Social Science & Medicine 107 (2014) 209–216

Contents lists available at ScienceDirect

Social Science & Medicine

journal homepage: www.elsevier.com/locate/socscimed

Community building and mental health in mid-life and older life: Evidence from China

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ARTICLE INFO

Article history:
Available online 11 January 2014

Keywords:
Community-based amenities and organizations
Community residents' committee
Mental health
Multi-level modeling
China

ABSTRACT

The Chinese government has adopted a "community building" strategy nationwide to build community capacity by expanding community-based services since the mid-1980s. This study empirically examines whether the mental health among middle-aged and older Chinese adults is associated with the spearhead of this strategy, measured by the number of the amenities and organizations set within the community, and the years the community residents' committee has been in existence. Multilevel mixed regression analyses in SAS 9.2 of the data from The Chinese Health and Retirement Longitudinal Study (CHARLS) 2008 Pilot Survey indicated that these two community-level variables explained the variances in mental health among middle-aged and older Chinese adults. Additionally, the number of amenities and organizations within the community was significantly associated with the mental health in midlife and later life, even after controlling for the individual-level socioeconomic and social ties and for support predictors. The empirical evidence from this study indicates that developing the community capacity by establishing the community-based grassroots organizations and semi-public spaces will benefit an individual's mental health in current China.

Introduction

Mental illness ranks, according to WHO disease estimates, among the top health challenges globally, particularly in low income and middle-income countries, where mental illness has been acknowledged as the most important cause of disability (WHO, 2001; 2005). Rates of mental illness vary not only between different populations (Duncan, Jones, & Moon, 1995; WHO, 2004; Wight, Aneshensel, Botticello, & Sepulveda, 2005) but also across geographical areas (De Silva, McKenzie, Harpham, & Huttly, 2005). Health variances across geographic locations is well established in a number of research works on public health and in sociology studies (Elliot, Cozick, & English, et al., 1992; Robert, 1998; 1999). De Silva et al. (2005; 2007) and Patel (2001) further argued that the protective factors that facilitate good mental health at such geographical levels as the community needed to be identified and used as a basis for interventions. Community organizing and community building have thus been advocated as an important phase in improving health (Minkler, 2005).

Diez-Roux (2002) also contended that the recognition of mental disorders and the potential prevention in any particular country have to fit with the socioeconomic and political dynamics underway within the country. Specifying the association between the specific health outcomes among the particular type of persons residing in particular place and the particular features at certain geographical level is important to extend the research on place, people, and health (Philip et al, 2009). The Chinese government has been attempting a nationwide "community building" social project since the mid-1980s, aiming to build community as a functional establishment to respond to the new demands in the context of rapid social transformation (Yan & Gao, 2007). Whether the Chinese government's social engineering project of "community building" has promoted the health of its population has been understudied empirically. In particular, mental health in mid and later life, which has been rated as the major cause of illness and lost productivity, accounting for at least one-fifth of the total burden of disease (Philips, 2004). The present study therefore aimed to extend the current literature by empirically examining the dynamics between the middle-aged and older adults' mental health and community-based organizational and administrative infrastructure, which have been defined as the core sector of the community building practice and the principal hubs of community life in China.

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http://dx.doi.org/10.1016/j.socscimed.2013.12.023

Background

Community context and individual health

The impact of community on individual health and well-being has been of long-standing interest to sociologists, dating back to the early stage of its development as an academic discipline (Berkman, Glass, Brissette, & Seeman, 2000; Durkheim, 1887/1951). With an increasing interest in societal influences on individual health, together with the advances in statistical techniques, more and more researchers have begun to combine both individual and community level factors in studying the association between individual health and societal factors (Pickett & Pearl, 2001). Health-promotion strategies are shifting increasingly from targeting individuals to considering entire communities. Studies have confirmed that the community effects on individual health exist above and beyond experiences of individual factors, and hold steadily across different types of communities (Diez-Roux, 2002; Frankenberg, Nobles, & Sumantri, 2012; Franzini, Caughy, Spears, & Esquer, 2005; Macintyre, Ellaway, & Cummins, 2002; Sampson, Morenoff, & Gannon-Rowley, 2002).

Community-level factors that have been empirically recognized as affecting individual health include the community socioeconomic characteristics (Franzini et al., 2005; Robert, 1999); neighborhood characteristics of traffic, noise, lighting, crime, and trash (Balfour & Kaplan, 2002); and community-level social capital such as trust and organizational participation (Kawachi, Kennedy, & Glass, 1999; McKenzie, 2008; Subramanian, Kim, & Kawachi, 2002). Building or developing communities has been advocated as an important strategy to improve health (Camiletti, 1996; De Silva et al., 2005; McCabe & Davis, 2012; Minkler, 2005; Wallerstein, Yen, & Syme, 2011) and has been embraced by more and more public health programs. However, empirical evidence from scholarly work is still in paucity and systematic and organized studies are needed to support their effectiveness and a firmer basis in research (Butterfoss, Goodman, & Wandersman, 1993; Minkler, 2005).

China's community building program

Since the Chinese government initiated its Open Door policy in 1978, there has been a series of radical social transformations underway in China. One among the others, Chinese society has seen an unprecedented mobility, particularly from rural to urban areas and from less developed to more developed regions. The increasing migration flow in China not only has expanded the cities but also has transformed the villages in rural areas at an astounding rate during the past two decades (Zhang & Song, 2003). However, in parallel with these transformations, a number of new social ills such as lack of social support, a weakened social safety net, loss of identity, decreasing sense of collective responsibility, the increasing need to maintain social stability and so on, have been generated and have been challenging the Chinese government (Bray, 2006; Xu, Gao, & Yan, 2005). Since the mid-1980s, the Chinese central government has launched a massive social engineering project designed to build community as a new social sector that could help to deal with the emerging social problems in the process of rapid social transformation (Bray, 2006; Xu et al., 2005; Yan & Gao, 2007). With "community" being officially defined as a common social sphere constituted by people living within a certain geographical parameter per official administration (Pan, 2004; Yan & Gao, 2007), the concept of "community" was adopted by the Chinese government as a new social sector to prosper community culture, to develop community environment, to strengthen public security, and to deliver service, and more (Yan, 2002; Yan & Gao, 2007). One of the many key tasks of this project is to officially establish community-based service networks, led by the community residents' committee and supported by community centers, and other community-based organizational infrastructures (Bray, 2006; Xu et al., 2005). Since the official documents emphasized the importance of enhancing the quality of community life, community-level social activities that can benefit almost every family have formally been considered as community service (Xu & Chow, 2006). Social activities related to education, entertainment, recreation, and mutual help were encouraged. Physical facilities for promoting such services and relevant clubs and some grassroots organizations at the community level have gradually been established. Being challenged with the mounting task of caring for its increasing graying population in the context of shrinking family size and shrinking available family-based services, the Chinese government has also proposed different programs to be incorporated into its community building strategy to provide help and support for the older adults (Bray, 2006; Guo, 1993; Xu et al., 2005). However, it has also been argued that China's community building program has been characterized with a top-down initiation and official control, which have made its community building distinct from or even in contradiction to the community building in many other countries (Bray, 2006; Xu & Chow, 2005; Yan & Gao, 2007). While community building and development have been documented and promoted for promoting individual health in other countries (e.g., Boyce, 2001; Minkler, 2005; Wallerstein et al., 2011). The question then is has the Chinese government's community-building practice also promoted the health of its people? Such a question is still understudied in the current literature.

Research question & hypothesis

Diez-Roux (2002) and Lawton (1976) have also noted that the neighborhoods or community would be especially important for the health of the older adults because they are more dependent than are other age groups on their communities for their daily activities and for availability of needed resources and help.

The aim of this paper was, therefore, to empirically examine whether the Chinese government's community building practice has contributed in promoting mental health among the middle-aged and older adults, after controlling for demographic background variables, socioeconomic status variables, and social support variables. Specifically, these two research questions were focused: is the number of such community infrastructure as amenities and organizations associated with depressive symptoms? Is the history of community residents' committee associated with the depressive symptoms among adults? It was anticipated that (1) the more amenities or grassroots organizations within the community, the better mental health among its middle-aged and older-aged residents; (2) the longer the history of the residents' committee, the better mental health among its middle-aged and older-aged residents.

To align with the terminology of previous studies on Chinese community (Xu, Perkins, & Chow, 2010; Yan & Gao, 2007), a community in this study is defined as a geographic urban neighborhood or rural village. Number of amenities and associations at community level primarily looks at amenities or associations existing in respective neighborhoods or villages. The history of the community residents' committee therefore refers to the actual years the Neighborhood Residents' Committee in urban areas or Villagers' Committee in rural areas have been in existence.

Methodology

Data

Data come from the 2008 baseline pilot survey of China Health and Retirement Longitudinal Study (CHARLS), a study organized by