







of multidimensional poverty reduction. It was found that in the context of water improvement, low-income farm households experienced greater growth, with the growth rate of tap water usage for the lowest-income group exceeding the average growth rate of tap water usage overall, indicating that water improvement contributes to poverty reduction [20]. In conclusion, rural infrastructure construction in China, particularly water improvement, can promote income growth among farm households and reduce income inequality. Based on this, the first research hypothesis is proposed:

H1: Rural livelihood infrastructure can reduce income inequality among farm households.

From the perspective of household health capital, promoting rural livelihood infrastructure construction can improve the per capita environment, enhance overall family health levels, and thereby reduce income inequality among farm households. This is because, on one hand, rural livelihood infrastructure can effectively improve the health levels of rural residents. Studies have found a close correlation between regional public health infrastructure and the occurrence of chronic diseases [21], and different levels of regional public health infrastructure significantly impact health inequality [22]. Additionally, the construction of safe drinking water, sanitation facilities, and other related infrastructure can effectively improve the health conditions of farm households, with more significant effects for impoverished families [23]. On the other hand, enhancing health levels can significantly decrease income disparities among agricultural households. As health is a core human capital variable that influences household income [24], health issues primarily manifest in the impairment of income and earning capacity. This includes reduced labor time and increased medical expenses due to illness, which lower household income levels and push them into poverty. Impoverished individuals or regions often lack sufficient coverage of health insurance, resulting in greater income and expenditure fluctuations when faced with health problems, exacerbating the vulnerability of poverty [25], and further contributing to income inequality. Based on this, the second hypothesis is proposed:

H2: Rural livelihood infrastructure can reduce income inequality among farm households by improving health capital.

From the perspective of residents' psychological capital, rural livelihood infrastructure construction can enhance residents' confidence in life, thereby improving their psychological capital and promoting the reduction of income inequality among farm households. Positive psychology suggests that psychological capital is reflected in psychological states and abilities such as confidence accumulation, optimistic attitudes, and resilience [26]. On the one hand, rural livelihood infrastructure can effectively enhance residents' psychological capital. The improvement of rural livelihood infrastructure leads to increased investment in inclusive public services, which significantly affects

residents' life satisfaction, self-confidence, and other aspects of psychological capital. This has been verified by numerous studies [27]. Additionally, the improvement of infrastructure provides a basic guarantee for villagers' normal production and living, ensuring their production and livelihoods, creating a more livable environment, and facilitating faster and more convenient social development. These factors provide strong support for residents in building psychological capital. On the other hand, the enhancement of psychological capital can effectively reduce income inequality among farm households. Existing research has found that self-efficacy is a key predictor of improving poverty conditions. Higher levels of self-confidence enable individuals to set higher goals, exert more effort, and persevere for longer periods [28]. If the self-confidence of impoverished farmers is boosted, it can activate their internal motivation and empower them to rely on their hard work and intelligence to lift themselves out of poverty, thereby advancing poverty alleviation efforts. Based on this, the third hypothesis is proposed:

H3: Rural livelihood infrastructure can reduce income inequality among farm households by increasing psychological capital.

## Experimental Procedures

### Model Specification

The "progressive" DID model effectively evaluates policy impacts, capturing dynamic changes before and after policy implementation while allowing for a certain lag in policy effects. Additionally, it controls for potential confounding variables, enhancing the accuracy of estimates. Of course, the "progressive" DID model relies heavily on the accurate identification of policy timing and the assumption of a balanced trend for its validity. Hence, this study utilizes a "progressive" DID model to devise a quasi-natural experiment and assess the effect of drinking water transformation on income disparities among agricultural households. The specification of the model is as follows:

$$Y_{i,t} = \alpha_0 + \alpha_1 \text{TreatPost}_{i,t} + \alpha_c Z_{i,t} + \mu_i + \delta_t + \varepsilon_{i,t} \quad (1)$$

In Equation (1),  $i$  represents cities,  $t$  represents time years,  $Y_{i,t}$  represents the dependent variable, which is the income inequality of farm household  $i$  in year  $t$ .  $\text{TreatPost}_{i,t}$  represents the drinking water transformation, serving as a proxy variable for livelihood infrastructure, with its  $\alpha_1$  coefficient reflecting the effect of the drinking water transformation.  $Z_{i,t}$  represents a series of control variables, including farm household and household head characteristics, and so on.  $\mu_i$  represents village-level fixed effects.  $\delta_t$  represents time fixed effects.  $\varepsilon_{i,t}$  represents the error term, capturing unobserved factors in the model.















detailed estimation results outlined in Table 4. Initially, as indicated in column (1) of the estimation results, it is apparent that drinking water transformation exhibits a significantly negative influence on income inequality among rural households. This indicates that drinking water transformation effectively reduces income inequality among rural households. Simultaneously, based on the estimation results in column (2), the effect of drinking water transformation on household health capital is significantly positive, implying that drinking water transformation promotes the improvement of average health levels within households. By simultaneously including drinking water transformation and household health capital in the regression model, as shown in column (3), it can be observed that both drinking water transformation and household health capital have significant negative effects on income inequality in rural households. Furthermore, the estimated coefficient of drinking water transformation decreases noticeably compared to the baseline regression coefficient. This suggests that drinking water transformation can reduce income inequality among rural households by improving household health capital. Moreover, the t-value of the policy variable estimation coefficient decreases, indicating the presence of partial mediation effects of household health capital, thus supporting Hypothesis 2. Next, according to the estimation results in column (4), it is found that drinking water transformation has a significant positive effect on household psychological capital, indicating that it enhances the confidence of household members. When both drinking water transformation and household

psychological capital are included in the regression model, as shown in column (5), it is observed that both variables have significant negative effects on income inequality in rural households. Additionally, the estimated coefficient of the policy variable shows a noticeable decrease compared to the baseline regression coefficient. This suggests that drinking water transformation can reduce income inequality among rural households by enhancing household psychological capital. Moreover, the t-value of the drinking water transformation estimation coefficient decreases, indicating the presence of partial mediation effects of household psychological capital, thus supporting Hypothesis 3.

### Further Analysis

#### *Threshold Effects*

The baseline regression results indicate that drinking water transformation promotes a reduction in income inequality among households. However, as there are differences in per capita net income among different households, the impact of drinking water transformation on income inequality may vary. In order to uncover the potential nonlinear effects of drinking water transformation on income inequality, this section conducts threshold regression analysis using per capita net income as the threshold variable. First, we set one, two, and three thresholds and use a “bootstrapping” method to repeatedly sample 500 times. The obtained threshold numbers, P-values, and

Table 4. Mechanism Test Results.

Variables	(1)	(2)	(3)	(4)	(5)
	Income Inequality	Health Capital	Income Inequality	Psychological Capital	Income Inequality
Drinking Water Transition	-0.013**	0.060**	-0.011*	0.040*	-0.013*
	(-2.04)	(2.53)	(-1.73)	(1.81)	(-1.93)
Health Capital			-0.037***		
			(-12.10)		
Psychological Capital					-0.020***
					(-6.40)
Constant	1.106***	2.142***	1.184***	2.955***	1.163***
	(25.46)	(14.57)	(27.95)	(22.46)	(26.25)
Control Variables	YES	YES	YES	YES	YES
Control Time	YES	YES	YES	YES	YES
Control Village	YES	YES	YES	YES	YES
Control District	YES	YES	YES	YES	YES
N	12340	12340	12340	12340	12340
R-squared	0.2946	0.3852	0.3069	0.2213	0.2976





being and reducing economic losses caused by health issues. Additionally, the transition of drinking water interacts synergistically with household characteristics such as land ownership and the employment type of the head of the household, enhancing its effect on reducing income inequality. These findings align with existing literature on infrastructure improvement and social welfare enhancement. However, this paper provides a more detailed analysis by introducing the perspective of the drinking water transition.

Despite providing new insights into the field of livelihood infrastructure and income inequality among rural households both theoretically and empirically, this study has certain limitations. For instance, the analysis primarily focuses on the Chinese context and may not be applicable in other countries or regions. Future studies could delve deeper into examining the correlation between advancements in livelihood infrastructure and income disparities across various national and regional backgrounds. Additionally, identifying efficient methods to advance livelihood infrastructure worldwide has the potential to nurture balanced socio-economic progress in rural settings. By presenting the aforementioned discussion, this paper establishes an empirical foundation for comprehending the influence of livelihood infrastructure on income inequality among rural households while also presenting invaluable perspectives for relevant policy formulation and scholarly investigations.

### Conclusions

The construction of livelihood infrastructure has profound practical significance for consolidating and expanding the achievements of poverty alleviation and realizing the modernization of rural agriculture. Among these infrastructure projects, the provision of drinking water to rural households is a people-centered and growth-stabilizing project that benefits the well-being of the population. Therefore, studying the effects of rural household water transformation on improving income inequality and consolidating poverty reduction outcomes is of great practical importance. In the backdrop of rural agricultural modernization, our study relies on data from the CFPS spanning from 2010 to 2018. We adopt the deprivation index as a metric for income disparity and employ a “progressive” DID model to empirically investigate the effect of water transformation among rural households on income inequality. Our results indicate that water transformation among rural households notably diminishes income inequality, primarily by bolstering household health and psychological capital. This further clarifies the transmission mechanism through which livelihood infrastructure affects income inequality among rural households. Furthermore, additional analysis reveals a non-linear “inverted U” relationship between the impact of water transformation on income inequality

and per capita income. As per capita income increases, the influence of water transformation on income inequality first increases and then decreases. The effects of water transformation on income inequality are more pronounced for land-owning households and households with a predominant agricultural focus. This research provides new empirical evidence for advancing the improvement of income inequality through the development of livelihood infrastructure. It provides valuable insights for shaping pertinent policies aimed at reinforcing and extending the accomplishments of poverty alleviation efforts and the modernization process of rural agriculture.

### Policy Recommendations

Drawing from the aforementioned research findings, we offer the following policy suggestions:

Firstly, the overall promotion of rural livelihood infrastructure construction should be prioritized. The government should formulate and implement specific plans to enhance rural drinking water safety, including upgrading existing water supply systems and constructing new water supply projects. These plans should consider water resource conditions, farmers’ actual needs, and potential environmental impacts across different regions. Additionally, environmentally friendly and sustainable technologies should be adopted during the construction and operation of water supply projects to minimize damage to local ecosystems.

Secondly, differentiated farmer support policies should be implemented. Dynamic monitoring of drinking water conditions should be conducted in areas with weak water supply, poverty-stricken regions, and among vulnerable populations. Problems and risk factors in rural water supply should be accurately identified and recorded. Furthermore, it is essential to promote water supply to households, increase the penetration rate of rural tap water, and enhance water quality to ensure safe and healthy drinking water. Meanwhile, water source scheduling and optimal allocation should be strengthened to address instability issues and improve water source stability.

Thirdly, health education should be promoted, and residents’ health awareness should be enhanced. The health risks associated with unhealthy drinking water practices should be clarified from the perspective of changing health conceptions. This will increase rural residents’ subjective initiative to switch to tap water. Through community centers, schools, and media promotion, farmers’ awareness of the importance of drinking water safety should be raised. Encouraging healthy lifestyles among villagers can reduce the disease burden caused by water source issues, indirectly improving households’ economic well-being.

Fourthly, a long-term water supply management and maintenance mechanism should be established. To ensure the sustainability of the rural drinking water transition, a comprehensive water supply management



