

Tackling chronic disease among ‘left-behind’ older people in India and China

India and China are both undergoing unprecedented urbanisation, with increasing numbers of younger people and adults moving into cities, leaving behind their older parents in rural areas. Both India and China have a patrilineal culture which emphasises a son’s duty to support his parents, however it is also men who are most likely to migrate, leaving parents without this support. This research examines the impact of sons’ emigration on the health of parents ‘left-behind’.

Key Points

- Sons’ emigration negatively impacts upon the health of their parent ‘left behind’ in both China and India.
 - In China there is a strong association between digestive diseases among parents and having a migrant son.
 - In India parental hypertension, diabetes and heart disease were found to be strongly associated with having a migrant son.
- Culture, social behaviours and in particular kinship networks influence the association between adult sons’ migration and the health of ‘left behind’ parents.
- Social and legal arrangements related to elderly care can mediate the relationship between the adult son’s migration and his older parents’ health.
- There is a need to raise awareness of the complex nature of the psychological, social and cultural drivers of illness among older people ‘left-behind’, which calls for viewing care beyond purely clinical terms and promoting integrated care across clinical pathways.
- Training across all levels and professions of health / care systems is needed to raise awareness of these issues to promote socially and culturally-sensitive health care.

Introduction

Globally, chronic diseases such as cardiovascular diseases and diabetes are the leading causes of disability and death. China and India, home to the largest aged populations in the world today, share a patrilineal culture that emphasises a son’s duty to respect and support his parents. Older parents

typically continue to rely on their adult sons and daughters-in-law for support, as daughters often live elsewhere following marriage and are expected to support their husband’s parents. China and India are in the midst of a massive, unprecedented shift in population distribution towards urban centres.

As a result of mass internal and/or international migration traditional systems of family support for older people from their adult children are coming under pressure. In a context where there is no mature system of old age social protection, including pensions and health and social care, we aimed to find out if the emigration of an adult son leads to his parents' deteriorating emotional and physical care, affecting their health in the long run.

The study

In order to study the health of older people 'left behind' in China, we carried out analysis of data collected in the national baseline survey of the 2011 China Health and Retirement Longitudinal Study (CHARLS). Our total sample size was 6495 individuals aged 60+ from 28 provinces, who had at least one child at the baseline survey.

For India, we used data from a representative sample of 9507 adult's aged 60+ in seven Indian states from the UNFPA project 'Building Knowledge Base on Ageing in India'.

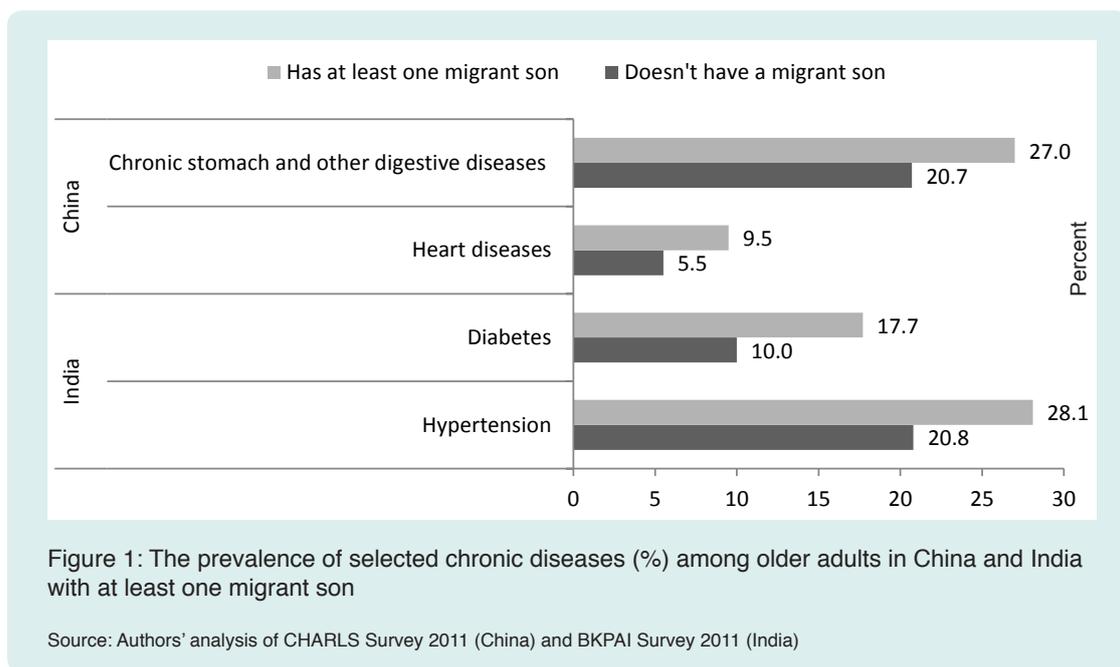
Findings

Our studies found that the chronic diseases we examined were more common among older people with a migrant son compared to older people without (Figure1).

The strong association between older parents reporting the selected chronic diseases and their son's migration remained significant even after considering the older parents' socioeconomic

status, health behaviour and other confounders that could influence the effect of adult sons' migration on parental health.

Existing published research shows that local culture, the importance of kinship networks, and the social and legal arrangements related to elderly care, can all intervene in the relationship between adult sons' migration and their parents' health. In the Chinese and Indian context, where the traditional culture obligates a son to live with his parents and to provide long-term economic, emotional and care support, parents with migrant sons have been shown to experience chronic stress, increased loneliness and isolation; issues which are difficult to address in a context where formal care provision is scarce, especially in rural areas. Feelings of loneliness and isolation among older parents may in turn lead to persistent worrying, anxiety, pessimism and depression, which can compromise their health in the long run. Studies have suggested that chronic exposure to stress may cause increased blood pressure, elevated blood glucose levels and an increased risk of heart disease. In addition, 'left-behind' older parents under stress may try to relieve their tension by changing their lifestyle and behaviour patterns and turning to diets that are high in energy, fats, salt and sugar, and which are negatively associated with health outcomes. Older individuals with a migrant son also tend to receive weaker support from younger family members including help to access necessary medical care.



Policy implications

Our research reveals the need for changes in public policy, community, health care systems, as well as individuals and families, in order to tackle the increase in chronic disease among older people in societies experiencing fast social and demographic transitions. The negative health consequences of exposure to a son's emigration among older parents in China and India could be prevented with targeted policies using a health approach informed by the social and cultural context.

Policy makers and practitioners should continue advocating for alternative sources of support for elderly people in promoting healthy lifestyles which can reduce risk factors for chronic illness and for strengthening primary care for early diagnosis and disease control.

However, this should be done with an awareness of the complex nature of the psychological, social and cultural drivers of illness among older people 'left-behind', which calls for viewing care beyond purely clinical terms and promoting integrated care across clinical pathways. For instance, country-wide psychological care for chronic stress would be beneficial to the mental and physical health of 'left-behind' older people; extending the social security system to cover all citizens and establishing basic community service systems to meet the needs of older people 'left-behind' are equally important.

It is also essential to develop innovative ways to increase support networks for 'left-behind' elders in the absence of familial ties.

Training across all levels and professions of health / care systems should raise awareness of such issues in order to promote culturally-sensitive health care.

Creating resilience-enhancing psychosocial programmes would help inform and empower 'left-behind' older people and their families to address their health needs preventatively and proactively, helping them to adapt to cope with the chronic stress induced by such social and demographic transitions. It is vital that these programmes are sensitive to 'left-behind' older people's actual living conditions and daily experiences.

Resources

This research is published in:

Falkingham J., Qin M., Vlachantoni A. & Evandrou M. 2017. Children's migration and lifestyle-related chronic disease among older parents 'left behind' in India. *SSM - Population Health*, 3:352-357. <https://doi.org/10.1016/j.ssmph.2017.03.008>

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