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

As part of my PhD research I questioned about 350 elderly Chinese in the Netherlands. I prepared a bilingual questionnaire and conducted 20 interviews with them. As a result, we attended a National day for the Chinese elderly in Rotterdam on September 15, 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 (SF12 questionnaires). 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; 25 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 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 fails back, we of course will stay permanently in China.’

women (65), originally from Wenchang.

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 lay 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-Antillans 44 percent (Schellingheut 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 50 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 ones live in the Netherlands, the better.

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) travel once or more per year to their country of origin, and slightly more than a quarter (38 percent) stays for more than two months in China or Hong Kong.

We can summarise the results as follows: youger 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 elder they get. 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

**Table**: Variability in desire to return, frequency and duration of circulation

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

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.
that duration of stay in the USA has no significant influence on the decision (Berna-
bé-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
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 holi-
day in the country of origin. These prob-
lems 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); travel-
ing is tiring (19 percent); no (good) medi-
cal doctor in the country of origin (18 per-
cent); the journey is difficult to organise
(12 percent); other problems (5 percent); no
problems at all (18 percent).

For elderly people, the availability 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, includ-
ing the medical staff, they find it difficult to
talk to doctors. Many elderly Chinese can
not speak Dutch well enough to visit the
doctor without help. As a rule, the doctor
should arrange an interpreter, but in prac-
tice 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 com-
muting, 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 com-
muting, migrants and their children have
to deal with a difficult decision making
process. ■

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

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

‘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 Wenchang