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Health, functioning and social engagement among the UK Chinese

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A R T I C L E I N F O

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ABSTRACT

The present study examines factors associated with health, functioning and social engagement among Chinese in the UK. A total of 211 Chinese men and women aged between 15 and 79 years were recruited through a selection of Chinese social organisations across the UK. Data was collected using a self-completion questionnaire, which included domains examining health and functioning and social functioning; among others. Poor health and functioning was associated with levels of social support. Social engagement was associated with high levels of social support, network size, and contribution to others, emphasising the importance of meaningful social engagement. Those individuals with good cognitive and physical functioning felt more of a sense of social cohesion and inclusion and respect from others than individuals with poorer functioning. Findings emphasise the UK Chinese community's reliance on informal support networks rather than the utilisation of formal networks, which may go some way to explain the reported underutilisation of formal health and social support services among this community.

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1. Introduction

1.1. Populations and migration

Migrants are embedded in a mesh of cultural values, social structures, and behaviours that together constitute an ethnic context. For a range of social, political, economic and personal reasons, the volume of international migration has risen significantly in recent decades. Migrants account for an increasing percentage of the total population in many countries (Dean & Wilson, 2010). The accelerated pace and impact of migration on countries of origin, transit and destination is a phenomenon that is expected to continue: the rate of international migration is likely to continue to increase as part of a wide range of global demographic changes (UNESCO, 2008). Accordingly, migrant minorities have experienced significant changes that profoundly impact on their physical, social and spiritual needs in the host countries (Goulbourne, 2006). This significant growth in rate of global migration has led to increased interest by policy makers in the development of responses that promote the health and well-being of migrants in their adopted homes.

As cohorts of migrants' age, it is important to understand how theories of successful ageing (Chong, Ng, Woo, & Kwan, 2006; Rowe & Kahn, 1997) relate to the experience of leaving a homeland and resettling in a host community. With life expectancy increasing in many communities, current interest focuses upon how older adults cultivate and develop different







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resources to strengthen their resilience and adaptability to the changing requirements of old age (Chong et al., 2006). Some gerontologists have called for greater sensitivity towards the preservation and maintenance of existing culture and notions of ethnicity among ageing minorities (Lai, Tsang, Chappell, Lai, & Chau, 2007; Torres, 1999). Although, a selection of studies have examined the basic living arrangements and social needs of older migrants, research concerning migrants' social involvement and their perceptions of civic life in different adopted locations requires further investigation. Thus, the aim of this exploratory research is to provide insight into the health, functioning and engagement with life among one minority community that has its roots in migration – Chinese migrants in the UK.

1.2. The UK Chinese community

The size of the Chinese migrant community in the UK has increased significantly in recent decades. Ethnic Chinese currently constitute around 0.7% of the total UK population and around 7% of the total non-white population (Office for National Statistics, 2012a). Although the majority of UK Chinese are Hong Kong-born, an increasing proportion of this migrant community comprises second-generation UK-born migrants, in addition to the more recent influx of Mainland Chinese migrants (Office for National Statistics, 2012b). The UK Chinese¹ are perceived as one of the more successful minority ethnic groups in the UK, as a result of their rapid economic advancement in the space of one generation (Owen, 2006). UK Chinese students are also the highest achieving ethnic group in the UK educational system (Francis & Archer, 2005).

Despite constituting the third largest ethnic minority in the UK (Office for National Statistics, 2012a), and having been present for some considerable time, remarkably little research has been carried out on the UK Chinese community. The UK Chinese are often viewed as an invisible community in social and political spheres. They are perceived to seldom seek help from central or local Government to meet their difficulties in maintaining their attachments to both the mainstream and Chinese communities. While some research demonstrates that the UK Chinese possess a high degree of solidarity, other studies have concluded that the sense of community and mutual help among the community is weakened by their competitive approach to business regarding the catering trade (Chan, Cole, & Bowpitt, 2007). In addition, research studies have suggested that social services allocated to this group are fewer than their numbers and needs would appear to justify (see for example, Chau & Yu, 2010) in comparison with other groups.

1.3. Ageing, health, functioning

The migration process is often lengthy and expensive. Some research studies have posited that it is often the healthiest individuals who, both physically and financially have the ability to endure the process, are most likely to migrate (MacDonald & Kennedy, 2004); commonly known as the healthy immigrant effect (Kopec, Williams, To, & Austin, 2001). The significant increase in the numbers of Chinese immigrants that have settled to English-speaking countries has led to increased interest in their health. Research looking at characteristics of the host country that impact the health of migrants has focused on *access* to healthcare *utilisation* (Rochelle & Marks, 2010). On numerous measures the health of Chinese individuals in the UK has been found to be as good or better, than that of the general population. This factor appears to be dependent, on language proficiency – with English-speaking individuals significantly more likely than non-English speakers to rate their health services (Green, Bradby, Chan, & Lee, 2006; Rochelle & Marks, 2011). Explanations for this underutilisation have focused on communication difficulties with Western practitioners and medical pluralism (Green, Bradby, Chan, Lee, & Eldridge, 2002; Rochelle & Marks, 2010). Lack of English proficiency in accessing health services may explain suggestions that isolation from the majority community is associated with greater reliance from Chinese networks for assistance when needed (Green et al., 2006; Rochelle & Marks, 2010).

In recent decades, the concept of "successful ageing" has received much attention from both gerontological and psychological perspectives. One of the more widely recognised models of successful ageing has been developed by Rowe and Kahn (1997). They have identified three factors associated with successful ageing: optimal physical and cognitive functioning; absence of disease and disability; and engagement with life (Rowe & Kahn, 1997). While there is much research on successful ageing, most studies have tended to focus on selected aspects of ageing, particularly health (Phelan, Anderson, LaCroix, & Larson, 2004). Since definitions of successful ageing have been created based predominantly on research grounded in Western society, there may well be significant differences in perspectives about the constituents successful ageing between Western and non-Western societies, and also between Western and non-Western individuals. Indeed, the term "success" has been identified as problematic in some cultural contexts in that it conjures up ideas of individual achievement (Torres, 1999), a very Western ideal which may not translate so well across non-Western cultures. Culture is therefore crucial to understanding ageing and the issue of successful ageing (Tan, Ward, & Ziaian, 2010). Chinese culture, for example, is known for its revered view of the aged and elderly; while Western societies, such as the UK, are not known to have such a revered and highly respected view of the elderly. Given such cultural differences, and given the dearth of literature that has explored successful ageing among migrants, this is a fruitful area for investigation.

¹ The term 'UK Chinese' is used in this article to refer to those living in the UK with Chinese ancestry; it does not imply anything about nationality.

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