

# Social Network and Social Support among Elderly Asian Immigrants in the United States

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**Abstract:** The immigrant populations in the U.S., especially elderly Asian immigrants, have increased significantly in recent years. With limited English proficiency and health literacy, elderly Asian immigrants are a vulnerable minority group with poor health outcomes, inadequate use of healthcare services, high healthcare costs, and mistrust on the U.S. healthcare system. Receiving support from social ties helps them to better utilize available resources within and beyond their community. The purpose of this paper is to systematically review the current social support and social network studies among elderly Asian immigrants. Our findings indicate that they receive emotional support from spouses, friends and neighbors, instrumental support from adult children (e.g. financial help), appraisal support from religious members (e.g. suggestion/feedback), and information support from ethnic communities. However, they have limited social ties and receive inadequate social support. Therefore, helping them expanding their social networks and operating social skills are effective for improving their well-being.

**Keywords:** Elderly Asian immigrants, Social support, Social network, Public health, Health disparities.

## INTRODUCTION

The U.S. immigrant populations, especially those from Asian countries such as China, India, Korea, Vietnam, and the Philippines, have increased significantly in recent years. About 40.8 million were foreign-born people in the U.S. in 2012-accounting for about 13% of the total U.S. population, compared to 5% during the 1970s [1]. At the beginning of the 20<sup>th</sup> century, most immigrants came to the U.S. from European countries, but most recent immigrants were from Latin American and Asian countries [2]. According to the 2012 U.S. Bureau of the Census, 54% of the immigrants were born in Latin America and the Caribbean, 29% were born in Asia, and 12% were born in Europe [1]. Further, more than 74% of the Asian Americans residing in the US was born in Asian countries instead of in the U.S. [3]. Therefore, Asian Americans have a high rate of foreign-born population. Most of them immigrate from China, India, Korea, the Philippines, and Vietnam [4]. According to the U.S. Bureau of the Census, the Asian population represents people who indicated they were "Asian", "Asian Indian", "Chinese," "Filipino", "Korean", "Japanese", and "Vietnamese" or other detailed Asian responses [4]. Asians immigrate to the U.S. for various purposes such as finding employment, refuge, and family reunification. Chen *et al.* [2009] pointed out that Chinese and Filipinos primarily immigrate for educational and employment opportunities while

Vietnamese and Southeast Asians primarily immigrate to escape war and political persecution [5].

Asian Americans have been pictured as a financially successful group by many nationwide survey data (e.g., Pew Research Center and the U.S. Bureau of Census); yet, such information does not apply to elderly Asian Americans who are 65 and older. A recent survey collected by the Pew Research Center shows that Asian Americans have the highest income, education level, and population growing rates among all the racial groups in the United States [3]. However, the AARP (American Association of Retired Persons) Research Center reports that elderly Asian Americans (65 years and older) are facing more financial challenges than the general elderly U.S. population [6]. For example, elderly Asian Americans are more likely to live below the poverty level, be on food stamps, and have lower retirement savings because of large household size, low educational attainment, limited English proficiency, and social isolation [6].

Considering Asian Americans are one of the fastest-growing and successful population groups in the U.S. [3], while elderly Asian Americans are suffering from financial insecurity, it is important to further investigate health disparities among elderly Asian immigrants. Cancer, heart disease, diabetes, suicide, and Alzheimer's disease are impact elderly Asian Americans [7]. Most Asian immigrants (~ 85%) speak a language other than English at home and elderly Asian immigrants are more likely to have lower English proficiency [8]. A large number of foreign-born elderly Asian immigrants came to the U.S. for family reunion with their adult children. Therefore, they face more challenges to learn English associated with increased

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aging such as memory loss and reduced cognitive skills compared to younger Asian immigrants who may have attend school in the U.S. With limited English proficiency, health literacy, and high rate of physical and mental health diseases, elderly Asian immigrants become one of the most vulnerable minority groups with poor health outcomes, inadequate use of health care services, high health care costs [9] and mistrust on the U.S. healthcare system [10]. Thus, elderly Asian immigrants suffer from multiple barriers such as language, culture, and navigation of the U.S. health system.

Social relationships have significant effects on elderly population's health and well-being [11]. By receiving support from others within their social network, elderly Asian immigrants can utilize available resources within and outside their community more effectively. Interventions aiming at expanding elderly Asian immigrants' social network and improving their social skills to receive more support can help them reduce negative health outcomes and achieve better health status. Therefore, social support and social network is a mechanism for promoting healthy aging in immigrant communities.

No systematic examination of the social network and social support studies among elderly Asian immigrants in the U.S. has yet been conducted. By reporting these findings among this population will help us reflect on current scenario and the next step regarding the goal of improving health and well-being among immigrants and minority groups.

The purpose of this paper is to systematically review the current social support and social network studies among elderly Asian immigrants in the United States to answer the following questions:

1. Who make up elderly Asian immigrants' social network?
2. What types of support does their social network provide?
3. What is the quality of their social support and social network?
4. What are the positive and negative effects of their social support and social network?

## **METHODS**

We searched five online databases of ERIC, Health Reference Center Academic, MEDLINE, Taylor &

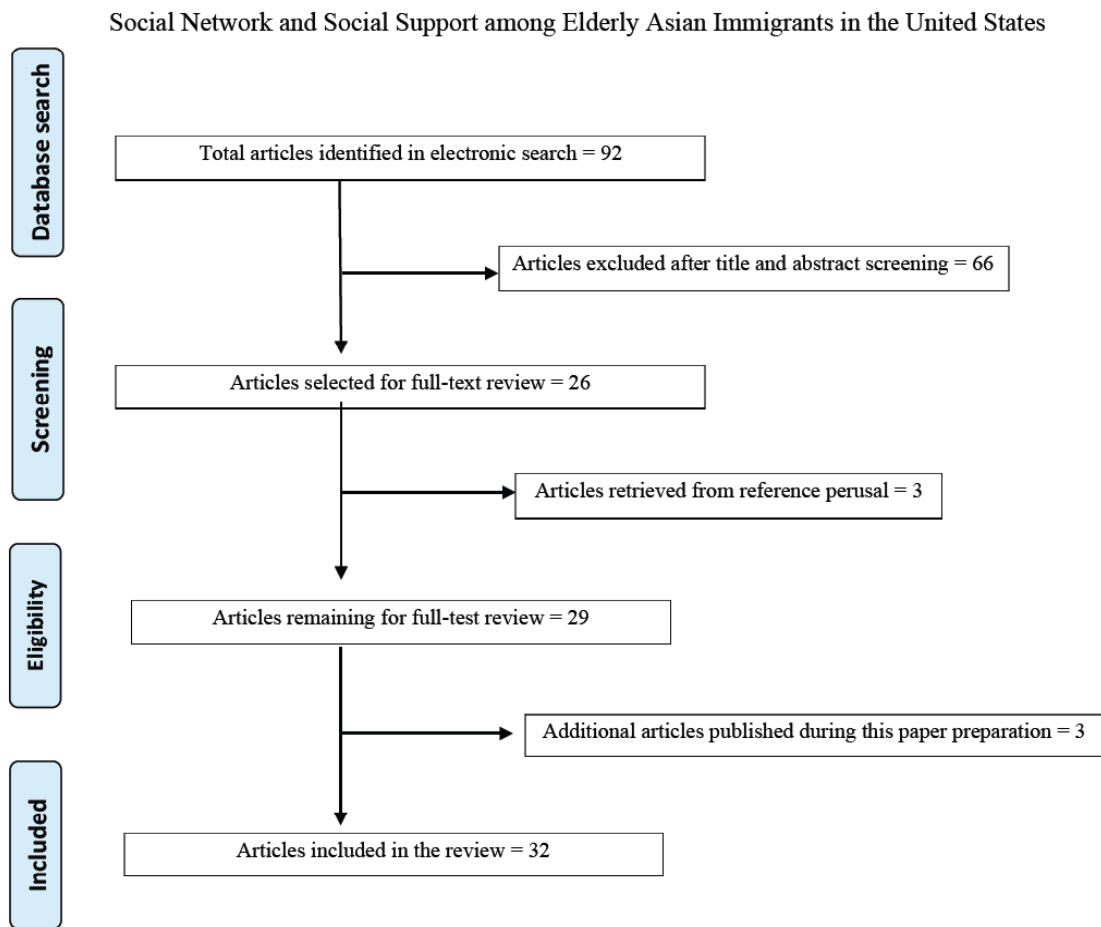
Francis, and Scopus with the key terms: social network, social support, social integration, social capital, and older/elderly Asian immigrant. The criteria for article selection were: (1) peer-reviewed journal articles, (2) published in English from 2000 to 2015, and (3) the study participants were among aging population-50 years old and above. We selected papers published after 2000 because Asian Americans became the highest-income, most well educated and fastest-growing racial group in the United States following 2000 [3]. Therefore, we aim to capture the updated research reflecting such recent demographic shift. The reason we focused on the population age above 50 is that some studies, especially those among Asian population, define aging population as early from 50 years old [12]. In this review, we examined studies among elderly Asian immigrants specifically in the U.S. We excluded papers studying elderly Asian immigrants in other countries because social norms and customs are different from country to country. After key terms searching, our search results yielded 92 papers. Following a deletion of duplicate versions and reviewing the manuscript abstract, we retained 26 studies. After reviewing full texts of the 26 articles, we added another three studies from the reference lists. We further retrieved three studies that published during the manuscript preparation period. In this systematic literature review, we included a total number of 32 studies investigating the U.S. elderly Asian immigrants' social network and social support regarding their health and well-being. We marked these 32 studies in the reference section with asterisks. We presented the process tree for article selection in Figure 1.

## **RESULTS**

### **1. Who Make up Elderly Asian Immigrants' Social Networks?**

#### **1.1. Adult Children**

The family value and structure of Asian immigrants differs from Americans-born natives. For examples, Chinese Americans cultural values are based on collectivism ideology [13]. Compared to native-born households in the U.S., foreign-born family households are more likely to have three or more generations living together [1]. Moreover, the philosophical constructs of Confucianism and Buddhism have influenced Asian countries (such as China) for thousands of years, emphasizing the value of family cohesion. For example, the virtue of filial piety requires adult children to respect, obey and support their parents [14].



**Figure 1:** Process tree for article selection.

Therefore, Asian immigrants consider taking care of old family members as a major responsibility.

The support from adult children plays an essential role in helping elderly Asian immigrants to go through physical and psychological acculturation process in a new country. As many elderly Asian immigrants are close to their adult children [14-18], they consider their adult children as the most common source of support [17, 19-21]. Treas and Batalova [2007] pointed out that most elderly immigrants, especially those who came to the U.S. in their latter part of life, depended on their adult children for the rest of their life [22]. Lee and Holm [2011] found that those who lived with adult children reported a lower level of depression than those who lived independently [17].

### 1.2. Spouse

Having husband/wife is another important source of support for elderly Asian immigrants. Elderly married couple(s) has lower level of loneliness, fears, and boredom than widows because of the company from

their spouse [15]. Spousal support alleviates psychological distress among elderly Asian immigrants [23].

### 1.3. Friends and Neighbors

Elderly Asian immigrants also identify friends and neighbors as their close social ties and primary sources of support [18, 19]. Elderly immigrants feel less lonely when they spend time with friends and neighbors, share their age and interests such as fishing and joining clubs [15].

### 1.4. Religious Affiliations/Faith-Based Communities

Asian immigrants come to the U.S. with diverse religious backgrounds such as Confucianism, Buddhism, Taoism, Hinduism, Sikhism, and Islam. After World War II, the number of Muslim immigrants from the Middle East and Asian countries such as Pakistan, Indonesia, Malaysia, Turkey, and India started to grow [24]. Meanwhile, many elderly Chinese immigrants convert to Christianity as they try to acculturate in the U.S. [25]. Also, more than two-thirds

of the elderly Korean immigrants in the U.S. identify themselves as Christians [26].

Connecting with religious group members and being involved in religious activities offers elderly Asian immigrants not only support but also a sense of belonging within their community [18]. Religious activities help them to maintain bonds while they acculturate in the U.S. [21]. For instance, Maloof and Foss-Sheriff [2003] pointed out religious organizations provided significant support for Muslim refugees [24]. Religious support provide coping strategies (e.g., interacting with religious group members and praying together with them) to alleviate depression and enhance quality of life for elderly Asian immigrants during their hard time life crisis [27-29]. Religiosity and social support from a religious community are positively associated with elderly Asian Immigrants' well-being [26, 30].

## **2. What Types of Support do their Social Networks Provide?**

### **2.1. Emotional Support**

Elderly Asian immigrants receive emotional support from others by expressing love, understanding, and comfort. For example, family members, friends, and relatives are natural helpers providing emotional support for Muslim refugees with their native language and familiar cultural values, because they provide a sense of belonging to Muslim refugees [24]. Elderly Korean immigrants receive little emotional support from their adult children; instead, they received emotional support mostly from spouses, friends, neighbors, and church members [17, 18, 20]. For example, Yoo and Zippay [2012] reported that elderly Korean immigrants lived independently from their children and did not expect emotional intimacy from their children because they understood that their children were busy with their own professional and family lives.

### **2.2. Instrumental Support**

Instrumental support is defined as "help, aid or assistance with tangible needs such as getting groceries, getting to appointments, phoning, cooking, cleaning or paying bills" [31, p. 848]. Elderly Korean and Chinese immigrants receive instrumental support such as financial help, transportations, and help in other emergencies primarily from their adult children [14, 17]. However, literature reports that the adult children provide instrumental support for their parents when the need arose instead of providing emotional

support all the time [17]. Further, they may also seek reciprocal instrumental support from their spouses and church members [18]. In another study conducted among Chinese immigrant parents showed that the provision of instrumental support by adult children was significantly associated with closer relationship – which might be considered an indicator of filial piety [32].

### **2.3. Appraisal Support**

Appraisal support provides feedback and helps with decision-making [31]. Religious communities are a common source for appraisal support among elderly Asian immigrants. For example, Muslim religious leaders build mosques in the U.S. to gather Muslim immigrants to pray together, and provide refugees with religious and life event instructions [24]. Also, elderly Chinese and Korean immigrants consult with their church attendants to seek for appropriate medical decision making [26, 28].

### **2.4. Informational Support**

Apart from close family relatives, elderly Asian immigrants also receive health information that has been translated from English into their native languages from health care providers, mass media, and community organizations such as churches, refugee settlement organizations, and senior centers so that they can better process and understand the health education information [24, 33].

## **3. What is the Quality of their Social Support and Social Networks?**

Elderly Asian immigrants received limited social support. Many of them suffer from social isolation after they immigrate to a new country because they lost their previous social networks in their home country, and thus, have difficulty creating new ones due to language and cultural barriers [24, 34]. Diwan [2008] reported that the immigrants who just entered the U.S. had few good friends nearby and less frequent interactions with their friends [35]. Han *et al.* [2007] found the average number of people in elderly Asian immigrants' social networks is 4, ranging from 1 to 9, comparing to many White elderly people who have larger personal network size but prefer to live alone and being independent [20]. Family support may not always be readily available for elderly immigrants [28]. A substantial number of elderly Korean immigrants live separately from their children and may have no one available to provide financial or emotional support [17, 20]. As a result, elderly Asian immigrants become less

dependent on their kin networks and more self-reliant [36].

#### **4. What are the Positive and Negative Effects of their Social Support and Social Networks?**

##### **4.1. Positive Effects**

Literature reports a positive association between social support and quality of life for elderly Asian immigrants. They rely on others (e.g., their adult children, friend, neighbors, and religious group members) for health care services such as having physical exams, visiting physicians, understanding the U.S. healthcare system, translating languages, and transportation to visit physicians. Therefore, those who receive more social support are more likely to receive health care services. A large size of social network improves elderly Chinese immigrants' utilization of western physicians, senior center services, dental care, and use of traditional Chinese medicine [37-39].

Social support provides resources and opportunities for immigrants to understand norms, language, values, and social systems in a new environment. Diwan *et al.* [2004] found when elderly Indian immigrant's experienced stressful life events, the support from their friends and the engagement in religious activities provided positive effects [40]. Kim *et al.* [2013] also found that elderly Chinese and Korean immigrants who were more engaged in community activities had a lower level of depression [41]. Similarly, some studies showed that if elderly Asian immigrants received higher level of social support, they were less likely to feel lonely, depressed, or suffer from other psychological distress [20, 42-45].

##### **4.2. Negative Effects**

Studies above identify religious activities as one pathway of social support for elderly immigrants to mediate stress and depression. However, social support also has negative effects for elderly Asian immigrants. Zhan *et al.* [2013] argued that faith could promote immigrants' health but it could also serve as a health risk factor because some religious groups such as Falungong, a popular creed in mainland China during the 1990s, did not encourage believers to seek health care services when they were sick [25].

Elderly immigrants, especially those who just left their home country with limited English language proficiency were more likely to rely on their family members in the new countries [15-18]. According to the virtue of filial piety from the beliefs of Confucianism,

adult children are responsible for taking care of their elderly family members, and the elders are expected to help for some housework such as babysitting grandchildren, cooking, and cleaning in return. The required duties of taking care and helping the family isolate the elderly immigrants' interactions with others outside the family and limit their access to resources beyond the family level [2, 15, 24].

#### **DISCUSSION**

Elderly Asian immigrants socially interact with their adult children, spouses, friends, neighbors, and religious/refugee organizations. They usually seek instrumental support such as transportation and financial help from their adult children. In addition, their spouses provide emotional and instrumental support such as cooking and cleaning for each other. When they need a sense of belonging they turn to their friends, neighbors, and religious group members. We noticed varying results among the reviewed literature about whether elderly Asian immigrants receive emotional support from their adult children or not. Some groups received emotional support from their adult children (e.g., Muslim refugees); however, certain groups did not (e.g., Chinese and Korean immigrants). Further studies are needed to investigate these factors (different cultural values and social norms among different Asian groups) in detail.

Due to their language barrier and acculturation stress, elderly Asian immigrants have limited social ties and receive inadequate social support. On one hand, social networks and social support increase elderly Asian immigrants' access to use health care services and help mediate the consequences from challenging life events such as feeling of loneliness, stress, depression, and psychological disorders. On the other hand, close ties within the family restrict them from attaining resources outside the family. Therefore, helping them to expand their social network and foster their social skills are effective for improving their health well-being. For example, integrating health content into English as a second language (ESL) curriculum will enhance their functional and interactive health literacy so that they can empower in health decision making [46]. Also, developing culturally tailored interventions and implementing such interventions by bilingual social workers will help this vulnerable population subgroup effectively navigating the U.S. healthcare system.

Alongside these contributions, we also inform our readers that this paper has some limitations because of the inclusion criteria we used. First, we only reviewed

articles published in peer-reviewed journals. Second, we only included studies written in English. Therefore, our findings could have certain bias toward studies published in other non-scholarly journals or written in languages other than English.

## CONCLUSION

This paper systematically reviewed the recent social support and social network studies among elderly Asian immigrants in the United States published from 2000 to 2015. First, we identified who make up elderly Asian immigrants' social network in the United States. Second, we classified the types of support they received from their social network. Third, we evaluated the quality of their social support and social network regarding their health and well-being. Last, we assessed the positive and negative effects of their social support and social network.

## ETHICAL APPROVAL

This article does not contain any studies with human participants or animals performed by any of the authors.

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