



Rural-to-urban migrant adolescents in Guangzhou, China: Psychological health, victimization, and local and trans-local ties



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ABSTRACT

Despite the emerging literature on the health of rural-to-urban migrant children in China, few studies have addressed victimization stressors and stress-buffering mechanisms related to the social relationships that link migrants to their host cities (local ties) and home communities (trans-local ties). This study compared rural-to-urban migrant adolescents and urban native adolescents to examine the relationships between victimization, local and trans-local ties, and mental well-being that might be unique to migrants. Participants were 482 migrant students and 838 urban native students in the eighth grade in Guangzhou who completed a school-based survey in spring 2011. Victimization was associated with suboptimal psychological health in both the migrant and urban native samples. Social ties directly boosted psychological health in both samples, with the effects of trans-local and local ties proving equally important among migrant adolescents. While both local and trans-local ties moderated the effect of victimization on migrant adolescents, that moderation mattered less for urban native youth. These results highlight that a better understanding of victimization stress and how it is affected by the locality of social ties as a coping resource could help to protect the health of young migrants in urban China.

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Introduction

Over the past three decades, China's economic reform has given rise to unprecedented levels of rural-to-urban migration. According to the 2010 National Population Census, an estimated 221.43 million rural residents have relocated from the largely poor, agriculture-dominated rural areas of the western and central inland provinces to cities in the eastern coastal region, such as Beijing, Shanghai, Guangzhou, and Shenzhen, in search of better job opportunities (China National Bureau of Statistics, 2011). The rural-to-urban migrant population increased by 82.89% between the 2000 and 2010 censuses.

The vast majority of rural-to-urban migrants are temporary, unable to permanently settle in destination cities due to the persistence of China's household registration (*hukou*) system adopted in the 1950s. The *hukou* system assigns an agricultural (rural) or non-agricultural (urban) residency origin to each individual at birth, tying their rights to the entitlements (or lack thereof) inherent in their *hukou* status (Wu, 2010). Although the system has been subject to revisions in recent years, and some locales offer urban *hukou* to rural migrants who meet stipulated

levels of wealth or higher education, it remains very difficult for rural migrants to acquire urban *hukou* and become entitled to social benefits in host cities (Zhang & Treiman, 2013). Internal migration within China is thus characterized by greater institutional barriers to movement than are typical of internal migration settings in which migrants enjoy relative freedom of movement (Tong & Piotrowski, 2012). Additionally, during the early reform period of the 1980s, internal migrants were mainly young adults, but family migration has prevailed since the 1990s. Rather than leave their children behind in their rural home villages (Xiang, 2007), an increasing number of migrant workers encourage their children to join them in the cities. At present, 20.8% of China's internal migrants are school-aged children (Mao & Zhao, 2012).

A growing body of research has documented the stress created by urban migration in China, particularly that resulting from the institutional exclusion of the *hukou* system, and the effect of this stress on the mental health of migrant workers (Chen, 2011; Chen et al., 2011; Jin, Wen, Fan, & Wang, 2012; Li et al., 2007). This transition is no less stressful for the adolescents who accompany their parents to the cities. Migrant children from rural areas share the fate of their parents in being treated as second-class citizens who are precluded from attaining urban citizenship (Wu, 2010). Consequently, they are denied equal access to subsidized education, health care, and many other social services. A small number of studies, primarily focused on Shanghai, have investigated the

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mental health of migrant adolescents and have shown that they experience lower self-esteem and exhibit more symptoms of depression, separation anxiety, generalized anxiety, and hostility than their native urban peers (Mao & Zhao, 2012; Wong, Chang, & He, 2009; Wu, Palinkas, & He, 2011). In one study, however, migrant adolescents reported a higher rate of good subjective physical health (Mao & Zhao, 2012). These mixed findings highlight the necessity of further examining the health status of the adolescent migrant population.

Substantively, studying the mental well-being of migrant adolescents in China provides an opportunity to address the gaps in the migration and social stress literature. The social stress paradigm (Lin & Ensel, 1989; Pearlin, Schieman, Fazio, & Meersman, 2005; Thoits, 1995) has often been applied to theorize the links between socially induced stressors and their suboptimal health consequences for transnational migrants (Noh & Avison, 1996; Vega & Rumbaut, 1991). The social stressors identified among immigrants primarily involve assimilation and acculturation stress, language barriers, identity changes, discrimination, low socioeconomic status, deprivation of upward mobility opportunities, and sense of marginality (Bankston & Zhou, 1997; Kulis, Marsiglia, & Nieri, 2009; Noh & Avison, 1996; Young, 2001). Nonetheless, victimization stressors have received little attention in migration and social stress studies. What also remains understudied is the distinction between migrants' host community (local) and home community (trans-local) social ties in the moderation of social stress, as the migration and health research generally frames stress-buffering social resources in terms of generic social support (Kulis et al., 2009; Landale & Oropesa, 2001; Young, 2001) and same-ethnic/different-ethnic social support ties emanating in migration destinations (Bankston & Zhou, 1997; Noh & Avison, 1996). An important contribution of this study is the way that it connects the migration, social stress and coping, and victimization literatures. By analyzing the links between victimization, local and trans-local ties, and the psychological health of rural-to-urban migrant adolescents in China, we aim to add to the understanding of how victimization stressors affect the health of migrant populations and the role that the locality of social ties plays in modulating this effect.

Victimization stress and migrant health

Victimization as a form of social stress is most likely to affect children and adolescents (Macmillan, 2001). The victimization of juveniles can range from minor aggression (e.g., verbal/indirect aggression and peer bullying) to violent aggression (e.g., being robbed by force or assaulted), and it is just as likely to be perpetuated by family members as by acquaintances or strangers (Fagan, 2003). Victimization during adolescence is often associated with negative psychological health outcomes including higher rates of depression, anxiety, post-traumatic stress disorder, and anger (Aceves & Cookston, 2007; Boney-McCoy & Finkelhor, 1995; Hawker & Boulton, 2000; Stadler, Feifle, Rohrmann, Vermeiren, & Poustka, 2010). As victimization also taxes personal coping resources, it would erode the victim's self-efficacy (Macmillan, 2001) and self-control (Agnew et al., 2011).

Probing victimization stressors and their concomitant health problems in migration is particularly warranted because immigrant youth are at a greater risk of being victimized (Hanish & Guerra, 2000; Le & Wallen, 2009; McKenney, Pepler, Craig, & Connolly, 2006). Guided by the conservation of resources theory, which emphasizes the role of resources in maintaining psychological well-being, Hill, Kaplan, French, and Johnson (2010) posited that certain populations, such as teenagers and ethnic minority immigrants, are particularly vulnerable to the adverse mental health consequences of resource loss that stem from victimization because

they are at a disadvantage in terms of resource reserves. Exposure to victimization also increases the health risk behavior of immigrant children (e.g., substance abuse and delinquency) (Le & Wallen, 2009), which is conducive to downward assimilation (Frank, Cerda, & Rendon, 2007). This line of research suggests that rural migrants in urban China are also likely to experience increased rates of victimization and suboptimal health. Nevertheless, research on the prevalence of victimization among rural migrants in China has been scarce.

Some of the available evidence on prejudice against rural migrants in urban China has pointed to a potentially high risk of victimization. These studies have similar findings on status-based stigmatization and unjust treatment among rural migrants, which are found to adversely affect rural migrants' quality of life, mental health status (e.g., somatization, phobic anxiety, and psychoticism), and social capital construction (Chen et al., 2011). Migrants are often blamed for the poor public safety in the cities, and this perception has fuelled urbanites' hostility toward them (Nielsen & Smyth, 2008). Migrant parents and their children are also daunted by the prejudice displayed by local teachers, classmates, and parents (Wu, 2010). Nonetheless, this body of literature, comprising no more than a dozen or so studies, provides a limited basis for determining whether prejudice against migrants translates into victimization.

Social ties as a buffer against victimization stress

Besides the direct health benefits of social support that have been widely corroborated, one potential pathway that links social support ties to migrant adolescents' health is the moderation of victimization stress. Various social stress and coping models (Lin & Ensel, 1989; Pearlin et al., 2005; Thoits, 1995) concur that social support ties offer a salient psychosocial resource that can lessen the deleterious psychological effects of stressful conditions. With respect to victimization, the psychosocial functions of social ties (e.g., parent-child, school-child, and peer relations) lie in enabling teen victims to reappraise the stress of victimization in light of the knowledge that help and support are available; they are encouraged to seek constructive, problem-focused coping strategies rather than avoidance-focused alternatives to prevent repeated victimization (Aceves & Cookston, 2007; Hill et al., 2010; Stadler et al., 2010).

When investigating migrants' social support ties, it is worthwhile to identify both local and trans-local ties that may further affect the conditions under which the influence of victimization stress on migrant children's health might be mitigated. Although the contribution of social ties has been well discussed in the migration and health literature, few attempts have been made to explicitly distinguish the local ties that link migrants to their host communities from the trans-local ties that link them to their home communities (Jin et al., 2012). Trans-local ties are essential to migrants' social networks. In a recent study of Mexican immigrant families, Donato and Duncan (2011) tested the health benefits of trans-local ties for transnational migrant children in an international migration context. The health of Mexican children living with their immigrant parents in the United States was better when the immigrant families maintained immediate and extended kin and friendship networks in Mexico. Accordingly, the benefits that migrants gain from social networks do not arise solely from living in close proximity to relatives and friends, but they also stem from people's investments in one another. Beyond the international migration milieu, what has yet to be considered is whether trans-local ties matter in the internal migration setting.

Specific to China's internal migration context, a limited number of studies have used samples of teenage rural-to-urban migrants in Shanghai to investigate the social relationships and mental health

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