons at grass-roots levels. How to give full play to these established OPAs constitutes an issue of urgent attention while the Government will further invest to promote the establishment of more OPAs in the next five years, and also enhance the service capacity of existing ones.



**Policy
recommendation # 8**

Lifelong learning opportunities should be expanded with a special focus to enhance the participation of older women. Innovative ways should also be explored to mobilise and utilise the current experiences and knowledge of Chinese elderly women through lifelong learning and new forms of employment and engagement.

Besides lifelong learning, other investments to improve the social and cultural life in rural China also need to be enhanced in order to reduce the disparities between rural and urban older persons.

It is recommended to give extra-pension income allowances to rural older persons so that they reach the local minimum living standards of that of urban older persons and are not constrained to work over the retirement age because of their low pension income.



**Policy
recommendation # 9**

Synthesizing discussions

An inter-sectoral, rights-based and inclusive policy approach must be adopted in China. The various disparities among different subgroups of older persons informed us about the current unequal allocation of resources in many areas of the Chinese society and the fragmentation of different sectors, caused by long-existing political, institutional, and historical reasons. Overall, an inter-sectoral policy approach, which is rights-based and inclusive, with a full understanding of the social context, needs to be adopted to fundamentally erase the disparities that are unfair and avoidable. This policy approach focuses both on the overall improvement of the social system, and also on the empowerment of the marginalized individuals.

Resources should therefore be allocated across regions in a more balanced manner, especially across Central and Western China and remote areas, including public health services, high-quality medical products and services, and a wide range of community care services needed by older persons. Besides for basic medical and care services, other investments to improve social and cultural life in rural China also need to be enhanced, in order to improve the quality of life of rural older persons.

For instance, information and communication technologies need to be promoted on a wider scale in rural areas. It will not only facilitate the various services needed, but would be also a cost-effective way to strengthen inter-generational connections along the process of urbanization. Computers, smartphones and web-cameras can all have the potential to assist older persons in their daily life. Innovative ways of financing and multi-sectoral partnerships are encouraged. The private sector, local NGOs, and volunteers can be mobilized to contribute either products or teaching courses for elderly users. Local governments may provide favourable policy environment for the private sector both in the area of ICT and in the provision of elderly services.

Education and lifelong learning is crucial for the empowerment of any individual, which can accumulate more human capital, add more economic value, and change the person's disadvantaged position in the society. Hence, education and training are especially important for older women and those older persons living in rural and poor areas. In addition, considering the future trend of postponing the retirement age, starting with equal retirement age of men and women, lifelong learning and occupational training need to be further expanded both in terms of the people it covered and the types of courses it provided, taking into consideration the special needs of older women. Interventions are also required to eliminate gender discrimination in employment and occupation.

Last but not least, women's contribution to housework, especially their care of elderly parents need to be acknowledged and appreciated as a social value. Older women should be entitled to the same average level of pension and medical insurance as older men. In a rapidly ageing society, in parallel with the previous "one-child policy" and the newly enforced "universal two-child policy", women are burdened with heavier child-rearing and other housework, and lose competitiveness in the labour market. However, both the level of pension and health insurance people are entitled to are linked to their contribution during their employment. It is unfair for women to be saddled with more family responsibilities but to have fewer resources to support themselves when they are old themselves.

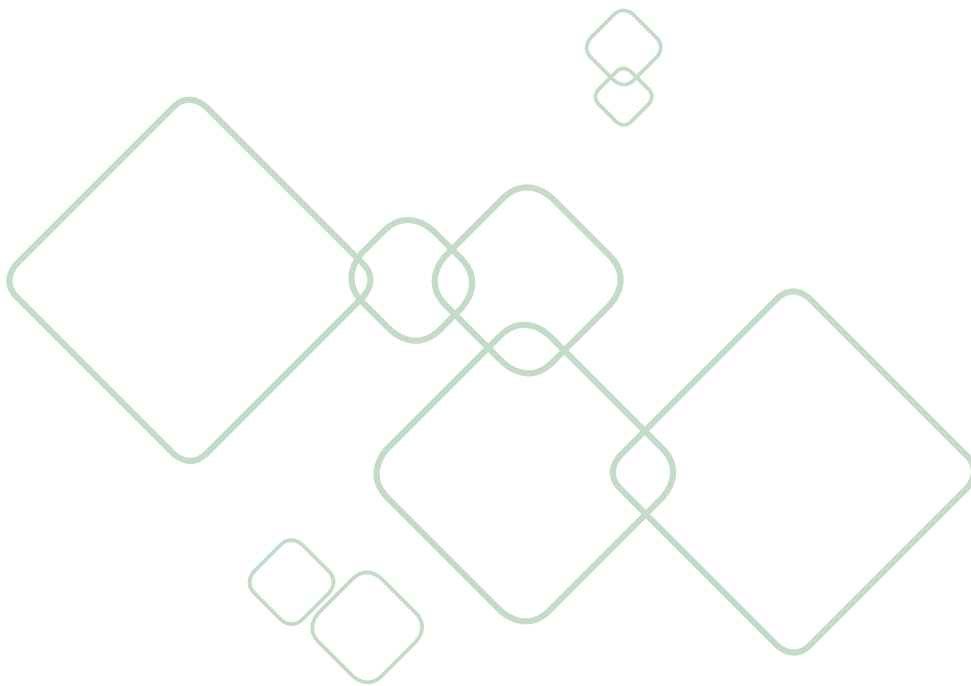
Policies need to address this issue, and create a favorable environment for Chinese women in labour market. Women's unpaid care work must be recognized as an important contribution to the whole society, since they reduce the care costs from the government and social sectors. In return, when they become old, they should be entitled to the same average level of pension and medical insurance as men.

References

- Du P, Wu C. (2006). Ability of Daily Life of the Chinese Elderly: Status and Changes. *Population Research*. 2006, Vol.30, No. 1: 50-56.
- HelpAge International (2015). *Global AgeWatch Index 2015: Insight report*.
- Huang W, and Zhou Y. (2013) Effects of Education on Cognition at Older Ages: Evidence from China's Great Famine. *Social Science & Medicine*. 2013; 98:54-62.
- Huang H, Zhan J, et al., (2014). The Impact of the New Rural Pension Income on the Supply of Aged Labor Forces in Rural Areas. *China Population Science*. 2014 (2): 106-115.
- International Longevity Centre-UK & World Health Organization. *The Implications for Training of Embracing a Life Course Approach to Health (WHO/NMH/HPS/00.2)*. 2000.
- Liu M. (2013). Economic Growth and Equity in the People's Republic of China. *Equity in China: Chapeau Paper, United Nations System in China, Beijing, 2013*, p. 34
- National Bureau of Statistics of the People's Republic of China, *Statistical Communique of the People's Republic of China on the 2015 National Economic and Social Development, 2015*.
- National Health and Family Planning Commission of China (NHFPC) (2015). *An Analysis Report of National Health Service Survey in China*. Centre for Health Statistics and Information, Peking Union Medical College Press.
- United Nations Development Programme. *Human Development Report (2013) --- China, 2013*, <http://hdr.undp.org/sites/default/files/Country-Profiles/CHN.pdf>
- UNDESA, Population Division (2015). *World Population Prospects: The 2015 Revision, custom data acquired via website*.
- United Nations Department of Economic and Social Affairs (UNDESA) (2015). *World Population Prospects: The 2015 Revision, Population Division, custom data acquired via website*.
- UN Systems in China (2013) 'Equity in China: Chapeau Paper', Beijing.
- UNWOMEN (2015) 'Gender Equality in China's Economic Transformation', Beijing.
- Vandemoortele, Jan (2013) 'Inequality and Gresham's Law: Does the Bad Drive out the Good?' in: UN Systems in China (2013) 'Equity in China: Chapeau Paper', Beijing.
- Whitehead M. and Dahlgren G. (2007) 'Concepts and Principles for Tackling Social Inequities in Health-Levelling up', Part 1, Copenhagen: World Health Organization.
- World Health Organization (2015). *World Report on Ageing and Health*. Geneva.
- Yip, Winnie and Hsiao, William (2009) *China's Health Care Reform: A Tentative Assessment*, *China Economic Review*, 20 (2009) 613-319.
- Zaidi, A., K. Gasior, E. Zolyomi, A. Schmidt, R. Rodrigues, B. Marin (2016) *Measuring Active and Healthy Ageing in Europe*, unpublished.
- Zaidi, A., & D. Stanton (2015). *Active Ageing Index 2014: Analytical Report*. Geneva: United Nations Economic Commission for Europe & Brussels: European Commission, Directorate General for Employment, Social Affairs and Inclusion.
- Zaidi, A. (2013). *Global AgeWatch Index 2013: Purpose, Methodology and Results*. Report prepared for HelpAge International, Centre for Research on Ageing, University of Southampton. Accessed via <http://www.helpage.org/download/52949b561453d/>

Annex Additional information on the key datasets used in this paper

Survey project name	Time	Geographical scope	Respondent	Sample size
The National Survey on Older Persons in Urban and Rural Areas	2000	20 provinces (or autonomous regions, municipalities) nationwide	Older persons aged 60 and above	20,255
	2006			19,947
	2010			19,986
The 3rd National Survey on the Status of Women in China	1990, 2000, 2010	National sampling	Household members aged 18-64. In 2010 ad-hoc survey was carried out for older persons aged 65 and above.	105,573 valid questionnaires, of which there were 10,793 for older persons aged 65 and above and 1,955 for community.
China Health and Retirement Longitudinal Study (CHARLS)	2013	National Sampling	Population aged 45 years or older and their spouses	18,604 (among which 89.06% were surveyed in CHARLS 2011)



United Nations System in China

For copies or information related to this publication, please contact:

Office of the United Nations Resident Coordinator in China

2 Liangmahe Nanlu, 100600 Beijing

Telephone: +86-10-85320800

Fax: +86-10-85320900