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Article

Children's migration and chronic illness among older parents 'left behind' in China



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ABSTRACT

The relationship between adult children's migration and the health of their older parents 'left behind' is an emerging research area and existing studies reflect mixed findings. This study aims to investigate the association between having migrant (adult) children and older parents' chronic illness in China, using chronic stomach or other digestive diseases as a proxy. Secondary analysis of the national baseline survey of the 2011 China Health and Retirement Longitudinal Study (CHARLS) was conducted. Analyses were conducted in a total of sample of 6495 individuals aged 60 years and above from 28 out of 31 provinces in China, who had at least one child at the baseline survey. Binary logistic regression was used. The prevalence of any of the diagnosed conditions of chronic stomach or other digestive diseases was higher among older people with a migrant son than among those without (27 percent vs 21 percent, $p < 0.001$). More specifically, the odds ratio of reporting a disease was higher among older adults with at least one adult son living in another county or province than among those with all their sons living closer (OR = 1.29, 95% CI = 1.10–1.51). The results from this large sample of older adults support the hypothesis that migration of sons significantly increases the risk of chronic stomach and other digestive diseases among 'left behind' elderly parents in contemporary China.

1. Introduction

China has the largest aged population in the world today and the pace of population ageing is much faster than in many other high-income or low- and middle-income countries (Du, 2013). Following this demographic shift is a health transition from maternal, child and communicable disorders to chronic non-communicable diseases (World Health Organization (WHO), 2015). The increasing levels of non-communicable diseases are influenced by a small set of common and modifiable risk factors such as an unhealthy diet, physical inactivity and tobacco use; frequently exacerbated by the adverse impact of rapid and unplanned urbanization on individuals' health profile through a greater exposure to shared risk factors (WHO, 2005).

Notwithstanding the debate on the extent to which the parents of migrant children are 'left behind' (Biao, 2007; Knodel, Kespichayawattana, Saengtienchai & Wiwatwanich, 2010), the relationship between adult children's migration and the health of their older parents 'left behind' is an emerging research area and existing studies reflect mixed findings. The positive effects of children's out-migration on their parents' health in the origin community have been evidenced in Thailand and Indonesia, in part reflecting the economic gains of migration through remittances (Abas et al., 2009; Kuhn,

Everett & Silvey, 2011), negative effects have been found in India and Mexico (Antman, 2010; Falkingham, Qin, Vlachantoni & Evandrou, 2017).

In the Chinese context, the family has been the major source of support and care for elderly members, and filial piety - a fundamental belief in Chinese culture - has emphasized a son's duty to respect and support his parents (Chou, 2011). Support from adult children has been shown to have effects in counteracting stress among older people resulting from inequities experienced in the public domain, for instance in terms of medical care and pension protection, both in urban and rural areas (Cong & Silverstein, 2008; Sun, 2004). However, traditional systems of family support from adult children in later life are now coming under pressure as a result of mass internal migration; in 2015, there were an estimated 277.5 million rural labourers working in China's cities, constituting 36 percent of China's total workforce of around 770 million (National Bureau of Statistics of the People's Republic of China, 2017). In the absence of a mature system of old age social protection, including pensions and health and social care, it is posited that the out-migration of an adult son may lead to his parents' deteriorating emotional and physical care, affecting their health in the long run. This paper aims to add to the literature in this field by investigating the association between adult children's migration and older parents'

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chronic illness (interchangeable with chronic disease) in China using a recently available national representative sample. In a previous paper, the authors found a significant association between having a migrant son and their older parents reporting a lifestyle-related chronic disease measured as diagnosed hypertension, diabetes and heart disease in India (Falkingham et al., 2017). In order to explore the health consequences of globalization and urbanization in greater detail, this study applies diagnosed conditions of stomach and other digestive disease as the outcome variable. Chronic digestive diseases include a wide spectrum of disorders, such as functional gastrointestinal disorders, inflammatory bowel disease, gastro-oesophageal reflux disease, and peptic ulcer disease, which have significant effects on the quality of life among older people. The risk factors of such chronic illnesses encompass sustained stressful life events (Mayer, 2000), the *Helicobacter pylori* infection which is likely due to lower socioeconomic status, poor sanitation, overpopulation and lack of safe drinking water, even during earlier life stages (Nurgalieva et al., 2002), and health risk behaviours such as smoking and excessive alcohol intake (Rosenstock, Jørgensen, Bonnevie & Andersen, 2003).

2. Methods

2.1. Participants and setting

The data in this study are from the China Health and Retirement Longitudinal Study (CHARLS) conducted by the National School of Development at Peking University. The CHARLS survey was carried out nationwide in 2011–2012, covering 28 out of 31 provinces, 150 districts/counties and 450 communities/villages, following a stratified (by per capita GDP of urban districts and rural counties) multi-stage (county/district-village/community-household) probability proportional to size (PPS) random sampling method (Zhao, Strauss & Yang, 2013). One person per household aged 45 years or older was selected, and they and their spouses were interviewed face-to-face by the trained interviewers using structured questionnaires. Respondents were asked to provide detailed information about themselves and their household members. In order to address the question of the extent to which adult children's migration in China affects the health of their elderly parents, the sample of interest was narrowed to those aged 60 or above who had at least one child.

The total survey respondents are 17,707, of whom 7358 are aged 60 and above. Those who have no children ($N = 706$) were excluded from the study sample. Another 157 respondents were excluded from the analysis because of missing values (not mutually exclusive) on chronic stomach and other digestive diseases ($N = 17$), marital status ($N = 7$), education ($N = 11$), income ($N = 64$), household wealth index ($N = 91$), smoking ($N = 32$), drinking ($N = 34$). The final analytical sample was 6495.

Signed informed consent was obtained from all participants by the CHARLS survey team before the data was collected (Zhao et al. 2013). Ethical approval for using the secondary data for this study has been obtained from the Ethics Committee in the University of Southampton (Ethics ID: 21228, 13/06/2016).

2.2. Measurements

2.2.1. Chronic stomach and other digestive diseases

The central survey question analysed asked: 'Have you been diagnosed with chronic conditions listed below by a doctor?', and included two response options (yes or no). Stomach disease or other digestive diseases (except for tumours or cancer) was one of the 14 listed chronic morbidities/conditions. Other diseases included hypertension, dyslipidemia and diabetes or high blood sugar. In this study, the key outcome variable was dichotomous, distinguishing between respondents who had ever been diagnosed with a chronic stomach or other digestive disease, and those who had never been diagnosed with such disease.

2.2.2. Migrant child

The survey enquired about the place of residence of each adult child not residing with the respondent, with seven response options (this household, but economically independent; the same or adjacent dwelling/courtyard with me; another household in this village/neighbourhood; another village/neighbourhood in this county/city; another county/city in this province; another province; abroad). The survey also collected information about the sex and birth date of each child. Having a migrant child was defined here as having any son aged 18 and above, and currently living in another county/city in the same province, or in another province. The age of eighteen was defined as the adult age by the Law of the People's Republic of China on the Protection of Minors. A cross-county boundary was used to define internal migration as in the Chinese censuses (Duan & Sun, 2006). In the Chinese context, dependency in later life is mainly related to being dependent on one's sons, as daughters frequently live elsewhere after their marriage and are expected to support their husband's parents (Chou, 2011). Although married daughters play an increasing role in old age support, the patrilocal marriage practice affords sons much greater symbolic value (Liu, 2014). Thus the analysis focused on whether individuals have at least one migrant son as the key independent variable, which has three categories: No - Son, but do not have a migrant son; Yes - Have at least one migrant son; and Do not have a son.

2.2.3. Other control variables

Covariates included the respondents' age and sex; socio-economic factors including education, income and household wealth quintile; living arrangements; whether at least one child was living with the respondent or in the same county/city; health-risk behaviours such as smoking and alcohol drinking; and geographic factors such as rural or urban residence, and region. The household wealth quintile was computed using Principle Component Analysis based on 20 assets and housing characteristics.

2.3. Statistical analyses

We first explored the univariate associations of chronic digestive conditions with exposures and potential risk factors using the χ^2 test. In order to control for potential confounders, binary logistic regression was then used to evaluate the relationship between having migrant (adult) children and older parents' chronic disease. The first model estimated the bivariate association between having migrant children and reporting a chronic disease. The second model examined this association after controlling for a range of covariates. All analyses were performed using SPSS version 22.0.

3. Results

3.1. Descriptive findings

Table 1 presents the descriptive statistics for the total analytical sample, i.e. 6495 individuals (3221 men and 3274 women) aged 60 and above with at least one child in China. The mean age of the sample was 68.4; the majority had no schooling or less than primary school education (81 percent) and lived in rural areas (77 percent). On average, older respondents had more than 3 children, and more than 1 son. The overall prevalence of chronic stomach or other digestive diseases was 22.1 percent. About 21.2 percent of older adults had at least one son living in another county or province in China. Among this sub-group, the prevalence of chronic disease was higher than the average, at 27 percent.

The indicators of socio-economic status appear to have negative association with the report of chronic stomach or other digestive diseases. For instance, older people living in households in the highest wealth quintile presented a prevalence rate of 17.8 percent compared to 24.7 percent amongst those in the lowest wealth quintile. Older people

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