



# Post-migration employment changes and health: A dyadic spousal analysis



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## ABSTRACT

Prospective studies have found unemployment and job loss to be associated with negative psychological and physical health outcomes. For immigrants, the health implications of employment change cannot be considered apart from pre-migration experiences. While immigrants demonstrate relative success in securing employment in the United States, their work is often not commensurate with their education or expertise. Previous research has linked downward employment with adverse health outcomes among immigrants, but with gender differences. We extended this literature by considering a wider range of employment states and accounting for the interdependence of husbands' and wives' employment trajectories.

We examined the relationships between personal and spousal post-migration employment changes and self-rated health and depressive symptoms using dyadic data from the 2003 New Immigrant Survey (NIS) ( $n = 5682$  individuals/2841 spousal pairs). We used the Actor Partner Interdependence Model (APIM) to model cross-partner effects and account for spousal interdependence. In general, men's downward employment trajectories were associated with poorer health for themselves. Women's employment trajectories had fewer statistically significant associations with their own or their husbands' health, underscoring the generally more peripheral nature of women's work in the household. However, women's current unemployment in particular was associated with poorer health outcomes for themselves and their husbands, suggesting that unmet need for women's work can produce health risks within immigrant households. Our findings suggest that employment change should be considered a household event that can impact the wellbeing of linked individuals within.

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## 1. Background

### 1.1. Employment trajectories and health

Work and employment are key social determinants of mental and physical health, as they are closely linked to socioeconomic conditions and psychosocial states (Benach and Muntaner, 2011). Adverse employment changes appear to be particularly detrimental; unemployment, job loss, and underemployment have been associated with negative psychological and physical health outcomes across a number of studies. For example, among a nationally-representative

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sample of young American adults, current unemployment and labor force nonparticipation were associated with higher levels of depressive symptoms (Mossakowski, 2009). In a longitudinal study of older adults, involuntary job loss was associated with later cardiovascular disease and mental distress (Gallo et al., 2000). Another prospective study found links between involuntary job loss and poorer self-rated health (Burgard et al., 2007). Shifts to inadequate employment, including involuntary part-time work and employment with low wages, have also been associated with subsequent health problems, such as depressive symptoms and decreased birth weight (Dooley and Prause, 2005; Dooley et al., 2000). The collective evidence from longitudinal research thus suggests that downward job trajectories lead to poorer health outcomes, as opposed to the reverse causal pathway.

Employment changes can impact health through multiple pathways (Brand, 2015). First, they may engender shifts in material

resources like income or health insurance. These resources have a direct impact on the ability to access care, practice healthy behaviors, or pay for medical treatment. Second, employment changes may constitute acute stressors that arise from financial concerns, internalization of blame, or social stigma (Dooley et al., 1996). In turn, this stress can adversely impact psychological and physical health. Finally, employment is an important dimension of social status that exists alongside other important social factors like race, nativity, education, and gender (Fujishiro et al., 2010). Status inconsistency, which is linked to poor physical and emotional health, can arise when employment changes lead to incongruence between one's occupational prestige and one's other social roles (Peter et al., 2007).

### 1.2. Immigrant employment trajectories and health

A limited number of studies have examined the health consequences of adverse employment changes among immigrants. Labor force participation is high among US immigrants; in 2015, 66% of foreign-born adults were employed compared to 62% of the US-born (BLS, 2016). Labor force participation is consistently high across regions of origin; the labor force participation rates of Mexican, South and East Asian, and Central American immigrants, who constitute the largest US immigrant groups, all exceed 67% (Lopez and Radford, 2017). The high proportion of employed immigrants suggests that work is a crucial dimension of their post-migration experience.

Associations between employment change and health observed among the general population have been replicated in some studies focused on immigrant populations. For example, in a prospective study of Mexican Americans (the majority of whom were immigrants), those who experienced job loss had higher odds for depression (Catalano et al., 2000). A study of Southeast Asian refugees in Canada found job loss to be associated with depressive affect (Beiser et al., 1993). However, an analysis of a nationally-representative sample of Asian Americans (the majority of whom were immigrants) found no differences in self-rated health nor in mental disorders between the currently employed and unemployed (John et al., 2012).

While some of the discrepant findings for immigrants may be due to methodological issues (e.g., paucity of longitudinal data), existing studies have only considered immigrants' employment changes once in the United States. We argue that the health consequences of immigrant employment patterns cannot be considered apart from *pre-migration* experiences. While immigrants demonstrate relative success in securing employment in the United States, their work is often not commensurate with their education or expertise. Compared to the US-born, immigrants are twice as likely to be underemployed (De Jong and Madamba, 2001), and an estimated 20% with a college degree from their country of origin work in unskilled jobs (Batalova and Fix, 2008). This latter percentage is particularly high for immigrants from Latin America; over 46% of Mexican immigrants and 43% of immigrants with a college degree from Latin American countries work in unskilled occupations (Batalova and Fix, 2008).

Qualitative work suggests that downward occupational trajectories are considered major stressors by immigrants (Dean and Wilson, 2009; Khan and Watson, 2005). Quantitative work has found frustration with job prospects to be associated with alcohol abuse among Mexican immigrants and poorer self-rated physical and mental health among Asian American immigrants (De Castro et al., 2010; Finch et al., 2003). Other studies directly examining underemployment among immigrants have found it to be a risk factor for poorer mental health (Chen et al., 2010; Eaton and Lasry, 1978; Ro, 2014).

### 1.3. Employment trajectories and health within the family context

Yet focusing only on associations between one's own employment changes and one's own health can oversimplify the complex relationships among work, health, and gender, and ignores the linked fates of couples (Elder, 1998). Employment changes have been conceptualized as shared life events that have "cross-over" effects (Westman, 2001). Employment change experienced by one spouse may not only shape larger household economic circumstances, but may also constitute an acute stressor and source of status incongruence for the other spouse. Among non-immigrant populations, job loss and changes in job quality for one partner have been found to predict psychological distress (Barnett et al., 1995), poorer psychological health (Debus and Unger, 2017), and depressive symptoms (Vinokur et al., 1996) for both members in a couple.

The interplay between employment trajectories, gender, and health may be especially salient in immigrant households. Immigrant women are more likely to work in the United States than in their countries of origin, but this work often reflects household need and tends to be concentrated in low wage service positions (Parrado and Flippen, 2005). This work is often viewed as temporary and peripheral to immigrant women's personal identities, leading to employment that Pedraza (1991) calls, "necessary, not self-actualizing". Immigrant men's work (or lack thereof) is more central to determining domestic roles and the family's future plans (Menjivar, 1999). These tendencies are reinforced by US visa entry policies that indirectly elevate men's work. For example, visas for high-skilled immigrants make women more likely to be dependents, as it is their husbands who typically secure jobs in the destination counties (Boyle et al., 2001). These forces collectively prioritize husbands' employment within an immigrant household, suggesting that men's employment trajectories may impact both members of the couple in expected directions, while women's work, perceived as more peripheral, may have minimal associations with health.

Another body of literature posits that women's work offers financial benefits but also intensifies gender inequities and conflict within the household as immigrant women become exposed to more egalitarian gender practices outside the home (Menjivar, 1999). Women's employment can be perceived by husbands to undercut their socially ascribed role of breadwinner, particularly if the husband is unemployed or underemployed. These gender dynamics have been observed among Chinese, Vietnamese, Central American, and Mexican immigrant households (Kibria, 1994; Menjivar, 1999; Parrado et al., 2005; Zhou, 1992). Indeed, Ro (2014) found both upward and downward occupational mobility to be associated with depression among employed US immigrant women. Although cross-partner effects were not considered in the study, that women with upward employment changes also experienced depression highlighted potential friction between women's increased economic independence and domestic roles. If this dynamic is salient, we would expect associations between women's employment trajectories and health to operate in opposing directions from men's, with upward women's employment trajectories associated with poorer health for both members of a couple.

While an important starting point, Ro's 2014 study overlooked a substantial share of immigrant women by only including those employed both pre- and post-migration. To more fully understand gender variation in the relationship between employment change and immigrant health, a wider range of employment states encompassing those not working must be examined. According to annualized estimates from the 2014 Current Population Survey, 79% of foreign-born men over the age of 16 currently residing in the United States were employed compared to 54% of foreign-born

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