No place like home? Return and circular migration among elderly Chinese in the Netherlands

Engelhard, D.

Research into a group of 350 elderly Chinese migrants in the Netherlands examines who amongst them expect to return to the homeland, who will regularly commute between China and the Netherlands and who will, most likely, never leave their adopted country. A look at self-reported health within this group sheds light on the question, 'is migration bad for your health?'.

No place like home?

Return and circular migration among elderly Chinese in the Netherlands

David Engelhard

There are more than 40,000 first generation Chinese migrants from the People's Republic and Hong Kong in the Netherlands. Of these, about 18,000 are 40 years or older, and 10,000 of them are 50 plus (CBS Dutch Central Bureau of Statistics). The numbers are relatively small compared to elderly Surinamese (more than 60,000 aged 50 years and older) or Turkish migrants of a similar age, (about 40,000). Nevertheless, it remains a significant group of people if we consider that they migrated to the Netherlands a generation ago with the idea of returning to their homeland in old age. Now this generation has reached old age however, it appears that rather than returning to China, they are choosing to stay in the Netherlands or divide their time between the two countries, in effect having two homes. So what happened to make them change their minds?

There has been little research carried out into migration, both return migration and circular migration. According to Cassarino, in an attempt to revisit the conceptual approach to this subject, 'we still need to know who returns when, and why (Cassarino 2004:254; Engelhard 2004, 2006). Circularity or circular migration is seen as the migration strategy of having a home in two or more places. Up to now, circular migration has been neglected in migration studies. Undeservedly so, because circular migration is popular among migrants. For example, many Turkish and also Chinese migrants spend part of the year in their country of origin, and part of the year in the country of migration (Yerden 2000; Schellingerhout 2004).

Notions of home

The idea of circularity or 'commuting' between two countries is very personal, as each migrant may have his own idea about 'home'. I interviewed a married couple in their sixties, who have been living in the Netherlands for decades. They have four children, three of which now own their own restaurants. For some years the couple have been spending six months of every year in China. The man feels like he is on holiday when he's in China; when he flies back to Holland, he feels like he's coming home. For the woman, though, it is just the opposite: flying to China is going home, and she equates staying in the Netherlands as being abroad.

We know that approximately one quarter of all elderly migrants in the Netherlands think about returning to their homeland. (Van den Tillaard 2000). Approximately one third of a sample of Chinese 'heads of family' expressed a desire to return to China, and about two thirds of them actually have plans to do so. Almost half of all 'heads of family' do not foresee a return to their country of origin, and the remainder are indecisive (Vogels et al 1999). Little is known about the numbers of Chinese living in the Netherlands planning to adopt a circulatory migration strategy, how often and how long they would return to their homeland and the interconnection with health and health care issues of elderly Chinese.

As part of my PhD research I questioned about 350 elderly Chinese in the Netherlands. I prepared a bilingual questionnaire and gave one to every elderly Chinese attending a National day for the Chinese elderly in Rotterdam on September 13, 2006. A little over a thousand Chinese attended the day, which gave a response rate of approximately 32 percent. We carried out an additional follow-up interview with 10 of the respondents. Our short questionnaire included three aspects of return and circular migration: (1) desire to return to homeland permanently; (2) frequency of circulation; (3) duration of circulation. There was a separate question dealing with the problems experienced when travelling. In addition, the questionnaire included one validated item on self-reported health (SF 12 questionnaire). Health can be evaluated in many different ways, for example by carrying out blood tests. Alternatively, health can be evaluated by simply asking someone how they feel. This is called self-reported health and it has proved to be a very reliable evaluation tool.

Of the respondents, one third is male; 23 percent comes from the People's Republic of China, 62 percent from Hong Kong, and the remaining come from a variety of countries, such as Suriname or Indonesia. The mean age is 61 years, and on average the respondents have already lived in the the Netherlands for 30 years. (Hong Kong Chinese slightly longer than migrants from the PRC, which reflects the migration history of both groups in the 1970s.) Almost all of those questioned have family living in the Netherlands, and many also have relatives in the country of origin.

'But now we are still in good health, so we can commute. When our health falls back, we of course will stay permanently in China.'

women (69), originally from Wencheng

Is migration bad for your health?

So what about their health? An old man living in the centre of Amsterdam, showed me huge bags full of Chinese medicine. These herbs 'had prevented a surgery and killed the pain'. On the small Chinese altar in the middle of the room laid many boxes with Western medicines.

More than half of the respondents (54 percent) indicate experiencing less than good health (poor or bad). By way of comparison: only 35 percent of the native Dutch population older than 55 years report poor or bad health, whereas for Dutch-Moroccans it is 81 percent and Dutch-Antilleans 44 percent (Schellingerhout 2004). So the self-reported health of elderly Chinese in the Netherlands is quite bad, but not worse than that of other migrant groups.

Age as such has no significant effect on self-reported health; but it appears that age at time of migration does. Our survey showed that the younger a person was at the time of arrival in the Netherlands, the better the self reported health; or in other words: migration at a mature age (after the age of 30 or 40), negatively affects the self reported health at old age. At the same time, the conclusions of the self-reported health survey suggest the longer one lives in the Netherlands, the better.

'My health? According to Chinese medicine, it's pretty bad; but speaking in Western medical terms, the problems are not yet affecting my kidney functioning.'

women (66), originally from Shanghai

With regards to the desire to return, one third of the older Chinese migrants think about a permanent return to their country of origin (either Hong Kong or the Mainland). Less than half of the people (40 percent) travels once or more per year to their country of origin, and slightly more than a quarter (28 percent) stays for more than two months in China or Hong Kong.

We can summarise the results as follows: 'younger' elderly Chinese - in terms of both the current age and the age at the time of the initial migration - still think about a future return to the homeland. These plans are abolished the older they gets. At this stage they start commuting. And 'older' elderly Chinese make longer visits to China than their younger counterparts. Migrants with a good self reported health consider returning permanently more often and commute more frequently.

The only gender difference is in the duration of stay, not in the desire to return and frequency of circulation. This is remarkable, since it is often assumed that men and women will think differently about return, as variables like family attachment and social status at old age are likely to be differently balanced. Also remarkable is the non-significant effect of the duration of stay in the Netherlands. Assimilation theory would predict that the longer people stay in the country of migration, the less inclined they are to return. Yet a study on Mexican migrants in the USA concludes

Variability in desire to return, frequency and duration of circulation

Variable	*Desire for permanent return*	*Circulation: frequency*	*Circulation: duration*
Sex	**ns**	**ns**	**men stay longer than women**
Current age	**younger migrants think more about permanent return than older migrants**	**ns**	**older migrants stay much longer than younger migrants**
Country of origin	**Migrants from HK think more about return than those from PRC (ns)**	**ns**	**ns**
Age at time of migration	**Those who migrated at younger age think more about return than those who migrated when older**	**25-35 age group less often than both < 25 and > 35 age group (as)**	**ns**
Duration of stay in the Netherlands	**ns**	**ns**	**Those resident longest in NL make longer visits to the homeland.**
Self-reported health	**Migrants with good health think more about return than those with bad health (as)**	**Migrants in good health return more often than those with bad health**	**ns**
Family	**Migrants without children in NL think more of return than those with (as); and those with siblings in NL more than without**	**Migrants without family in CoO return less often than those with**	**ns**

ns = not significant (at 95% level); as = almost significant (at 95% level); NL = The Netherlands; CoO = Country of origin; HK = Hong Kong; PRC = People's Republic of China.
A more statistical version, including the odds ratios, is available from the author.

'When we get older, we all want to go back. Even after death!'

man (70), originally from Wencheng, Zhejiang Province, China

that duration of stay in the USA has no significant influence on the decision (Bernabé-Aguilera 2004) – this concurs with the outcomes of this study. One would assume that having your family in the Netherlands is an incentive to stay, rather than return. Therefore it is remarkable that migrants

'I always bring my daughter to translate, because there is no Wenzhou translator at the distant service. Except for that, I have good experiences with the Dutch health care. The attitude of medical doctors in the Netherlands is good. In China, it's fine to be able to see the doctor whenever you want and to talk to him in my own language. You have to pay cash, though.'

man (70), originally from Wencheng

with siblings in the Netherlands more often consider a permanent return than those migrants without. My guess is that migrants with large families in the country of migration can afford more easily to risk the hazardous venture of return migration. If things don't work out, there is still family in the Netherlands to fall back on. Further qualitative research will shed more light on this matter.

The questionnaire included a short list with possible problems that migrants may encounter during their commute or holiday in the country of origin. These problems were marked as follows:
Travelling is expensive (46 percent); no health insurance in the country of origin (35 percent); no suitable place to stay in the country of origin (23 percent); travelling is tiring (19 percent); no (good) medical doctor in the country of origin (18 percent); the journey is difficult to organise (12 percent); other problems (3 percent); no problems at all (18 percent).

For elderly people, the availablilty of a medical doctor is of course even more important than for younger generations. While elderly Chinese may have a general trust in the Dutch medical system, including the medical staff, they find it difficult to talk to doctors. Many elderly Chinese cannot speak Dutch well enough to visit the doctor without help. As a rule, the doctor should arrange an interpreter, but in practice the patients bring their children. That is quite a burden for both the children and the parents.

Travel expenses – including medical care – are one of the main problems of commuting, as well as having a place to stay (especially for Hong Kongese) and the tiring aspect of all the travelling. More profound questions we have to deal with include the organisation of elderly care in transnational families. Both at the stage when the older generation can still travel back and forth, and at the stage when health problems obstruct further commuting, migrants and their children have to deal with a difficult decision making process. ■

David Engelhard
trained as a sinologist in Leiden and Cambridge, and is currently affiliated as research fellow at Pharos, Knowledge Center for Refugees and Health (Utrecht). He is preparing a PhD dissertation about circular migration of elderly Chinese.
david.engelhard@wanadoo.nl

References

Bernabé Aguilera, M. 2004. 'Deciding Where to Retire: Intended Retirement Location Choices of Formerly Undocumented Mexican Migrants'. Social Science Quarterly 85-2, p. 340-360.

Cassarino, J-P. 2004. 'Theorising Return Migration: The Conceptual Approach to Return Migrants Revisited'. International Journal on Multicultural Societies (IJMS) 6-2, p. 253-279.

Engelhard, D. 2004. Zorgen over terugkeer: terugkeermigratie met gezondheidsproblemen. Utrecht: Pharos.

Engelhard, D. 2006. "Pendelen op je oude dag: pendelmigratie en gezondheid bij oudere migranten." In: CMG 3 (1) p. 14-25.

Schellingerhout, R. 2004. Gezondheid en welzijn van allochtone ouderen. Den Haag: Sociaal en Cultureel Planbureau.

Tillaart, H. van den, Miedema, F., Dijkman, Th. & Olde Monnikhof, M. 2000. Oriëntatie op de Remigratiewet: Bosniërs, Marokkanen, Surinamers, Turken en Zuid-Europeanen over remigratie naar het herkomstland en de mogelijke rol daarbij van de Remigratiewet. Nijmegen: ITS.

Vogels, R., Geense, P., Martnes, E. 1999. De maatschappelijke positie van Chinezen in Nederland. Assen: Van Gorcum.

Yerden, I., 2000. Zorgen over zorg: Traditie, verwantschapsrelaties, migratie en verzorging van Turkse ouderen in Nederland (proefschrift). Amsterdam: Het Spinhuis.