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Family, health, and wellbeing: the lives of Chinese immigrants in the Netherlands

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Chapter 7

Summary and General Discussion

This chapter provides a summary of the studies conducted in this dissertation. Followed by a general discussion, suggestions for future research, and policy implications conclude this dissertation.

SUMMARY

Part I of this dissertation is aimed at investigating the wellbeing and health of aging native and diasporic Chinese adults.

To provide an answer to the investigated issue, Chapter 2 sets the scene for a comparative study of Chinese adults aging in- and out of place, in China and the Netherlands, respectively. Specific attention was paid to frailty, quality of life (QoL) and loneliness among the aging in and out of place adults. The concepts of frailty, QoL and loneliness were compared in their mean scores, and the relationships between the concepts were explored among the aging in and out of place samples. The main findings indicate that the aging in place sample had a higher prevalence of frailty. Conversely, QoL and loneliness were more correlated with each other than with frailty. The aging out of place sample had a higher prevalence of loneliness, and a lower QoL. Frailty, QoL and loneliness were all closely correlated with each other. The findings indicate that the social aspects were more detrimental among the aging out of place older adults.

The measurement of loneliness across different populations of Chinese older adults was investigated in Chapter 3. The De Jong Gierveld Loneliness Scale was examined for cross-cultural equivalence among Chinese adults in China and the Netherlands using reliability, a multi-group confirmatory factor and item response analysis. The findings determined that the scale was sufficient at measuring loneliness in both countries. This study demonstrates the importance of recognising cross-cultural equivalence across diverse populations within the same culture, particularly in the diaspora.

Part II of this dissertation focused on the cultural aspect of intergenerational relationships among first- and second-generation Chinese immigrants in the Netherlands. Specifically, the Confucian concept *filial piety* among the immigrant Chinese population in the Netherlands was examined. As this is an important cultural factor of the intergenerational relationships between parent and children, both first- and second-generation Chinese immigrants were topics of the study.

Among older first-generation Chinese immigrants, the relationship between mental health and filial piety discrepancy was studied in Chapter 4. Mental health was measured using the Mental Health Continuum (MHC) scale. Filial piety discrepancy was defined as the difference between perceived and expected filial piety. The findings indicate that there is an association when perceived filial piety exceeds the expected filial piety, with an increased mental wellbeing and emotional wellbeing. These findings imply that filial piety receipt remains relevant to the wellbeing of aging Chinese immigrants in the Netherlands.

Second-generation Chinese immigrants were involved in a qualitative study on care and filial piety, and a psychometric validation of a normative filial piety scale.

The qualitative inquiry in Chapter 5 showed that despite not being in a caregiving situation, filial care was still important among the younger adults. However, care was presented in forms other than the conventional understanding of caregiving. In the context of immigrant families, language brokering was a commonly shared form of “care” among second-generation immigrants. Moreover, the notions of reciprocity of care that indicates filial piety norms underlines the intention and motivation for filial (future) care. This qualitative study implies that filial care and filial piety remain important, and share a common understanding among second-generation Chinese immigrants.

To gain quantitative insights of filial piety, a normative filial piety scale was psychometrically validated among the second-generation Chinese immigrants in Chapter 6. The scale was based on the six domains and included care, respect, greet, happiness, obedience and financial support. It was translated to the Dutch language and assessed under a random sample of 30+ years second-generation Chinese immigrants. Reliability analysis and construct validity (confirmatory factor analysis and item response analysis) demonstrated that the scale was sufficient in its measurement of filial piety. Criterion validity showed that an increase in the quality of relationships with parents and the amount of informal support was associated with higher filial piety scores. The findings validate that the normative scale is sufficient in measuring the filial piety.

GENERAL DISCUSSION

The Chinese immigrants' most distinguishing characteristic is their international migration and settlement abroad, which accounts for both first- and second-generation immigrants in many countries. The first-generation became immigrants by undertaking the act of migration. However, second-generation immigrants continue to experience migration as they were born into an immigrant family. The Chinese immigrant population has evolved since their first settlement in the Netherlands, and it is this evolution that constructs the body of this dissertation. In the paradigm of the life course perspective, the migration itself can be considered an important life event, which is marked by both first- and second-generation immigrants, particularly when based on the life course principle of linked lives.

Life course perspective

The life course perspective provides a heuristic framework where the different elements of life can be considered as an interplay between historical events and social location, and where culture defines or affects various facets of life, relevant to the study of immigrant lives (McDonald, 2011). Originally developed by Elder (1995; 2003), the life course perspective was developed to explain the health and developmental patterns of the generations who were impacted by the Great Depression in the US. This theoretical approach is considered versatile and interdisciplinary as it can be applied to diverse disciplines. For example, in gerontology, it has been used to understand how the aging process is shaped by earlier life events and experiences (Browne et al., 2009; Ferraro & Shippee, 2009; Wethington, 2005). In the social sciences, it has been applied to recognise family patterns and pathways or social changes in family systems (Evans et al., 2009; Huinink & Feldhaus, 2009). The discussion takes place on an underlying foundation of principles of linked lives between generations. The principle refers to the social embeddedness of the lives of both generations, where, in this case, both parent and children influence other lives on a micro to macro level.

The health of older Chinese immigrants

Healthy immigrant or vulnerable immigrants?

Studies regarding the health and wellbeing of older Chinese immigrants show that they are extremely socially vulnerable. In particular, the comparative cross-national design discussed in Chapters 2 and 3 draws out the differences between the older Chinese adults in China and in the Netherlands. Theories such as the healthy immigrant theory could shed light on this phenomenon (Kennedy et al., 2015). The migration can be seen as a process that functions for a self-selection of healthy individuals who are capable of taking the leap to migrate and to continue their life in a new country. However, the findings in Chapters 2 and 3 confirm that although the older immigrant Chinese are physically healthier (a lower number of comorbidities) and less frail than the native Chinese adults in China, there is a high prevalence of loneliness among the older Chinese immigrants.

Comparisons of health-related conditions among other immigrant populations show that these findings are inconsistent with and thus lack support of the health immigrant theory. For example, European studies based on the Survey of Health on ageing and retirement in Europe found that immigrants display higher rates of frailty, depression, and functional limitations than the native Northern and Western Europe populations (Aichberger et al., 2010; Brothers et al., 2014; Ladin et al., 2013). However, similar to the findings in Chapters 2 and 3, a lower number of chronic comorbidities is observed among the immigrants in Europe. Loneliness is more prevalent among the older Turkish and Moroccan immigrants than the native older adults in the Netherlands (Uysal-Bozkir et al., 2013). In comparison with QoL rates among older native Dutch adults, the QoL of the older Chinese immigrants in Chapter 2 are similar (Gobbens & van Assen, 2016). In a different study, ethnic background was not found to be a contributing factor to the QoL among Turkish, Moroccan and Moluccan immigrants in the Netherlands (Verhagen et al., 2014). Furthermore, loneliness and comorbidity were the main determinants of a poor QoL (Verhagen et al., 2014).

These inconsistent findings of the immigrants' in comparison to the natives' health does not seem to support the healthy immigrant theory. Moreover, it suggests that mental health is consistently worse and may be an important factor in the health and wellbeing of the immigrants. Therefore, it can be assumed that there is a complex interaction between mental and physical health, and they cannot be considered as independent entities when examining the health consequences of migration. Moreover, current research on the repercussions of migration on health, as examined by the healthy immigrant theory, could benefit from an additional systematic approach where ethnic groups are individually studied – similar to the studies in this dissertation – instead of grouping various migrants together. The lack of intracultural comparisons studies implies that the general assumption that all cultural populations are homogenous precedes and underlies the research of culture and aging. Moreover, additional studies with more structural comparative designs in relation to homeland natives are needed. For example, immigrants with a relatively short or long period of time since their migration and the native population of the host country can provide evidence on the health effects of migration. A distinction between shorter time and longer time after migration should be made as the repercussions of migration may be visible after a prolonged period. Additionally, a more rigorous approach, a longitudinal approach would be needed to gain a deeper understanding of the health trajectories of the immigrant population and to establish whether these are specifically diverse or common across various immigrant populations.

Accessibility of healthcare

The health trajectory of the immigrant population can be well influenced by the accessibility of healthcare. In the Netherlands, the utilisation of both mental and physical healthcare is hampered by the language barrier and communication problems between the Chinese immigrant population and healthcare providers (Gijsberts et al., 2011; Liu, 2014). Low language proficiency and communication problems are shared throughout the global Chinese immigrant populations in Canada, the US, the UK and Spain (Badanta-Romero, 2021; Green et al., 2006; Lai & Chau, 2007; Tsoh et al., 2016). Moreover, these barriers may also imply that family members are a useful resource for the access of healthcare. Among the younger Chinese immigrants, providing support through language brokering is a common means of access to healthcare for their parents, as explained in Chapters 5 and 6. As elicited in Chapter 5, the younger generation take up the responsibility of language brokering and thus, navigate the older generation through the healthcare system. In cases where young family members function as a language broker, especially at a younger age, this burdens them with a responsibility that is referred to as an *adultification* of the child (Weisskirch, 2010). This responsibility is not only presented as a mediation between a third party and their family through correct linguistic translation, but also through language brokers who perceive themselves as an intermediating agent with significant control of the outcome.

Accordingly, language brokers are only concerned with benefiting for the party they represent, e.g. a parent (Alvarez, 2012). However, language brokering by children, especially younger children, has been reported as an empowering activity among immigrant children. Moreover, language brokering at a younger age has a positive notion. It is perceived as a valuable experience and a strength that deepens the child's understanding of family support and care at an early age, and the realisation of the important contribution they can make to help their family settle in a new country (Bauer, 2016; Weisskirch, 2010). Therefore, language brokering should not solely be framed as a completely negative experience. Yet, caution should be taken when considering using younger family members, so that the need for language brokering does not compromise the appropriate role boundaries. Nonetheless, language brokering interconnects the different generations of immigrants and prevails to be a unique phenomenon for the immigrant family that shapes the complexity and lived experienced of migration.

Although national guidelines have stated that translation services should be available in hospitals, this is insufficient, as the healthcare system is wide-ranging. Most important is the use of translation services by general practitioners as this is the first point of entry in the Dutch healthcare system. A recent study has shown that health care professionals who encounter language barriers with patients do not use translation services in 69% of the cases where it is actually needed (Triemstra et al., 2016). The main reasons for health care professionals to underutilise translation services is due to unclear financial regulations or financial shortages, and ignorance of the relevant national policies and regulations (Triemstra et al., 2016). Moreover, it is common practice for patients to arrange an informal translator. However, the use of an informal translator from the personal social network is not always a voluntary choice, but rather an imperative necessity. This is because immigrants with low language proficiency are less likely to be well informed about the available resources and translation services in health care. Therefore, this highlights the importance of translating general information in the largest migrant populations, including Chinese. Not only will this increase the independence of immigrants with poor language proficiency, but it may also relieve the younger generation from the strain of supporting the older generation.

A global perspective on filial piety and caregiving

Filial piety: a cultural norm in erosion or transformation?

Filial piety seems to be persistent among first- and second-generation immigrants, as seen in the second part of the dissertation. The cultural influences of Chinese immigrants have undergone a specific transition in the migrant context. Specifically, second-generation Chinese immigrants report a higher degree of filial piety than the degree of filial piety expectation of older first-generation immigrants in Chapters 4–6. This is similar to the observations made among the Chinese Americans (Guo et al., 2020; Zhang, 2020). In contrast, in mainland China, the older generations have higher filial piety expectations than the younger generation (Yue & Ng, 1999). Moreover, filial care, as prompted by filial piety among the second-generation Chinese immigrants is less stringent on the aspect of care provision by family members, as indicated in Chapter 5, and financial support is rated as the least important aspect of filial piety in Chapters 4 and Chapter 6. This is in accordance with other studies among the Chinese Americans, in which caregiving is perceived as a shared responsibility with the government; outsourcing of care is accepted and financial support becomes less important (Hsueh et al., 2008; Lan, 2002). These observations raise the impression that this development of filial piety is specific to the migrant population. It is argued among some scholars that filial piety is eroding, for example due to the decline of financial support (Feng, 2017).

Contrary to the argument that filial piety is eroding among the migrant population, it could be argued that filial piety remains, albeit in a different form. Specifically, as filial piety is a normative feature of the parent–child relationship, the diminishment of the practice of filial caregiving does not necessarily indicate a decrease of filial piety. Rather, the filial norm is best considered as a perceived responsibility that reflects the intention for filial support, such as care provision or financial support. However, although the responsibility for filial support or care can be present among adult children, it may not necessarily imply that the enactment of care provision by the adult child is considered as a first option.

Therefore, in the discussion of possible *erosion* of the Chinese culture, filial piety (and other social and cultural norms, for example familismo from the Latino culture, or gender norms) can be reviewed through disparate lenses as an *expectation*, *importance*, and *normative belief*. As filial piety can be ingrained as a normative belief among older Chinese parents, this does not necessarily imply expectation of filial piety in a similar fashion, for example lowering the expectations of Chinese parents could be a coping strategy for their children raised in a Western(ising) environment. Moreover, the degree of filial piety expectation by definition does not necessarily correspond to its importance. Therefore, regarding filial piety in its importance, does not entail expectation or as a normative belief a similar sense. Unravelling the concept of filial piety premised on expectation, importance and normative belief sheds light on the complex transformations that cultural norms and beliefs undergo in changing times. Reflecting on the observations in Chapters 4 and 6, this provides an explanation of the higher degree of reported normative filial piety beliefs among the second-generation immigrants in comparison to the filial piety expectations older first-generation Chinese immigrants.

The adaptation of filial piety as a consequence of the macro environment

As seen in the qualitative study in Chapter 5, despite the borne responsibility of filial care towards parents, the wider context of care arrangements was weighted in the consideration for the actualization of care by the younger generation. A clearer example can be given with financial support. As demonstrated in Chapters 4 and 6, financial support was least expected by the older first-generation immigrants. Of the six aspects of filial piety, financial support was rated as lowest among the younger second-generation Chinese immigrants. As there are financial support policies in the Netherlands and other Western societies, e.g., pensions, the basic financial needs of older Chinese immigrants are met. Consequently, the adult Chinese children are less likely to fulfil filial piety by providing financial support for their parents while still endorsing filial piety norms. However, a new form of filial piety, language brokering, was seen as an expression of filial piety among the younger generation as the older generation are vulnerable due to their lack of language comprehension, as shown in Chapters 5 and 6. A striking example from China illustrates the same principle. Since the implementation of social pensions in China, the instances of older parents cohabiting with their adult children has decreased. The financial independence of a pension means there is less reliance on the adult children for their basic needs (Chen et al., 2018). These observations suggest that the changing practices of filial piety, or in a broader sense, caregiving, should be considered in their macro environment, e.g., presence or absence of social security systems and welfare policies. The relevance of such macro environmental aspects therefore raises the importance of the consideration of caregiving in different degrees of welfare states, such as developing and developed countries.

Universality of caregiving practices

As observed in many studies, the expectation of tangible support, and especially financial support, is decreasing among older Chinese parents, whereas intangible support is increasing in its importance as noted in Chapters 4 and 6. Looking from a macro perspective, where caregiving can be based on the principle of need, a pattern can be identified based on the hierarchy of the lower and higher order of human needs by Maslow (1943). Translated to caregiving, tangible support (or lower order needs) is expected first. After fulfilment of the tangible support, intangible support (higher order needs) is expected. As the development of the social security policies in developing and developed countries run at a different pace, this theory of hierarchy of needs fits the pattern of valued types of support in different welfare states. Therefore, support or care is likely to display a pattern, depending on the available facilities and the social systems in a country, or the macro setting (Yeh et al., 2013). It is therefore imperative to consider caregiving in the larger context of its macro environment. Research wise, the study of caregiving is comparative across different degrees of welfare states, from those with none to almost no social support policies present, up to a complete welfare state within the same or similar cultural cohorts.

Methodological considerations

This dissertation aimed to provide insights into the lives of Chinese immigrants in the Netherlands. However, the findings of this dissertation may have some limitations due to the possibility of selection bias. As the older Chinese immigrant population in the Netherlands is hard to reach and recognised as a closed community, this reflected in the studies conducted in this dissertation. The majority of older Chinese immigrants who were approached showed no interest in participating in the research. Although no reasons were explicitly given, it can be speculated that it is related to their mistrust of outside parties resulting in privacy concerns, such as whether the given information will be communicated with other agencies. Moreover, their unwillingness may also rise from the fact that there is no visible or immediate benefit to

the individual for participating. Therefore, the recruitment of older Chinese immigrants has been extremely challenging.

An overview of the general health and wellbeing was given with the use of self-reporting measurements. As self-reporting measurements are prone to bias, triangulation with direct measurements may have enhanced insights. Direct measurements include the technological measurement of blood pressure, physical activity or sleep. Such objective measurements may have provided additional insights into subjective measurements such as QoL.

Given the relatively high illiteracy and low education levels of the older Chinese immigrant population (Gijsberts et al., 2011), there may have been bias in the use of self-reported instruments. This may be related to the interpretation of the questions. Filling out a written form can be considered as an exhaustive task and as such, forms a high threshold for participation. Moreover, as the second part of the dissertation concerns the filial piety among both generations, a household survey could lead to clearer insights of the intergenerational differences. Although it is more complex to execute, this will provide more rigorous findings since the results from the filial piety scales in Chapters 4 and 6 may be more appropriately considered as a comparison between both generations.

FUTURE RESEARCH

Following the general discussion, some recommendation for future research can be introduced.

Migrant health research should focus on a specific culture or ethnicity. The merging of migrants from different cultures and ethnicities is problematic as dilutes the meaning of “migrant health” and thus clouds the findings and its implications. Moreover, cross-country comparisons are incongruent as the term “migrant” is heavily dependent on the migrant composition taken in each study, which results in a narrow sample of ethnic diversity and thus, conclusions which are an overgeneralisation of migrant health. Examining an ethnic or cultural group in isolation creates understanding on a global level.

Currently, immigrant health life trajectories are lacking, and cross-sectional studies are the way to go. Complex problems require sophisticated designs, such as comparisons regarding health in the course of an individual's life. Repeated measurements across different time points are required to gain a deeper insight into the processes of health after migration.

Immigrant studies should focus on more than one generation. Usually, first-generation immigrants are the main topic of study. By involving the younger generations, new insights may come to light as individual lives are not shaped in isolation. For example, the influences of migration could be studied among first- and second-generation immigrants.

The study of filial piety should distinguish between normative belief, importance and expectations. Moreover, its diversity should take macro factors into consideration, such as social policies, gross domestic product (GDP), and healthcare policies, in a comparative fashion.

Finally, the validation of measurements among immigrant populations deserves specific attention as instruments with sufficient psychometric properties in the native ethnic population may not necessarily transfer to the migrant population, and vice versa.

POLICY IMPLICATIONS OF THE DISSERTATION

Healthcare and social workers consulting immigrant families should be made aware of the important cultural elements that are relevant to family behaviour and go beyond the range of individualism/collectivism. Therefore, intercultural education should be compulsory when working with patients or clients.

Translation services and translated written information are needed for those who are challenged in the Dutch language to provide them with their basic human right to healthcare.

Loneliness and other aspects of mental health is highly prevalent in older Chinese immigrants in the Netherlands. This population should be helped through the use of tailored living communities and specialised culturally competent social workers.

- Aichberger, M. C., Schouler-Ocak, M., Mundt, A., Busch, M. A., Nickels, E., Heimann, H. M., ... & Rapp, M. A. (2010). Depression in middle-aged and older first generation migrants in Europe: results from the Survey of Health, Ageing and Retirement in Europe (SHARE). *European Psychiatry*, 25(8), 468-475. <https://doi.org/10.1016/j.eurpsy.2009.11.009>
- Alvarez, S. (2012). Language brokering in practice: linguistic power, biliteracy events, and family life. *Miller, P., Matzke, J., & Mantero, M. (2012). Readings in Language Studies*, 151-173.
- Badanta-Romero, B., Lucchetti, G., & Barrientos-Trigo, S. (2021). Access to healthcare among Chinese immigrants living in Seville, Spain. *Gaceta sanitaria*, 35(2), 145-152. <https://doi.org/10.1016/j.gaceta.2019.09.008>
- Bauer, E. (2016). Practising kinship care: Children as language brokers in migrant families. *Childhood*, 23(1), 22-36. <https://doi.org/10.1177/0907568215574917>
- Brothers, T. D., Theou, O., & Rockwood, K. (2014). Frailty and migration in middle-aged and older Europeans. *Archives of Gerontology and Geriatrics*, 58(1), 63-68. <https://doi.org/10.1016/j.archger.2013.07.008>
- Browne, C. V., Mokuau, N., & Braun, K. L. (2009). Adversity and resiliency in the lives of Native Hawaiian elders. *Social Work*, 54(3), 253-261. <https://doi.org/10.1093/sw/54.3.253>
- Chen, X., Eggleston, K., & Sun, A. (2018). The impact of social pensions on intergenerational relationships: Comparative evidence from China. *The Journal of the Economics of Ageing*, 12, 225-235. <https://doi.org/10.1016/j.jeoa.2017.04.001>
- Elder, G. H., Jr. (1995). The life course paradigm: Social change and individual development. In P. Moen, G. H. Elder, Jr., & K. Lüscher (Eds.), *Examining lives in context: Perspectives on the ecology of human development* (pp. 101-139). American Psychological Association. <https://doi.org/10.1037/10176-003>
- Elder, G. H., Johnson, M. K., & Crosnoe, R. (2003). The emergence and development of life course theory. In *Handbook of the life course* (pp. 3-19). Springer, Boston, MA. https://doi.org/10.1007/978-0-306-48247-2_1
- Evans, B. C., Crogan, N., Belyea, M., & Coon, D. (2009). Utility of the life course perspective in research with Mexican American caregivers of older adults. *Journal of Transcultural Nursing*, 20(1), 5-14. <https://doi.org/10.1177/1043659608325847>
- Feng, Z. (2017). Filial piety and old-age support in China: Tradition, continuity, and change. In *Handbook on the family and marriage in China*. Edward Elgar Publishing. <https://doi.org/10.4337/9781785368196.00022>
- Ferraro, K. F., & Shippee, T. P. (2009). Aging and cumulative inequality: How does inequality get under the skin?. *The Gerontologist*, 49(3), 333-343. <https://doi.org/10.1093/geront/gnp034>
- Gijsberts, M., Huijnk, W., & Vogels, R. (2011). Chinese Nederlanders: van horeca tot hogeschool. 2011-21. The Hague: Sociaal en Cultureel Planbureau.
- Gobbens, R. J., & van Assen, M. A. (2016). Psychometric properties of the Dutch WHOQOL-OLD. *Health and quality of life outcomes*, 14(1), 1-9. <https://doi.org/10.1186/s12955-016-0508-5>
- Green, G., Bradby, H., Chan, A., & Lee, M. (2006). "We are not completely Westernised": dual medical systems and pathways to health care among Chinese migrant women in England. *Social science & medicine*, 62(6), 1498-1509. <https://doi.org/10.1016/j.socscimed.2005.08.014>
- Guo, M., Byram, E., & Dong, X. (2020). Filial expectation among Chinese immigrants in the United States of America: a cohort comparison. *Ageing & Society*, 40(10), 2266-2286. <https://doi.org/10.1017/S0144686X1900059X>
- Huinink, J., & Feldhaus, M. (2009). Family research from the life course perspective. *International Sociology*, 24(3), 299-324. <https://doi.org/10.1177/0268580909102910>
- Hsueh, K. H., Hu, J., & Clarke-Ekong, S. (2008). Acculturation in filial practices among US Chinese caregivers. *Qualitative Health Research*, 18(6), 775-785. <https://doi.org/10.1177/1049732308318923>
- Kennedy, S., Kidd, M. P., McDonald, J. T., & Biddle, N. (2015). The healthy immigrant effect: patterns and evidence from four countries. *Journal of International Migration and Integration*, 16(2), 317-332. <https://doi.org/10.1007/s12134-014-0340-x>
- Ladin, K., & Reinhold, S. (2013). Mental health of aging immigrants and native-born men across 11 European countries. *Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, 68(2), 298-309. <https://doi.org/10.1093/geronb/gbs163>
- Lai, D. W., & Chau, S. B. (2007). Predictors of health service barriers for older Chinese immigrants in Canada. *Health & social work*, 32(1), 57-65. <https://doi.org/10.1093/hsw/32.1.57>
- Lan, P. C. (2002). Subcontracting filial piety: Elder care in ethnic Chinese immigrant families in California. *Journal of Family Issues*, 23(7), 812-835. <https://doi.org/10.1177/01925130223659>
- Liu, C. H. (2014). Suffering in silence?: The adequacy of Dutch mental health care provision for ethnic Chinese in the Netherlands (Doctoral dissertation, Utrecht University).
- Maslow, A. H. (1943). A theory of human motivation. *Psychological review*, 50(4), 370. <https://doi.org/10.1037/h0054346>
- McDonald, L. (2011). Theorising about ageing, family and immigration. *Ageing & Society*, 31(7), 1180-1201. <https://doi.org/10.1017/S0144686X11000511>
- Triemstra, M., Veenvliet, C., Zuizewind, C., Kessel, P. van, Bos, N. (2016). Noodzaak en omvang van de inzet van professionele tolken: een inventarisatie onder zorgverleners. NIVEL.
- Tsoh, J. Y., Sentell, T., Gildengorin, G., Le, G. M., Chan, E., Fung, L. C., ... & Nguyen, T. T. (2016). Healthcare communication barriers and self-rated health in older Chinese American immigrants. *Journal of Community Health*, 41(4), 741-752. <https://doi.org/10.1007/s10900-015-0148-4>
- Uysal-Bozkir, Ö., Fokkema, T., MacNeil-Vroomen, J. L., van Tilburg, T. G., & de Rooij, S. E. (2017). Translation and validation of the De Jong Gierveld Loneliness Scale among older migrants living in the Netherlands. *The Journals of Gerontology: Series B*, 72(1), 109-119. <https://doi.org/10.1093/geronb/gbv044>
- Verhagen, I., Ros, W. J., Steunenbergh, B., & de Wit, N. J. (2014). Ethnicity does not account for differences in the health-related quality of life of Turkish, Moroccan, and Moluccan elderly in the Netherlands. *Health and Quality of Life Outcomes*, 12(1), 1-8. <https://doi.org/10.1186/s12955-014-0138-8>

- Weisskirch, RS (2010) Child language brokers in immigrant families: An overview of family dynamics. *mediAzioni*, no. 10. Available at: <http://mediazioni.sitlec.unibo.it>.
- Wethington, E. (2005). An overview of the life course perspective: implications for health and nutrition. *Journal of nutrition education and behavior*, 37(3), 115-120. [https://doi.org/10.1016/S1499-4046\(06\)60265-0](https://doi.org/10.1016/S1499-4046(06)60265-0)
- Yeh, K. H., Yi, C. C., Tsao, W. C., & Wan, P. S. (2013). Filial piety in contemporary Chinese societies: A comparative study of Taiwan, Hong Kong, and China. *International Sociology*, 28(3), 277-296. <https://doi.org/10.1177/02688580913484345>
- Yue, X., & Ng, S. H. (1999). Filial obligations and expectations in China: Current views from young and old people in Beijing. *Asian Journal of Social Psychology*, 2(2), 215-226. <https://doi.org/10.1111/1467-839X.00035>
- Zhang, W. (2020). Perceptions and expectations of filial piety among older Chinese immigrants in Canada. *Ageing & Society*, 1-24. <https://doi.org/10.1017/S0144686X20000902>