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Resilience in Self-Perception of Aging Among Chinese Older Adults Under the One-Child Policy

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April 26, 2024

Abstract

This study examines the resilience of self-perception of aging (SPA) among older Chinese adults affected by the One-Child Policy (OCP), based on data from the 2018 Chinese Longitudinal Healthy Longevity Survey (CLHLS). Implemented in 1979, the OCP reshaped family dynamics. It potentially influences aging perceptions among the elderly. Utilizing the stereotype embodiment theory, this research assesses if deep-rooted cultural attitudes towards aging could mitigate the psychological effects of these demographic changes. Results suggest that despite significant societal shifts, the SPA among Chinese elderly remains stable. That indicates a minimal direct impact of the OCP on aging perceptions. The finding underscores the enduring nature of aging self-stereotypes, offering insights for aging-related policy in similar contexts.

Keywords: One-Child Policy, Self-Perception of Aging, Chinese Older Adults, Cultural Attitudes, Stereotype Embodiment Theory, Aging Policy, Demographic Change
1 Introduction

China’s one-child policy (OCP), initiated in 1979, thoroughly changed family structures and the role of the elderly, leading to the “4-2-1” family model that places significant anxiety on older people to self-care. Drawing on the stereotype embodiment theory, it concludes that aging expectations develop through the internalization of societal views over a lifespan (Levy, 2009). Also, the previous study indicates that negative age stereotypes tend to be resilient, even under stressful conditions, showing little change over short periods (Levy et al. 2014). Thus, this study hypothesizes that, despite the entire demographic and social shifts prompted by the OCP, self-perception of aging (SPA) among Chinese elderly will remain resilient. This resilience in SPA could provide insights into how deeply rooted cultural attitudes towards aging can buffer the psychological impact of significant social and policy changes.

2 Significance of this research

The study in adult child support and self perception of aging is limited, there is an article that draws attention that measures the SPA and satisfaction with children’s support. The research suggests that negative self-perception of aging is associated with increased dissatisfaction with children’s support, potentially leading to intergenerational tension (Cheng, 2015). And there is a current article focused on Chinese young adults’ attitudes towards elder care under OCP. It explored concerns about elder care, attitudes towards nursing homes, and living arrangements after marriage (Chen et al. 2021). That study has considered how it impacts the children of the OCP but not the parents’ aging views. Moreover, there are no studies to find how one child policy or different family patterns impacts on self-perception of age for this generation group. We would start from parents’ aging views to know the relationship between SPA and OCP.

3 Background

3.1 Aging Population in China

With over a quarter of the world’s senior population, China has the greatest population of older persons (Han et al. 2020). According to the data from the National Bureau of Statistics of China, the Chinese population aged 60 and above
accounted for 17.8% of the total population by the end of 2023 and have reached 254 million (China Civil Affairs’ Statistical Yearbook, 2023). This proportion of older adults will increase to 26.1% in 2050. China is experiencing a rapid rise in its elderly population. From 1982 to 2017, the number of older adults in China increased by about 3 million annually, reflecting an average yearly growth rate of 6.2%. This aging process has further accelerated as those born during the second baby boom, from the 1960s to mid-1970s, are now reaching old age (Curry et al. 2023). The rapid change from a primarily young to an older population in China, as observed today, is unprecedented in its scale (Zhang, 2001). The people who were born in the second baby boom are the main generation under OCP. Additionally, it is crucial to address the effects of this aging, as they will profoundly influence many areas of Chinese society.

3.2 One-Child Policy

China instituted the one-child policy (OCP) in 1979, a measure that significantly lowered fertility rates. The history of establishing this policy covers the population change over 30 years.

In 1949, the Communists took power in China. At that time, the country’s population was not only considerably younger but also less than half of what it is today, totaling 541.7 million. The president Mao Tse-tung and other leaders held the view that a larger population could bolster the fight against capitalism to strengthen the socialist country (Zhang, 2005). They believed in the principle: “More people, more power.” But at this time, there are no relevant policies to encourage childbirth. (Zhang, 2017)

After Mao’s death However, the population growth doubled in the next 25 years. By the end of 1969, the population exceeded 800 million, and economic growth came to a standstill. Until 1971, leaders in China recognized the necessity of family planning and launched the program to advocate for later marriage and fewer children. Despite these efforts, the population growth still continued. The Chinese government instructed: “Population growth must be controlled” (Zhang, 2017). Those conditions led to the implementation of the one-child policy.

The one-child policy has set up a natural experiment in that it was launched at different times, different areas, and different ethnic groups, and it was enforced in some areas and not in other areas. During the implementation of this policy, state and local authorities enforce strict birth control policies through a hierarchy of birth planning workers who monitor women’s reproductive activities, including menstrual cycles, to prevent unauthorized pregnancies. In some areas, women who got pregnant without permission faced coercion to abort, and those exceeding birth
quotas could be pressured into sterilization or face penalties such as job loss and denial of household registration for their children, affecting their access to essential services (Whyte et al. 2015).

Additionally, in the early implementation of OCP, families in the urban areas are more likely to restrict to a single child because both adults worked full time and without conveniences (Kane & Choi, 1999). Rural families were difficult to convince OCP. Unlike people in the urban areas, peasants had limited savings and without retirement pensions. Children are the primary support for their older life (Banister, 1987). Political instability bred peasant skepticism towards state policies, leading to fines and coercive birth control measures by local authorities; yet, through negotiation, villagers maintained a semblance of flexibility, with the rate of second-child births only falling to 90% by 1990 (Greenhalgh, 1992 & Feeney, 1993).

Furthermore, China is a multi-ethnic nation comprising 56 different ethnic groups. In China, ethnic minorities have the privilege of exemptions from many policies, including OCD. They are permitted to have two children, and in certain cases, up to three children per couple (State Family Planning Commission, China, 1988). Minority groups, despite being exempt from the one-child policy, are still encouraged to engage in family planning. They can commit to having no more than one child by obtaining a one-child certificate (Park & Han, 1990).

The one-child policy in China was in effect for 36 years. It was introduced in 1979 and formally ended in 2015, when the Chinese government announced a shift to a two-child policy, which took effect from January 1, 2016. OCP was effective in slowing China’s rapid population growth, which estimated that the policy prevented at least 400 million births (Gietel-Basten, 2019).

*Family pattern and kinship relations:*

In Confucian ethics (Ho, 1986), filial piety is the main thought. Over the past 2000 years, Chinese social structure was established by filial piety, and seen as a family centered cultural value (Chai & Chai, 1965). It played a role in preserving intergenerational relationships and instilled in children a sense of duty to support their parents in an ever-changing society context. This culture modifies children’s attitudes and behaviors toward their parents in order to ensure parental happiness and health. Furthermore, Confucius believed that failure to practice filial piety to be one of the most serious crimes and transgressions (pp. 30, Legge, 2004). Elderly parents often reside with their eldest son, reflecting the deep significance of blood ties in family relationships that have been valued for thousands of years (Zhang 2005). Currently, the Chinese government utilizes aspects of the one-child policy (OCP) to reinforce certain traditional elements of filial piety, which helps alleviate the
pressures of an aging population: They suggests that only children, raised in environments with high parental expectations and significant investment, often feel a heightened sense of responsibility to support their parents in old age due to their status as singletons ((Deutsch, 2006; Liu, 2008; Gui and Koropeckyj-Cox, 2016). Still, according to the 1979 Criminal Law, an adult child who fails to support an elderly family member can face imprisonment for up to five years (Palmer, 1995). As such, OCP has significantly altered the structure of Chinese families, resulting in fewer members within each generation. Traditional kinship patterns have become fragmented, giving rise to the prevalent “4-2-1” family structure, which includes four grandparents, two parents, and one child (Zhang 2005). This has created a new challenge where a single child is responsible for caring for four aging grandparents as well as their own immediate family needs. Moreover, older adults in China were forced to retire at 60 years old for men and 55 years old for women. After retirement, children need to provide care for parents. Traditional Chinese family roles are strongly gendered and patrilineal, with sons expected to care for aging parents and continue the family lineage, while daughters’ obligations shift to their husbands’ families after marriage(Zhan and Montgomery, 2003). Despite significant socio-economic transformations in China, recent research indicates that the value of filial piety remains deeply esteemed among the youth(Liu and Li, 2020). Under the 4-2-1 pattern and culture of filial piety, older adults worried about their life after retirement. The stress goes to both sides.

3.3 Self-Perception of Aging

Self-perception of aging refers to an individual’s personal assessment of their own aging process (Levy, 2003; Moser et al. 2011). SPA is also referred to as subjective aging, attitudes towards one’s own aging (ATOA), and aging expectations (Diehl et al., 2014). The stereotype embodiment theory suggests that expectations about aging form throughout a person’s life as they absorb and internalize societal beliefs and stereotypes about aging (Levy, 2009). Additionally, constructs like acceptance of aging are used to evaluate perceptions of aging. Accepting aging is thought to play a vital role in older adults’ ability to manage age-related changes (Ranzijn & Luszcz, 1999). The Attitudes Toward Own Aging subscale of the Philadelphia Geriatric Center Morale Scale measures self-perception of aging across five items. These items evaluate dimensions including perceived current energy, happiness, and usefulness, comparing these aspects to their levels in the past (Moser et al. 2011).
4 Previous Studies (Literature Review)

In previous studies, there are many studies to measure the relationship between self perception of aging and various health, mental, and social conditions. In the health function, older individuals exposed to positive aging stereotypes showed reduced cardiovascular stress compared to those exposed to negative stereotypes. Chronic stressors like negative aging stereotypes can impact cardiovascular responses to stress, potentially leading to adverse health outcomes (Levy et al. 2000). Negative self-perception of aging indicates vulnerability to future disability. Self-perception of aging is linked to adverse outcomes like falls and hospitalizations (Moser et al. 2011). Elderly individuals with more positive views about their own aging are more likely to engage in preventive health behaviors (Levy & Myers, 2004). Those findings suggest that addressing views about aging could help improve efforts to increase preventive health behaviors in the older population. Furthermore, there are several studies to explore the influence of SPA on well-being. Negative SPA was associated with lower quality of life, leading to declines in physical functioning, life satisfaction, self-esteem, increased depression, and loneliness (Velaithan et. al, 2024). In cognitive function, positive self-perceptions of aging predict cognitive function in older adults. Positive psychology can optimize personal health and cognitive well-being (Brown et al. 2021). In mental health and age beliefs, positive age beliefs were associated with a faster transition from mild cognitive impairment to normal cognition(Levy & Slade, 2023). In the study, participants with positive age beliefs were significantly less likely to develop mild cognitive impairment over 12 years compared to those with negative age beliefs. In another study, they suggest negative age stereotypes were found to predict chronic pain over time, with those holding negative stereotypes being more likely to develop chronic pain (Levy et al. 2023). In conclusion, positive and negative age stereotypes impact cognitive and physical outcomes. Positive self-perceptions of aging lead to better functional health outcomes and mental health outcomes (Levy, 2009).

5 Method

5.1 Data Source

The data used in this study is from the Chinese Longitudinal Healthy Longevity Survey (CLHLS) in 2018. CLHLS is a nationally representative, longitudinal study designed to investigate the determinants of healthy aging and longevity in China. Initially focusing on individuals aged 80 and above, the study has since expanded to include adults aged 60 and older to encompass a broader spectrum of the aging population. It
collected longitudinal data coordinated by the Center for Healthy Aging and Development Studies of National School of Development at Peking University. The initial survey was carried out in 1998, with subsequent follow-up surveys occurring in 2000, 2002, 2005, 2008-2009, 2011-2012, 2014, and 2017-2018. These surveys were conducted in approximately half of the counties and city districts across 23 Chinese provinces, selected randomly. The primary goal of the CLHLS is to identify social, behavioral, environmental, and biological factors that contribute to healthy aging and longevity. Since the OCP was initiated in 1979, the legally permissible age to have children was 18 years old. Under this birthage, the youngest people who have their first child in 1979 would be 57 years old in 2018. In order to meet the criteria of being over 60 years old in CLHLS, only the data from 2018 would include the OCP group. Groups from before 2018 would not yet have entered the OCP age range. Thus, we use the latest wave (2017-2018). The surveys were carried out in person by trained interviewers. Ethical approval was not required for the secondary analysis of data from the CLHLS.

5.2 Participants

In the most recent follow-up survey conducted between 2017 and 2018, visits were made to 15,874 elderly individuals aged 65 and older, and data were collected on 2,226 elderly people who passed away between 2014 and 2018. The sample includes older adults aged 60 years and above who have their first child after 1979 (OCP) based on their voluntary participation (N=610). Among the participants, 391 had more than one child and 219 only had one child. Those two comparison groups are independent variables in this study. This study uses T-test to determine whether there is a significant difference between the means of two groups, and Analysis of Variance (ANOVA) to examine the effects of SPA on those two groups.

Table 1 presents the participants’ descriptive data. One-child group had an average age of 67.92 years (SD = 3.805), and Non one-child group had an average age of 70.07 years (SD = 7.718). For both two groups, the majority gender of these older adults are male (62.1% in One-child group, and 69.8% in Non one-child group). The average education year was different in two groups. One-child group had 9.54 average years of schooling (SD = 6.601), and Non one-child group had 5.23 average years of schooling (SD = 4.092). 35.8% of older adults in One-child group were from rural areas, less than the older adults in Non one-child group (87.7%). 85.3% One-child group did yearly physical health exam, slightly higher than non one-child group (76.8%). The average score on anxiety level was 0.26 in the Non one-child group (SD =
0.737), and one-child groups had 0.14 score (SD = 0.388). One-child group also had better cognitive status (95%), eating habits (45.9%), and lifestyle in eating vegetables (79.4%), compared to Non one-child group which had cognitive status (88.9%), eating habits (21.5%), and lifestyle in eating vegetables (73.1%). For ethnic groups, there are six ethnic categories: Han, Hui, Zhuang, Yao, Korea, and others, with the Han group being the most numerous. In the Non one-child group, the majority are of Han ethnicity (89.6%). For the one-child group, there's a similar trend, with 96.8% being Han. For households in the Non one-child group, the mean income last year was $38,032.06 (SD = 33264.047), with a substantial range from $99 to $99,998. In contrast, households with One-child groups had a higher mean income of $73,459.37(SD =33335.193), and a broader range, as evidenced by the maximum income of $99,998 and greater standard deviation.

5.3 Outcome variable: SPA

Based on previous study, three items were used to measure SPA (Zhang et al. 2020), adapted from established questionnaires such as the Attitudes Toward Own Aging (ATOA) Subscale of the Philadelphia Geriatric Center Morale Scale and the German Aging Survey. Three items are “feel fearful or anxious,” “feel lonely and isolated,” and “feel useless with age.” Among those three questions, “Do you feel the older you get, the more useless you are, and have difficulty doing anything?” It has been regarded as the central element of self-perception of aging in ATOA (Gu et al. 2016)(Zhu et al. 2023). Participants rated their agreement with each statement using a 5-point Likert scale, ranging from 1 (never) to 5 (always), where higher scores represented a more negative self-perception of aging (SPA). The average score in total participants is 4.0377 (SD = 0.7298), which is particularly negative. Composite scores were calculated by averaging the values across the three items (Zhang et al. 2020).

5.4 Covariates

The characteristics of one-child groups and comparison groups are obviously different. One-child groups all perform better in education years, residence status, mental and cognitive health, and household income. With rising costs in China, the majority of the rural population increasingly acknowledges the financial burden of having a third child, with many opting not to have a second (Greenhalgh & Zhu, 1993). The perception of having children between those two groups is gradually the same.
To reduce the impact of confounding variables that might impact the predictor of participation in OCP or the outcome of SPA, we controlled for socio demographic factors including age, gender (0 = male, 1 = female), residence (0 = urban, 1 = rural) and ethnic groups (0 = Han, 1 = Others). Additionally, we controlled for SES by including income (total income of households last year) and education (years of schooling).

5.5 Statistical analysis

Data description and analysis were performed using IBM SPSS Statistics 26.0. Quantitative data includes the mean or percentage, along with the standard deviation and the range (minimum and maximum values) for various demographic and health-related variables such as age, gender, education, residence, yearly physical health exams, mental health, cognitive status, and lifestyle choices related to diet. Differences between different groups were analyzed using independent sample t-tests and ANOVA. The significance level (Sig.) is $p < 0.05$, indicating that predictors are significantly related to the dependent variable.

6 Result

Consistent with our hypothesis, SPA among Chinese elderly remains resilient under OCP. This was supported by the ANOVA model. In Table 2, the model explained 4.1% of the variance in SPA, as shown by the R-squared value. Among the covariates, age showed a significant effect on SPA ($F(1, 568) = 4.753, p = 0.030$), suggesting an influence of participant age on the outcome. The standardized coefficient is -0.078, suggesting a negative trend, which indicates that with the age increasing, the SPA is more positive. Gender also emerged as a significant predictor ($F(1, 568) = 8.673, p = 0.003$), indicating a differentiation in SPA between males and females. For male (n=401), the mean score of SPA is 4.0923 (SD = 0.3510), and for females (n=200), the mean score of SPA is 3.92 (SD = 0.5455). Females hold a more positive SPA than male in total participants. Additionally, there is a significant difference under OCP's impact for just women. In the one-child policy group, females had a more negative SPA score (4.0442), compared to females in more than one child group(SPA scores =3.8462). There is no statistically significant effect for males under OCP's impact.

Education, Ethnic Group, and Socioeconomic Status (SES), while controlled for, did not show significant effects on SPA. As predicted, after adjusting those covariates, the primary variable of interest, one-child status, did not present a significant effect on SPA ($F(1, 568) = .312, p = .577$), suggesting that within this dataset and model,
whether an older adults was from a one-child family did not significantly impact the outcome variable.

Table 1: Characteristics of respondents (n = 610):

<table>
<thead>
<tr>
<th></th>
<th>Total Respondents (n = 610)</th>
<th>One-Child (n = 219)</th>
<th>Non One-Child (n = 391)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean/ percentage SD</td>
<td>Mean/ percentage SD</td>
<td>Mean/ percentage SD</td>
</tr>
<tr>
<td>SPA</td>
<td>4.038 0.729 8</td>
<td>4.0818 0.726 04</td>
<td>4.0130 0.73172</td>
</tr>
<tr>
<td>Age</td>
<td>69.10 6.303</td>
<td>67.92 3.805</td>
<td>70.07 7.718</td>
</tr>
<tr>
<td>Gender (Male)</td>
<td>62.1%</td>
<td>62.1%</td>
<td>69.8%</td>
</tr>
<tr>
<td>Education (Years of Schooling)</td>
<td>6.67 4.439</td>
<td>9.54 6.601</td>
<td>5.23 4.092</td>
</tr>
<tr>
<td>Residence (Rural)</td>
<td>34.8%</td>
<td>35.8%</td>
<td>87.7%</td>
</tr>
<tr>
<td>Yearly Physical Health Exam</td>
<td>80.1%</td>
<td>85.3%</td>
<td>76.8%</td>
</tr>
<tr>
<td>Mental Health (Anxiety)</td>
<td>0.19 0.477</td>
<td>0.14 0.388</td>
<td>0.26 0.737</td>
</tr>
<tr>
<td>Cognitive Status</td>
<td>91.6%</td>
<td>95%</td>
<td>88.9%</td>
</tr>
</tbody>
</table>
Table 2: Tests of Between-Subjects Effects

<table>
<thead>
<tr>
<th>Source</th>
<th>Type III Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>One child</td>
<td>.161</td>
<td>1</td>
<td>.161</td>
<td>.312</td>
<td>.577</td>
</tr>
<tr>
<td>True age</td>
<td>2.459</td>
<td>1</td>
<td>2.459</td>
<td>4.753</td>
<td>.030</td>
</tr>
<tr>
<td>Gender</td>
<td>4.48</td>
<td>1</td>
<td>4.487</td>
<td>8.673</td>
<td>.003</td>
</tr>
<tr>
<td>Education</td>
<td>1.606</td>
<td>1</td>
<td>1.606</td>
<td>3.104</td>
<td>.079</td>
</tr>
<tr>
<td>Ethnic Group</td>
<td>.599</td>
<td>1</td>
<td>.599</td>
<td>1.158</td>
<td>.282</td>
</tr>
<tr>
<td>SES</td>
<td>.833</td>
<td>1</td>
<td>.833</td>
<td>1.609</td>
<td>.205</td>
</tr>
<tr>
<td>Error</td>
<td>293.867</td>
<td>568</td>
<td>.517</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>9621.444</td>
<td>575</td>
<td>.517</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Corrected Total</td>
<td>306.420</td>
<td>574</td>
<td>.517</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: a. R Squared = .041 (Adjusted R Squared = .031)
7 Discussion

As expected, the SPA is not influenced by OCP for older adults. The previous study spanned 10 years, assessing age stereotypes before and after hospitalizations and bereavements in participants aged 70 and older. The resiliency of negative age stereotypes was found across different age groups, regardless of sex, race, education, depression, physical frailty level, MMSE score, and number of chronic conditions. Participants with predominantly negative age stereotypes at baseline exhibited resiliency in maintaining these stereotypes even in the face of stressful events (Levy et al. 2014). Thus, despite the widespread demographic and social changes driven by the One-Child Policy, the result shows the resiliency of SPA.

However, there is a significant difference in gender under OCP’s impact. Females had a more positive SPA in total participants compared with males, but impacted by OCP, they had a more negative SPA in OCP groups. Although we mentioned in the background section that the tradition of caregiving is relying on the son’s family or daughter-in-law. But in the 1990s, researchers found that in urban areas, parents are more willing to consider turning to daughters for caregiving (Cooney & Di, 1999). In urban China, especially the married daughters and those living with parents, they provide more caregiving and financial support for parents than did married sons. In rural areas, sons and daughters equally contributed to supporting their parents who did not live with them during their old age (Li et al. 2004). There are many studies arguing that social reforms and one-child policy have improved daughter-parent relationships in China (Zhang, 2009). Ethnographic studies in northeastern China showed that daughters to be more filial than sons (Shi, 2009). Filial piety increases caregiving stress. Females are more likely to have higher caregiving burden and higher psychological distress (Wong et al, 2019). As the result mentioned, OCP has an impact on female’s SPA with a more negative direction.

Also as expected, the one-child policy (OCP) created significant differences in the baseline conditions between the two groups, but these differences did not affect the final outcomes. In a sum, the results suggest that despite the severe form of one child versus more than one child does not significantly differentiate SPA scores when these covariates are taken into account. Participants with different amounts of children exhibited resilience in self perception of aging even under extreme one-child policy. This resilience could be a valuable resource for older adults in one-child policy families, especially since there are no specific policies to support them and they often lack wide social support. Our study suggests that not only do these older adults maintain a resilient attitude that may benefit them as they age, but they are also likely to pass on these resilient views to their children.
8 Limitations and Conclusion

First, two of three questions used in this study to measure SPA did not explicitly mention “age” or “aging”, the only one used “age” is “do you feel useless with age”, which is different from Philadelphia Geriatric Center Morale Scale (Attitude Toward Own Aging subscale), or other scales for measuring personal evaluation of aging. And SPA could be measured in many different ways. For example, Image of Aging Scale used in Levy et al, 2014, and the Aging-related Cognitions (AgeCog) scales of Ongoing Development and Physical Loss. Second, the questionnaire in the CLHLS dataset is Chinese. The translation in interpreting and comparing responses across different cultural/linguistic contexts might influence the outcomes of the study. Third, the items in the questionnaire about SPA are more negative, so the outcome is more about focusing on negative SPA in interpreting our findings. However, Zhang et al. 2020 also used these three items as SPA, but they speculated that positive SPA might have different (not just opposite) effects on mortality. It might also happen on OCP. Future investigations should consider involving more SPA questions for people who give birth during the OCP period.

In conclusion, findings from this study validates our hypothesis that self-perception of aging (SPA) remains resilient among older Chinese adults under the One-Child Policy (OCP). It reveals a stable SPA across different demographic variables, suggesting deep-rooted cultural attitudes towards aging may help mitigate the psychological impacts of such policies. This resilience is particularly significant given supportive measures for older adults in one-child families, who often have limited social support. Also, these findings are crucial for policymakers. It indicates that encouraging resilient aging views could enhance elderly well-being and influence future generations. However, the study’s limitations highlight the need for further research with more focused and diverse SPA assessments.
9 Reference


