Review article

Transnationalism and health: A systematic literature review on the use of transnationalism in the study of the health practices and behaviors of migrants

Laura Villa-Torres, MSPH [a, *], Tonatiuh González-Vázquez, BA [b], Paul J. Fleming, PhD, MPH [c], Edgar Leonel González-González, PhD [b], César Infante-Xibille, PhD, MD [b], Rebecca Chavez, MPH [d], Clare Barrington, PhD, MPH [a]

[a] Department of Health Behavior, UNC Gillings School of Global Public Health, USA
[b] Instituto Nacional de Salud Pública, México
[c] Department of Health Behavior & Health Education, University of Michigan School of Public Health, USA
[d] Puentes a la Salud Comunitaria, A. C., México

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ABSTRACT

Transnationalism explores social, economic and political processes that occur beyond national borders and has been widely used in migration studies. We conducted a systematic review to explore if and how transnationalism has been used to study migrants' health and what a transnational perspective contributes to understanding health practices and behaviors of transnational migrants. We identified 26 empirical studies published in peer-reviewed journals that included a transnational perspective to study migrants' health practices and behaviors. The studies describe the ways in which migrants travel back and forth between countries of destination to countries of origin to receive health care, for reasons related to cost, language, and perceptions of service quality. In addition, the use of services in countries of origin is related to processes of social class transformation and reclaiming of social rights. For those migrants who cannot travel, active participation in transnational networks is a crucial way to remotely access services through phone or email, and to acquire medical supplies and other health-related goods (traditional medicine, home remedies). We conclude with recommendations for future research in this area.

1. Introduction

A transnational perspective, or transnationalism, addresses the social, economic and political processes that transcend national borders (Guarnizo, 2007). Transnationalism describes and analyses how international migrants maintain social, political or economic ties across national borders (Vertovec, 2009). This perspective is increasingly being applied to health research, but the extent and implications of its utilization are yet unknown. We conducted a systematic review of peer-reviewed articles to address the following research question: what are the contributions of transnationalism to research on migrants' health practices and behaviors? Our main objectives are to: 1) describe the extent to which transnationalism has been incorporated to study the migrant health practices, 2) analyze how transnationalism is being applied in empirical research on health practices and 3) summarize the contributions of the transnational perspective to the study of the health practices and behaviors of migrants.

2. Transnational perspective

In response to critiques of the unidirectional, linear perspectives of acculturation and assimilation, the transnational perspective emerged as an alternative way to understand migrants' experiences (Portes et al., 1999; Vertovec, 2009). Both acculturation and assimilation theories introduced the now widely used ideas that when individuals migrate to another country, they engage in one-way processes by which they adopt the cultural values of the receiving culture (acculturation) or even fully integrate into the

receiving culture, to the point of losing their former cultural heritage (assimilation) (Carrillo, 2012; Gordon, 1964; Portes et al., 1999; Redfield et al., 1936). Transnationalism, on the contrary, highlights and recovers the "multiple ties and interactions linking people or institutions across the borders of Nation-States" (Vertovec, 1999, pp. 447). There are a myriad of definitions of transnationalism, but the common idea is that some migrants maintain "strong affective, social, cultural, economic, and [or] political ties with their places of origin, even many years after relocation", (Carrillo, 2012, pp. 48). There is a "simultaneity" of ties in both countries of origin and destination whereby transnational migrants are continuously pivoting between their socio-cultural, economic and political connections in each location (Levitt and Schiller, 2004). On an emotional level, this simultaneity, can lead to a sense of ambivalence due to not being fully in one place or the other (Boccagni and Baldassar, 2015). Beyond the individual, Pries (2001) argues that transnational practices create transnational social spaces, which include the exchange of material goods, everyday social practices and interactions, and symbolic representations across national borders.

Within the transnational social spaces, there is also a "virtual" transnational social space facilitated by information and communication technologies (ICTs). ICTs, as transnational social spaces, become a meeting point for migrants and their families or friends in other countries. For example, ICTs have facilitated a new kind of "co-presence" in migration, which allows one to be "present" in multiple worlds at once (Baldassar et al., 2016). The emergence of polymedia in the 2010s bred a form of "ambient co-presence" in which individuals can be constantly connected with transnational friends and family (Madianou, 2016). This is especially relevant to transnational families as co-presence mimics and creates new routines for families (Nedelcu and Wyss, 2016). Co-presence and polymedia can provide social support for transnational individuals and serve as a platform for resistance when an individual feels disconnected or marginalized in their new country (Brown, 2016; Baldassar et al., 2016). Alternatively, these same resources can also be a source of stress and guilt, that serve as reminders of expected roles and responsibilities, including those related to gender (Vermot, 2015).

Another important contribution of transnationalism is that it facilitates the exploration of what happens to both the communities of origin and destination (Carrillo, 2012; Vertovec, 2009). Rather than viewing migrants as being passive carriers of a culture and recipients of another new culture, transnational migrants have the ability to promote changes in both their places of origin and destination (Carrillo, 2012). As such, migrants are not the only ones with transnational lives; those individuals that stay in the countries of origin and those who engage with migrants in the countries of destination partake in the transnational experience (Pries, 2001; Vertovec, 2009). Faist et al. (2015) argue that geographic mobility is used as a strategy to overcome inequalities, and as such, those who migrate and their "non-mobile significant others", engage in formal and informal strategies of social protection, through the enactment of their transnationality, or the, "extent of cross-border transactions in which migrants and their significant others are engaged".

Health and health-related behaviors are influenced by transnationalism (Bell et al., 2015; Connell, 2015). There is a need to systematically assess how migrants' health-related practices fit into the transnational process of migration. To this end, we reviewed empirical studies of how migrants address their health concerns and needs in a transnational way, by activating (or not) their transnational ties in order to get any form of health-related good, including information, medication, or healthcare.

3. Methods

3.1. Search strategy

The search strategy was informed by our research question: what are the contributions of transnationalism to research on migrants' health practices and behaviors? As stated above, our main objectives with this systematic literature review were to: 1) describe the extent to which transnationalism has been incorporated to the study of health in social science and public health literature, 2) analyze how transnationalism is being applied in empirical health research of migrant populations and 3) summarize the contributions of the transnational perspective to the study of the health practices and behaviors of this population. We also used our collective experience conducting research in the area of transnationalism and health, plus recommended best practices in systematic review searches to determine the search strategy (Britten et al., 2002; Moher et al., 2009). We searched nine databases: PubMed, Scopus, CINHAL, Web of Science, Anthropology Plus, Academic Search Premier, Global Health, Sociology Abstracts, and Biblioteca Virtual de Salud. The main search term, 'transnational', was combined with the terms migrant, immigrant, health, healthcare, health providers and traditional medicine.

3.2. Inclusion and exclusion criteria

There were seven criteria for inclusion in the review: 1) a focus on voluntary transnational migration, in either the country of origin, during transit, or in the place of destination; 2) discuss and/or use of a transnational perspective; 3) a focus on health related practices (not outcomes); 4) published between January 1990 and June 2016; 5) empirical studies using qualitative, quantitative or mixed methods; 6) published in Spanish, Portuguese or English; 7) peer-reviewed.

We limited our review to papers that clearly used a transnational perspective as defined in our background section. Thus, we excluded papers that focused on refugees, international retirees, medical tourism, transnational social movements, transnational marriages, transnational chains of care (i.e. domestic workers, providers of care for the elderly from low income countries to higher income countries, health care workforce), transnational adoption, and binational research with migrants that, although used the term transnationalism, did not include any reference to the concept of transnationalism. We also excluded papers that focused solely on transnational families and provision of care, but did not talk about health.

3.3. Search process

We used a multiple-stage search and review process (Fig. 1). First, two members of the research team ran the search terms in the selected databases independently. All the references were exported to and managed in Endnote and Microsoft Excel. The same two researchers then evaluated each abstract based on the inclusion/exclusion criteria. The final selection of papers meeting all inclusion/exclusion criteria was divided among all team members for full review, where each paper was assigned to two reviewers.

The search strategy produced 1187 abstracts. After eliminating duplicates, 582 abstracts were graded using our inclusion/exclusion criteria. A total of 74 articles were included for full review. After full review, only 26 papers were included in the final sample for this paper. The papers excluded at this state were dropped based on the aforementioned criteria (N = 30), five papers were dropped due to a lack of focus on health, and 13 papers were dropped for having a focus on the impact of being transnational on health outcomes,