



## An evaluation of the healthy immigrant effect with adolescents in Canada: Examinations of gender and length of residence



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### ABSTRACT

**Background:** The *healthy immigrant effect*, HIE, is the finding that immigrants initially arrive in the settlement society in the same or better health than their native-born counterparts, yet this advantage is lost as their length of residence increases. This phenomenon has been found among adult populations. **Objective:** The present study sought to extend the premise of HIE to adolescents in Canada.

**Methods:** Utilizing national data sets of three years (Canadian Community Health Survey 2007, 2009, 2011; Statistics Canada), adolescents (aged 12–19), foreign-born immigrants ( $N = 2919$ ) and native-born non-immigrants ( $N = 39,083$ ), were compared for their perceived general health and mental health as well as diagnosed chronic illnesses and psychological illnesses. Multiple imputations were first carried out for the degrees of missing values, and multivariate analyses were conducted to find differences between non-immigrants and immigrants, and between recent and long-term immigrants to verify (1) whether immigrant adolescents show better health than their non-immigrant peers, (2) whether the health of immigrant adolescents vary with length of residence and gender, and (3) whether persistent trends would be shown across the three survey years.

**Results:** After adjusting for age, visible minority status, household income and household size as covariates, immigrant adolescents indeed reported better health in all four measures in each survey year. Girls experienced more health problems regardless of immigrant status, especially for chronic and psychological illnesses. However, only in 2009 the long-term immigrant adolescents reported less favorable health than recent immigrants, and length of residence influenced boys' and girls' mental health in different directions.

**Conclusions:** The HIE was confirmed with national community population samples of adolescents in Canada: foreign-born immigrant adolescents experience better health than their native-born peers. However, understanding of the HIE needs to be further extended to encompass the influence of societal contexts and their impact on various segments of populations.

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The *healthy immigrant effect*, HIE, is the finding that immigrants initially have better health than their native-born counterparts in the settlement society, but this advantage in health status is lost as their residence lengthens (De Maio, 2010). A growing body of evidence shows that immigrant populations are indistinguishable from, or superior to, non-immigrants on measures of health (e.g., Ali, 2002; De Maio, 2010; Saposnik et al., 2010). Since most evidence in support of the HIE has been gathered by comparing adult populations, the present study seeks to replicate the HIE for adolescent populations, with particular attention paid to gender

difference and length of residence.

With the Canadian Community Health Survey (CCHS) 2007 data, Kwak and Rudmin (2014) compared the health of foreign-born immigrant adolescents to their non-immigrant native-born peers, and found broad support for the HIE. Better health conditions of the immigrant adolescents were anticipated results, as immigration policies heavily favor the selection of newcomers in good health, and health outcomes with adult populations have confirmed the superior health of new immigrants. However, finding no effect of length of residence among immigrant adolescents, Kwak and Rudmin (2014) called for further research into certain differential outcomes in adolescent health in terms of immigrant status, gender, and length of residence.

So, the present study seeks to replicate findings of HIE for

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adolescents by examining three sets of the Canadian national data (CCHS – 2007, 2009, and 2011) comparing subjective and objective aspects of health. The purposes of this study are to investigate (1) whether immigrant adolescents would persistently yield better health on both aspects compared with their non-immigrant counterparts, (2) to what extent initial advantages would diminish with length of residence, and (3) whether the HIE would be confirmed with or without gender differences.

The important issues in immigrant health studies are how immigrants experience health in a new settlement society and how changes in health over length of residence can be explained. To address these questions, the aspect of immigrants' acculturative socio-cultural contacts in a new society, impact by social determinants, and influence of length of residence on changes in health behaviors need to be discussed. With an eye to the HIE, these three issues are laid out first for the immigrant experience of health and then for adolescent health.

### 1. Immigrant experience of health

Many researchers of immigrant health presume that immigrants suffer more health problems and adaptation difficulties. This assumption of immigrant experience being stressful and maladaptive in acculturative cultural contacts has been linked to the expected findings of poor health in the studies of immigrants; it has consequently lead many researchers into conceptual and methodological problems in the understanding of acculturation (Rudmin, 2009). In fact, many empirical studies have shown that immigrant experience may not be adverse to their health and well-being. Collectively, these studies have contributed to what has become known as the “immigrant paradox” (Molcho et al., 2010; Neto, 2009; Salas-Wright et al., 2015; Sam et al., 2008; Strohmeier and Schmitt-Rodermund, 2008) or “epidemiological paradox” (Markides and Coreil, 1986; Beiser, 2005). The issues with the HIE is how immigrants' good health found at an early stage of settlement would decline with length of residence, and more specifically, with more acculturative experiences, to what extent, in which domains of health, and for which segments of the general population.

Overall, immigrants possess fewer advantages and occupy relatively lower positions in the social hierarchy than native-born non-immigrants in the same society. People generally report worse health with lower social status and less control over their lives, since these tend to lead to stress and limited access to resources, and to a greater likelihood of illness (Karraker, 2014; Marmot, 2006). Nonetheless, immigrant families showed health advantages by being less affected by family dysfunction or negative family factors despite being disadvantaged and living in less affluent surroundings (Beiser et al., 2002; Harker, 2001). So, instead of negative cumulative impacts, declines in initial advantages in health have contributed to changes in the immigrant family lifestyle through exposure to the new cultural and socialization standards, such as their increasing risky health behaviors and less healthy diet (Abraído-Lanza et al., 1999; Cho et al., 2004; Frisbie et al., 2001).

During the earlier stage of settlement, immigrants' well-being is often influenced by recency effects of migration as they maintain optimistic expectations for their new life. McDonald and Kennedy (2004) found that the changes in recent immigrants' health condition could not be attributed to difficulties in accessing health care in Canada, since their use of basic health care approached native-born levels substantially faster than their health outcomes converged to native-born levels. Their key finding was, instead, that the good health of immigrants declined with length of residence for women more than for men, without variations by age at time of immigration. Although the HIE is strongly present in major

immigrant recipient countries (Kennedy et al., 2015), it also varies across age groups with different health domains (Vang et al., 2015). The extent of the HIE further differs by the immigrants' country of origin, the settlement regions within the receiving nation (Ng, 2011), immigration categories (Zhao et al., 2010) as well as by immigrants' own selectivity in relation to migration policies of the receiving nations (Constant et al., 2015).

Yet, there is good evidence for considering immigrants as a single group when comparing their health status to non-immigrants. When reporting their health, people most often perceive their health in comparative terms with others whom they believe to meet the standards of proper health in the national society regardless of their race/ethnicity and social position (Wolff et al., 2010). Moreover, self-report of better physical and mental health did not vary by ethnicity or socioeconomic status, even though control of personal surrounding was related to evaluation of both domains of health (Ward, 2012). In short, individuals with different racial and ethnic background perceive and assess their health with similar criteria.

### 2. Adolescent health and well-being

For adolescents, their health is predicted by their perception of stress arising from chronic strains as well as by their sense of control and cohesion in social surroundings (Grant et al., 2003; Grant et al., 2004; Viner et al., 2012). Thus, their physical symptoms and mental health are closely interconnected as essential components of well-being (Merikangas et al., 2009).

Like other age groups, adolescent health is also affected by social determinants such as socioeconomic status, material deprivation and family relations influenced by poverty (Almgren et al., 2009; Starfield et al., 2002; Torsheim et al., 2004; West and Sweeting, 2004). In comparisons of immigrant and non-immigrant adolescents, though, certain social determinants need to be taken into account for their differential impacts. As observed with family affluence, for example, having positive influences on one's health behaviors as opposed to poverty relating to negative consequences in general (Gordon-Larsen et al., 2000; Molcho et al., 2010), less affluent immigrant adolescents actually showed mental health advantages over their Canadian native-born counterparts (Beiser et al., 2002).

Considering how social contexts promote adolescent health and what kinds of commonality plays in boys and girls experiencing social contexts, immigrant adolescents generally experience more daily problems and stresses related to parents and school than their native counterparts (Stefanek et al., 2012). However, the lives of immigrant youths do not necessarily lead to negative consequences (Strohmeier and Schmitt-Rodermund, 2008), since the familial surroundings provide a protective ground for them by easing alienation and ensuring a sense of security (Berry et al., 2006; Harker, 2001; Kwak, 2003; Kwak and Berry, 2001).

Based on the findings with adult populations in the literature of the HIE, some declines in adolescent health could be also observed for long-term immigrants compared to recent immigrants. On the other hand, if long-term immigrant adolescents have settled and possess a certain degree of confidence and command in their social contexts, they could have a greater sense of well-being than their recent immigrant peers. In the current literature, there is a paucity of research on the examination of differential rates of decline among adolescent immigrants and of gender differences in relation to length of residence.

### 3. Gender differences in adolescence

Girls and boys differ in their experiences of health: many studies

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