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Kinship matters: Long-term mortality consequences of childhood migration, historical evidence from northeast China, 1792–1909*

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ABSTRACT

Unlike previous migration studies which mainly focus on individual migration, this article examines the long-term mortality consequences of childhood migration and resettlement. Using a unique Chinese historical population database, we trace 30,517 males from childhood onwards between 1792 and 1909, 542 of whom experienced childhood migration. We apply discrete-time event-history analysis and include a fixed effect of common grandfather to account for unobservable characteristics of the extended family. We also explore the influence of social networks on early-life migration experience by including kin network at destination. Our findings suggest that migration in childhood has substantial long-term effects on survivorship in later ages. From age 16 *sui* to 45 *sui*, kin network at destination mediates the negative effects of childhood migration and lowers mortality risks. Moreover, child migrants who survive to older ages subsequently experience lower mortality. Such findings contribute to a better understanding of the implications of social behavior and social context for human health.

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Introduction

Migration studies distinguish between individual and family migration. The former typically consists of young unmarried adults, while the latter consists of entire families, including children. While individual migration for work and education has long been a central focus of much research, family migration has received relatively less attention. Nevertheless, as the world population becomes increasingly mobile, more and more children are involved in the processes of family migration and resettlement. Given that children are particularly sensitive and vulnerable to changes in living environment, there are strong reasons to focus on the health consequences of migration and resettlement for children. It is particularly important to understand pathways leading to such consequences, because such knowledge may benefit these involuntary but vulnerable migrant children even in later life.

This study, therefore, not only assesses whether migration in early life has a long-term effect on mortality in later life, but also investigates one possible pathway for such long-term effect: social integration and social support through kin network at destination. By exploiting the China Multi-Generational Panel Dataset-Liaoning (CMGPD-LN), a new, prospective, multi-generational, individual-

level panel dataset based on historical household registers, we trace from childhood onwards 30,517 males living in a rural area of around 40,000 km² in northeast China between 1792 and 1909, 542 of whom experienced migration in childhood (Lee and Campbell, 2011-09). We compare the later mortality of those who migrated in childhood to those who stayed behind, controlling for individual, household, and community characteristics. By introducing a fixed effect of common paternal grandfather, our estimation also takes into account certain unobservable characteristics shared between members of the same extended family. Our findings suggest that migration in childhood has substantial long-term effect on later mortality. They also differentiate the effects for adults and the elderly, and according to kin network at destination as measured by kin density of the population in the destination village. Among adult males, while individuals who migrated in childhood generally experience a mortality disadvantage compared with others who did not migrate in childhood, settling in a destination village with higher density of kin significantly lowers mortality risks. Among the elderly, childhood migration however has a negative association with mortality risks: people who migrated as children and survived adulthood have better survival chances than people who did not migrate, probably a result of selection for those individuals who are robust enough to overcome the mortality disadvantage in their adulthood of childhood migration.

Our study contributes in several ways to the existing literature on migration and health as well as on the life-course. First, this

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study is one of the first to make use of large-scale, prospective individual-level data to examine the long-term health consequences of child migration and resettlement. While some anthropological studies discuss the longitudinal consequences of family migration, their conclusions are usually based on non-quantitative evidence and they pay little attention to child migrants in particular (Colson, 1971; Lerer & Scudder, 1999; Tilt, Braun, & He, 2009).

Second, while many previous studies on migration and health suffer from selection effects such as the 'healthy migrant' effect (Palloni & Morenoff, 2001) and 'salmon bias' (Abraido-Lanza, Dohrenwend, Ng-Mak, & Turner, 1999), such processes are less of a concern in this study. The 'healthy migrant' effect associated with selective labor migration is less of a concern in this study because we deal with the movement of entire households who were unlikely to decide to migrate based on the health or other characteristics of their children. The household's migration decision in this study, in other words, should be largely exogenous to the child's health and other related characteristics.

This analysis doesn't suffer from the 'salmon bias' caused by migrants in a destination country or area who return to their country or area of origin and are lost to follow-up. The data employed in this study record internal migration in a largely closed population in the sense that there is relatively little out-migration from the territory of jurisdiction covered by the household registration system responsible for our data. For those who did migrate outside the area, almost all are annotated in the registers (Lee, Campbell, & Chen, 2010). As the data allow us to follow individuals regardless of their change of residence within the territory, we are able to make full comparisons that include people living in both the sending and the receiving communities, before and after migration. Anyone who did return to their destination after migrating is identified in the data, and accounted for in the analysis.

Third, as the data are prospective individual panels, and span well over one hundred years, we are able to depict the whole picture of the mortality consequences of childhood migration from adolescence to old age. Unlike studies employing retrospective data for early-life information, there is little concern about several common data shortcomings such as survival bias and recall bias. Besides, the follow-up period for our data is also much longer than for any of the prospective data from contemporary panel surveys commonly used in studies on the life course.

Finally, this study supplements our limited knowledge on the consequences of rural–rural migration. Most migration studies emphasize rural to urban moves because at least since the beginning of the Industrial Revolution, much individual migration has been labor migration from the countryside to the city. Nonetheless, rural–rural migration is an important issue for not only historical population but also the modern world. It not only accounts for the vast majority of historical migration, for example, the trans-Atlantic migration to rural America (Gjerde, 1989; Kamphoefner, 1987), but also remains common for current massive resettlement projects whether because of dam construction such as the Kariba and the Three Gorges or because of war and disaster. In that sense, while this study focuses on a historical rural population, the implications of the results are not merely historical. Our findings may also have important implications for future research on rural–rural migration and for relevant policy making in the contemporary world.

We organize the remainder of the paper into four sections. The first briefly introduces the previous literature that motivates our research and elaborates the historical background regarding the studied population and their migration behavior. The second describes the data. The third introduces measures and methods. The fourth discusses the estimated results and robustness checks. Finally, we provide a brief conclusion.

Background

Relevant literature

In recent decades, researchers applying a life-course perspective have found that conditions and experiences early in life, perhaps even during pregnancy, influence health and mortality in later life (Barker, 1994; Bengtsson & Broström, 2009; Campbell & Lee, 2009; Elo & Preston, 1992; Gagnon & Mazan, 2009; Hayward & Gorman, 2004; Kuh and Ben-Shlomo 2004; Myrskylä, 2010; Zeng, Gu, & Land, 2007). Preston, Hill, and Drevenstedt (1998) proposes four possible mechanisms. Two are direct: physiological scarring and acquired immunity following an infection. Two are indirect: family and community context, which influence people's future socio-economic development and therefore health conditions, and mortality selection in early life for such unobserved characteristics as genes and traits that affect survival chances later in life.

As migration usually represents a dramatic change in a child's living conditions and environment, two of Preston et al.'s four hypothetical mechanisms (1998) are clearly relevant for developing hypotheses how childhood migration might influence mortality later in life. First, childhood migration may increase mortality risk in later life through 'scarring effects' associated with disruptive effects on growth and development. Second, childhood migration may appear to decrease subsequent mortality via selection effects where migrants, or their families, are selected for advantageous individual traits associated with better health.

Implications of childhood migration for later life outcomes may also depend on the family's social support in general and kin network in particular at the destination community. According to Colson's classic anthropological study (1971) of resettlement in the Gwembe in Africa, kin networks play a key role in helping forced migrants to navigate the resettlement process, adapt to the new environment, and overcome their feelings of insecurity. Kin networks, in other words, are essential for migrant families integrating into the new community, and influence the long-term development of the community. Evidence from rural–urban migration in Indonesia also suggests that while migration has negative impacts on mental health and risk behaviors, such impacts can be mitigated by family support and successful migrant assimilation (Lu, 2010). Moreover, the literature on migrant networks demonstrates that social connections at the destination lower the cost of migration and improve the social and economic returns to migration (e.g. Massey & España, 1987; Munshi, 2003), implying a mechanism for indirect effects on health.

Alongside possible main effects of migration on subsequent mortality, we therefore expect that migration and destination characteristics may interact to influence mortality outcomes, namely, Preston et al.'s (1998) mechanism of environmental effects. Specifically, we hypothesize that social support at destination, measured here by density of kin in the village, will interact with childhood migration experience to shape later life mortality. According to our hypothesis, among people who migrated in childhood, a larger and denser kin network in the destination village will facilitate social adaptation and integration, leading migrants who have more kin at their destination to have lower mortality later in life.

Historical settings of the studied population

Our study population from the CMGPD-LN were hereditary peasants who worked on imperial estates located in Liaoning and who belonged to the Eight Banners, a civil and military administrative system organized by the Qing dynasty (1644–1911). These banner peasants received considerably larger initial land allotments from the government, compared with peasants elsewhere in

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