The role of social capital:
subjective well-being of older Chinese immigrants in the Netherlands

Master Thesis

Xiaojiao Dai

S2767872

daixiaojiao@gmail.com

Supervisor: Dr. Billie de Haas

Master of Science in Population Studies

Population Research Centre, Faculty of Spatial Sciences

University of Groningen

August 2018

Acknowledgment

It is one of the most correct decision that I have ever done to come to the Netherlands to learn Population studies. Although the process of improving my knowledge and academic ability was full of pressure and challenges, these experiences were precious to me.

Review the whole learning process, the first year I gained a lot of theoretical knowledge, I from a layman in the field of population studies to step into the field, so as to explore the significance of population research. In this year, I met a group of people who share the same interests and hobbies. The next year, under the guidance of my supervisors Dr. Billie de Haas and Dr. Louise Meijering, I began to write my first qualitative research thesis. My sincere gratitude for them, who taught me a lot about qualitative research and shared their experience of qualitative research. Every conversation with them can benefit me a lot.

In the process of writing this thesis, I faced various emotions, pressure and ups and downs. I want to thank my friend Antje Bieberstein for sitting down and listening to my thoughts, giving me help and emotional support. Thanks to my friend Sari Seftiani in Indonesia, she always greeted me with energy. Thanks to Lilas Fahham, she shared a lot of experience in qualitative research to me. Thank you to the population studies group of 2016-2017. It's my luck to know all of you. I want to thank my family. Without their support, I cannot come to the Netherlands to study my favourite subject. Thank my dear friends Sharon, Di Yan and Wanlin Guo for your encouragement and supports. I'm glad to have friends like all of you. My special gratitude for my afternoon tea brothers —— my cats —— Brownie and Cookie. They always relieved my stress and brought me happiness.

I also want to thank all my participants for their trust and honesty in me. Without their participation, my research objective will not be realized.

Finally, I want to thank myself for never giving up. I hope I can continue my research in the future.

Abstract

Background: Social capital as a popular concept is used to study the health and well-being of the older people. Many studies have found positive associations between social capital and the physical and mental health of the older people. Well-being is a broader concept than health, related to life satisfaction, quality of life, and mental health. Well-being emphasizes subjectivity. There are literatures showing the relationship between social capital and subjective well-being. And there are also relevant literatures showing the impact of social capital on subjective well-being of native older people. However, studies on the relationship between social capital and subjective well-being of older immigrants in different cultural contexts are scarce.

Methods: This research used semi-structured interview guide to interview 12 older Chinese immigrants over 60 years old living in the Netherlands. Learning how they form social capital after immigrating to the Netherlands, and learning how different aspects of social capital contribute to subjective well-being.

Results: The results show that different aspects of social capital contribute in different degrees to the participants' subjective well-being. Most participants indicated that social networks play a positive role in subjective well-being by strengthen connections between people. Other aspects of social capital contributions to subjective well-being are less indicated.

Conclusion: These results indicate the positive role of social capital in subjective well-being, especially the contribution of social network to subjective well-being.

Keywords: Social capital, Subjective well-being, Older Chinese immigrants, the Netherlands, Social network, Social participation, Trust, Reciprocity

Contents

1.   Introduction

The change in old-age dependency ratios underscores the importance of addressing Europe's ageing population, in which this ratio is declining in all European countries (World Health Organization, 2015). Old-age dependency ratio is the ratio of people aged over 65 to the working-age people (between 15-64 years old), which is expected to increase from 25% in 2010 to 53% in 2060, moreover, longevity and birth rates are stagnant (Eurostat, 2017). It is estimated that in 2060 there will be only two working-age people to support one person over 65 years old, compared with four to one in 2010 (Eurostat, 2017). The Population is ageing because of persistently low birth rates and increased life expectancy (European Commission, 2017). More than 20% of the Europeans are expected to reach 65 years old or older by 2025 (Eurostat, 2017). As a result, the population structure of European countries is undergoing fundamental changes and that affects all sectors of society, particularly, the health and social security sectors (European Commission, 2017).

An aging population is often stereotyped as a burden, because the impact of it, which includes: decreased participation rates (labour force size), increased dependency rates (the ratio of the older people to the young people) and increased fiscal gaps (the amount of money the government spends in each sector) (European Commission, 2017). However, these three aspects do not show the significant social contribution of the older people (Pudrovska & Anikputa, 2014). The negative impact of the older people on society is exaggerated, resulting in the neglect of their significant social contribution. The older people play an important role in the community and family with their knowledge and experience (Sirven & Debrand, 2012). For example, many older people can take care of their grandchildren or become community volunteers to help others based on their wealthy experience after retirement (Clarke & Roberts, 2004; Haywood, Garratt, & Fitzpatrick, 2005).

Since 2006, ageing has been recognised as the main focus of the European public health and sustainable economic development (WHO, 2006). This focus includes physical health and well-being of older people, because healthy older people remain a valuable resource for families, communities and economic development (Agren & Berensson, 2006).

1.1 Social capital and subjective well-being

Sixsmith's (2007) research confirms that social capital - association between individuals or groups that include things such as social network, trust, reciprocity and social participation- is a means of promoting the spread of health information and health behaviours among individuals or groups through the medium of social networks and the quality of social relationships. It can be said that the concept of social capital originated from the ideas of Durkheim and Adam Smith, and this concept was first used in the early 20th century (Lin, 2017). In recent years, social capital has reappeared in the works of Bourdieu (1986), Coleman (2003) and Putnam (1993). They had different views on the definition of social capital. Bourdieu emphasized social networks and their connections, communication and obligations, while Coleman was immersed in social exchange theory (Morgan & Swann, 2004). The

concept of social capital defined by Putnam has been widely recognized and has attracted wide attention from both academic and political circles in recent years, because he emphasized on the connection and interaction between individuals or groups - social networks and the resulting norms of reciprocity and integrity guidelines (Robert, 1993). Putnam defines social capital as the characteristics of social organizations such as networks, norms and trust, the promotion of coordination and cooperation, and the achievement of mutual benefit (Putnam, Leonardi, & Nanetti, 1994). Social capital has a positive effect on the health and well-being of the older people (Kawachi & Berkman, 2000; Sixsmith & Boneham, 2007). Well-being is a broader concept than health can be divided into subjective well-being and objective well-being (Phillips, 2006). Because this study focuses on personal experiences and perception to evaluate one's life, the concept of subjective well-being will be applied. Subjective well-being includes a person's assessment of his or her whole life, mental health, or quality of life (Nieboer, Lindenberg, Boomsma, & Bruggen, 2005).

1.2 Older people in the context of social capital and subjective well-being

Some mental health problems such as isolation and loneliness of older people have been regarded as a serious problem of the modern society (De Donder, De Witte, Buffel, Dury, & Verté, 2012). Besides, the risk factors of many other mental diseases are common to be found in later years, e.g. the depressive disorder has been found particularly among single older people, people living alone or those who reported poor health (Bartlett, Warburton, Lui, Peach, & Carroll, 2013). Staying fit and living happily have a positive influence that matters to everyone especially to older people, for them to be able to enjoy life and participate longer in the society (Banks, Haynes, & Hill, 2008). It will require an overall consideration in every aspect of the social capital to promote the physical and mental health and the improvement of subjective well-being for the older people. For example, when an individual has a strong social connection and social network, he/she will get more social support, making him/her more capable of resisting negative emotions and worries. This support can be from partners, family, friends or neighbours and also from the workplace and social participation (Putnam, Leonardi, & Nanetti, 1994; Kawachi, Kennedy, Lochner, & Prothrow-Stith, 1997).

In the group of older adults, social capital is associated with better mental health and increased self-perceived health (Schultz, O'Brien, & Tadesse, 2008; Nyqvist, Cattan, Andersson, Forsman, & Gustafson, 2013). Intervention of mental health in the older adults is discovered and proved through the analysis of four effective intervention strategies: social capital to improve social skills, strengthen social support, increase the chance of social interaction and strengthen social cognition. In particular, social support embodies a kind of cognitive resource, and social participation embodies a kind of structural resource (Routasalo, Tilvis, Kautiainen, & Pitkala, 2009; Savikko, Routasalo, Tilvis, & Pitkälä, 2010). Increasing social support is the most widely used strategy and the only effective one so far in older adults' health trials (Masi, Chen, Hawkley, & Cacioppo, 2011).

1.3 Chinses immigrants in the context of the Netherlands

With China's rapid economic and social development and increasing international status, more and more Chinese people have migrated to other countries. Currently, the number of Chinese immigrants has exceeded 50 million, and the number is still growing steadily (Wang & Kang, 2017). The Chinese immigrants, as an important immigrant group, are attracting more and more attention, at the same time, Chinese studies have also been valued in many countries, such as Canada (Liu J. , 2010). At present, the main research directions of Chinese immigrant studies include: the impacts of culture, policy and social network on Chinese immigrants; the diversity and complexity of Chinese immigrant community; the interactive mode between Chinese immigrants and their home country and residence country (Liu & Huang, 2002). At present, there are more than 2 million Chinese in Europe, and they distribute around European countries, especially in western European countries, such as the Netherlands (Eurostat, 2017). According to Eurostat (2017), the Chinese immigrants account for 0.97% of the total population of the Netherlands, ranked 2nd in all European countries, while the 1st is UK (Li, 2011). However, there is lack of research about Chinese immigrants in the Netherlands. As an Asian country far away from the Netherlands, China has its own deep-rooted culture, religious beliefs and social norms, which are totally different from the Netherlands. The Chinese immigrant study can investigate whether there are different results or not in the same social issues between Chinese immigrants and native Dutch people.

1.4 Relevance

The population of immigrants, as an important component of the population structure of each nation, with the ageing of the entire Europe population, has shown an escalating trend of ageing. Owing to differences in educational level, language barriers, cultural background and other aspects, there is a huge gap between older immigrants and natives in terms of the accessibility to social resources, construction of social networks, and recognition by the European society (Deindl, Brandt, & Hank, 2016; Bhattacharya & Shibusawa, 2009; Berchet & Sirven, 2014). This huge gap could lead to the difference in subjective well-being between immigrants and natives. Putnam et al (2000) believed that social capital, through the medium of social network and the quality of social networks, may affect people's physical and mental health and well-being.

Researchers have done many comparative studies about immigrants' social capital and well-being in Canada. The results show that there is a difference in the experiences between immigrants and natives (Amit & Riss, 2014; Cote & Erickson, 2009). For instance, Lai (2010), found that the relationship between social capital and health and well-being of the older people in Canada may be different from that of the older Chinese immigrants living in the Canadian community. The results may be due to differences in health status, health beliefs and health behaviours among older people from both countries. Even though the social capital of older Chinese and older Canadians is the same, the contribution to their perceived well-being is different. Differences may be due to socio-economic status of immigrants in host countries,

language barriers, cultural factors affecting health, or mental health discrimination affecting mental health (Kristiansen, Razum, Tezcan-Güntekin, & Krasnik, 2016).

Similarly, Luo (2018) did further research about the relationship between social capital and well-being of older Chinese immigrants living in Canada. The results showed a weak correlation between social capital and well-being, especially social participation which had a negative correlation with well-being. Luo believed that the reasons for this situation may be cultural and social background differences, such as language barrier caused Chinese immigrants to be reluctant to communicate while participating in activities. Whether the Chinese older immigrants in the Netherlands are experiencing similar aspects or not is not known. Because both Canada and the Netherlands are non-Chinese speaking countries and differ in cultural and social backgrounds.

Currently, literatures on social capital and well-being exists for older Dutch people, for example, Jane et al. (2013) proved that for the older Dutch people, social capital and well-being are positively correlated. Whether we can gain the same results for older Chinese immigrants living in the Netherlands is unknown, because of lack of research. This research will be the first to study social capital and well-being of Chinese immigrants living in the Netherlands.

1.5 Research Objectives and Questions

The purpose of this research is to understand the role of social capital in the subjective well-being of the older Chinese immigrants in the Netherlands.

1.6 Research questions:

How do older Chinese immigrants navigate different aspects of social capital and how do these contribute to their subjective well-being in the Netherlands?

1. How do the older Chinese immigrants form their social capital in the Netherlands?
2. What do the older Chinese immigrants think about subjective well-being based on their own experience?
3. What is the role of different aspects of social capital in subjective well- being?

2.   Theoretical Framework

2.1 Theory of social capital

The concept of social capital dates back to the 19th century. In the explanation of the concept of social capital in this period, more attention was paid to the characteristics of capital, which is often used to refer to some public capital belonging to the country or society with the characteristics of public goods (Farr, 2004; Woolcock, 1998; Putnam, 2000). It was not until the 1950s that social capital started to appear in sociological and pedagogical research. Because of the substance and ideology, the definition of social capital is not fixed and there is not a uniform definition of it (Dolfsma & Dannreuther, 2003). The specific definition adopted in research depends on fields and levels of the study (Robison, Schmid, & Siles, 2002). The most general concept is to describe social capital as a kind of social resource (Schuller, Baron, & Field, 2000). With the concept of social capital becoming more prominent in public health research, definitions of it have been raised (Moore, Haines, Hawe, & Shiell, 2006). Moreover, they streamed into different theoretical schools. The main ones include school of social norm, represented by Putnam and Coleman; and school of social resources, represented by Bourdieu and Lin Nan.

Bourdieu (1986) defined social capital as the sum of actual or potential resources associated with group members, which can provide collective common capital support for each group member. Bourdieu believed that the concept of society involves multiple social fields. Social, economic and cultural capital are the main factors that determine the status and possibilities of individuals in these areas. The resources generated by social structures, such as social support, are also of primary interest. In addition, Bourdieu emphasized power and inequality in social capital theory. He believed that the lack of economic and cultural capital hinders the generation and use of social capital by different groups in society. Lin Nan (2002), another representative of the school of social resources, also believed that social capital is a resource embedded in social networks that individuals can acquire and use through actions. The concept of Lin Nan includes two important aspects: first, social capital represents resources embedded in social relations rather than personal resources; second, the right to acquire and use such resources belongs to individuals in the network.

In comparison, school of social norm believes that social capital is the link between social individuals, such as trust, norms and networks, and the value norms of reciprocity and trust formed on this basis can improve social efficiency by promoting coordinated actions (Putnam, Leonardi, & Nanetti, 1994). According to Putnam (2000), social participation is a key source of cooperation for promoting collective welfare in society as a whole. Participation and trust are the core features of this concept, and the stronger these characteristics are, the more conducive it is to mutually beneficial cooperation. Putnam believes that a highly participated and trusting society tends to promote interactions between people. Similar to Putnam, Coleman (2003) also believed that social capital is a responsibility and expectation, an information channel, and a set of normative and effective constraints that limit or encourage certain behaviours. In his opinion, social capital is a set of resources within family relationships and

community social organizations, and is very useful for children or young people's cognitive and social development (Coleman, 1994).

In addition to the theoretical classification of social capital, social capital can also be classified from the concept itself, they can roughly be grouped into two kinds: one stresses on the opinions in social network and the exchange of them, that is to say, social capital is described by different values of different individuals in social network (Coleman, 2003; Lin, 2002); while the other focuses on the public interest based on community activities (Putnam, 2000). The latter is also known as social capital defined by social cohesion. The method of social cohesion is often used in empirical research, with proxy measures like trust and participation in social activities. As for the method of social network, it acknowledges the individual resources in the network (Van Deth, 2003).

Although Putnam's focus lies in the power of social cohesion, he also recognizes that social capital has something to do with individual achievements, for instance, well-being, health and better living situation. So the definition given by Putnam is often adopted in health researches. Putnam (2000) analysed two main aspects of social capital: structure (such as connections, social participation) and cognition (such as trust). The structural aspect describes the basis for building social capital, such as social networks, relationships and institutions that connect people and groups. On the other hand, the cognitive aspect includes value, trust and confidence, which are generated in the interaction and relationship between members. In other words, the structural and cognitive aspects of social capital emphasize the importance of the quantitative and qualitative factors of social capital (Sixsmith & Boneham, 2007).

According to Putnam (2000), social participation is an important source of cooperation for the improvement of well-being. Participation and trust are the core features of this concept; the more outstanding the features are, the more mutually beneficial cooperation there will be. He claimed that a society of high involvement and mutual trust often produce a greater influence on the interaction between individuals. He realized that the social capital relates to the individual target and achievement, e.g. the well-being, health, and better life quality.

Based on the above statement, it can be found that from Bourdieu, Coleman to Putnam, the analytical framework of social capital theory has been gradually discovered and gradually enriched. In the process of the development of social capital theory, the current concept of social capital emphasizes the informal network of participation among citizens and the norms reflecting these participation, including the trust, belief, emotion, reciprocity, social relations, cooperative networks, public spirit, family relations, and so on.

Therefore, Putnam's theory will be used in this study and social capital can be summarized in three: social participation, trust and reciprocity, and social networks.

2.1.1 Social networks

Putnam (2000) discovered that the relationship between family members or friends was closer in the circumstance of bonding capital. Bonding social capital refers to social capital within a group or community whereas bridging refers to social capital between social groups. In the bridging capital context, however, the connection between organizations, groups, and individuals apart from the close-knit circles of family and friends is weak and the trust is less. He also found that in the process of establishing, maintaining, and exploiting the social capital, bonding and bridging connections were highly connected. So far, it has not been figured out which networks are more beneficial to individuals. The bonding and bridging ties are possible to have different spheres of influence. In a circumstance of pressures and chaos, the bonding tie might be able to give a strong support but, for instance, when hunting a new job, the bridging tie can be more of a help (Craciun, 2014).

2.1.2 Trust and Reciprocity

Putnam (2000) believed that trust should not be conceptualized as a single concept. He divided the levels of trust: thick and thin trust. Thick trust is found in enduring family and friendship relationships. Thin trust arises from the relatively unknown people in a broad sense. In a permanent relationship between family members and friends, the level of trust is strong: the social distance between people and the trustor is rather short. Between unknown people, the level of trust is low and the distance is longer. Trust can be the basis of mutual aid in the family, friendship, and community relationship (Kawachi & Berkman, 2000).

From the angle of social capital, general reciprocity stresses a term that refers to the help of an individual without strings, or even not knowing the individuals involved (Ryan & Deci, 2001; Cramm, Van Dijk, & Nieboer, 2012). Putnam (2000) believed that a highly-charged network of social exchange could promote the normalization of the general reciprocity. Here, the closely-connected community members are more likely to help each other because they will meet each other in the present and future daily life.

2.1.3 Social participation

According to Putnam (2000), an individual's participation in a formal group is an important approach to develop supportive social networks. Thus, the group participation is the focus of sharing codes of conduct and attitude. Putnam (2000) took the participation in formal groups, e.g. the volunteer organizations based on communities, as the cornerstone of social capital. The participation includes gathering people together to produce ideas of action and get highly engaged in participation for a change of the community life in the name of the common interests of the community members (Mata & Pendakur, 2014).

2.2 Subjective well-being

There is currently no consensus on a single definition of well-being. The development of the concept of well-being has a long history in philosophy. Well-being is often considered the

ultimate goal of personal and national policies. According to the theory of social production function, well-being includes goal, comfort state, firm behaviour and emotional expression after achieving goal (Omodei & Wearing, 1990). Nordbakke and Schwanen (2014) believe that well-being can be viewed from three dimensions. First, a distinction about well-being is made between subjective and objective. The subjective view is that a person's perception and experience are the basis for evaluating his or her quality of life. In contrast, from an objective point of view, well-being is based on the assessment of the objective environment in which people live, based on the intrinsic normative criteria of values, goals or purpose (Phillips, 2006). Proponents of subjective positions argue that subjective well-being more respects an individual's perception and experience of well-being (Ringen, 1995). However objective position's defenders argue that the subjective perception of well-being is unparalleled and/or unstable, because they are not directly observed. Personal opinions and experiences, as well as the degree of influence of people's desire to adapt to the external environment, the stability of personality characteristics, such as personality characteristics, social events and occasional whims, also cannot be observed (Veenhoven, 2013). Second, based on the philosophy adopted, there are two approaches to well-being: hedonism and eudaemonism. The hedonistic approach follows the utilitarian view that a person's well-being is based on the well-being or satisfaction he experiences and the pain or dissatisfaction he feels (Diener, et al., 2010). By contrast, eudemonics emphasizes goal-oriented activities, the meaning of life, and the state of self-actualization (Ryan & Deci, 2011). Third, according to its stability, well-being can be divided into universalism or contextualism. Although universalism tends to think that well-being is stable even though different countries have different applicable standards, contextualists argue that levels and components of well-being vary according to one's desires and cultural background.

The concept of subjective well-being in this thesis is based on the classification system of Nordbakke and Schwanen (2014), which mainly emphasizes subjective factors of well-being. However, while using objective and subjective well-being objective and subjective views are not the same (Gasper, 2007). Objective measures can be used to explore personal experiences, such as express subjective well-being by monitoring the function of the and using physiological indicators. Subjective evaluations can also be used to obtain information about an individual's objective circumstances, such as "I attended some community activities". It is now generally recognized that objective and subjective positions are complementary and both play a role in understanding the concept of well-being (Kahneman & Krueger, 2006; Diener E. , Suh, Lucas, & Smith, 1999).

There are three representative views on the composition of subjective well-being. The first is that there is a moderate correlation between self-rated health, mental health, and life satisfaction on subjective well-being (Andrews & Robinson, 1991). The second view is that life satisfaction, mental health are two psychological structures that are separated from each other, and there is no statistical and logical correlation between them (Gallagher, Lopez, & Preacher, 2009). The third is that the relationships between the three factors that constitute subjective well-being may change over time and are significantly different from other variables. At the same time, the emotional components of subjective well-being and cognitive component

are not completely independent, although there are some differences, but the measures can provide additional information to each other (Lucas, Diener, & Suh, 1996).

2.3 Social capital and well-being

Some people believe that social capital may have a positive or a negative influence on people's psychological and physical health as well as on their well-being because when an individual has a strong social network, he or she will get more social support, including partners, family, friends, neighbours, workplace relationships, and so on, making him or her capable of resisting negative emotions and worries (Kawachi, Kennedy, Lochner, & Prothrow-Stith, 1997; Lockenhoff & Carstensen, 2004; Subramanian, Kim, & Kawachi, 2002). Putnam (2000) has confirmed that joining different social networks has a positive influence on health. The more social networks a person joins, the less possible he or she will fall victim to heart diseases, cancer, premature death, even colds and other ailments (Sixsmith & Boneham, 2003). Putman (2000) also believes that people's life satisfaction and well-being are closely related to their social bonds and participation in group activities.

Rose (2000) had the following findings in the individual aspect. The more people integrate into a society, the better their emotional well-being is. Social support can boost people's health, because it encourages healthy behaviours. On the contrary, the lack of social support can encourage unhealthy behaviours (Sixsmith & Boneham, 2007). However, whether social networks can really boost health and well-being is still unknown now. Also, whether good health has really created opportunities for strong social networks is still unknown (Sixsmith & Boneham, 2007).

As for communities, Kawachi (2000) and Smith's (2008) research on social capital shows that communities with the lack of social capital are usually economically deprived and have higher morbidity and mortality. Wilkinson (2006) states in his books that social status's psychosocial effect is the most important factor to health inequality and that community health depends on social capital and economic development. The active process of network development may boost a society and a community structure that are beneficial to health (Sixsmith & Boneham, 2002).

From the perspective of ageing, Putman's definition of social capital is the most popular in health research, which has been adapted to the age of the older adults (Nyqvist & Forsman, 2015). In old age, the deterioration of health and functional abilities limits the social participation of the older adults. Therefore, Nyqvist et al. (2013) put more emphasis on individual interaction. In their view, social capital is an umbrella concept, including family and friends about individuals and group social resources such as neighbourhood (Ertel, Glymour, & Berkman, 2009), their structure, such as social network, social participation, and cognitive aspects, such as trust and reciprocity (Forsman, Nyqvist, & Wahlbeck, 2011). Social capital as a whole and its different components have the function of protecting health (Hawe & Shiell, 2000; Ertel, Glymour, & Berkman, 2009). In the group of older adults, social capital is associated with better mental health and increased self-perceived health (Schultz, O'Brien, &

Tadesse, 2008; Nyqvist, Cattan, Andersson, Forsman, & Gustafson, 2013). Intervention of mental health in the older adults is discovered and proved through the analysis of four effective intervention strategies: social capital to improve social skills, strengthen social support, increase the chance of social interaction and strengthen social cognition (Routasalo, Tilvis, Kautiainen, & Pitkala, 2009; Savikko, Routasalo, Tilvis, & Pitkälä, 2010).

2.4 Literature review

More and more research links social capital with the health and well-being of individuals and the collective in high-income countries (Kawachi, Kim, Coutts, & Subramanian, 2004; Helliwell, 2003). The studies show that social capital has a positive impact on health and well-being (Kawachi, Kennedy, & Wilkinson, 1999). For instance, Putnam (2000) found that social capital promotes communication and cooperation among community members by increasing interaction among them, creating and developing social norms, neighbourhood reciprocity and social trust.

Cracium (2014) found that the basic element of social capital for older people is social network, of which the most important is family. Especially partner relationships were found to be the most intimate social network in family union, followed by relationships with offspring. As for the social relations with friends, friends become less and less as they grow older, so the older people would support this type of social emotion with selective theories (Lockenhoff & Carstensen, 2004). As people grow older, they become more critical in making friends. Therefore, friendship changes as life changes (Craciun, 2014). In addition, as you get older, your chances of meeting new people will diminish, and having close personal contact will become a predictive factor for successful ageing (Strawbridge, Cohen, Shema, & Kaplan, 1996). A certain amount of social capital can benefit the older people, because they can better integrate into the community life (Fukuyama, 2003). Social network communication outside the family is conducive to the development of the whole community and well-being of the older people (Cattell & Herring, 2002).

Cracium (2014) also found that trust and reciprocity are relatively most effective at home. On the one hand, the older people hope that in return, their children will help them out when they are old on the basis of informal reciprocity principles. On the other hand, they play an important role in supporting their children and caring grandchildren. In their retirement years, the older people find the meaning of life in playing a new role of being grandparents. Therefore, family is an important source of well-being, which can have a positive impact on people's physical and mental health. And the opportunity to provide social support to others improved the mental health of the older people (Giordano, Ohlsson, & Lindström, 2011). The need to reciprocate others is an incentive (Cramm, Van Dijk, & Nieboer, 2012).

Social capital is increasingly recognized as an important determinant of the well-being of the general population and an important factor in maintaining the well-being of the older people in the community. The parts above focus on the role of social capital in well-being of the older people, but fail to pay special attention to immigrants. In fact, few studies have examined the

relationship between social capital and benefits of immigration populations. Ryan (2008) has found a positive correlation between trust and social network on the one hand and life satisfaction of immigration groups in European countries on the other hand. Berchet (2014) materialized social capital into trust, group, citizen and connection, and also found that individual and national social capital was related to life satisfaction. Kim (2013) discovered that individual social capital was a sound predictive index of immigration life satisfaction of the older people. As one of the most commonly used dimensions of social capital, trust is found to be conducive to subjective well-being of older people. And strong social network is directly related to the high degree of subjective well-being. By way of contrast, the older people who often participated in social activities may suffer from pressure and anxiety in their living environments, with lower mental health scores than those who did not (Kim, Auh, Lee, & Ahn, 2013).

Jane et al. (2013), in order to examine the impacts of social capital on well-being of the older people in Dutch society, showed the relationship between social capital and well-being of older people. The results show that in addition to individual's social capital, the community social capital has a significant and independent relationship with the well-being of the older people. Social capital among neighbours may lead to higher levels of well-being for older people. Higher levels of social capital may affect well-being through social psychological processes, such as providing emotional support and trust and reciprocity.

According to investigations targeted at the older people Chinese in Canada, social network was an essential factor impacting the mental health of the older people immigrants, and had a positive correlation, subject to their interaction with others at households and communities (Luo & Menec, Social Capital and Health Among Older Chinese Immigrants: a Cross-Sectional Analysis of a Sample in a Canadian Prairie City, 2018). Through communications with relatives, friends and neighbours, the older women may do well in dealing with difficulties and negative emotions in life, so as to become happy (Kim, Auh, Lee, & Ahn, 2013).

2.5 Conceptual Model

Figure 1 is a schematic framework of this research. The theory suggests that social network, trust and reciprocity, and social participation are the key dimensions of social capital. Social capital may play a role in people's subjective well-being.

Figure 1: Conceptual model of how social capital plays a role in subjective well-being
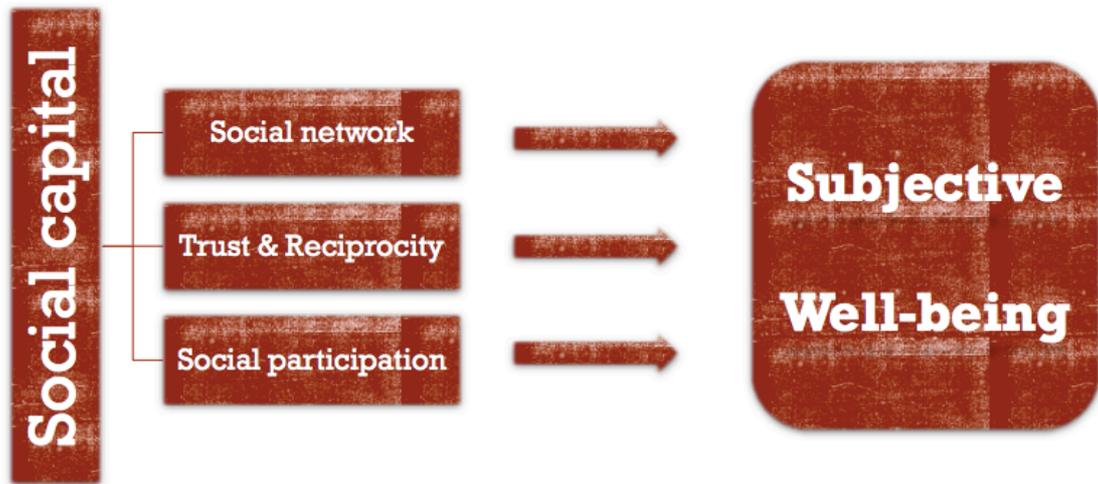
3.   Methodology

The qualitative method is adopted in this study, so the qualitative design and in-depth interview methods of this study will be discussed respectively below. The way the participants were recruited and how the data was collected will be discussed in this chapter.to recruit participants and how to collect data will also be discussed in this chapter.

3.1 Research design

Qualitative research aims to study an individual's narrative and experience from the perspective of the participants (Flick, 2015). The aim of the research is to focus on participants' personal experience of social capital and to describe subjective well-being from their perspective. Therefore, the research type of this study is qualitative research.

The data in qualitative research is words, which is called textual data. The commonly used data collection methods include observation, focus group discussions and interviewing (Hennink, Hutter, & Bailey, 2011). Observation is carried out by researchers to understand people's practice, which is not the purpose of this study. In addition, focus group discussion can give a variety of opinions, however, it is not favoured among sensitive research topics of ethical concern (Flick, 2015). According to Liao's research (2007), Chinese normally don't want to share private information, such as health situation, and personal opinions with a group of people they unknown. In this study, interview was selected, specifically, in-depth interviews were conducted for the content provided. Wengraf (2001) believed that through in-depth interviews, researchers could collect individual's narration and identify the subjectivity and social and cultural context of participants. By narrative, participants can explain the social capital they experience and how they feel about social capital. Since the concept of the research is based on the subjective well-being based on relation to the social capital, the research focuses on people's own feelings about their experiences in the Netherlands.

3.2 Operationalization of concepts

An interview guide was designed according to the specific concept of the research. All the concepts mentioned in the conceptual model of this study have been explained to the participants in details, and operational measurement has been carried out as well. Examples of questions from the interview guide are provided in the table 1.

Table 1: Operationalization of concepts

Concept	Definition	Operationalization	Examples
Sociocultural Context	Refer to the direct material and social environment in which people live or develop. It includes the cultures in which individuals are educated or live in, and the people and organisation they interact with (Casper, 2001).	The sociocultural context of this study refers to the social and cultural background of the Netherlands where the object of study lives in, as well as the background of the place (China) where the older Chinese immigrants were born and grown up in China. Sociocultural context is the place where the older Chinese people experience daily life through their relationships with each context, such as natural environment, community and language.	What your life was like when you first arrived? How did you feel?
Social network	Refer to the bonding and bridging ties between individuals or groups or individual and groups (Putnam, Leonardi, & Nanetti, 1994).	Social networks can be interpreted as a series of behaviours of connections between individuals. Through social media or social behaviour, one can expand the connection with others or maintain the connection with others.	What is your preferred way of communicating with people?
Reciprocity	From the angle of social capital, general reciprocity stresses a term that refers to the help of an individual without strings, or even not knowing the individuals involved (Ryan & Deci, 2001; Cramm, Van Dijk, & Nieboer, 2012). Putnam (2000) believed that a highly-charged network of social exchange could promote the normalization of the general reciprocity.	Reciprocity can be understood as two people or a group of people giving each other help and benefits. In this study, the word reciprocity can be replaced with mutual help.	Can you remember some experience about you helped others? If you have troubles, who would you prefer to ask for help?

Trust	Putnam (2000) divides trust into thick and thin trust. Thick trust can be found in enduring family and friendship relationships. Broadly speaking, thin trust comes from relative strangers.	Trust can be understanding as believing the reliability, authenticity, or ability of a person to accept the authenticity of a statement without evidence or investigation.	Are you a person who easily- trusts others? Can you give an example
Social participation	Putnam (2000) took the participation in formal groups, e.g. the volunteer organizations based on communities, as the cornerstone of social capital. The participation includes gathering people together to produce ideas of action and get highly engaged in participation for a change in the community's life in the name of the common interests of the community members (Mata & Pendakur, 2014).	Social participation is related to attending group activities, doing them, and interacting, social communication, and non-coercion.	What role did you play when you attend the activities?
Subjective well-being	Nordbakke and Schwanen (2014)believe that subjective well-being is that a person's perception and experience are the basis for evaluating one's quality of life.	Subjective well-being can be defined as a person's cognitive and emotional assessment of their life, thinking about and feeling the progress of life. It is also associated with life satisfaction, mental health, and well-being levels.	Did you have some emotional problem in the last year?

3.3 Research Instrument

Because all of the participants and the researcher can speak fluent Mandarin, and part of the participants' native language is Mandarin, all the in-depth interviews were conducted in Mandarin, and adopted a semi-structured interview guide (see Appendix C for interview guide).

A semi-structured interview was used in this study. To ensure effective coverage of the research objectives, semi-structured interviews were developed based on the conceptual model and an interview guide (Hennink, Hutter, & Bailey, 2010). Compared with structured interview, the

advantages of semi-structured interview lies in the flexibility to ask questions, for example, the same order of questions may not be followed in each interview (Seidman, 2013). The interview guide includes opening questions, key questions and concluding questions (Hennink, Hutter, & Bailey, 2011), and main and secondary questions (Seidman, 2013). The opening questions are designed for the participants to warm up and prepare for the main topics, then smoothly transition to the key questions, and finally transition to the concluding questions, and then ending the interview in a good way. The main question is the key, and the secondary question is the probe (Seidman, 2013). Probe questions can encourage the participants to answer the key questions. For example, asking the participants the probe question about the communication methods they normally used to contact with friend to know the key question about how they form their social network. Since semi-structured interview allows the interview process to be flexible, its purpose is to realize the smooth flow of questions during the interview (Flick, 2015).

The interview guide was written in Simplified Chinese, and was first tested through a pilot interview. After the pilot interview, the interview was discussed with the supervisor. The interview guide was improved to be more logical. For instance, questions that were answered with yes or no, were improved to make the participant answer and describe in more detail.

After the corrections to the interview guide, reflection was carried out by listening to the recording again and making a summary after each interview, then making small improvements in the flow and order of the questions without changing the interview guide. In addition, during the interview, when participants start to talk about specific and interesting topics related to the study, other questions would also appear, requiring clarification or supplement of details. Before finishing the interviews, the researcher checked to see if all subjects were included. Some of the questions were answered when participants told a story and spoke fluently on several topics.

3.4 Participant Recruitment

The subjects of this study were older Chinese immigrants living in the Netherlands, aged over 60 years old. However, the number of older Chinese people living in the Netherlands is not very large (only 3,302 people), and they are mainly living in large cities such as Rotterdam and The Hague, far away from Groningen, where the researcher lives. Therefore, the researcher firstly found one participant in Groningen by the help of some Chinese who have lived in Groningen for years. Another difficulty that was only noticed during participants' recruitment was that some Chinese were wary of interviews. When the researcher asked for an interview, most Chinese refused. The reason for the rejections is mistrust of strangers and rejection of the unknown things, despite the researcher is a Chinese, which was not expected by the researcher. Even after the researcher explained the details of this study and committed to signing the consent, only two people said they could communicate for a while, but they did not want to be verbally recorded and interviewed. In order to gain the trust of participants, the researcher visited the homes of two participants for several times and chatted with them. In the end, they agreed to be interviewed and verbally recorded. During the interviews, partners of participants participated the conversation. Another method to recruit participants was Asian News, which

is the largest Chinese magazine in the Netherlands. The researcher wrote an email to one editor to explain the content of this study and ask for help. The editor of the journal was interested in this study and said it was the beginning of research on Chinese immigrants in the Netherlands. So with the help of the editor, the researcher met three additional older Chinese immigrants who have lived in the Netherlands for decades. Snowballing method was also used in this research. One of the interviewees introduced his friend to the researcher. Two older people living in Groningen were recommend by researcher's friends. The last two interviewees were met by chance on the train when the researcher travelled to other cities. At first, researcher did not treat them as subjects of the study, but simply communicated with them. However, after hearing about the study, they became interested and asked to be interviewed. Twelve people eventually participated in the study. Each of the interviewees took this study seriously, expressed their real thoughts and made a significant contribution to the realization of this study as a successful project.

The table 2 describes the details of the participants, including the date of interview, pseudonym, gender, age and duration in the Netherlands. In the process of data preparation, the names of all relevant people were replaced by proper pseudonyms to preserve the anonymity of participants.

Table 2.Information of the participants

Date of Interview	Pseudonym	Gender	Age	Years in NL
30-Apr	Liao	Male	67	40-50
06-May	Ye	Female	61	30-40
06-May	Hu	Male	61	30-40
10-May	Gu	Female	67	20-30
14-May	Wu	Male	63	40-50
14-May	Li	Male	67	40-50
19-May	Sun	Male	63	20-30
22-May	Ren	Female	68	40-50
23-May	Wang	Female	69	40-50
27-May	Lin	Female	63	30-40
02-Jun	Zhan	Male	75	50-60
05-Jun	Ding	Male	61	<10

3.5 Profile of Participants

For the aim of the study, twelve older Chinese immigrants were interviewed. That includes seven men and five women. As mentioned above, the study was randomized when participants were selected. Aside from the choice of gender and age, there is not much demand for other demographic characteristics. To ensure anonymity for participants, most of the features described below are deliberately not associated with the names of participants.

Overall, all the participants were over 60 years old, seven were between 60 and 65 years old, and five were over 65 years old. They live in different cities in the Netherlands: two live in

Utrecht, three live in Rotterdam, four live in Groningen, one lives in rural Amsterdam, and two live in The Hague. The cities they lived in China, two from Hong Kong, one from Guangdong, one from Shanghai, one from Beijing and seven from Qintian, Zhejiang Province. Qintian is a small village that famous for immigrants, that means, most people in the village have immigrated to other countries. Their immigration history can be traced back to the first world war. Because the village was rather poor at that time, many young people had to immigrate to other countries through various ways to work, in order to earn more money to support their families in China.

In terms of academic qualifications, four participants had bachelor or above education level, and eight participants had high school or lower education level. In terms of occupation, nine people are still working in restaurants, and the other three are working in other aspects of work. Although five of them have reached retirement age, they do not want to retire now. So they chose to keep working. As for marital status, two participants have Dutch partner, one once had Dutch partner but now divorced. The other nine participants chose Chinese partner, among which, one is widower, one divorced.

In principle, this study hoped to be a one-to-one interview, but due to unexpected situation, the spouses of two interviewees also participated in the conversation. Although Chinese are sensitive for personal privacy issues, they don't mind to talk about that in front of close friends or partners (Liao, 2007).

3.6 Fieldwork, Data Collection, Quality, and Analysis

Fieldwork was conducted in five different cities in the Netherlands for more than one month. From 30 April 2018 to 5 June 2018. The pilot interview was conducted one month before the formal interviews so that there was time to re-evaluate the interview guide and organize meetings with participants. During the interview, the researcher made decisions based on participants' preferences. First, participants were asked to choose the environment they wanted to interview. It is important to be interviewed in a comfortable environment so that they feel relaxed and confident (Dowling & Hay, 2000) . To do this, participants were asked to decide where and when to interview, and whether they wanted others to appear during the interview to ensure their comfort. Most interviews lasted about an hour, but in order to get in-depth and meaningful information, the interview time was not fixed, but between 45 minutes and 120 minutes. In addition, the researcher established rapport before starting the interview, through introducing the topic and talking about details of it, this ensured a good communication and the trust of the participants.

Second, participants were asked whether they wanted a video phone interview or a face-to-face interview. WeChat, a mobile app similar to WhatsApp, is popular in China. The advantage of WeChat interview is that it is easy to arrange. Another advantage is that both the researcher and the participant were in a comfortable environment, but the disadvantage was that the participant's body language cannot be observed and the recording quality was not so good. There were two interviews conducted on WeChat by one computer and recorded by one

phone next to the computer, both participant and researcher were at home. The informed consent was recorded verbally. The other 10 face-to-face interviews were recorded using an iPhone app called Recordium. Before interview, participants were told that the interview would be recorded and asked to agree to participate. The informed consent forms were signed and the participants kept the copy of consent form.

Generally speaking, there was no interruption during the interviews except for one interview in which the participant interrupted the conversation for 15 minutes due to personal affairs, and he returned to the interview after handling it. All recorded interviews were transcribed word by word. As a result, the overall adequacy of the data received and the participants' expressions and pauses and thoughts during the conversation were maintained. When translating Chinese manuscripts into English, although the researcher has tried her best to restore their answers, due to the differences in language, part of the meaning cannot be accurately expressed. Before doing analysis, the first step is anonymized the translated English manuscripts and then uploaded it to Atlas.ti software for coding. Next, exporting the code families to do analysis. All twelve interviews were analysed in deductive and inductive approaches. Deductive codes are developed based on concepts contained in conceptual models, and patterns are recognized as inductive codes. For instance, according to the conceptual model, the deductive codes "language barrier", "motivation to immigrate", "the range to help others", etc. are developed. There are some inductive codes raise by participants, such as "immigrant village", "destiny", "reforming and opening up". Overall, 235 pieces of code were developed and divided into six code families to reflect the main objectives of the study. The six families include social background, social network, reciprocity, trust, social participation and subjective well-being (see Appendix D for code families),

3.7 Ethical considerations

The researcher has informed every participant about the study's content and objectives. The researcher also clarified that participating is voluntary and the option to withdraw from the interview at any time is possible. Before each interview, the participants and researcher would review and sign the informed consent (see Appendix B for informed consent), and the participant would keep the copy of the informed consent. The two participants who were using WeChat confirmed their consent verbally.

The way to ensure confidentiality is to ensure that no third people has access to the original records, and only my supervisor has access to the interview the anonymised manuscripts. Only a small number of participants requested that certain stories are to be kept secret and the researcher did that. The researcher felt it was necessary to keep locations, names, highly sensitive information and all identifiable stories secret because the security of participants' identities was crucial.

To sum up, all participants participated in the interview under the condition of ensuring information security. In addition, three participants requested a copy copies of the thesis, and one participant requested to be informed about the results.

3.8 Positionality

In the process of research, the researcher needs to reflect on her own positionality. As a young female student who also comes from China, the researcher felt the influence of identity on the answers during the interviews as follows.

First, the language. The same language, especially the mother tongue, are all Mandarin, which makes communication easier. The participants can better understand the questions and give answers. The researcher can ask further questions according to the actual situation of the interview, or extend the questions. Moreover, some Chinese specific words have specific semantics and contexts, which are difficult to be interpreted in other languages. For example, "more tears if you talk too much" translated into English, the meaning can be distorted, but the actual meaning is expressed a depressed and powerless emotion.

The second is the gender and age of the researcher. For the participants, the researcher is about the same age as their grandchildren. They are willing to let down their guard and chat happily, telling their experiences in the form of stories. At the end of the interview, three other people were in daily contact with the researcher.

The third is student identity. At the beginning, when the researcher contacted participants and asked for interviews, they thought the researcher was from Dutch government or a staff from other organization. They are psychologically averse to such people and are reluctant to reveal anything about themselves. The cause of this phenomenon may be, they cannot trust to a stranger. So when the researcher first contacted on of the participant, she was rejected. Until the researcher explained to the participants that she is a student from the University of Groningen, and this research is her graduation thesis, the participants said they were willing to be interviewed and even expressed that they did not mind recording.

4.   Findings

In this chapter, the results will be discussed in three parts in order to answer the research question and sub-questions. The first part is to understand how the older Chinese immigrants navigate their social capital in the Netherlands. The second part is to understand the personal views of older Chinese immigrants on their subjective well-being. The third part is to understand the role and contribution of social capital in the formation of subjective well-being of the older Chinese immigrants.

4.1 Social Capital

Like the immigrants from other countries, the reasons why Chinese people immigrated to the Netherlands vary according to different time periods. Interviews revealed that most of the participants came to the Netherlands before the year of China's reform and opening-up, which happened in 1978. Before that China was poor because of the World War II and the civil war. As a result, some participants came to the Netherlands for economic reasons. They wanted to support domestic families in China by working in the Netherlands. However, some participants came to the Netherlands for marriage or other reasons. Due to the differences in social and cultural backgrounds compared to the Netherlands, they faced some challenges in the country. Some of the challenges were manageable, such as dealing with "food culture" or "climate change", for example, Chinese more like fried dish than salad. Other challenges were more difficult to manage, such as not having an identity card when they first arrived.

According to some participants, most of them arrived illegally to the Netherlands. After that, they would receive short-term visas by finding jobs and asking the employers to provide work certificates. After several consecutive short-term visas, they could get a long-term visa. In the process, the Dutch government provided free Dutch integration courses and Dutch language courses for them to integrate in the Dutch society. After the participants passed the Dutch language integration test, the Dutch government gave them permanent residencies. These immigrants have exchanged their own passports with the Dutch passports. Therefore, some participants felt that the integration test had a positive effect on the formation of the participants' social capital. The following sections will discuss this in details from three aspects of social capital: social network, reciprocity and trust, and social participation.

4.1.1   Social network

In this section, the social network the participants have experienced is introduced with some contextual factors related to their social network.

First, the social networks of most participants are established in China from before their migration and in the Netherlands after migration. China and the Netherlands. For example, Mr. Liao said: "*I have friends in both sides. I still have some contact with the friends in Hong Kong, and when I return to Hong Kong (for vacation), I would meet them [...] Some of my friends are in the Netherlands.*"

In the interview, Mr. Liao shared that he was encouraged and supported by his uncle to go to the Netherlands for financial reasons, and when he arrived to the Netherlands he started as a tailor. In the interview Mr. Liao shared how is his social network was formed. He made Dutch friends in the Netherlands because of his work, and he also had Chinses friends in the Netherlands because some his friends came to the Netherlands. Although the rest of his family and friends are still in China, they are still in touch.

In addition to building friendship with Dutch and Chinese people in the Netherlands, some participants also explained that they became friends with people from other countries. Of all the participants, Mrs. Ye has the most diverse set of friends.

Mrs. Ye: "*Our friends come from many places, including Brazil, Russia and Somalia. Some are ordinary friends, some are very good friends, from Iran, Brazil, Afghanistan, etc. […] I have two Dutch friends, and I treat them like family. I call them Papa and Mama.* [treat them as her parents]"

Similarly, Mr. Ding, who lived in Italy for many years and now moved to the Netherlands, has many friends from different countries. By understanding Mrs. Ye and Mr. Ding's backgrounds, it can be found that their diversity of friends was due to running restaurants or bars. As restaurant runners, both participants needed to communicate with different people from different backgrounds every day. This is how their social networks formed.

However, some participants chose a Chinese-dominated social circle, in which profound friendships were developed after immigrating to the Netherlands. They indicated that there are great differences between China and the Netherlands in sociocultural context, which made them feel nervous when they integrated with Dutch. For example, Dutch people used to make an appointment in advance when visiting friends, but Chinese people do not have this habit. For another example, Chinese food are more abundant than Dutch food. For these reasons, some participants, such as Mrs. Gu, prefer have Chinese-dominated social network. She also had some Dutch friends, but they did not build a close friendship.

Mrs. Gu: "*We usually hang out with Chinese people […] I am willing to stay with Chinese in a small (social) circle. You don't know what they (the people from other countries) can eat, or what they can't eat, or what they can't say. Every country has its own cultural and dietary taboos.*"

In terms of how to maintain social networks, the participants indicated that there are many ways with different times. At first, Mrs. Lin wrote letters to keep in touch with her friends, but with the development of science and technology, the way of communication between people was also changing. Nowadays, with the popularity of mobile phones and computers, the participants indicated that smartphone and applications provided with smartphones are the most popular contact methods for them. In addition, some participants often hang out with their friends to chat face-to-face. Moreover, when they have time, some participants choose to travel with friends or they organise parties to celebrate festivals together.

The finding shows that social network played an important role in their lives of the majority of participants. They enjoy the social network between them and friends, and use varies ways to maintain the relationship. As Ms. Ren and Mr. Hu said that:

Mrs. Ren: "*At my age, social networks are already stable and won't change too much […] people are social animals, and basic social interaction can maintain your social network and has always been important to people.*"

Mr. Hu: "*Every friend knows one another at different stages of life. I think we should cherish good friends all the way, no matter in what stage.*"

Most participants enjoyed interacting with friends, but there was one exception, Mr. Zhan prefers to talk with people by phone without seeing them. Mr. Zhan pointed out in the interview that:

Mr. Zhan: "*I don't like to socialize much […] I don't make friends […] I don't have much time to hang out with my friends, so I don't have much contact with the outside world […] I really like to communicate by WeChat or WhatsApp, no talking, no typing […] Too much socializing is definitely a problem (for me).*"

Mr. Zhan enjoys being alone because he can do a lot of things he is interested in. He feels that too much socializing is a waste of time and energy for him.

Based on the participant's background and social network, it can be concluded that the social network of participants may be related to their job and their experience after moving to the Netherlands. For example, the participants with fluent second language background such as English were more likely to make non-Chinese friends because they adapted to the new environment by communicating with that language and were able to learn Dutch more quickly than those without fluent second language background. The participants expressed that currently they are happy with their social networks because their social networks already become stable and will not change too much, even though they have different experiences about building social network from the moment they arrived.

4.1.2 Reciprocity and trust

This section describes the participants' experience on reciprocity and trust after moving to the Netherlands. In order to let the participants fully understand the concept of reciprocity, to give effective information, when asking questions, reciprocity was operationalised as mutual help.

Mutual help is an interactive behaviour. In terms of helping others, each participant indicated that they have experienced helping others, but when describing the contents of helping others, most participants' understanding of helping is about lending money. This situation may be related to culture difference. Chinese people would rather lend money, is not willing to share information with people, even if it is positive information (Niu & Xin, 2009). When it comes to lending money, most participants said they would weigh the amount of money to consider

whether to lend or not. For example, Mr. Sun said that: "If someone *asks me to lend 100 CNY (100 CNY=13 Euros) to buy a ticket, that can, I can give you 100 CNY. It does not matter […] If it's a large amount and it's embarrassing, you need to evaluate it yourself. You said you wanted one thousand euros. Maybe you had a real problem, but I won't give it to you.*" However, Mrs. Lin could easily lend money to other people, she indicated that: "*People often borrow money from me.*"

When the definition of mutual help was further explained, participants gave more diverse answers. For instance, Mr. Wu and Mr. Li once helped two Chinese girls:

Mr Wu & Mr Li: "*Two Chinese girls came to our restaurant. They said that a Chinese boy lied to them and got them to come here (the Netherlands) […] I didn't know them at all, but I thought we were all Chinese, and they were homeless abroad, so we helped them.* [they called the police and contact the embassy]"

They even had a period of contact after the two girls returned to China, they said: "*One girl had a job as a policewoman in China […] After going back (to China), they (the girls) sent us a present.*" This is a good example about helping others without financial reason.

However, most participants tend to choose people they know, such as family, friends or neighbours, when it comes to whom they can help. For instance, Mr. Sun, said: "*This is such a thing […] if the people (who need help) are friends, you can help others as much as possible (-)*"

Mr Zhan's answer may explain why most participants have the similar opinion. Mr. Zhan: "*I wouldn't give money if I saw a beggar on the street, because I can't judge whether he really needs to beg […] But the people around me, I know their life situation, if we keep contact, I will know […] So I have such a certain principle (-)*" It can be concluded that the participants are more willing to help those they are familiar with.

Certainly, there are some participants willing to help people they do not know, such as Mrs. Wang and Mrs. Lin. Mrs. Wang,: "*Many Chinese people have language barriers. I did volunteer work, helping refugees, writing letters (-)*" Lin, 63: "*I always help some students or some Chinese tourist. There are a lot of foreign students coming here now, and many of them are not familiar with the situation.* [e.g. community environment, climate, policy, city layout, etc.] *So I'll tell them what I know.*"

Based on the previous findings, it can be concluded that every participant has their own principles and capabilities. They choose to help others within the range of their abilities. For instance, Mr. Zhan: "*I'm not going to help. Because I can spare this time to myself […] If it will take a few hours […] I'll have to charge for it.*"

Although they gave help to others, they did not consider getting a further reward when they helped others. As Mr. Li said: "If *I decide to help you, I will help you, I have not thoughts about you will return to me I don' t think about you returning the favour… I did something to satisfied*

myself." It seems to be a traditional Chinese culture that help others without fame or reward. It can be found that even in the Netherlands with different social-culture from China, the older Chinese immigrants still retain part of Chinese culture and customs. Similarly, it also reflects the unique Chinese culture when they encounter difficulties, most participants choose to solve them by themselves. If they cannot figure it out on, they may turn to family or friends for help. In traditional Chinese Confucian culture, giving no trouble to others is considered to be a virtue.

However, Mrs. Ye, aged 61, the owner of a restaurant, had her opinion: "*I will think about some of my friends around me and think of the right people. For example, if we have problems in restaurant operation, we will consult our friends from Iran who have financial work experience. [but] If my husband or I don't feel good and need to go to the family doctor, I will consider whether my eldest daughter or my second daughter should accompany us.*" It can be found that, even if she asked help from others, there are differences in the content of the help.

Most of the participants did not give very specific cases about the experiences they had been helped, except for only Mr. Liao shared his experience, probably because of the time or personal privacy. Mr. Liao recounted his experience of being helped on the train by a Dutch woman. When he arrived the Netherlands, he had problems in the language and in adapting to the new social environment. Moreover, he was worried about his state because he was in the Netherlands illegally as he did not have a legal identity card. He said: "*I wanted to go to the toilet (in a hurry), but the door was closed. A woman saw that. (the woman left her seat) I felt nervous (because had no ID card) [...] I saw her looking for another man in a uniform. Then she told the guy, this Chinese guy wants to go to the bathroom, but the door could not open. When the door opened, she came to tell me it was open. I just knew she was helping me…*" After this incident, Mr. Liao felt the friendliness of Dutch people and began to like the life in the Netherlands.

Kawachi and Berkman (2000) thought that trust is the basis of reciprocity in family, friendship and community relations. This research also showed the same results. When it came to the topic about trust, Mrs. Ren once concluded that: "*Trust is a score, and that kind of mutual help is just giving you credit.*" She held a neutral attitude in trust problem, while Mrs. Wang, Mr. Zhan and Mr. Ye said they would choose to trust others once or twice. Among all the answers, there is a special point. Mrs. Gu trust the Dutch government most, so when she was in trouble, she is more inclined to ask the government officer for help. Because in her opinion, the Dutch government gave her legal identity residency and support good welfare to her. She do not need to worry about life.

Mrs, Gu: "*I may go to the government departments… you don't need to ask help from other people…If you have difficulties, what you have to do is to find the government, they are free and are able to help you, sometimes, who is in charge of your case, this person will always follow you… I trust the Dutch government best.*"

4.1.3   Social participation

This section mainly focuses on the social participation of participants.

The findings show that female participants were more involved in social activities than male participants. The five female participants showed a positive attitude towards social participation. They did not only attend the activities, but also some of them were the sponsors or the organizers. For example, Mrs. Ye, said: "*We have to integrate into the society. I took part in many of my children's activities, the important festivals of the school, such as Father's Day, Mother's Day, King's Day, and Christian festivals. I now take my grandchildren to events when I looked after them occasionally.*" For her and her family, attending Dutch activities is a good way to integrate into Dutch society and know more people. At the same time, as a Chinese restaurant runner, she once teamed up with local student organizations to organize many activities for traditional Chinese festivals, such as mid-autumn festival and spring festival. She wants to keep celebrating traditional Chinses cultural as she said: "*we can learn more about our Chinese culture, and we can also keep the festivals, so that more people can actively participate in the festivals, so that our culture can develop better here (in the Netherlands).*" Similarly, Mrs. Ren celebrated Chinese festivals as well as the Dutch celebrations by hosting her Dutch neighbours in her house.

On the other hand, some of the male participants who were more likely to engage in social participants like going to a bar or traveling with friends, did not have the desire to attend group activities. Mr. Sun, working for a restaurant: "*My colleagues (and I) go to the bar on Friday to have a drink, and sometimes they go to the bar to bet on a small amount of money.*" Compared with female participants, it seems that male participants prefer the smaller social circles of people they know. It may because the family division, female participants may be more eager to integrated into the local environment and by attend social activities than male.

As mentioned in the section of social network, Mr. Zhan believed that excessive social activities are a burden for him, so he almost did not have any social participation. But the reason for this is not only his unwillingness to socialize, but also his lack of interest. Mr. Zhan has a high interest in literature, so he said that if there were any literature exchange activities "*It's a pity that there seems to be no literary organisation in the Netherlands…If there's an organization in this area, people are going to get together, and they're going to talk about literature… even if I have to drive an hour or two for the party. This kind of activities will appeal to me.*"

4.2 Subjective well-being

This section describes the participants' evaluation of their physical health status and emotional status. Each person's subjective well-being was different due to their personal experiences and backgrounds. For example, in the view of Mrs. Gu, subjective well-being is related to the living environment and welfare.

Other than these two of the participants, more specific understanding of subjective well-being might be about family, physical health, children. As Mrs. Gu mentioned above, good welfare and less stress are important to form her subjective well-being. She said: "*I am satisfied with my living environment, except the bad weather in the Netherlands… the medical system of the Netherlands is very good… I am most satisfied with the living environment, education system and welfare system… life is less stressful and easier, and at least no one forces me to work. I can choose that job.*"

On the other hand, Mrs. Lin regarded family as the most important element to form subjective well-being, whereas freedom is what Mr. Sun really wants. He said: "*Well-being, in my mind, is doing what I want to do, as long as it does not violate the law. I need freedom. But it's hard […] can't measure it with money. You have to see how you feel […] you can be happy without money (-)*"

Based on the analysis of personal background, two participants have a bachelor's degree or above, and have been engaged in academic work before retirement. Their perception of subjective well-being appeared to have a certain philosophical significance. For example, Mrs. Ren said: "*I think well-being is how much you accept the reality that you are in […] have your own relationships, your family, your friends, all of these are necessary (-)*" Another participant, Ms. Wang, her answer was more idealistic, and she valued her inner feelings. "*I found that the greatest well-being is from the heart, from yourself […] I don't think you cannot feel well-being is a terrible thing, people can't regard well-being too important […] It is my own heart that has found the happy balance point… look at things in two ways, focusing on the good and ignoring the bad (-)*"

Female participants placed family and children into the components of subjective well-being, while most male participants considered friends to be very important for their subjective well-being and they did not mention children. The difference between male's and female's answers may have something to do with their different attitudes towards family. Generally speaking, female participants indicated to value family and children more than male do.

Perhaps because of old age, most of the participants indicated that they were sub-healthy in the past year, but did not have serious problems and all of them expressed their trust for the medical system in the Netherlands. When it comes to emotional issues, most participants also expressed that they had no emotional issues and have a positive attitude towards life. However, it is worth mentioning that the health is considered a private issue in Chinese culture, and the participants did not talk much about it. Some participants even put forward that it was a private matter. However, even if they had experienced some physical or emotional health problems in the past one year, it seems to be no effect on their perceived well-being.

4.3 Role of social capital in the formation of subjective well-being

This section discusses the role and contribution of social capital in the formation of the participants' subjective well-being

Although all the interviews were conducted on three aspects: social network, reciprocity and trust, and social participation, most participants agreed that social networks contribute the most to their subjective well-being. Mr. Li said about his establishment of his social network: "*we make friends no matter where they come from [...] a friend you often associate with may have a better relationship than your own family [...] If you want to find a job, your friends can help you find it right away.*" It can be seen that making friends and building emotional connections is a happy thing for Mr. Li. This confirms the findings from Kawachi, & etc. (1997) and Lockenhoff, & etc. (2004) who said, people can build social networks to get more support and help, and such behaviour can enable them to resist negative emotions and worries.

However, for Mrs. Ye, mutual help and trust as the most important element to contribute to her subjective well-being. She said that: "*I actually think mutual help and trust are the best, which can bring me a strong sense of well-being… All these three aspects have a great impact on my well-being. The harmonious relationship between people will make me happy. Mood can affect your health. They're all important. But if you must ask me to choose one, I will choose trust and help.*"

Mrs. Ye's choice may have something to do with her own experience of being helped. Her example describes not only the establishment of social network, but also her attitude towards the well-being brought by maintaining stable relationships.

 "*When I first came to The Netherlands, my language was not good, I didn't have a car…At that time, they would take me to go shopping, drive their car and take me with them, then I would buy more things* [Had more space to carry groceries in their car]. *And we've always been in touch by phone, on Father's Day and Mother's Day. They send things to my children every holiday, they come to see them often, and they tell us everything about their family. We have a great relationship. I have been here for more than 30 years, because these real friends make me feel at home.*"

When choosing social participation as the most important part to form Mr. Zhan's subjective well-being, he presupposes a premise that someone else could have built a literature organization, so that he would attend. But he had no willing to build one himself. He preferred to be a participant and to give suggestions.

To sum up, in this research, not all the social capital relevant to subjective well-being. Only social network played a role in the participants' subjective well-being, while the other two aspects did not show so much. Although one participant gave her opinion about the role of trust, it seems her trust based on her social network. Moreover, the answer about social participation is related to the interaction between individuals and community, not related to their feeling about well-being.

However, a special example needs to be discussed, there is a special example need to be discussed alone. Mr. Sun's, family immigrated when he was young, he gave a grade about his life satisfaction and he only scored 5 out of 10 on his current life satisfaction. In his opinion,

the Netherlands just suit for woman and children to live, because it is too quiet and lack of entertainment. He said: *"you don't have a lot of opportunities here […] There is no breath of life. I will tell you all about the tears […] I'm from Shanghai. I used to work in Shanghai. Wouldn't it be great to be in China now? Some eat and some play in Shanghai […] It's easy to get depressed in the Netherlands."*

What makes this example special is that he was the only participant who expressed dissatisfaction and complaints about the Dutch life after comparing it with the Chinese life. This may have something to do with the fact that his hometown is Shanghai. Unlike the other participants, who came from poorer towns and immigrated to the Netherlands to improve their previous lives. Sun lived in Shanghai in a relatively good condition. After the reform and opening up (1978), the whole country developed rapidly, but Shanghai is the most prosperous. Mr. Sun can have more social activities and know more people in Shanghai. Although Sun feels that the Netherlands is not the right country for him, it can be seen that for him, social networks and social participation contribute the most to his subjective well-being.

5.   Discussion and Conclusion

In this chapter, the results of this study are discussed, then the conclusion of this study and recommendations for policies and further studies will be presented, and the last part is the limitation of this study.

5.1 Discussion

This study investigates how older Chinese people navigate their social capital-social networks, reciprocity and trust, and social participation after migrating to the Netherlands and how they experience their own subjective well-being, to understand the contribution of social capital to their subjective well-being.

The findings show that on the establishment of social networks, the majority of participants have actively build social networks after immigrating to the Netherlands. Although they originally had social network in China, they established a new social network. As the Dutch government supported integration courses and Dutch language courses, all the participants narrated that they acquired Dutch language within the first few years of arriving to the Netherlands and they felt that they have adapted well to the new life in the Netherlands. It can be concluded that these courses were important measures for immigrants to build new social networks. Previous researches showed that the degree of integration of immigrants in host countries is related to social capital (Berchet & Sirven, 2014). They found that immigrant individuals gain social resources by establishing social networks, which would help them integrate to local communities. Similarly, the participants of this study established social networks with family members, neighbours, colleagues and friends. These findings are consistent with findings from Zheng (2006). He found that for Chinese immigrants, at the beginning of arriving and relocating in host country (South-east Asian countries), they will use the restructuring and cultivation of social networks to acquire and accumulate social capital, which will help them adapt and integrate into local social life.

Among the three social capital factors, the findings showed that social network contributes most in participants' subjective well-being. In addition, most of the participants mentioned family and friends when assessing the components of their subjective well-being. When assessing the contribution of an individual's social capital on subjective well-being, the majority of participants chose social networks among the three aspects. This result is consistent with previous findings in the literature. For instance, Jang, et.al. (2015)&Campbell (2001), found that the greater the number of social networks, the better the mental health and life satisfaction of older people. Moreover, the findings show that female participants had higher level of social network than male. By interacting with families, friends and neighbours, they were better able to cope with negative emotions in their lives, which in turn led to a happier state of emotion.

Furthermore, there are other interesting findings ought to be discussed further. Furthermore, according to the results, the education level and the job content may also play a role in the level

of social network. But when the subjective well-being was evaluated, it was found that the experienced subjective well-being by participants was not necessarily related to education level and work content. This result is different from Luo's (2016) and Jang's (2015) research, in which the older immigrants with lower education levels and lower work content also had lower social capital and poorer emotional health. Perhaps it is due to the qualitative research method, because the answer of the interview can be impacted by the environment and mood of that day.

When evaluating reciprocity and trust as social capital, the majority of participants showed unilateral acts of help without reward. Moreover, the act of helping is based on trust within their social network, i.e. family members, friends, or someone they know such as neighbours. Even if they are willing to help others, they have limitations and requirements. Most participants narrated that they won't help with anything illegal or out of capabilities. However, from their narratives, the contribution of reciprocity and trust to the participants' subjective well-being is not clear. In previous literature, it was found that the contribution of trust to the health and well-being of older people varied. For instance, according to Fujisawa (2009), trust is significantly associated with physical and mental health of older Chinese immigrants in Japan, but in Shen's (2014) study, the correlation was weak.

Social participation is related to the establishment of social networks. In this study, female participants had more social participation than male participants, which may be related to family division. All the female participants mentioned that when they first arrived in the Netherlands, they actively took their children to participate in various activities to better integrate themselves and their children in the Dutch community. By contrast, most male participants' social participation was concentrated in their small social networks, such as work. In Luo's (2018) study, social participation was related to the mental health of older women, but in this thesis, this relationship was not indicated. In addition, Luo (2018) found that in Canada, lower levels of English and less communicative work content affected social participation, which in turn affected the mental health of older immigrants. However, in this study, although the participants can speak Dutch by Dutch language classes, they remained in a narrow social network. This may be due to the cultural contextual gap, with most participants preferring Chinese social networks that are easier to communicate with. For example, they can talk about the life in China by Chinse. It is easy for they to communicate by mother tongue.

The results showed that social capital did not contribute as much to the participants' subjective well-being as expected.

Luo (2018) found that the older Chinese living in Canada had poor physical and health conditions, and the longer they lived in Canada, the worse the situation was. When the reasons were explored, it was found that the social capital level of older Chinese in Canada was low. The older Chinese immigrants in this study immigrated to the Netherlands when they were young. Most of them got married and build families after arriving to the Netherlands, and most of them lived in the Netherlands for more than 30 years. Although the older Chinese in Canada were old too, they lived in Canada for an average of 19.8 years. The older Chinese immigrants in the Netherlands are integrated. This integration policy in the Netherlands can help

immigrants better understand the Netherlands and integrate into the local community. Therefore, the older Chinese immigrants in this research indicated they were satisfied in terms of their subjective well-being.

As mentioned in the previous discussion, gender, work content and education level have impact on the formation of social capital. But there are particular findings in exploring the role in subjective well-being. The first is the effect of gender on social capital formation. In this study, all of the female participants showed higher levels of social capital. Compared with male participants, females actively participated in social activities and established diversified social networks. Secondly, the work content. Due to the limitations of selection, the participants' work content is relatively simple, and most of them are engaged in restaurant work. However, the results showed that the degree of social capital of the restaurant runners and two academic researchers was higher than that of the restaurant staff. When it comes to social networking, restaurant runners and academic researchers are more diverse. From the education level, some people have a good foundation in English or German before they came to the Netherlands, so they were more adaptable than others in learning Dutch and quickly form a circle of friends. In terms of social participation, participants with poor language tended to favor a small range of Chinese social networks.

To discuss the contribution of social capital to subjective well-being under different social and cultural backgrounds, we should consider not only the background of the participants but also the sociocultural context of the host country. Most of the participants came to the Netherlands for economic reasons, and more than half of them came from China's famous immigrant village. In that village, immigration is a traditional cultural. After arriving to the Netherlands, most immigrants regard the Netherlands as their second homeland, and gradually became Dutch through the Dutch integration course and their constant adaptation.

The theoretical framework will be discussed based on the findings in the following section and the aspects contributing to the subjective well-being of older Chinese immigrants in the Netherlands.

5.2 Discussion within the theoretical framework

Based on Putnam's (2000) theory of social capital, this thesis divides social capital into structure and cognition. The structure includes social networks and social participation, and cognition includes reciprocity and trust.

The participants showed to build a bounding connection with family members and friends and bridging connection with Dutch government and other organisations or strangers. It can be observed that unilateral help and trust of participants was based on bounding connection between family and friends. Just some participants indicated that they gave unilateral help to the people with bridging connection. However, this research showed little relation between reciprocity and subjective well-being. According to Putnam (2000), individual's participation in formal groups is an important way to develop social networks. The participants developed

and maintained social networks by attending festivals, community activities or hanging out with friends. Similarly, the findings showed the establishment of social networks is based on their social participation.

Since subjective well-being is a relatively abstract concept related to physical health, mental health and life satisfaction, the role of social capital in subjective well-being is multifaceted. The results show that only social networks contribute to subjective well-being, mainly through bounding connections between family and friends. Other aspects of social capital contributions to subjective well-being are less indicated.

5.3 Conclusion and recommendations

In the social-cultural context of the Netherlands, the social capital does not play a big role in the subjective well-being of older Chinese immigrants who participated in the research. Considering the cultural and social background differences in the development of the concept of social capital, it is found that the research of social capital under different social and cultural backgrounds is possibly inconsistent with the results of other countries' studies.

According to the results of the study, most male participants did not participate in social activities, and some of them said that they did not participate in the activities of traditional Chinese festivals organized by Chinese immigrant communities. Most of the activities organized by Chinese immigrant communities are for younger Chinese people. It is recommended that they can consider organizing activities suitable for the older people, or send blessings cards or messages to the older Chinse immigrants at traditional festivals. In addition, Chinese labour community can consider organising volunteers to go to the older Chinese immigrants' homes to understand their needs and help them with their housework.

5.4 Limitations

Although the purpose of this study is to understand the social capital and subjective well-being of older Chinese immigrants in the Netherlands, the available data and samples are limited. Subjective well-being is an abstract concept, about the participants' personal feelings and thoughts. The answers may be influenced by the mood of the day or other factors. It is also related to the interpretation of the questions. If the participants' understanding of the questions is different, it may also affect the final answers. Moreover, the samples drawn in this study has certain limitations. Even the research used three ways to recruit participants, however, most of the participants are engaged in restaurant, and there is no diversity in career choices.

The future studies can enlarge the sample size, and look for the participants of different careers.

References

Agren, G., & Berensson, K. (2006). *Healthy ageing: a challenge for Europe.* Swedish National Institute of Public Health.

Amit, K., & Riss, I. (2014). The subjective well-being of immigrants: Pre-and post-migration. *Social indicators research, 119*(1), 247-264.

Andrews, F. M., & Robinson, J. P. (1991). Measures of subjective well-being. *Measures of personality and social psychological attitudes, 1*, 61-114.

Angner, E. (2010). Subjective well-being. *The Journal of Socio-Economics, 39*(3), 361-368.

Banks, L., Haynes, P., & Hill, M. (2008). A comparative analysis of informal networks among older people in Eastern and Western European states.

Bartlett, H., Warburton, J., Lui, C. W., Peach, L., & Carroll, M. (2013). Preventing social isolation in later life: Findings and insights from a pilot Queensland intervention study. *Ageing & Society, 33*(7), 1167-1189.

Berchet, C., & Sirven, N. (2014). Older Migrants' Social Capital in Host Countries: A Pan-European Comparison. *Eastern Economic Journal, 40*(2), 166-180.

Bhattacharya, G., & Shibusawa, T. (2009). Experiences of aging among immigrants from India to the United States: Social work practice in a global context. *Journal of Gerontological Social Work, 52*(5), 445-462.

Campbell, C. (2001). Social capital and health: contextualising health promotion within local community networks. In S. Baron, J. Field, & T. Schuller, *Social Capital : Critical Perspectives* (pp. 182-196). Oxford, UK: Oxford University Press.

Casper, M. (2001). A definition of "social environment". *American Journal of Public Health, 91*, 465.

Cattell, V., & Herring, R. (2002). Social capital, generations and health in East London. In *Social Capital for Health: Insights from Qualitative Research.* London: Health Development Agency.

CBS. (2017). *Population; gender, age, nationality and region, 1 January.* Retrieved from http://statline.cbs.nl/Statweb/dome/?TH=3600&LA=nl.

Clarke, L., & Roberts, C. (2004). The meaning of grandparenthood and its contribution to the quality of life of older people. In A. Walker, & C. H. Hennessy, *Growing older: Quality of life in old age* (pp. 188-208). London: Open University Press.

Coleman, J. S. (1994). Social capital, human capital, and investment in youth. In *Youth Unemployment and Society* (pp. 34-50). Cambridge: Cambridge University Press.

Coleman, J. S. (2003). Social capital in the creation of human capital. In *Networks in the knowledge economy* (pp. 57-81).

Cote, R. R., & Erickson, B. H. (2009). Untangling the roots of tolerance: How forms of social capital shape attitudes toward ethnic minorities and immigrants. *American Behavioral Scientist, 52*(12), 1664-1689.

Craciun, C. (2014). Social capital in Romanian old people: Meanings and opportunities for health. *Ageing International, 39*(2), 106-123.

Cramm, J. M., Van Dijk, H. M., & Nieboer, A. P. (2012). The importance of neighborhood social cohesion and social capital for the well being of older adults in the community. *The Gerontologist, 53*(1), 142-152.

Cramm, J. M., van Dijk, H. M., & Nieboer, A. P. (2013). The Importance of Neighborhood Social Cohesion and Social Capital for the Well Being of Older Adults in the Community. *Gerontologist, 53*(1), 142-152.

De Donder, L., De Witte, N., Buffel, T., Dury, S., & Verté, D. (2012). Social capital and feelings of unsafety in later life: A study on the influence of social networks, place

attachment, and civic participation on perceived safety in Belgium. *Research on Aging, 34*(4), 425-448.

Deindl, C., Brandt, M., & Hank, K. (2016). Social networks, social cohesion, and later-life health. *Social Indicators Research, 126*(3), 1175-1187.

Diener, E. (1984). Subjective well-being. *Psychological bulletin, 95*(3), 542.

Diener, E., & Suh, E. (1997). Measuring quality of life: Economic, social, and subjective indicators. *Social indicators research, 40*(1-2), 189-216.

Diener, E., Suh, E. M., Lucas, R. E., & Smith, H. L. (1999). Subjective well-being: Three decades of progress. *Psychological bulletin, 125*(2), 276.

Diener, E., Wirtz, D., Tov, W., Kim-Prieto, C., Choi, D. W., Oishi, S., & Biswas-Diener, R. (2010). New well-being measures: Short scales to assess flourishing and positive and negative feelings. *Social Indicators Research, 97*(2), 143-156.

Dolfsma, W., & Dannreuther, C. (2003). Subjects and boundaries: Contesting social capital-based policies. *Journal of Economic Issues, 37*(2), 405-413.

Dowling, R., & Hay, I. (2000). Power, Subjectivity and Ethics in Qualitative Research. In *Qualitative research methods in human geography.*

Ertel, K. A., Glymour, M. M., & Berkman, L. F. (2009). Social networks and health: A life course perspective integrating observational and experimental evidence. *Journal of Social and Personal Relationships, 26*(1), 73-92.

European Commission. (2017, 11 24). *The 2018 Ageing Report: Underlying Assumptions and Projection Methodologies.* Retrieved from https://ec.europa.eu/info/sites/info/files/economy-finance/ip065_en.pdf

Eurostat. (2017). *Population statistics at regional level .* (European Union) Retrieved from http://ec.europa.eu/eurostat/statistics-explained/index.php/Population_statistics_at_regional_level.

Farr, J. (2004). Social capital: A conceptual history. *Political theory, 32*(1), 6-33.

Fishbein, M., & Ajzen, I. (1977). *Belief, attitude, intention, and behavior: An introduction to theory and research.*

Fishbein, M., & Ajzen, I. (2011). *Predicting and changing behavior: The reasoned action approach.* New York: Psychology Press.

Flick, U. (2015). *Introducing research methodology: A beginner's guide to doing a research project.* London: Sage.

Forsman, A. K., Nyqvist, F., & Wahlbeck, K. (2011). Cognitive components of social capital and mental health status among older adults: a population-based cross-sectional study. *Scandinavian journal of public health, 39*(7), 757-765.

Fujisawa, Y., Hamano, T., & Takegawa, S. (2009). Social capital and perceived health in Japan: an ecological and multilevel analysis. *Social science & medicine, 69*(4), 500-505.

Fukuyama, F. (2003). Social capital and civil society. In *Foundations of social capital.* Cheltenham: Edward Elgar Pub.

Gallagher, M. W., Lopez, S. J., & Preacher, K. J. (2009). The hierarchical structure of well-being. *Journal of personality, 77*(4), 1025-1050.

Gasper, D. (2007). Human well-being: concepts and conceptualizations. *Human Well-Being*, 23-64.

Giordano, G. N., Ohlsson, H., & Lindström, M. (2011). Social capital and health—Purely a question of context? *Health & Place, 17*(4), 946-953.

Greiner, K. A., Li, C., Kawachi, I., Hunt, D. C., & Ahluwalia, J. S. (2004). The relationships of social participation and community ratings to health and health behaviors in areas with high and low population density. *Social science & medicine, 59*(11), 2303-2312.

Hawe, P., & Shiell, A. (2000). Social capital and health promotion: a review. *Social science & medicine, 51*(6), 871-885.

Haywood, K. L., Garratt, A. M., & Fitzpatrick, R. (2005). Quality of life in older people: a structured review of generic self-assessed health instruments. *Quality of life Research, 14*(7), 1651-1668.

Helliwell, J. F. (2003). How's life? Combining individual and national variables to explain subjective well-being. *Economic modelling, 20*(2), 331-360.

Hennink, M., Hutter, I., & Bailey, A. (2010). *Qualitative research methods.* Sage.

Hennink, M., Hutter, I., & Bailey, A. (2011). *Qualitative research methods.* Sage.

Jang, Y., Park, N. S., Chiriboga, D. A., Yoon, H., An, S., & Kim, M. T. (2015). Social capital in ethnic communities and mental health: A study of older Korean immigrants. *Journal of cross-cultural gerontology, 30*(2), 131-141.

Kahneman, D., & Krueger, A. B. (2006). Developments in the measurement of subjective well-being. *Journal of Economic perspectives, 20*(1), 3-24.

Kawachi, I., & Berkman, L. (2000). Social cohesion, social capital, and health. *Social epidemiology, 174*, 190.

Kawachi, I., Kennedy, B. P., & Wilkinson, R. G. (1999). Crime: social disorganization and relative deprivation. *Social science & medicine, 48*(6), 719-731.

Kawachi, I., Kennedy, B. P., Lochner, K., & Prothrow-Stith, D. (1997). Social capital, income inequality, and mortality. *American journal of public health, 87*(9), 1491-1498.

Kawachi, I., Kim, D., Coutts, A., & Subramanian, S. V. (2004). Commentary: Reconciling the three accounts of social capital. *International journal of epidemiology, 33*(4), 682-690.

Kim, B. J., Auh, E., Lee, Y. J., & Ahn, J. (2013). The impact of social capital on depression among older Chinese and Korean immigrants: similarities and differences. *Aging & mental health, 17*(7), 844-852.

Kristiansen, M., Razum, O., Tezcan-Güntekin, H., & Krasnik, A. (2016). Aging and health among migrants in a European perspective. *Public health reviews, 37*(1), 20.

Lai, D., & Chau, S. (2010). Social capital, health and well-being of elderly Chinese immigrants in Canada. In *Diversity and aging among immigrant seniors in Canada: Changing faces and greying temples* (pp. 227-250).

Li, M. (2011). At the beginning of the 21st century European overview of overseas and ethnic Chinese population. In J. Qiu, *Overseas Chinese blue book* (pp. 28-43).

Liao, Q. (2007). The Chinese mental health status is reviewed. *China's public health, 23*(5), 556-558.

Lin, N. (2002). *Social capital: A theory of social structure and action* (Vol. 19). Cambridge university press.

Lin, N. (2017). Building a network theory of social capital. In R. Dubos, *Social Capital* (pp. 3-28). Routledge.

Liu, H., & Huang, J. (2002). *Broad vision and new direction of overseas Chinese research: selected essays by professor Wang Gungwu.*

Liu, J. (2010). Research on overseas Chinese and overseas Chinese villages from the perspective of international migration: a review of the international academic conference on international migration and overseas Chinese villages. *The International Journal of Diasporic Chinese Studies, 2*(02), 123-128.

Lockenhoff, C. F., & Carstensen, L. L. (2004). Socioemotional selectivity theory, aging, and health: The increasingly delicate balance between regulating emotions and making tough choices. *Journal of personality, 72*(6), 1395-1424.

Lucas, R. E., Diener, E., & Suh, E. (1996). Discriminant validity of well-being measures. *Journal of personality and social psychology, 71*(3), 616.

Luo, H. (2016). Strengthening social capital through residential environment development for older Chinese in a Canadian context. *Journal of gerontological social work, 59*(1), 16-34.

Luo, H., & Menec, V. (2018). Social Capital and Health Among Older Chinese Immigrants: a Cross-Sectional Analysis of a Sample in a Canadian Prairie City. *Journal of cross-cultural gerontology*, 1-17.

Ma, X., Xiang, Y. T., Li, S. R., Xiang, Y. Q., Guo, H. L., Hou, Y. Z., . . . Dang, W. M. (2008). Prevalence and sociodemographic correlates of depression in an elderly population living with family members in Beijing, China. *Psychological medicine, 38*(12), 1723-1730.

Masi, C. M., Chen, H. Y., Hawkley, L. C., & Cacioppo, J. T. (2011). A meta-analysis of interventions to reduce loneliness. *Personality and Social Psychology Review, 15*(3), 219-266.

Mata, F., & Pendakur, R. (2014). Social capital, diversity and giving or receiving help among neighbours. *Social indicators research, 118*(1), 329-347.

Moore, S., Haines, V., Hawe, P., & Shiell, A. (2006). Lost in translation: a genealogy of the "social capital" concept in public health. *Journal of Epidemiology & Community Health, 60*(8), 729-734.

Morgan, A., & Swann, C. (2004). Social capital for health: issues of definition, measurement and links to health. *Health Development Agency*.

Nieboer, A., Lindenberg, S., Boomsma, A., & Bruggen, A. V. (2005). Dimensions of well-being and their measurement: the SPF-IL scale. *Social Indicators Research, 73*(3), 313-353.

Niu, J., & Xin, Z. (2009). Under the different themes and risk of interpersonal trust: trust circle, the comparison of Chinese and Canadian. *Psychological development and education, 25*(2), 61-67.

Nordbakke, S., & Schwanen, T. (2014). Well-being and mobility: A theoretical framework and literature review focusing on older people. *Mobilities, 9*(1), 104-129.

Nyqvist, F., & Forsman, A. K. (2015). Healthy Ageing: Focus on Social Capital. In *Social Capital as a Health Resource in Later Life: the Relevance of Context* (pp. 1-11). Dordrecht: Springer.

Nyqvist, F., & Forsman, A. K. (2015). *Social capital as a health resource in later life: the relevance of context* (Vol. 11). Springer.

Nyqvist, F., Cattan, M., Andersson, L., Forsman, A. K., & Gustafson, Y. (2013). Social capital and loneliness among the very old living at home and in institutional settings: A comparative study. *Journal of aging and health, 25*(6), 1013-1035.

Ochiai, E. (2014). The meaning of the second demographic transition and the establishment of a mature society. *European Societies, 16*(3), 343-346.

Omodei, M. M., & Wearing, A. J. (1990). Need satisfaction and involvement in personal projects: Toward an integrative model of subjective well-being. *Journal of Personality and social Psychology, 59*(4), 762.

Omodei, M. M., & Wearing, A. J. (1990). Need satisfaction and involvement in personal projects: Toward an integrative model of subjective well-being. *Journal of Personality and social Psychology, 59*(4), 762.

Phillips, D. (2006). Quality of life and the individual. In *Quality of life: Concept, policy and practice* (pp. 15-39). Routledge.

Portes, A. (1998). Social capital: Its origins and applications in modern sociology. *Annual review of sociology, 24*(1), 1-24.

Pudrovska, T., & Anikputa, B. (2014). Early-life socioeconomic status and mortality in later life: An integration of four life-course mechanisms. *Journals of Gerontology Series B: Psychological Sciences and Social Sciences, 69*(3), 451-460.

Putnam, R. D. (2000). *Bowling alone: The collapse and revival of American community*. New York: Simon and Schuster.

Putnam, R. D., Leonardi, R., & Nanetti, R. Y. (1994). *Making democracy work: Civic traditions in modern Italy.* Princeton university press.

Ringen, S. (1995). Well-being, measurement, and preferences. *Acta Sociologica, 38*(1), 3-15.

Robert, P. (1993). *Making democracy work: civic traditions in modern Italy.* Princeton: Princeton University Press.

Robison, L. J., Schmid, A. A., & Siles, M. E. (2002). Is social capital really capital? *Review of social economy, 60*(1), 1-21.

Rose, R. (2000). How much does social capital add to individual health? *Social science & medicine, 51*(9), 1421-1435.

Routasalo, P. E., Tilvis, R. S., Kautiainen, H., & Pitkala, K. H. (2009). Effects of psychosocial group rehabilitation on social functioning, loneliness and well-being of lonely, older people: randomized controlled trial. *Journal of advanced nursing, 65*(2), 297-305.

Ryan, L., Sales, R., Tilki, M., & Siara, B. (2008). Social networks, social support and social capital: The experiences of recent Polish migrants in London. *Sociology, 42*(4), 672-690.

Ryan, R. M., & Deci, E. L. (2001). On happiness and human potentials: A review of research on hedonic and eudaimonic well-being. *Annual review of psychology, 52*(1), 141-166.

Ryan, R. M., & Deci, E. L. (2011). A self-determination theory perspective on social, institutional, cultural, and economic supports for autonomy and their importance for well-being. *Human autonomy in cross-cultural context*, 45-64.

Savikko, N., Routasalo, P., Tilvis, R., & Pitkälä, K. (2010). Psychosocial group rehabilitation for lonely older people: favourable processes and mediating factors of the intervention leading to alleviated loneliness. *International journal of older people nursing, 5*(1), 16-24.

Schimmack, U., Radhakrishnan, P., Oishi, S., Dzokoto, V., & Ahadi, S. (2002). Culture, personality, and subjective well-being: Integrating process models of life satisfaction. *ournal of personality and social psychology, 82*(4), 582.

Schuller, T., Baron, S., & Field, J. (2000). Social capital: a review and critique. In *Social capital: critical perspectives* (pp. 1-39). Oxford University Press.

Schultz, J., O'Brien, A. M., & Tadesse, B. (2008). Social capital and self-rated health: Results from the US 2006 social capital survey of one community. *Social science & medicine, 67*(4), 606-617.

Seidman, I. (2013). *Interviewing as qualitative research: A guide for researchers in education and the social sciences.* Teachers college press.

Shen, Y., Yeatts, D. E., Cai, T., Yang, P. Q., & Cready, C. M. (2014). Social capital and self-rated health among middle-aged and older adults in China: a multilevel analysis. *Research on aging, 36*(4), 497-521.

Sirven, N., & Debrand, T. (2012). Social capital and health of older Europeans: Causal pathways and health inequalities. *Social Science & Medicine, 75*(7), 1288-1295.

Sixsmith, J., & Boneham, M. (2002). Men and masculinities: Accounts of health and social capital. *Social capital for health: Insights from qualitative research*, 47-60.

Sixsmith, J., & Boneham, M. (2003). Older men's participation in community life: Notions of social capital, health, and empowerment. *Ageing International, 28*(4), 372-388.

Sixsmith, J., & Boneham, M. (2007). Health, well-being and social capital. In *Well-Being* (pp. 75-92). London: Palgrave Macmillan.

Smith, K. P., & Christakis, N. A. (2008). Social networks and health. *Annu. Rev. Sociol, 34*, 405-429.

Strawbridge, W. J., Cohen, R. D., Shema, S. J., & Kaplan, G. A. (1996). Successful aging: predictors and associated activities. *American Journal of Epidemiology, 144*(2), 135-141.

Subramanian, S. V., Kim, D. J., & Kawachi, I. (2002). Social trust and self-rated health in US communities: a multilevel analysis. *Journal of Urban Health, 79*(1), 21-34.

The forms of capital (English version). (1986). In P. Bourdieu, *Handbook of theory and research for the sociology of education* (pp. 241-258).

United Nations. (2017). *Probabilistic Population Projections based on the World Population Prospects: The 2017 Revision.* (P. D. Department of Economic and Social Affairs, Producer, & United Nations) Retrieved from http://esa.un.org/unpd/wpp/.

Van Deth, J. W. (2003). Measuring social capital: orthodoxies and continuing controversies. *International Journal of Social Research Methodology, 6*(1), 79-92.

Veenhoven, R. (2013). The four qualities of life ordering concepts and measures of the good life. *The exploration of happiness*, 195-226.

Wang, H., & Kang, R. (2017). *Report on development of overseas Chinese entrepreneurs 2017.* China overseas Chinese press.

Wengraf, T. (2001). *Qualitative research interviewing: Biographic narrative and semi-structured methods.* Sage.

WHO. (2006). *Healthy Cities and Urban Governance.* Geneva: Switzerland: World Health Organization.

Wilkinson, R. G., & Pickett, K. E. (2006). Income inequality and population health: a review and explanation of the evidence. *Social science & medicine, 62*(7), 1768-1784.

Woolcock, M. (1998). Social capital and economic development: Toward a theoretical synthesis and policy framework. *Theory and society, 27*(2), 151-208.

World Health Organization. (2015). *World report on ageing and health.* World Health Organization.

Zheng, Y. (2006). Penetration and expansion of multiple networks: a study on the interaction between Chinese immigrants and Chinese immigrant communities in Fujian and Guangdong. *World Affairs Press*.

Appendix A – Invitation Letter

Information sheet

Dear Sir/ Madam,

You are being asked to participate in for a research study about your feelings about the ageing life in Dutch society. This research is part of a Master programme——Population Studies, and conducted by Xiaojiao Dai, a Master student studying at University of Groningen. The topic of the research is "The Role of Social Capital: Subjective well-being of Older Chinese immigrants in the Netherlands". Although the Chinese immigrants living in the Netherlands are relatively small in the total population of the Netherlands, they cannot be ignored. According to the existing literature, the differences of cultural and social background are likely to lead to differences in social capital and well-being of immigrants in different cultural backgrounds. Xiaojiao Dai wants to learn from you about your personal experience and feelings to understand how different aspects of social capital contribute to your well-being of immigrant life. Social capital refers to various aspects of social structure, including social networks among people, mutual help and trust, and participation in social activities. Social capital can be used as a resource to realize the welfare of society. Of course, not only can society benefit from the accumulation of social capital, but individuals also achieve personal goals through social capital, such as well-being, health and high quality of life. Some questions she will ask is: What is your preferred way of communicating with people? How do you feel about mutual help and trust? How do you feel about attending social activities? What do you think about well-being?

The objective of this research is to understand how social capital in the Netherlands form subjective well-being of older Chinese immigrants.

The study includes an interview for about 60-120 minutes, depending on how detailed your answers are. The topics discussed during the interview will be related to your immigration experience, life experiences in the Netherlands, social networks, trust in others, and your participation in social activities. Attention, the participation in this research is entirely voluntary, you can end the interview at any time.

Xiaojiao Dai will give you a full explanation of the research before the start of the interview. You will need to fully understand the purpose of the research and sign after reading the consent form. You will be given a copy of the signed consent form. During the interview, the conversation will be recorded with a smartphone. The purpose of recording the conversation is to enable Xiaojiao Dai to participate fully in the conversation and to ensure that no important information is left out or forgotten after the interview has been successfully completed. Xiaojiao Dai assure you that all the information you provide will be anonymous and confidential. The details of the interview will be recorded, but your name will be replaced with a pseudonym so that no sensitive information will be leaked or the reader will be tracked to you.

This research is paid by Xiaojiao Dai herself, so that there is no financial compensation except a small gift. The finding of the research will be published in a Master thesis and disseminated among you if you want a copy of the thesis. After the data is made anonymously, transcribed, and analysed, it will be stored by Xiaojiao Dai, Dr. Billie de Haas and University of Groningen for at least 1 year for purposes of checking and clarification. Only Xiaojiao Dai and suprtvisor Dr. Billie will have access to the collected data.

The research is supervised by Dr. Billie de Haas. If there is something unclear or you have any other questions, please do not hesitate to write to me, or send an e-mail to my supervisor Dr. Billie de Haas: b.de.haas@rug.nl.

Thank you for your participation.

Xiaojiao Dai, x.dai@student.rug.nl

MSc Population Studies, University of Groningen, the Netherlands

Appendix B – Informed Consent

Consent form

I, _____, hereby confirm that I have read and understood the above information. I agree to participate in the Master thesis research "Towards Social Capital: Subjective well-being of older Chinese immigrants in the Netherlands" conducted by Xiaojiao Dai.

I have been given the opportunity to ask questions about the research before the interview begins, and these have been answered to my satisfaction. If I have any other questions, I will contact the interviewer Xiaojiao Dai. I understand that my participation is voluntary and that I have the right to withdraw from the research or cancel the information provided at any time. I also understand that all my answers will be treated anonymously and confidentially, and I agree to be recorded during the interview.

Signature of participant: _____

Signature of researcher: _____

Place: _____, the Netherlands

Date: ___ / ___ / ___

Appendix C – Interview Guide

Interview guide

Introduction

The purpose of this research is to understand the social capital and subjective well-being of the older Chinese immigrants in the Netherlands. Although the Chinese immigrants living in the Netherlands are relatively small in the total population of the Netherlands, they cannot be ignored. According to the existing literature, the differences of cultural and social background are likely to lead to differences in social capital and well-being of immigrants in different cultural backgrounds. Therefore, I would like to learn from the interview about how social capital contributed to subjective well-being of Chinese older immigrants in Dutch background. Therefore, I want to learn from the interview how social capital contribute to subjective well-being of older Chinese immigrants in Dutch background.

I'm a student at the University of Groningen, and this research is part of my Master's course. My research direction is to understand the ageing life of the older Chinese immigrants in the Netherlands. My interviewees include other older Chinese immigrants living in the Netherlands who are over 65 years old as well. My questions relate to the topics of social capital and subjective well-being. Social capital refers to various aspects of social structure, including social networks among people, mutual help and trust, and participation in social activities. Social capital can be used as a resource to realize the welfare of society. Of course, not only can society benefit from the accumulation of social capital, but individuals also achieve personal goals through social capital, such as well-being, health and high quality of life. I want to learn from you about your personal experience and feelings to know how different aspects of social capital contribute to your well-being of immigrant life.

Every information you tell me will only be used for this research and will not be used by anyone other than the researcher for this Master's thesis. I will not mention your name in the thesis, and make sure that others cannot identity you from your answers. You have signed the informed consent to participate in the interview. Again, thank you for your participation. We will begin the interview soon. This interview will take 60-120 minutes. Do you have any other questions before we start the interview?

Background information

No. of interview:

Name: Marital Status:

Gender: Number of Children:

Age: Current/Previous Job:

Religion: Years in the Netherlands:

Education: Previous Residences:

Opening questions:

1. Can you tell me the people you live with?
2. What do you usually do in a normal day?
3. Can you describe the life before moving to the Netherlands? Where did you live? How was it?
4. When did you come to the Netherlands? For how long have you been in the Netherlands?
5. Can you tell me for what reasons you decided to come to the Netherlands?
6. Can you tell me what your life was like when you first arrived? How did you feel?
7. How did you adapt to the life in the Netherlands? /What did you do to adapt to the life…?
8. How long did it take you to adapt to the life in the Netherlands?

Social Networks

9. Can you tell me about the people you normally socialize with?
10. What do you think of your social networks?
11. What is your preferred way of communicating with people? How do you maintain your social network?
12. How would you feel about the social relationship between you and others?
13. Who have you met most in the past week? Can you describe the situation?
14. Can you describe the most impressed thing for you, which happened among your social group?
15. What is the role of social networks for your life?

Reciprocity and Trust

16. What do you think about trust? Are you a person who easily trusts others?
17. How do you feel about mutual help and trust? Is it important to you, if so, how?
18. Can you remember some experience about you once help others? Can you describe it?
19. When you help someone, do you hope he will help you in the future? Why?
20. If you build mutual help relationship with others, do you think it is a way to build trust between you? Why?

21. Normally, which group of people will you give help? Which group gain more help? Why?
22. Do you limit what you can do to help others? E.g. What kind of thing you can support help, or what kind of thing you must not support any help?
23. If you have troubles, who would you prefer to ask for help, and why? In which situation you will ask for help from other people?
24. What is the role of mutual help and trust for your life? Please explain.

Social Participation

25. What do you usually do in normal days?
26. In the last one week, did you attend any activity? Can you describe it?
27. Have you heard of any activities that you didn't attend? Why?
28. How often did you attend the activities? What kinds of activities?
29. How do you feel about attending social activities? Is it necessary for you to attend social activities, why?
30. What role do you play when you participate in the activities?
31. What is the role of participation for your life? Can you give an example?

Subjective Well-being

32. What do you think about well-being? What are the components of well-being?
33. What is the most important for well-being? Explain why?
34. How about your physical health in the last year?
35. Did you have some emotional problem in the last year? E.g. depression, anxiety or nervous. Please describe the situation.
36. We already discussed social network, mutual help and trust and participation, which one do you think contribute most to your well-being? Why?

Concluding questions

37. How do you feel when you think about China? Have you missed China?
38. How would you deal with this feeling?
39. Are you planning to go back to China in the future? Why?
40. Do you think that we have left something important, or do you have any other interesting thing want to share?
41. How did you feel about talking about this topic?

Appendix D – Code Families

Code Family	Codes	
Background of participant	Hometown in China	Life in the Netherlands
	Education background	Diet culture
	Reason to immigrate	Life in Italy
	Age to move	Work in the Netherlands
	Language barrier	Marital status
	Life in China	Climate
	Language classes	Dutch government
	Identity card	Children
Social network	Living status	social connection
	Partner	Years of friends
	Travel	Language barrier
	Communicating methods	self-protection
	Dutch social network	business orders
	Chinese social network	Marital status
	non-Dutch international social network	social difficulty
	Level of friends	Living habits
Trust	Dutch hospital	Dutch government
	close friends	self-protection
	Age	Trust score
	Attitudes	Trust credit
	Object of trust	Connections between people
	Trust reason	
Reciprocity	Unilateral help	Trust
	Culture difference	Language barrier
	Help limitation	Object to help
	Close friends	Family
	Neighbours	Self-solved
	Reward	Lending money
	Stable relationships	Dutch government
	Charge	Legal way
Social participation	Chinese festival	Dutch festival
	Community activity	Integrate into the society
	School activities	Chinese organisation
	volunteer work	Friends party
	Communication	culture difference
	Culture exchange	Social network
	Participation role	Attitudes
Subjective well-being	Physical health	Emotional problem
	Life satisfaction	Social network

	Relationship between people	Living environment
	Medical system	Dutch government
	Quality of life	Family
	Life before moving	Close friends
	Children	Language barrier
	Measurement	social connection
	Trust	social participation
	Life habit	Marital status