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Social capital and the mental health of children in rural China with different experiences of parental migration

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ABSTRACT

Children migrating to urban cities with their parents and children left behind in rural counties by their migrant parents are two vulnerable populations resulting from the rural–urban migration in mainland China. Some of these children even have mixed experiences of being left-behind and being migrants at different times. This study aimed to investigate how the various experiences of being left-behind, migrant, or both, might influence the mental health of children in the context of rural China. Moreover, it investigated how these effects might be mediated by the stock of social capital in their family and neighborhood.

Data used in this study came from a questionnaire survey with a school-based multi-stage random sample of 701 children (aged 8–17 years) living in the rural counties of Guizhou province in 2013. The structural equation modeling results suggested that, compared to those rural children who lived with both parents and have never experienced migration or being left-behind, children who are currently left-behind, either with or without previous experience of being a migrant, appeared to exhibit higher levels of depression. However, children who had previously been left-behind, but lived with both parents at the time of study, tended to experience fewer depressive symptoms. Parental migration also influenced children's mental health through the mediating effects of family and community social capital. These research findings imply developing intervention and prevention programs tailored to different groups of children in rural China with a focus on fostering the growth of social capital using various strategies.

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Children migrating to cities with their parents and children left behind in rural counties are two vulnerable populations resulting from the rural–urban migration in mainland China. Some of these children have even experienced both conditions due to their parents' return migration or other family decisions. Despite a growing body of literature on the mental health of migrant and left-behind children, no previous study has tried to distinguish the various experiences of migrant or being left-behind, or both, that might contribute to children's well-being. This study aimed to investigate how the different experiences of parental migration influenced the mental health status of children living in rural China. Moreover, it investigated how the effects of the left-behind/migrant experiences on mental health might be mediated by the stock of social capital in their family and neighborhood.

1. Mental health of left-behind and migrant children

Since the mid1980s, China has witnessed what some scholars described as the largest peacetime population movement in world history (Roberts, 2002): people migrating from rural areas to cities for better jobs and living conditions. In recent years the pattern of rural–urban migration has also shifted from the temporary stay of a single migrant worker to the long-term settlement of the whole family. As some migrant families bring their children to the city while others don't, two vulnerable groups of children have been created: migrant children living on the edge of the city with their migrant parents, and left-behind children remaining in rural areas without their parents. According to the most recent statistics, in 2010, the number of migrant children aged 0–17 years was about 35.8 million, while the number of left-behind children below 18 years old was approximately 61 million (All-China Women's Federation, 2013). Furthermore, some of these children have had mixed experiences of both living in cities with their migrant parents for a period of time, and then returning to their rural hometowns either because their parents lost their city jobs, or because

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they had to go back to pursue further education as they were not allowed to take high school entrance examinations in the city without having an urban household registration. These complicated experiences are expected to exert significant influences on the development of these children, most likely in a negative way.

A growing body of literature has examined the well-being of these children. Although the results are somewhat mixed, most studies have documented detrimental effects on a child's mental health pertaining to migration, such as higher levels of stress and hostility, lower self-esteem, more symptoms of anxiety and depression, and feelings of loneliness, helplessness and self-humiliation (Li et al., 2008; Lu and Zhou, 2013; Wong et al., 2009; Xu and Deng, 2010). On the other hand, with increasing attention being paid to the left-behind child population, recent studies have also compared the well-being of left-behind children with their counterparts in rural areas, and reported more symptoms of anxiety and depression, more psychopathology and feelings of loneliness, poorer health-related quality of life, lower self-esteem, and less pro-social behavior among the left-behind children (Fan et al., 2010; Gao, 2008; Hao and Cui, 2007; Jia, 2012; Liu et al., 2009). This was attributed to the many stressors that left-behind children had to experience, such as separation from parents, barriers to communication and parent–child interactions. A study (Zeng et al., 2009) reported that the overall prevalence of behavioral/emotional problems among left-behind children was 43.6%. With the surge in the number of returning migrant children as a consequence of the economic downturn since 2007, some new studies also started to examine the well-being of this group of children. For example, Liu and Zhu's study (2011) reported that over a third of the returned migrant children they interviewed experienced difficulty in readapting to rural hometown life.

Despite the studies demonstrating the effects of being migrant or left-behind on the development of these children, some gaps remain in the existing literature: the findings mostly come from studies of the migrant or left-behind children themselves without appropriate comparison groups (Xiang, 2007). Those studies that do include comparison groups mainly compare migrant with urban children, or left-behind with rural children, whereas any comparison among groups of children with various experiences of parental migration is rare. This constrains our ability to examine how these various experiences contribute to child development. The present study attempts to fill these gaps by comparing five groups of children having different experiences of parental migration in the rural Chinese context: 1) currently living with both parents but having previously been left-behind, and never having migrated with their parents (PLBNMG—previously left-behind, non-migrant); 2) currently living with both parents but having previously been left-behind and also having the experience of migrating to the city with their parents for a time (PLBRMG—previously left-behind, returned migrant); 3) currently left-behind but have never migrated with parents (LBNMG—left-behind, non-migrant); 4) currently left-behind but having previously migrated with parents (LBRMG—left-behind, returned migrant); and 5) currently living with both parents with no experience of being left-behind or migrant (NR—native rural). It is anticipated that the unique experiences of being left-behind and/or migrant will have unique influences on their mental health status.

2. Social capital and child mental health

There is well-established evidence in social science and health literature that social capital can protect the mental health of children. Coleman defines social capital as “social resources inherent in social relationships that facilitate a social outcome” (1990, p. 302). It can occur at any level of social aggregation (Parcel and Menaghan,

1993), and is usually operationalized as the feature and quality of social relationships in a range of social contexts (Coleman, 1990). The family and neighborhood environments are the most immediate social contexts for children, and therefore the contexts most predictive of their mental health.

Family social capital refers to the bonds between parents and children as a reflection of the time and attention spent by parents interacting with children and monitoring their activities (Coleman, 1990). Using this conceptualization, the quality of parent–child interaction, which is higher when parents spend time with their children passing on their resources or family norms, was typically used as a proxy measure to capture the stock of social capital in the family context (Coleman, 1988; Winter, 2000). Studies have demonstrated that higher levels of family social capital are associated with better mental health in children (Almedom, 2005; Dorsey and Forehand, 2003; Morrow, 1999; Wu et al., 2010a). For example, Morgan et al. (2012) analyzed data from 3591 adolescents in England and Spain, finding that two measures of family social capital, family autonomy and control and family sense of belonging, were significantly related to adolescents' life satisfaction in both countries. Using data from the National Longitudinal Survey of Youth (NLSY79) in the United States, Dufur et al.'s (2008) study on 1833 children aged 5–14 years also demonstrated that family social capital, assessed by parents' knowledge of the child's activities and potential time spent with children, was strongly predictive of better child social adjustment.

Social capital is also inherent in the neighborhoods where children and families live (Hughes et al., 1998). Usually referred to as community social capital, it denotes social connectedness among resident adults and children which provides a base of potential resources that people could draw upon for the benefit of both themselves and the neighborhood as a whole (Coleman, 1988; Putnam, 1993). It encompasses norms, trust, sense of belonging to the neighborhood, and civic engagement, all of which facilitate accumulation and transmission of resources as well as collective actions for public good (Putnam, 2000). Social capital in the community is considered to establish an extra-familial social network that provides social control and monitoring functions for children and youth living in the neighborhood (Brooks-Gunn et al., 1993; Coleman, 1990; Sampson, 1997; Simons et al., 2004). The existing literature provides quite convincing evidence of the association between community social capital and children's mental health (Caughy et al., 2003; Drukker et al., 2003; Elgar et al., 2010; Harpham et al., 2004). Drawing upon a sample of 9170 students in New Zealand, Aminzadeh et al. (2013) found that students living in neighborhoods with higher levels of community social capital, especially higher levels of social cohesion and membership in community organizations, reported higher levels of wellbeing. Meltzer et al. (2007) found an association between children's perception of neighborhood trustworthiness and safety and their mental health, using data of 3340 11 to 16-year-old children in Great Britain. Some studies in the Chinese context also demonstrated the positive effects of community social capital on the mental health and psychosocial adjustment of migrant children in urban cities (Wu et al., 2011; Wu et al., 2014).

Research on left-behind and migrant children in China has also started to pay attention to the association between social capital and children's migration status. Some recent studies suggest that the social capital of left-behind children is significantly lower than that of their non-left-behind counterparts. Chen's (2012) study in Zhejiang province found that family, school and community social capital of left-behind children were lower than children living with both parents, and lower family and community social capital was associated with more deviant behaviors of children. Wen and Lin's (2012) research in Hunan Province suggested that children left

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