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## Review article

## Determinants of immigrant's mental health

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## ABSTRACT

Research studies have shown that the health condition of immigrants is not influenced only by gender differences; significant determinants also include ethnicity, consistency of cultural heritage and social class. In relation to their status, immigrants belong to a vulnerable group with a higher incidence of a number of illnesses [1,2]. The submitted article is focused on mapping the influence of four basic factors – ethnicity, degree of acculturation, immigration status and the socio-professional position on the immigrants' health. The influence was described with the help of a secondary analysis of relevant sources using electronic databases including Scopus, EBSCO, etc. To map the ascertained factors, the conceptual model of basic determinants influencing the immigrants' health was created, considering health a multidimensional result subject to external and internal determinants with emphasis on key aspects. Those aspects were further analysed and confronted with research projects and conclusions implemented in the Czech Republic and in other countries of the world. Although the mutual influence of the determinants was proved by studies, the European region still sees a priority rather in the social and economic self-sufficiency of the individual. The immigrants' health has not yet been sufficiently mapped, as is evidenced by the survey of research activities focused on this issue in the Czech Republic.

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## Introduction

Globalization is a natural and unmanaged process of integration of the countries of the world into one system. The changing migration trends lead to increasing demands on life in that system, characteristic of plurality and the multicultural society. The importance of the need to know the particularities of national minorities and religious groups, and immigrants in individual regions, is underlined by the fact that, at present, more than 3.1% of the world population live out of their

country of origin [3]. The representation of males among the immigrants is still high, but almost a half of the total number consists of females and children, mainly from developing regions. Immigrants represent 8.7% of the European population [4]. Changes in migration trends have been registered in the past twenty years, including in the Czech Republic which has also become a target country, from the original transit country. As compared to 1993 when only less than 78,000 foreigners were granted a residence permit, more than 428,000 residence permits were granted by April 30, 2011. But that number could not be considered final because it did not

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include the individuals staying here without a permit. The most intensive exchanges have taken place among the Czech Republic, Slovakia and Ukraine in the long term. Gradually, also Vietnam, Russian Federation, Moldavia, the U.S.A. and Mongolia have started to rank among these countries [5,6]. Thanks to that trend, the integration policy of the state, focused on immigrants, as well as the issue of health care and the health condition of those individuals started gaining significance. Studies carried out in the Czech Republic confirm that a lot of immigrants do not have any type of health insurance, which leads to a distinctive impact on access to care [7]. That finding was confirmed also in the course of the research of Grant Project NS/9606-3, implemented under the financial support of IGA MZ ČR, that took place at the Faculty of Health and Social Studies of the University of South Bohemia in České Budějovice.

As studies [8–12] confirm, migrants constitute a vulnerable minority with restricted access to health care. The unequal conditions are caused particularly by the socio-economic status [2,11,12], by the immigration status [13], by the language barriers [14] or by the marginalization and stigmatization of individual ethnic minorities [1,15,16]. The so-called healthy immigrant effect is sometimes mentioned in this context also [17–20]; that term describes the status when immigrants have better health condition than the majority population after their arrival in the host country. But in the course of time, they begin to lose that advantage, and their health condition gets worse, depending on the duration of the stay, often quite rapidly. The cause of that phenomenon can be seen in the contact with the new environment that may be related to an unhealthy style of life. According to Hyman [21], the cause of worsened immigrants' health consists in the actual acculturation process. During that process, the immigrants adopt unhealthy habits, for example in the area of diet, or in the course of integration in the majority society. The explanation of those relations and phenomena is closely related also to the very definition of health that, to a considerable degree, constitutes a quantity influencing self-fulfilment in the society, similar to the process of integration.

The bases described above have provided motivation to create this article in relation to a grant project focused on marginalized groups. The article provides a systematic survey of studies devoted to this topic, mapping at the same time the influence of four basic factors – ethnicity, degree of acculturation, immigration status and socio-economic position – on the immigrants' health (see Appendix A).

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## Materials and methods

The key concepts were delimited and the conceptual model was created with the help of secondary analysis of relevant sources, by the use of the electronic databases: ProQuest, Scopus, ScienceDirect, PubMed, EBSCO, SpringerLink and Web of Science. Articles based on studies related to the given topic and articles focused on the definition of health in the context of the influence of ethnicity were searched for in those databases with the help of key words. The research works were performed in the period from January to April 2013. Based on them, more than 4 thousand relevant sources, created both

nationally (Czech) and internationally, were found. Based on the study of their abstracts, the sources with distinctive relation to the relevant topic were chosen. The primary goal consisted in defining and mapping the influence of the basic factors (ethnicity, acculturation degree, immigration status and socio-professional position) on the immigrants' health. To map the individual factors, based on the analysis of specific sources, a conceptual model was created, considering health a multidimensional result subject to external and internal determinants with emphasis on key aspects. The model emphasizes four key aspects: ethnic origin, immigration status, socio-economic position and degree of acculturation (see Fig. 1). At the same time, it considers their interaction, because for example the preservation of cultural heritage that can be perceived as a part of ethnicity, is closely related to the country of origin and to the level of preservation of traditional life also in the new (target) country. The degree of preservation of the traditional way of life in immigrant families or communities is directly influenced by the degree of adaptation and is related, to a considerable degree (as described below), also to the socio-professional status. In relation to health care, it is reflected in the opportunities for access to and making use of individual services.

For the purposes of this article, a migrant is understood as a person moving to another place with the intention to settle there permanently or for a long period. In the world, an immigrant is understood as a person who crosses the border and stays in another country for more than one year [22]. So, an immigrant in the Czech Republic is understood to be a foreigner, settled for a long period, who has lived in the territory of the host country legally at least for one year. Such a way of delimitation of the term of “immigrant” excludes the foreigners arriving to the host country with tourist visas [23].

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## Results and discussion

### *Reflection of ethnicity in perception of health*

Health is an integral part of human life. It constitutes a basic attribute in the process of implementation of one's own potential [24]. Therefore humans have been trying to define it in compliance with contemporary knowledge since they started to be able to think logically. At present, health is perceived as a holistic concept that can be explained from the perspective of subjective and objective evaluation. The WHO definition from 1946 states that health is the condition of full physical, psychic and social well-being, not only the absence of illness [25,26]. As against the medical and biomedical model, this definition is enriching, as the above stated schools of thought assume that the psychic and physical components can be judged separately. But the significance of the psychic and social component that can assert itself in the origin of an illness is ignored [27]. The model was criticized for negative definition of health and limitation to only physical functionality of the organism. It did not consider the individual's whole context, including the psychological, social and spiritual factors [28]. Nevertheless, even the WHO definition had its limitations, particularly due to the expression of “full condition of well-being” and to the absence of a spiritual

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