



Full Length Article

An interesting phenomenon in immigrant spouses and elderly suicides in Taiwan

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ARTICLE INFO

Keywords:

Elderly suicide
Culture differences
Immigrant spouses

ABSTRACT

Background: Immigration is a global issue. Taiwan has a high proportion of immigrant spouses who take care of the aging parents-in-law at home mainly based on filial piety. Difficulties in communication in many aspects of daily life occur between the elderly and immigrant spouses, and result in the elderly becoming vulnerable and thus, influencing their psychological well-being. Although past studies demonstrated that due to cultural differences, employed foreign care providers negatively influenced elder care quality (e.g., care receipts' health or mortality rates), no studies have explored whether immigrant spouses, as family caregivers, have any influence on elderly suicides due to cross cultural communication differences.

Objective: To address the above gap, this study was to examine the static relationship between immigrant spouses and elderly suicides.

Method: National-level authority data, comprising a 10-year longitudinal nationwide sample, were used. The number of immigrant spouses was treated as a proxy of cultural differences. Twelve models of outcomes with and without city- and time-fixed effects were conducted using panel data analysis.

Results: Descriptive statistics of the study variables are provided. The results revealed that overall the number of immigrant spouses had a positive correlation with suicides in older adults. Further, the gender of immigrant spouses had different impacts on elderly suicides.

Conclusions: This is the first study to examine relation between immigrant spouses and the elderly suicides. The study results provide another viewpoint of understanding of the role of immigrant spouses in elder care, while promoting elder-caregiver interactions for optimal elder health outcomes.

1. Introduction

1.1. The history of Taiwan's transnational marriage

Taiwan was documented to be an Asian country with the highest proportion of citizens marrying foreigners (Jones, 2012). In 1994, the Taiwanese government allowed foreign spouses to reside in Taiwan after staying a short period of time. With such a government policy, an increased number of foreign spouses entered many households (DGBA, 2010). For instance, in 2015, transnational marriage accounted for 13% of all registered marriages (DGBA, 2016). Immigrant spouses involved in transnational marriages have formed a critical part of family patterns in Taiwan. A transnational marriage refers to a marriage between

people from two different cultural backgrounds. The most common transnational marriage in Taiwan is a marriage between a person from Taiwan and a person from another country. Immigrant spouses have brought different cultures, beliefs, thoughts, social structures, and ethnicities, causing Taiwan to become a multicultural society. However, to effectively reduce differences among ethnic cultures, foreign spouses still need to adapt themselves to the culture and society of Taiwan; meanwhile, the people of Taiwan need to understand the different cultures of various ethnic groups. Taiwanese culture emphasizes the needs of the family over the needs of the individual, and obligations of adult children are to raise the children and look after the frail elders at home (Chen, 2008). The existing literature mainly focuses on such issues of immigrant spouses as psychological health, employment

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Received 6 July 2017; Received in revised form 9 August 2017; Accepted 20 October 2017

Available online 26 October 2017

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Table 1
Variable definitions and descriptive statistics.

	Operational definition	Mean	SD
Elderly suicides	Number of elderly suicides	35.294	27.293
Married foreigners	Number of married foreigners	974.618	1047.468
Dependency ratio	Number of people of non-working age (0 – 14 and > 65 years) compared to the number of those of working age (15 – 64 years)	38.913	4.305
Number of physicians and nurses	Number of registered physicians and nurses	6517.769	7176.688
Aged living alone	Number of aged adults living without family members and receiving routine assistance by the government	2035.706	1523.335
Elderly living allowance	Amount of elderly living allowance for middle- and low-income families (NT\$100 million)	3.510	3.400
Disabled elderly	Number of elderly disabled persons	16020.310	12397.810

SD = standard deviations.

The average exchange rate in 2010/12/31 was US\$1.00 = NT\$30.368.

status, and education (Chuang, Hsieh, & Lin, 2010; Kuo & H, 2010; Shu, Lung, & Chen, 2011) and their children's care (Bourgeault, Atanackovic, Rashid, & Parpia, 2010); however, little attention has been paid to older people who are recipients of transnational care from immigrant spouses.

1.2. Cultural differences

Regarding to the idea of filial piety, one of the Chinese virtues, older people are usually cared for at home by their adult children. Nowadays, the family is still the main source (more than 90%) of elder care in Taiwan (Wu & L, 1994). Accordingly, immigrant spouses, as sons- or daughters-in-law, are also expected to take care of the aging parents-in-law at home. Consequently, the elders' original lifestyle habits are facing an influx of multiculturalism, and adapting to new cultures and resolving conflicts caused by different cultures, including language, religion, diet, and lifestyle can be problems for the elderly. In this regard, difficulties in communicating about many aspects of daily life occur between the aging parents-in-law and immigrant spouses. Frequently, older adults rarely know how to deal with these new situations, and may feel confused about their desires and way of thinking, which causes them to suffer. Due to cultural differences, the older adults might not receive adequate support from the son- or daughter-in-law. For instance, it is uncommon for a daughter-in-law from the U.S. to live with their parents-in-law, although she still performs care giving. The parents-in-law might face conflicts and tension between expectations of traditional values and their offspring's willingness to care for them. Consequently, the older adults may feel lonely, sad, and angry because of their perception that the adult children, including immigrant spouses, do not take good care of them or respect them anymore. Older adults may become vulnerable and be susceptible to suicide (Kleiman & Riskind, 2013).

1.3. Suicides among people aged over 65 in Taiwan

According to the World Health Organization (WHO), suicide refers to an act focused on causing one's own death voluntarily. Adults aged ≥ 65 years have a high suicide rate worldwide (WHO, 2012). In Taiwan, the suicide mortality rate of the older adults was 31.3/100,000 in 2014 (Network, 2011), which is higher than the rates in the U.S., U.K., Italy, and German (6 – 24.3/100,000) (Chen, Tsai, Ku, Lee, & Lee, 2014). Evidence has documented that suicide is influenced by factors of personality, and physical, psychosocial, and functional abilities (Chen et al., 2014), including the dependence ratio (Migdalska-Richards & Schapira, 2016), the number of professional healthcare providers, the elder living allowance (Li, Hsiao, Tang, & Miao, 2014), the elder living alone (Purcell, 2012), disabilities (Barrero, 2012), and access to quality care (Conwell & Thompson, 2008). Although several studies investigated how employed foreign care providers influence the care quality and care recipient's health due to cultural differences (Small et al., 2015), to our knowledge, no study has explored whether

immigrant spouses influence the elderly suicides due to cultural conflicts. To address this gap in the literature, this study examined the relationship between immigrant spouses and the elderly suicides using a balanced panel analysis design.

2. Methods

2.1. Analyze data sources

Our empirical analysis data-mined many open websites provided by the Directorate General of Budget, Accounting and Statistics of the Executive Yuan, Taiwan. All those are national-level authority data.

2.2. Methods used for the study

All those are national-level authority data. These data comprised a 10 year time series and 25 cross-city nationwide samples, and each year had population-based surveys of about 23.4 million residents. The sex ratio was generally 99.77 – 99.94 (female = 100). In terms of population, this makes Taiwan the 50th largest country in the world. Because the total area of Taiwan is 36,193 km², it also makes Taiwan the 16th most densely populated country in the world. This dataset was suitable for our analysis. Taiwan's geographical features are peaks, deep valleys, and gorges in the eastern part and plains on the western coast and inland areas. Taiwan's population consists of Taiwanese aborigines, Hoklo, Hakka, and mainland Chinese. Population of each city in Taiwan varies; therefore, controlling for region was necessary. Taiwan ranks highly in terms of freedom of the press, health care, public education, economic freedom, and human development. Taiwan has experienced rapid economic growth and industrialization in the past few decades. Now its advanced/high-tech industry plays a key role in the global economy. As it is easily influenced by worldwide culture changes year by year, the time-fixed effect also needs to be considered.

Operational definitions of all study variables are given in Table 1. The number of suicides of people who were aged ≥ 65 years, and the reported number of suicides at each locality were the main measure outcomes. We generated a proxy variable for unobservable cultural difference attributes, which was the number of immigrant spouses in the same locality. It was a primary predictor variable on behalf of whether elders living in different areas were affected by changes in culture.

Control variables included the dependency ratio, the number of physicians and nurses, seniors living alone, seniors living allowance, and the disabled seniors. The dependency ratio was observed to be a significant predictor of the healthcare ability and social security in people aged ≥ 65 years (Bélanger et al., 2013). The dependency ratio was defined as the number of individuals aged below 15 or above 64 years divided by the number of individuals aged 15 – 64 years. Based on a literature review, the number of physicians and nurses was designed as a measurement of medical resources (WHO, 2009). Aged living alone refers to those older adults who reported living without

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