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Impacts of poverty stigma on negative affect among welfare recipients: path analysis on Mainland China and Hong Kong SAR

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ABSTRACT

Using two random sampling surveys from Mainland China and Hong Kong SAR, this study aims to compare the poverty stigma, perceived living standards and subjective well-being of welfare and non-welfare recipients in the two regions. The results show that means-tested welfare recipients generally experience high levels of stigma and negative affect. Path analysis models reveal that the direct impact of such stigma on negative affect is significant in Mainland China. However, in Hong Kong SAR, the impact of stigma on negative affect is indirect, through social interaction and self-rated health.

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Means-tested welfare; poverty stigma; subjective well-being; Mainland China; Hong Kong SAR

Introduction

Recent poverty and social policy studies report growing concerns regarding the relationship between subjective well-being and stigma and lived experience. Means-tested welfare benefit is believed to create stigma and discourage people from seeking welfare, thus affecting the subjective well-being of potential welfare recipients. The welfare policy arrangements and administrative procedure are among the institutional causes for sustaining the welfare stigma and thereby reducing the poverty alleviation effect. In addition, stigma is a crucial factor affecting the social interaction and health condition of individuals, which further influences their subjective well-being. However, the path relationships among stigma, social interaction, health, and subjective well-being are insufficiently studied. Furthermore, the empirical research on stigma and the subjective well-being of welfare recipients has mainly been conducted in Western societies.

Using two recent comparable survey datasets and path analysis, this study provides a detailed examination of the patterns, characteristics, and pathways of stigma in particular Chinese social contexts.

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Supplemental data for this article can be accessed here.

Specifically, this paper aims to examine and compare poverty stigma, perceived living standards and subjective well-being (negative affect) of welfare and non-welfare recipients in Mainland China and Hong Kong Special Administrative Region (Hong Kong SAR). Research in Chinese contexts can contribute to the study of stigma in two ways. First, as stigma is both culturally rooted and institutionally shaped, it is of vital importance to expand the case studies to non-Western contexts for capturing the multiplicity of stigma. Exploring the role of poverty stigma in Chinese societies, and how it is experienced by individuals and embedded in non-democratic and non-capitalist welfare regimes, could deepen the conceptualization of stigma as a universal but variegated product (Chan & Ngok, 2016; Yang & Walker, 2020). Second, whilst the extent and patterns of poverty stigma are well documented in the liberal welfare regimes (Baumberg, 2016; Jo, 2013; Stuber & Schlesinger, 2006), few studies focus on the impacts of stigma and its mechanism. In this connection, the comparison between the social assistance schemes in Mainland China and Hong Kong SAR becomes central to understanding how stigma is differently attached to the same social security type, resulting in varying behavioral, psychological, and health outcomes. Despite the differences between the two schemes in terms of institutional characteristics, they are comparable as to the influence of Confucian culture, work-first activation, and policy discourses about welfare dependence (Chan, 2011; Wen & Ngok, 2019).

The construction of poverty stigma

The subjective construction of poverty and the lived experiences of the poor in relation to stigma has been receiving growing attention in social policy and poverty studies (Gray et al., 2019; Gubrium, 2014; Peterie et al., 2019; Scambler, 2018; Walker, 2014). This body of literature focuses on the drivers, meanings, extent, and dynamics of poverty stigma in relation to changing social contexts. Indeed, the sociological discussion about stigma can be traced back to the seminal work of Goffman (1963), who denoted stigma as the undignified character that results in the 'spoiled identity' of particular social groups. This relational emphasis addresses the meaning making behind the complex sociality, which informs social policy scholars in examining how stigma is experienced by the poor within the broader welfare relations (Lister, 2004; Spicker, 1984; Walker, 2014).

Apart from the acknowledgement of social contexts, poverty stigma arguably could be divided into three forms (Baumberg et al., 2012; Bos et al., 2013; Sutton et al., 2014; Walker, 2014). The first is the *personal stigma* experienced by the poor in terms of their perceived personal failure and inability to contribute to others. This micro-level stigma includes the negative judgement of the self in relation to their economic status (Baumberg, 2016; Walker, 2014), and it is sometimes presented as a psychological phenomenon mediated by individual characteristics (Link & Phelan, 2001; Roelen, 2019). The second one is the *social stigma* that represents the shamefulness and relative inferiority attached to being poor and receiving assistance. The loss of status in communities or the charity-like relations are aligned with the production of prejudice, discrimination and stereotypes from stigmatizers in everyday life (Walker, 2014). The third form is the *institutional stigma* which arises when the humiliating blame and labels are accentuated by public policies or service delivery. For example, policy discourses about poverty emphasizing deservingness and obligations implicitly promote the view that welfare should be deemed as a gift only

for the neediest poor (Baumberg, 2016). The institutional stigma constantly appears in the form of welfare stigma associated with a range of poverty alleviation measures (Jo, 2013; Roelen, 2019). Nevertheless, the relationship between the extent of welfare stigma and claimants' behaviour is far from straightforward, because the means-tested benefits' effects tend to be shaped by how recipients perceive their social surroundings and self-identity, and by their expectation of negative treatment (Walker, 2014). More importantly, the broader poverty stigma is diversely patterned across benefit types (Baumberg, 2016), regardless of the income levels of countries (Roelen, 2019). Overall, welfare stigma can also be mediated or even lessened by investing in 'disidentifiers' of poverty and strengthening benefit claimants' dignity in the policy design (Gubrium & Lødemel, 2014; Roelen, 2019).

In practice, the three forms of poverty stigma are not separate but somewhat interlocking. For instance, the stigma induced by social assistance accepted by the poor is personally reflected by their psychological conditions (Stuber & Schlesinger, 2006). In the process of means-testing, the poor are required to provide evidence of the state of poverty, which may lead to the loss of privacy and dignity in their communities and workplaces (Baumberg, 2016; Jo, 2013; Walker, 2014). Baumberg (2016) maintains that benefit claimants and the receipt of poor-targeted welfare are increasingly demonized by the symbolic violence from the negative media framing. Hence, the stigma experienced by the poor at the personal level cannot be separated from how they relate to others in a particular institutional context. Rather than directly using the typology of the three forms of stigma (Walker, 2014), it is suggested that the personal, social, and institutional aspects could be considered as integral parts of poverty stigma, for the purpose of empirical studies. Informed by Walker's typology (Walker, 2014), this relational interpretation helps us better understand poverty stigma's multidimensionality and dynamics with social contexts. Therefore, studies on poverty stigma should involve the dimensions of self-perception, sociality, and institutions.

Impact of poverty stigma on social interaction, health and affect

Whilst the research on poverty stigma has reached a consensus about its general existence, the discussion on its impact on other aspects of the poor's lived experiences has remained inconclusive. Pescosolido and Martin (2015) reveal the complexities and drivers of stigma, including the stigmatized's disengagement, negative psychological disposition, and health outcomes. In this connection, at least three dimensions can be used to examine the impact of poverty stigma. Firstly, the social interaction of the poor may be influenced. Stigma weakens self-esteem, intensifies psychological suffering of the poor and reduces their social participation (Gray et al., 2019; Scheff, 2014; Stewart et al., 2009). Walker (2014) suggests that, owing to financial and capability constraints, some of the poor withdraw from social life to minimize pain and hide their situation from others. Peterie et al. (2019) echo this claim by showing how the unemployed poor's disassociation from social networking is a result of their management of stigma. In short, the poor's strategies for coping with stigma potentially lead to isolation and disconnection. Nevertheless, social isolation is not caused solely by the stigma of unemployment and poverty, but is also predisposed by cultural contexts (Gallie et al., 2003).

Secondly, with regard to stigma's impact on health conditions, even in a more egalitarian society like The Netherlands, the lowest income group still can perceive classism in relation to socioeconomic status, which is correlated with poor health and perceived inferiority (Simons et al., 2017). Perceived inequality and everyday discrimination are the key explanatory variables mediating the association between socioeconomic disadvantage and self-rated health; the impact of poverty on health is mediated by class-based discrimination (Fuller-Rowell et al., 2018; 2012). Poor sleep is also positively related to perceived racial discrimination and lower incomes (VanDyke et al., 2016). Therefore, subjective social identity and socioeconomic status are the key factors affecting perceived and objective health.

Thirdly, the affective impact of stigma is also addressed by many poverty studies. Indeed, the poor's responses to poverty could possibly trigger the sense of hopelessness and guilt (Walker, 2014), because their internalization of stigma activates the mechanisms that boost the depressive symptoms (Mickelson & Williams, 2008; Sutton et al., 2014). Such emotional challenges require the poor to consume more cognitive energy to avoid deviance from the social norms and to maintain daily functions such as engaging in job-search activities (Peterie et al., 2019). Moreover, perceived public attitudes and media representation can act as a psychosocial mechanism translating socioeconomic status into negative affect (Inglis et al., 2019).

Overall, perceived living standard refers to the subjective evaluation of livelihood and social status (Mok & He, 1999), which is shaped by changing social contexts and results in different personal outcomes. There is evidence that the perceived living standard is significantly correlated with self-rated health among young adults (Vaez et al., 2004). Likewise, Juth et al. (2008) reveal that low self-esteem and self-perception are positively related to negative affect, but associated with more social interaction due to the greater need for support. LeBel (2008) suggests that stigma appears as a strong predictor of psychological and behavioral outcomes, such as subjective quality of life. Hence, the perceived living standard can arguably be a determinant of self-rated health, negative affect, and social interaction.

Stigma of poverty in the Chinese context

Most of the aforementioned literature comes from rich democracies. Hence, they have not adequately explained the case of non-Western societies. Therefore, we need nuanced and detailed analysis to examine the patterns and character of stigma in particular social contexts. Furthermore, social policy studies should avoid a binary position between the individualist Western and collectivist non-Western societies about their attitudes towards poverty stigma (Engel, 2017). Hence, comparative studies between Mainland China and Hong Kong SAR would help develop a deeper understanding of the issues under similar cultural but different institutional contexts.

Focusing on Mainland China, Yang and Walker (2020) suggest that the marketization reforms have transformed the moral beliefs of public life, turning poverty from a signal of governance failure to a personal failure. Thus, the blame for being poor is shifted to individuals in the age of undermined mutuality, especially in urban areas. This argument is echoed by some studies about the welfare stigma brought about by Dibao, the social assistance scheme in Mainland China (Gao, 2017; Qi & Wu, 2018). Claimants' psychological

health and well-being, self-evaluation, happiness and interpersonal relationship are negatively correlated with Dibao's stigmatizing effects.

Focusing on Hong Kong SAR, a section of the literature addresses the relationship between poverty, social exclusion and subjective well-being from different dimensions (Lau et al., 2015; Saunders et al., 2014; Wong & Chan, 2019). They point to the negative correlation between the state of poverty and the perceived living standard. Self-reported happiness of low-income citizens living in areas with higher rates of poverty tends to be negatively affected (Kühner et al., 2019). With regard to welfare stigma, the negative perception towards Comprehensive Social Security Assistance (CSSA), the social assistance scheme in Hong Kong SAR, discourages the working poor from applying for the income support (Chung, 2010). Hence, discrimination and bias are prevalent among CSSA recipients.

As derived from previous research, multi-dimensions of poverty also interact with the social environment in Chinese contexts, leading to different outcomes of physical and mental health. Whilst a convergence of welfare stigma from social assistance between Mainland China and Hong Kong SAR seemingly emerges, the pathways of the impacts of poverty stigma on social interaction and health and how they might differ across the two societies remain unknown.

Background of Dibao and CSSA

In Mainland China, the Minimum Livelihood Guarantee System (MLGS, or Dibao) is a household-based means-tested welfare programme that targets families in absolute poverty. Dibao was formalized and standardized in urban China in 1999 when the central government officially promulgated the Regulations on the Urban Dibao Programme. Over the past two decades, the standards of Dibao assistance lines have been increasing continuously, though this increase lags behind the rise in social average income.

Although Dibao seems to help relieve economic stress, the other components of its design may incur high levels of stigma, harm recipients' mental health and impede their social interaction and participation. Firstly, employing means testing to determine Dibao eligibility is rather intrusive. The process involves posting the potential beneficiaries' names and family information on the bulletin board in the neighborhood for public scrutiny. Secondly, in addition to means testing, many local governments have behavioral regulations on Dibao recipients. Typically, to maintain eligibility, Dibao families are required to behave like 'the poor' and maintain a low level of living standards, leading many recipients to avoid social activities (Huo & Lin, 2019).

In Hong Kong SAR, the CSSA scheme is a household-based means-tested social safety net. Its predecessor, Public Assistance, was introduced in 1971 and replaced by CSSA in 1993. As a categorical assistance, CSSA's cases are classified into the following groups: old age, permanent disability, ill health, single parent, low earnings, unemployment, and others. CSSA provides cash benefits for families whose incomes are under a certain threshold of poverty, to meet their basic needs. Old age, permanent disability, and ill-health groups account for about 80% of the total cases in 2017 (Social Welfare Department, 2018). Claimants are required to meet regularly with government officers to offer supporting documents for eligibility updates. CSSA has been conceived as the last and only resort for the poor in Hong Kong's residual welfare model since the colonial era.

Two major benefit cutbacks of CSSA were launched in 1999 and 2003 in relation to the workfarist reform and deflation, which resulted in problems of inadequacy and welfare stigma (Au-Yeung & Wong, 2017).

Dibao and CSSA are comparable because both are means-tested welfare programmes targeting low-income families. Both have been criticized as inflicting stigma on welfare recipients who live in Chinese cultural contexts. However, although under the influence of Confucian culture Mainland China and Hong Kong SAR are comparable in terms of the work-first activation, and policy discourses about welfare dependence, the formulating background and the policy design of the welfare programmes are different. By comparing Dibao and CSSA, we could distinguish the various stigmatizing effects of different components of policy design from the similar effects of a broad social context. We also discuss their differences in programme design and social and institutional context, which could result in various patterns of stigma and outcomes in health, social interaction, and negative affect.

Methodology

Research design and data

Two datasets, referred to as Mainland China dataset and Hong Kong SAR dataset, were used in this study. The Mainland China dataset was collected from the Construction of a Social Policy Support System for Urban and Rural Vulnerable Households project undertaken by the Policy Research Centre of the Ministry of Civil Affairs of China. The project collected cross-sectional data on vulnerable households nationwide in 2009, 2010, 2011 and 2013. After that, the research centre decided to collect longitudinal datasets from 2015 and commissioned the Institute of Social Science Survey of Peking University to conduct the survey. Thus far, the first two waves are available, with the baseline survey being conducted from June 2015 to September 2015 and the second wave survey from June 2016 to September 2016. A combined stratified sampling and random sampling approach was used. Firstly, 159 counties from 29 provinces were selected. In each county, several sub-districts were then selected, and some Dibao recipients in these sub-districts were invited to participate in the survey randomly. Besides Dibao recipients, other low-income people – mainly those who had applied once for Dibao but failed to receive it and the relatively disadvantaged recommended by the officials of the sub-district – were also included for comparison. For comparison with Hong Kong SAR, we limit our analysis to the urban sample. In the second wave, 4242 respondents were successfully interviewed, and their data is used in this study.

The Hong Kong SAR dataset was collected from a project entitled Trends and Implications of Poverty and Social Disadvantages in Hong Kong: A Multi-Disciplinary and Longitudinal Study. The first and second waves of the study were conducted from June 2014 to August 2015 and from February 2016 to March 2017, respectively. A two-stage stratified random sampling method was applied to select target interviewees. In the first stage, a random sample of living quarters was selected. All households living in the quarters were selected for the survey. In the second stage, a respondent aged 18 or above in each household was recruited. To ensure randomness of the sample, if there was more than one adult, the one whose birthday was coming up next was selected. The sampling

procedure of the first wave of the survey had already been denoted in detail elsewhere (Lau & Bradshaw, 2018; Wong & Chan, 2019). This sampling aims to represent all adults aged 18 years or above in Hong Kong SAR. The second wave of this survey interviewed the respondents in the first wave survey. The dataset from the second wave was used in this study. In terms of the Hong Kong SAR dataset, the total number of adults interviewed in the first wave was 2,282, with a response rate of 60.2%. Of these respondents, 1,480 cases were successfully re-interviewed in the second wave survey, with the dropout rate being 35.1%. Their data is used in this study.

Measurement

Demographic information, welfare characteristics, poverty stigma, subjective health status and subjective well-being were collected through a structured questionnaire. The major variables used in this study were measured as follows.

Demographic and welfare characteristics

The demographic information of the respondents was collected, including their sex, age, education level, employment status, and marital status. For both datasets, age was grouped into 18–40, 41–59 and 60 or above; education level was divided into three groups: 'primary or below', 'secondary' and 'tertiary or above'; employment status was divided into 'full-time working', 'part-time working' and 'not working/economically inactive/other'; marital status was divided into 'married/cohabiting' and 'widowed/divorced/separated/never married'.

In terms of welfare characteristics, respondents in the Mainland China dataset were asked if they were 'currently receiving Dibao'. The respondents answered either 'yes' or 'no'. For the Hong Kong SAR dataset, respondents were asked if they were receiving CSSA, and they could answer 'yes' or 'no'. Those who did not answer, refused to answer or did not know the answer were counted as missing data.

Key variables

Poverty stigma, perceived living standard, social interaction, self-rated health and negative affect are the key variables in this study. Negative affect is the main dependent variable in the analysis.

In the Mainland China dataset, poverty stigma was measured by the stigma perceived by the respondents, using two 5-point Likert scale questions. One asked 'How often do you feel inferior when interact with others?', with possible responses ranging from 1 'never' to 5 'always', and the other question asked was 'Whether you agree receiving Dibao hurt personal dignity and privacy', with responses ranging from 1 'strongly disagree' to 5 'strongly agree'.

For 'perceived living standard', respondents were asked 'When compared with the standard of living of your family one year ago, what is the change?', with the answer ranging from 'turned very bad' to 'turned very good', and the score was from 1 to 5. 'Social Interaction Index (SII)' was constructed by adding the scores of four questions, namely, 'Numbers of neighbours pay home visit to you'; 'No. of neighbours who can listen to your worries'; 'No. of neighbors that you visit to in last month' and 'Number of neighbors you have visited in last'. The scores for each question ranged from 1 to 4 and the SII ranged

from 4 to 16, with higher scores meaning greater interaction with neighbors in the community. In terms of 'self-rated health', respondents were asked, 'In general, would you say your health is?', and their answer ranged from 'very poor' to 'excellent', being scored from 1 to 5.

For 'negative affect', respondents were asked about the frequency of feelings appearing over 12 months before the interview, such as 'feeling that hopeless for myself and my family' and 'feeling depressed and anxiety' and the answers ranged from 'never' to 'always' and were scored from 1 to 5. The negative effect scores were from 2 to 10, with a higher score meaning higher negative effect of subjective well-being.

In the Hong Kong SAR dataset, poverty stigma was measured by the stigma faced by respondents in their current situation. Questions asked included whether they felt 'To be treated friendly by other people', 'To be understood by other people' and 'To be treated with respect by other people' over half of the time. The total score of 'stigma' ranged from 0 to 3.

In terms of 'Perceived living standard' respondents were asked 'How would you rate your standard of living?' The answer ranged from 'very low' to 'very high' and the score was from 1 to 5. 'Social Interaction Index (SII)' was constructed by asking 'How often do you communicate by phone/SMS/WhatsApp/Skype, etc. with friends or family?' and 'How often do you meet friends or family?' The SII ranged from 2 to 12. For 'self-rated health', respondents were asked 'In general, would you say your health is?' and their answers ranged from 'poor' to 'excellent', being scored from 1 to 5.

In terms of 'negative affect', following the OECD subjective well-being measurement scale, it was counted as the mean score of two questions, which were, 'How about worried?' and 'How about depressed?' The scores ranged from 0 to 10.

Analytical methods and hypotheses

After removing the missing data, 4,242 respondents from the Mainland China dataset and 1,476 respondents of the Hong Kong SAR dataset were included in the analysis. The descriptive result was first presented, including the demographic information, welfare characteristics and key variables of respondents. Secondly, one-way analysis of variance (ANOVA) was performed to examine the difference among the mean scores of stigma, perceived living standard, social interaction, self-rated health status and negative affect between the welfare and the non-welfare recipients in Mainland China and Hong Kong SAR. Thirdly, path analysis was performed with the assistance of AMOS, using the same framework for both datasets, to assess the effects of stigma and perceived living standard on negative affect, using social interaction and self-rated health status as mediating factors. The aim was not to directly compare the scores of respondents in HKSAR to those in China, but rather to focus on the comparison between welfare and non-welfare recipients in the two places. We hypothesized that poverty stigma shows significant association with negative affect. We further assumed that the impact of poverty stigma on negative affect is mediated by social interaction and self-rated health. Moreover, the impact of poverty stigma was hypothesized as being stronger for welfare recipients.

Result

Demographic background and welfare characteristics of respondents

Among the respondents of Mainland China, males accounted for 59.2%, whereas females accounted for 40.8%. In terms of age, respondents were aged from 18 to 40, 41 to 59, and 60 or above, comprising 10.3, 51.0, and 38.7% of the sample, respectively. More than half of the respondents had attained secondary education level (51.4%), whereas 43.9% had finished primary education. In terms of employment status, 24.9% of the respondents were engaged in full- or part-time work, whereas 75.1% were economically inactive or not working. In China, 59.8% of respondents were receiving Dibao, whereas 40.2% were not taking Dibao (Table 1).

In the Hong Kong SAR dataset, 40.0% were male and 60.0% female. As to age, 21.3, 38.6, and 40.0% of respondents were aged from 18 to 40, 41 to 59, and 60 or above, respectively. In terms of educational attainment, primary or below, secondary and tertiary level or above represent 35.4%, 50.9% and 13.8% of the sample, respectively. For marital status, 60.8% of respondents were married, whereas 39.2% were single, separated, divorced or widowed. In the Hong Kong SAR sample, 8.3% of respondents were taking CSSA, whereas the other 91.7% were not receiving CSSA (Table 1).

One-way ANOVA

One-way ANOVA test was performed to assess the difference of different indicators of well-being between Dibao and non-Dibao recipients in Mainland China and between CSSA and non-CSSA recipients in Hong Kong SAR.

In Mainland China, all the variables are significant in the ANOVA test. The mean scores of stigma are 2.41 (SD = 1.09) for Dibao recipients and 2.27 (SD = 1.03) for non-Dibao recipients. The difference of stigma is significant, $F(1,4201) = 17.65$, $p < 0.001$. The mean of negative affect of Dibao recipients is 5.71(SD = 2.91), which is significantly higher than that of non-Dibao recipients (4.98, SD = 2.83), $F(1,4201) = 65.50$, $p < 0.001$. In terms of perceived living standard, the mean score for Dibao recipients is 3.26 (SD = 1.05), whereas the mean score for non-Dibao recipients is 3.17 (SD = 1.06), $F(1,4201) = 8.35$, $p < 0.001$.

Table 1. Demographic information of respondents (Mainland China and Hong Kong SAR).

		Mainland China		HKSAR	
		%	N	%	N
Sex	Male	59.2	2512	40.0	591
	Female	40.8	1730	60.0	885
Age	18–40	10.3	437	21.3	314
	41–59	51.0	2163	38.6	569
	≥60	38.7	1641	40.0	591
Educational Attainment	Primary or below	43.9	1863	35.4	522
	Secondary	51.4	2179	50.9	751
	Tertiary or above	4.7	198	13.8	203
Employment Status	Full-time work	5.6	239	36.2	535
	Part-time work	19.3	817	9.1	135
	Not working/economic inactive/other	75.1	3186	54.6	806
Marital status	Married/cohabit	64.2	2725	60.8	898
	Single/separated/divorces/widowed	35.8	1517	39.2	578
Welfare Status	Taking Dibao/CSSA	59.8	2533	8.3	122
	Not taking Dibao/CSSA	40.2	1702	91.7	1352

The mean of social interaction of Dibao recipients is 8.83(SD = 3.81), which is significantly lower than that of non-Dibao recipients (9.61, SD = 3.92), F (1,4201) = 40.15, p < 0.001.

For the Hong Kong SAR sample, the mean value of stigma is 0.55 (SD = 0.78) for CSSA recipients and 0.25 (SD = 0.59) for non-CSSA recipients. The difference between the two groups is significant, F (1,1469) = 27.40, p < 0.001. For perceived living standard, the mean score for CSSA recipients is 2.30 (SD = 0.66), being significantly lower than that for non-CSSA recipients, which is 2.92 (SD = 0.59), F (1,1465) = 124.25, p < 0.001. In terms of negative affect, for CSSA recipients, the mean value is 3.24(SD = 2.57); for non-CSSA recipients, the mean score is 2.21(SD = 2.16), the difference being significant, F (1,1464) = 24.71, p < 0.001. For social interaction, the difference between the CSSA group (M = 8.83, SD = 3.13) and non-CSSA group (M = 9.51, SD = 2.97) is also significant, F (1,1470) = 5.86, p < 0.05. Detailed results are shown in Tables 2 and 3.

Path analysis

Mainland China model

In the Mainland China model, all the exogenous variables explain 34% of the variance of negative affect. All paths among different variables in the model are significant (p < 0.001). Poverty stigma shows the largest direct effect (β = 0.48, p < 0.001) on negative affect in the model. The values of direct impact of perceived living standard, social interaction and self-rated health on negative affect are −0.17, −0.07, and −0.14, respectively. On the other hand, poverty stigma also shows a significant effect on social interaction (β = 0.05, p < 0.01) and self-rated health (β = 0.05, p < 0.001). As a result, stigma (β = 0.025, p < 0.01) and perceived living standard (β = −0.022, p < 0.01) show a significant and indirect effect on negative affect through the mediating effect of social interaction and self-rated health (Figure 1, Tables 4 and 5).

The statistical results indicate that stigma is the most influential factor of negative affect, compared with the impact of perceived living standard, social interaction and self-rated health. A high level of stigma and low level of perceived living standard imply a high level of negative affect. Social interaction and self-rated health reveal significant mediating roles. A high level of stigma and low perceived living standard reduce the level of social

Table 2. Major variables of well-being of welfare and non-welfare respondents (Mainland China and Hong Kong SAR).

	Mainland China				HKSAR			
	Dibao		Non-Dibao		CSSA		Non-CSSA	
	Mean (SD)	N	Mean (SD)	N	Mean (SD)	N	Mean (SD)	N
Poverty stigma (China: Min:1; Max:5; HK: Min:0; Max:3)	2.41(1.09)	2513	2.27(1.03)	1690	0.55(0.78)	122	0.25(0.59)	1349
Perceived living standard (China: Min:1; Max:5; HK: Min:1; Max:5)	3.26(1.05)	2532	3.17(1.06)	1702	2.30(0.66)	122	2.92(0.59)	1345
Social Interaction Index (China: Min:1; Max:16; HK: Min:2; Max:12)	8.83(3.81)	2417	9.61(3.92)	1641	8.83(3.13)	122	9.51(2.97)	1350
Self-rated health (China: Min:1; Max:5; HK: Min:1; Max:5)	2.31(1.06)	2532	2.68(1.17)	1702	2.41(0.89)	122	2.81(0.93)	1349
Negative Affect (China: Min:2; Max:10; HK: Min:0; Max:10)	5.71(2.91)	2530	4.98(2.83)	1701	3.24(2.57)	122	2.21(2.16)	1344

Table 3. ANOVA result of major variables between welfare recipients and non-welfare recipients (Mainland China and Hong Kong SAR).

		Mainland China					HKSAR				
		SS	df	MS	F	P	SS	df	MS	F	P
Poverty stigma	Between Groups	20.04	1	20.04	17.65	.000	10.18	1	10.18	27.40	.000
	Within Groups	4770.71	4201	1.14			545.51	1469	.37		
	Total	4790.75	4202				555.69	1470			
Perceived living standard	Between Groups	9.26	1	9.26	8.35	.004	43.85	1	43.85	124.25	.000
	Within Groups	4697.98	4232	1.11			517.02	1465	.35		
	Total	4707.24	4233				560.87	1466			
Social Interaction Index	Between Groups	596.64	1	596.64	40.15	.000	52.12	1	52.12	5.86	.016
	Within Groups	60271.89	4056	14.86			13076.74	1470	8.90		
	Total	60868.53	4057				13128.86	1471			
Self-rated health	Between Groups	143.19	1	143.19	117.72	.000	17.98	1	17.98	21.05	.000
	Within Groups	5147.57	4232	1.22			1257.04	1472	.85		
	Total	5290.76	4233				1275.01	1473			
Negative Affect	Between Groups	542.17	1	542.17	65.50	.000	119.28	1	119.29	24.71	.000
	Within Groups	35004.18	4229	8.28			7065.88	1464	4.83		
	Total	35546.35	4230				7185.17	1465			

interaction and self-rated health and further increase the score of negative affect. However, in this model the meditating effect is smaller than the direct effect on negative affect.

Hong Kong SAR model

For the Hong Kong SAR model, the direct impact of perceived living standard ($\beta = -0.10$ $p < 0.001$), social interaction ($\beta = 0.08$, $p < 0.01$) and self-rated health ($\beta = -0.26$, $p < 0.001$) on negative affect is significant. The direct impact of poverty stigma on negative affect is not significant. Poverty stigma ($\beta = -0.17$, $p < 0.001$) and perceived living standard ($\beta = 0.15$, $p < 0.001$) significantly impact social interaction. Poverty stigma revealed a significant effect on social interaction ($\beta = -0.17$, $p < 0.001$), and social interaction also demonstrated a significant impact on self-rated health ($\beta = 0.12$, $p < 0.001$). The impact of poverty stigma on negative affect is mediated through social interaction and self-rated health, and the indirect effect is significant ($\beta = -0.010$, $p < 0.01$). Perceived living standard also significantly and indirectly impacts negative affect via social interaction and self-rated health ($\beta = -0.039$, $p < 0.01$). Overall, the variables explain 9% of the variance of negative affect (Figure 1, Tables 4 and 5).

The analysis reveals that self-rated health has the largest impact on negative affect among the exogenous variables, whereas perceived living standard also reveals a relatively large total effect on negative affect. A low level of self-rated health and low level of perceived living standard imply high scores of negative affect. The mediating role of social interaction and self-rated health are significant in the model. Except the path from poverty stigma to negative affect through self-rated health, all the paths involving mediating factors are significant.

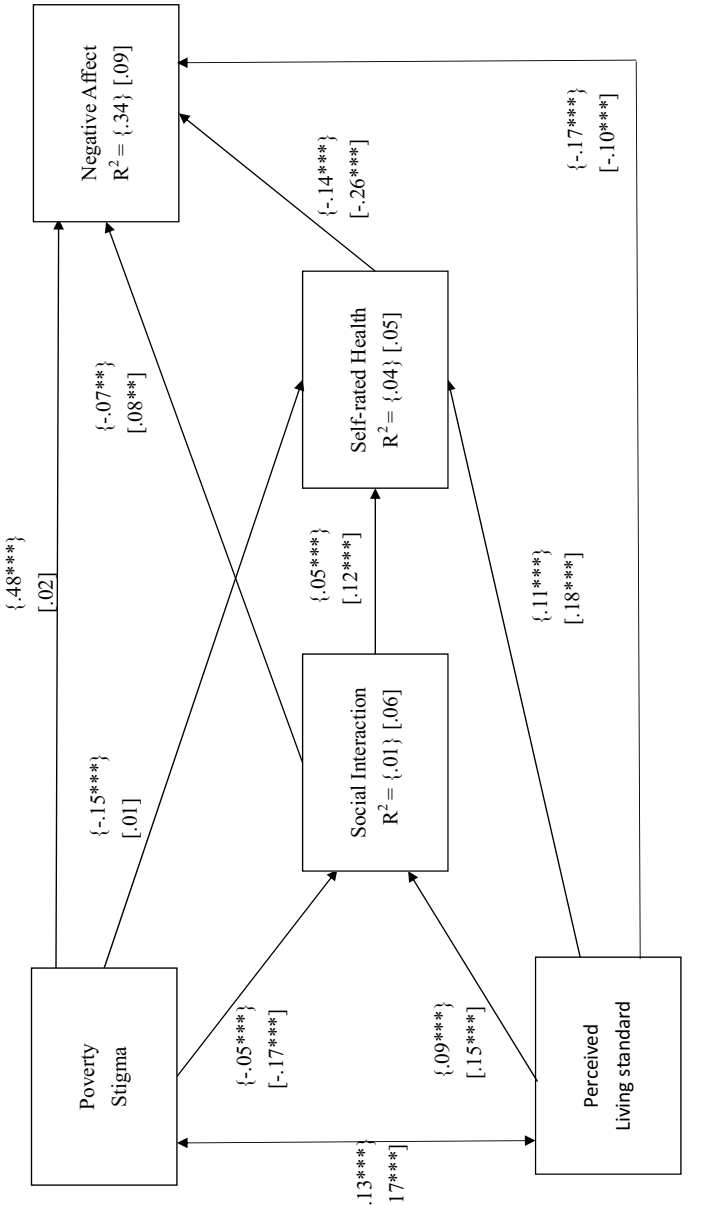

Figure 1. Path analysis of key variables. Mainland China result in { }; Hong Kong SAR result in []; **p <. 01, ***p <.001

Discussion and conclusion

The descriptive and ANOVA test results show that an obvious difference exists between welfare and non-welfare recipients in terms of the key variables, namely, poverty stigma, perceived living standard, social interaction, self-rated health and negative affect. Overall, welfare recipients in Mainland China and Hong Kong SAR had greater poverty stigma and

Table 4. Path coefficients, standard errors, and critical ratios of the overall model (Mainland China and Hong Kong SAR).

			Mainland China				HKSAR			
			b	β	S.E.	C.R.	b	β	S.E.	C.R.
Social Interaction	←	Poverty stigma	−.162	−.046**	.055	−2.960	−.824	−.169***	.125	−6.613
Social Interaction	←	Perceived living standard	.341	.095***	.055	6.162	.738	.153***	.124	5.950
Self-rate health	←	Social Interaction	.015	.052***	.004	3.457	.036	.115***	.008	4.372
Self-rate health	←	Poverty stigma	−.159	−.151***	.016	−9.968	.011	.007	.040	.284
Self-rate health	←	Perceived living standard	.112	.106***	.016	6.965	.268	.178***	.039	6.804
Negative affect	←	Poverty stigma	1.304	.479***	.035	37.549	.068	.019	.092	.733
Negative affect	←	Perceived living standard	−.454	−.165***	.035	−12.976	−.373	−.104***	.093	−4.008
Negative affect	←	Social Interaction	−.055	−.071***	.010	−5.675	.057	.077	.019	2.990
Negative affect	←	Self-rate health	−.363	−.140***	.033	−10.971	−.617	−.260***	.061	−10.172

b Unstandardized Coefficients, β Standardized Coefficients, S.E. Standard Error, C.R. Critical Ratio, **p < 0.01, ***p < 0.001

higher negative affect than non-welfare recipients. This finding is coherent with the literature supporting the view that means-tested benefits impose stigmatization and generally reduce subjective well-being (Roelen, 2019; Stuber & Schlesinger, 2006; Walker, 2014).

Despite the similar outcomes of welfare stigma between Mainland China and Hong Kong SAR, the findings reveal different patterns of welfare stigma and varying pathways. The welfare stigma for CSSA recipients in Hong Kong SAR is relatively stronger than for the Dibao claimants in Mainland China. Two possible explanations exist. Firstly, the mode of welfare delivery matters in stigmatization. Whilst CSSA was established as a city-wide welfare policy (Chan, 2011), Dibao was introduced across provinces at different times and implemented with a relatively decentralized and fragmented approach (Hammond, 2018; Qian & Mok, 2016; Wen & Ngok, 2019), both in urban and rural areas. It is suggested that the government-led approach to the stigmatization of the poor in Hong Kong SAR (Lo, 2020), together with the welfare discourses on media, have successfully gained strong public support in Hong Kong SAR. The variegated origin of poverty stigma in China on the other hand arguably prevented a monolithic and homogenous stigmatization of the welfare recipients among the public.

Secondly, benefit designs and the background of beneficiaries may also shape the extent and patterns of poverty stigma. There is evidence that Dibao's replacement rate has been declining and its benefit level is too low to generate the risk of welfare dependency (Lei & Chan, 2019; Wen & Ngok, 2019). Although these trends do not necessarily lead to weaker poverty stigma from Dibao, they are also not associated with the threat of the closing gap between welfare and wages as the mainstream welfare discourse about CSSA suggests (Lo, 2020). Moreover, as the original aim of the urban Dibao system was to assist the livelihood of laid-off employees impacted by the economic reform in the late 1990s (Gao, 2017), these recipients may be less stigmatized as undeserving poor, their poverty having been caused by structural rather than individual factors (Yan, 2014). In addition, the perception about Dibao recipients is filtered by the *hukou* system that may create duality in deservingness between the rural migrant and urban-local poor (Kongshøj, 2017). While the public's attitude towards the poor in Mainland

Table 5. Standardized total and indirect effect of overall model (Mainland China and Hong Kong SAR).

	Mainland China				HKSAR			
	Perceived living standard	Poverty stigma	Social Interaction	Self-rate health	Perceived living standard	Poverty stigma	Social Interaction	Self-rate health
Standardized total effect								
Social Interaction	.095	−.046	.000	.000	.153	−.169	.000	.000
Self-rate health	.111	−.154	.052	.000	.195	−.012	.115	.000
Negative affect	−.187	.504	−.079	−.140	−.143	.009	.047	−.260
Standardized direct effect								
Social Interaction	.095	−.046	.000	.000	.153	−.169	.000	.000
Self-rate health	.106	−.151	.052	.000	.178	.007	.115	.000
Negative affect	−.165	.479	−.071	−.140	−.104	.019	.077	−.260
Standardized indirect effect								
Social Interaction	.000	.000	.000	.000	.000	.000	.000	.000
Self-rate health	.005	−.002	.000	.000	.017	−.019	.000	.000
Negative affect	−.022	.025	−.007	.000	−.039	−.010	−.030	.000

China is more negative than in other countries (Kongshøj, 2017), the poverty stigma of urban Dibao recipients can still be weaker than that of CSSA recipients. Likewise, the regional variations also appear in the workfarist reforms within Mainland China (Chan & Ngok, 2016; Wen & Ngok, 2019). CSSA has undergone benefit cuts and workfarist reforms that have spurred public debate, in which the government successfully promoted the discourse of 'welfare dependency' since 1998 (Au-Yeung & Wong, 2017; Chung, 2010; Lo, 2020).

By comparing the cases of Dibao and CSSA, their institutional trajectories, i.e. the mode of delivery, benefit designs and policy discourses, can result in various patterns of welfare stigma from the two social assistance models. This interpretation echoes the aforementioned notion that poverty stigma involves the dynamics of personal, social and institutional aspects (Walker, 2014), demonstrating the relationality and multiplicity in the making of poverty stigma.

While a high level of poverty stigma implies a low level of social interaction, low level of social interaction implies low negative affect in Hong Kong SAR, which is different from the Mainland China model. CSSA recipients tend to retreat from social interaction and have lower negative feeling during or after the interaction. On the other hand, Dibao recipients had higher perceived living standard compared with their standard in the past, which was different from the past studies (Gao & Zhai, 2017; Lin & Zhu, 2011; Qi & Wu, 2018). The possible reason why the score of this variable is larger for Dibao recipients may be attributed to the sample selection criterion of the Mainland China dataset. The respondents who were not receiving Dibao were also from low-income families, whilst they did not meet the welfare eligibility. As these non-Dibao recipients were excluded from the welfare system, they could not get the cash transfers and other benefits tied to Dibao, thus sometimes rendering their actual living standards lower than that of Dibao recipients.

The path analysis models also demonstrate different relationships among the variables for respondents from Mainland China and Hong Kong SAR. For impact on negative affect, poverty stigma shows a significant and the largest effect in the Mainland China model. However, the direct impact of poverty stigma on negative affect in Hong Kong SAR is not significant. Instead, the impact of poverty stigma is indirect thorough social interaction and self-rated health. In both models, poverty stigma significantly and negatively impacts social interaction. This result echoes the previous findings which suggest that social participation of welfare recipients is weakened by stigma (Gray et al., 2019; Stewart et al., 2009).

Moreover, self-rated health is also negatively associated with poverty stigma in both models. This finding also echoes the previous studies (Fuller-Rowell et al., 2012; Simons et al., 2017). However, the path of the impact was different for the mainland China and Hong Kong SAR samples. In Hong Kong SAR, the impact of poverty stigma on self-rated health is indirect through social interaction. In Mainland China, welfare stigma directly impacts self-rated health and negative affect.

Owing to the varying patterns of welfare stigma and the institutional contexts, claimants perceive and respond to the welfare stigma differently. CSSA recipients are likely to avoid the hurt of stronger welfare stigma from others by reducing social interaction with relatives or friends. Hence, they tend to hide their welfare status and withdraw from social relationships, which is similar to the case of liberal welfare regimes with more established

welfare stigma. Dibao claimants may not react in the same way because the welfare stigma is not yet well entrenched. In addition, it is difficult to conceal recipients' welfare status in Mainland China, as the information may be disclosed in the Neighbourhood Committees. This finding may be directly correlated to the negative effect for some recipients who are more psychologically sensitive to the perceived inferiority of being Dibao recipients, regardless of the frequency of social interaction and the extent of social relations. In a nutshell, varying pathways of welfare stigma demonstrate the contrasting responses of welfare claimants.

Informed by the research findings, policy implications, and suggestions are made for Dibao and CSSA. For mainland China, considering the direct strongest effect of poverty stigma on negative affect, it is essential to simplify the means-testing procedures of Dibao application. The complicated procedures may entail a high level of stigma (Roelen, 2019), which directly harms the effect of poor people, making them more depressed. Utilizing big data technology to develop a household economic status monitoring system can help in simplifying the application and reducing the stigma. In addition, it is crucial to improve the social interaction of Dibao recipients by providing them with more targeted social service. This may also improve the health and subjective well-being of Dibao recipients. In the case of Hong Kong SAR, the stigma of CSSA recipients is more than double that of non-CSSA recipients. Simplifying the CSSA application process, providing staff training in the welfare sector and strengthening public education may reduce the stigma (Baumberg, 2016). Moreover, since self-rated health is found to exert a significant influence on the subjective well-being of respondents, more medical support services are needed for CSSA recipients to improve their health situation. Nevertheless, since social interaction is found to induce negative affect, quality rather than quantity of social interaction may be the focus of intervention of social services for CSSA recipients. More self-help and mutual help group activities among the recipients, with quality interaction with mutual understanding, respect, and support, may be a good intervention strategy.

Despite the theoretical and practical implications discussed above, there are limitations to this study. Firstly, to obtain large-scale random samples for analysis, secondary data were applied. We needed to use the limited available questions to construct related variables for comparative analysis. Secondly, although the surveys are longitudinal studies, we only used the second wave cross-sectional data, as it might have been overwhelming to compare the situation over both time and regional dimensions. Separate research on Mainland China and Hong Kong SAR using the longitudinal data can be conducted to examine the causal relations of the variables separately in the two regions, in the future. Thirdly, the questionnaires used in the surveys in the two places were different, although we have chosen similar questions for both datasets to represent the key variables used for measurement. Fourthly, we are unable to account for some other variables such as family background in the path analysis, due to the complexity of the comparison model. Nevertheless, we have incorporated all important variables from the theoretical framework into the model.

Author contributions

Siu Ming Chan was responsible for literature search, data analysis, data interpretation, and writing of this paper. Tat Chor Au-Yeung and Xuan Huo were responsible for the literature search and data

interpretation. Hung Wong and Qin Gao were responsible for the overall research design, data collection of the data set and editing of the manuscript. All authors read and approved the final manuscript.

Disclosure statement

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Ethical approval

The study of Mainland China used de-identified secondary data and the authors had no interaction with the participants; therefore, human subjects ethical review was not required.

The Hong Kong survey was approved by the Survey and Behavioral Research Ethics Committee of The Chinese University of Hong Kong in June 2012.

References

Au-Yeung, T. C., & Wong, W. P. (2017). *The unfinished social security in Hong Kong (in Chinese)*. Chung Hwa Book Company.

Baumberg, B. (2016). The stigma of claiming benefits: A quantitative study. *Journal of Social Policy*, *45*(2), 181–199. https://doi.org/10.1017/S0047279415000525

Baumberg, B., Bell, K., Gaffney, D., Deacon, R., Hood, C., & Sage, D. (2012). *Benefits stigma in Britain*. London: Elizabeth Finn Care/Turn2us.

Bos, A. E. R., Pryor, J. B., Reeder, G. D., & Stutterheim, S. E. (2013). Stigma: Advances in theory and research. *Basic and Applied Social Psychology*, *35*(1), 1–9. https://doi.org/10.1080/01973533.2012.746147

Chan, C. K. (2011). *Social security policy in Hong Kong: From British Colony to China's Special Administrative Region*. Lexington Books.

Chan, C. K., & Ngok, K. (2016). Workfare in the undemocratic states: The case of China. *International Social Work*, *59*(4), 479–493. https://doi.org/10.1177/0020872814559560

Chung, K. W. (2010). Negative public perception on welfare recipients and its implications for social security in Hong Kong. *Journal of Asian Public Policy*, *3*(2), 200–206. https://doi.org/10.1080/17516234.2010.504328

Engel, S. (2017). Shame, poverty and development studies. *Journal of International Development*, *29*(8), 1215–1226. https://doi.org/10.1002/jid.3311

Fuller-Rowell, T. E., Curtis, D. S., Chae, D. H., & Ryff, C. D. (2018). Longitudinal health consequences of socioeconomic disadvantage: Examining perceived discrimination as a mediator. *Health Psychology*, *37*(5), 491–500. https://doi.org/10.1037/hea0000616

Fuller-Rowell, T. E., Evans, G. W., & Ong, A. D. (2012). Poverty and health: The mediating role of perceived discrimination. *Psychological Science*, *23*(7), 734–739. https://doi.org/10.1177/0956797612439720

Gallie, D., Paugam, S., & Jacobs, S. (2003). Unemployment, poverty and social isolation: Is there a vicious circle of social exclusion? *European Societies*, *5*(1), 1–32. https://doi.org/10.1080/1461669032000057668

Gao, Q. (2017). *Welfare, work, and poverty: Social assistance in China*. Oxford University Press.

Gao, Q., & Zhai, F. (2017). Public assistance, economic prospect, and happiness in Urban China. *Social Indicators Research*, *132*(1), 451–473. https://doi.org/10.1007/s11205-015-1174-4

Goffman, E. (1963). *Stigma: Notes on the management of a spoiled identity*. J. Aronson.

Gray, J., Dagg, J., & Rooney, C. (2019). Coping with poverty in everyday life. In B. Greve (Ed.), *Routledge International Handbook of Poverty* (pp. 285–297). Routledge. https://doi.org/10.4324/9780429058103-22

Gubrium, E. K. (2014). Resetting the stage. In E. K. Gubrium, S. Pellissery, & L. Lødemel (Eds.), *The shame of it: Global perspectives on anti-poverty policies* (pp. 1–16). Policy Press.

Gubrium, E. K., & Lødemel, L. (2014). Towards global principles for dignity-based anti-poverty policies. In E. K. Gubrium, S. Pellissery, & L. Lødemel (Eds.), *The shame of it: Global perspectives on anti-poverty policies* (pp. 199–220). Policy Press.

Hammond, D. R. (2018). *Politics and policy in China's social assistance reform: Providing for the poor*. Edinburgh University Press.

Huo, X., & Lin, M. (2019). Understanding welfare stigma in China: An empirical study of the implementation of Urban Dibao. *China: An International Journal*, *17*(1), 29–47. https://www.muse.jhu.edu/article/719407

Inglis, G., McHardy, F., Sosu, E., McAteer, J., & Biggs, H. (2019). Health inequality implications from a qualitative study of experiences of poverty stigma in Scotland. *Social Science & Medicine*, *232* (March), 43–49. https://doi.org/10.1016/j.socscimed.2019.04.033

Jo, Y. N. (2013). Psycho-social dimensions of poverty: When poverty becomes shameful. *Critical Social Policy*, *33*(3), 514–531. https://doi.org/10.1177/0261018313479008

Juth, V., Smyth, J. M., & Santuzzi, A. M. (2008). How do you feel? Self-esteem predicts affect, stress, social interaction, and symptom severity during daily life in patients with chronic illness. *Journal of Health Psychology*, *13*(7), 884–894. https://doi.org/10.1177/1359105308095062

Kongshøj, K. (2017). The undeserving poor in China: The institutional logic of the minimum living standard scheme and the hukou system. *Journal of Asian Public Policy*, *10*(2), 128–142. https://doi.org/10.1080/17516234.2016.1139931

Kühner, S., Lau, M., Jiang, J., & Wen, Z. (2019). Personal income, local communities and happiness in a rich global city: Evidence from Hong Kong. *Journal of Asian Public Policy*. https://doi.org/10.1080/17516234.2019.1652419

Lau, M., & Bradshaw, J. (2018). Material well-being, social relationships and children's overall life satisfaction in Hong Kong. *Child Indicators Research*, *11*(1), 185–205. https://doi.org/10.1007/s12187-016-9426-7

Lau, M., Pantazis, C., Gordon, D., Lai, L., & Sutton, E. (2015). Poverty in Hong Kong. *China Review*, *15*(2), 23–58.

LeBel, T. P. (2008). Perceptions of and responses to stigma. *Sociology Compass*, *2*(2), 409–432. https://doi.org/10.1111/j.1751-9020.2007.00081.x

Lei, J., & Chan, C. K. (2019). Does China's public assistance scheme create welfare dependency? An assessment of the welfare of the Urban minimum living standard guarantee. *International Social Work*, *62*(2), 487–501. https://doi.org/10.1177/0020872817731142

Lin, M., & Zhu, J. H. (2011). A comparative analysis on vulnerability of families receiving the minimum livelihood standard guarantee in Urban China (In Chinese). *Social Security Studies*, *6*, 60–71. http://en.cnki.com.cn/Article_en/CJFDTotal-SHBY201106012.htm

Link, B. G., & Phelan, J. C. (2001). Conceptualizing stigma. *Annual Review of Sociology*, *27*(1), 363–385. https://doi.org/10.1146/annurev.soc.27.1.363

Lister, R. (2004). *Poverty*. Polity.

Lo, W. H. (2020). Governmentality and neoliberalism: A study of media discourse on poverty in Hong Kong. *Journal of Poverty and Social Justice*, *28*(1), 55–78. Policy Press. https://doi.org/10.1332/175982719X15687079983161

Mickelson, K. D., & Williams, S. L. (2008). Perceived stigma of povertyand depression: Examination of interpersonal and intrapersonal mediators. *Journal of Social and Clinical Psychology*, *27*(9), 903–930. https://doi.org/10.1521/jscp.2008.27.9.903

Mok, K. H., & He, C. (1999). Beyond organized dependence: A study of workers' actual and perceived living standards in Guangzhou. *Work, Employment and Society*, *13*(1), 67–82. https://doi.org/10.1177/09500179922117791

Pescosolido, B. A., & Martin, J. K. (2015). The stigma complex. *Annual Review of Sociology*, *41*(1), 87–116. https://doi.org/10.1146/annurev-soc-071312-145702

Peterie, M., Ramia, G., Marston, G., & Patulny, R. (2019). Social isolation as stigma-management: Explaining long-term unemployed people's "Failure" to network. *Sociology*, *53*(6), 1043–1060. https://doi.org/10.1177/0038038519856813

Qi, D., & Wu, Y. (2018). Does welfare stigma exist in China? Policy evaluation of the minimum living security system on recipients' psychological health and wellbeing. *Social Science & Medicine*, *205*, 26–36. https://doi.org/10.1016/j.socscimed.2018.03.041

Qian, J., & Mok, K. H. (2016). Dual decentralization and fragmented authoritarianism in governance: Crowding out among social programmes in China. *Public Administration and Development*, *36*(3), 185–197. https://doi.org/10.1002/pad.1760

Roelen, K. (2019). Receiving social assistance in low- and middle-income countries: Negating shame or producing stigma? *Journal of Social Policy*, 1–19. https://doi.org/10.1017/S0047279419000709

Saunders, P., Wong, H., & Wong, W. P. (2014). Deprivation and poverty in Hong Kong. *Social Policy and Administration*, *48*(5), 556–575. https://doi.org/10.1111/spol.12042

Scambler, G. (2018). Heaping blame on shame: 'weaponising stigma' for neoliberal times. *Sociological Review*, *66*(4), 766–782. https://doi.org/10.1177/0038026118778177

Scheff, T. (2014). The ubiquity of hidden shame in modernity. *Cultural Sociology*, *8*(2), 129–141. https://doi.org/10.1177/1749975513507244

Simons, A. M. W., Koster, A., Groffen, D. A. I., & Bosma, H. (2017). Perceived classism and its relation with socioeconomic status, health, health behaviours and perceived inferiority: The Dutch Longitudinal Internet Studies for the Social Sciences (LISS) panel. *International Journal of Public Health*, *62*(4), 433–440. https://doi.org/10.1007/s00038-016-0880-2

Social Welfare Department. (2018). *Statistics on comprehensive social security assistance scheme, 2007 to 2017*. Hong Kong: Social Welfare Department.

Spicker, P. (1984). *Stigma and social welfare*. St. Martin's Press.

Stewart, M. J., Makwarimba, E., Reutter, L. I., Veenstra, G., Raphael, D., & Love, R. (2009). Poverty, sense of belonging and experiences of social isolation. *Journal of Poverty*, *13*(2), 173–195. https://doi.org/10.1080/10875540902841762

Stuber, J., & Schlesinger, M. (2006). Sources of stigma for means-tested government programs. *Social Science & Medicine*, *63*(4), 933–945. https://doi.org/10.1016/j.socscimed.2006.01.012

Sutton, E., Pemberton, S., Fahmy, E., & Tamiya, Y. (2014). Stigma, shame and the experience of poverty in Japan and the United Kingdom. *Social Policy and Society*, *13*(1), 143–154. https://doi.org/10.1017/S1474746413000419

Vaez, M., Kristenson, M., & Laflamme, L. (2004). Perceived quality of life and self-rated health among first-year university students. *Social Indicators Research*, *68*(2), 221–234. https://doi.org/10.1023/B:SOCI.0000025594.76886.56

VanDyke, M. E., Vaccarino, V., Quyyumi, A. A., & Lewis, T. T. (2016). Socioeconomic status discrimination is associated with poor sleep in African-Americans, but not Whites. *Social Science & Medicine*, *153*, 141–147. https://doi.org/10.1016/j.socscimed.2016.02.012

Walker, R. (2014). Poverty, shame, and stigma. In R. Walker (Ed.), *The shame of poverty* (pp. 49–66). Oxford University Press. https://doi.org/10.1093/acprof

Wen, Z. Y., & Ngok, K. L. (2019). Governing the poor in Guangzhou: Marginalization and the neo-liberal paternalist construction of deservedness. *China Information*, *33*(2), 210–233. https://doi.org/10.1177/0920203X18786876

Wong, H., & Chan, S. M. (2019). The impacts of housing factors on deprivation in a world city: The case of Hong Kong. *Social Policy and Administration*, *53*(6), 1–17. https://doi.org/10.1111/spol.12535

Yan, M. (2014). New urban poverty and new welfare provision: China's dibao system. In E. K. Gubrium, S. Pellissery, & L. Lødemel (Eds.), *The shame of it: Global perspectives on anti-poverty policies* (pp. 17–36). Policy Press.

Yang, L., & Walker, R. (2020). Poverty, shame and ethics in contemporary China. *Journal of Social Policy*, *49*(3), 564–581. https://doi.org/10.1017/S0047279419000667