



Transnational ties and the health of sub-Saharan African migrants: The moderating role of gender and family separation



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ABSTRACT

Recent scholarship has focused on the role that cross-border social and economic ties play in shaping health outcomes for migrant populations. Nevertheless, the extant empirical work on this topic has paid little attention to the health impacts of cross-border separation from close family members. In this paper we examine the association between cross-border ties—and cross-border separation—with the health of sub-Saharan African (SSA) migrant adults living in metropolitan France using data from the nationally representative “Trajectoire et Origines” survey ($n = 1980$ SSA migrants). In logistic regression analyses we find that remitting money and having a child abroad are each associated with poor health among women, but not men. The effect of remittances on health is also modified by the location of one's children: remittance sending is associated with poor health only for SSA-migrants separated from their children. These findings underscore the importance of examining both cross-border connection and cross-border separation in studies of immigrant health, and also underscore the heterogeneous relationships between cross-border ties and health for men and women. This is the first study to our knowledge that examines the relationship between cross-border ties and health for migrants in Europe, with a focus on SSA-migrants in France. These findings have important implications for the health of the growing immigrant and refugee populations in Europe and around the globe.

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1. Introduction

Scholars are increasingly focused on how the cross-border connections that immigrants maintain even after migrating may impact their health outcomes, including mental health, health behaviors, and overall self-rated health. These cross-border connections include continued economic ties to countries of origin (e.g. sending remittances, maintaining businesses or property), return travel to countries of origin, participation in hometown associations, active participation in home country politics, as well as communication with family members and friends (Waldinger, 2015). Cross-border ties are often the result of migration-related separation of family members, including separation between spouses, parents and children, and extended family members. These cross-border activities and relationships have been described

in the social science literature as part of the broader phenomenon of *transnationalism*, which refers to the “process by which immigrants forge and sustain simultaneous multi-stranded social relations that link together their countries of origin and settlement” (Schiller et al., 1995, p. 48).

A growing number of studies, mostly among Latino immigrants in the U.S., have found significant associations between cross-border social and economic ties and immigrant health outcomes (Alcántara et al., 2015a; Alcántara et al., 2015b; Torres, 2013). These studies have documented both negative and positive associations between cross-border ties and health outcomes, and have theorized that these ties might serve as both risk and protective factors for the health of migrants.

Nevertheless, this research has had limited geographic scope, and the extant literature has not yet addressed the relationship between cross-border ties and health for migrants in other parts of the globe. In this paper we examine the association between transnational ties and the health of African migrants using a population-based survey of immigrants in France—the Trajectories and Origins (TEO) survey. Despite the growing number of

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international migrants from sub-Saharan Africa (SSA), few studies have examined their health; and none to our knowledge has examined the relationship between transnational activities and health outcomes for SSA migrants. France, in particular, provides a unique context to understand these issues given recent high immigration from SSA, along with the introduction of more restrictive immigration policies (Borrel and Lhommeau, 2010; Insee, 2011).

The depth of the inquiries into SSA migrants' transnational lives in the TEO survey also allows us to examine the relationship between cross-border connection and separation in greater detail than has been possible in the extant literature on cross-border ties and health. In particular, analyses linking transnational ties to health outcomes often lack specificity about which family members (e.g. children, spouse, or other extended family members) remain in countries of origin (Alcántara et al., 2015a,b). This is critical, given that the impact of transnational activities on health likely differs when these activities take place between close ties (e.g. children, spouses) versus more distant members of one's family or social network. We therefore make an important empirical contribution to the overall literature on cross-border ties and health, and immigrant health in general. Finally, we consider the potentially heterogeneous relationship between transnational activities and health outcomes for SSA migrants by gender.

1.1. Context of SSA migrants in France and French migration policy

Despite increasingly restrictive French immigration policies, the number of migrants to France has consistently increased in the last two decades. About 11.8 million people living in France (19 percent of the total population) are immigrants—approximately 5.3 million first-generation immigrants (foreign-born) and 6.5 million second-generation immigrants (have at least one foreign-born parent). Of these, about 5 million are from Africa, with about 1 million from SSA (Borrel and Lhommeau, 2010; Insee, 2011). Migration from SSA to France is a recent phenomenon, increasing significantly in the last 20 years (Bass, 2014). About 50 percent of SSA migrants in metropolitan France arrived after 1995, with the share of sub-SSA migrants in France increasing from 10% in 1999 to 17% in 2009 (Beauchemin et al., 2010; Lessault and Beauchemin, 2009). Increased immigration in this period was driven by increased economic and political turmoil in many countries in SSA; this also increased the share of women migrating for reasons other than family reunification (Genereux, 2007). These together with the adoption of more restrictive family reunification laws in 2007 likely increased the proportion of migrants in France separated from their families (Murphy, 2006; Hajbandeh, 2009).

1.2. The health of SSA migrants in France

Little is known about the health of African migrants, and in particular SSA migrants, in France or Europe in general. Chronic disease, including heart disease and diabetes, is known to be a significant public health concern among immigrants in Europe, particularly among the elderly population (Solé-Auró and Crimmins, 2008). In France and other European countries, immigrants are more likely to report health limitations and poorer health status than natives (Moullan and Jusot, 2014; Solé-Auró and Crimmins, 2008). In contrast, the few studies in Europe that have included migrants from SSA find that they have better health status than non-immigrants and other immigrant groups (Berchet and Jusot, 2012; Domnich et al., 2012). This is consistent with studies in the U.S. which also suggest African migrants have better health status than non-immigrants (Hamilton and Hummer, 2011; Venters and Gany, 2011).

The health advantage however tends to be seen in recent immigrants, consistent with literature on the 'healthy migrant effect', which shows poorer health of migrants with longer duration in destination countries (Antecol and Bedard, 2006; Fennelly, 2007). The health advantage literature also tends to focus on cardiovascular diseases, while African migrants in particular tend to have higher rates of infectious diseases like HIV, Hepatitis B and C, and tuberculosis (Desgrées-du-Loû et al., 2015; Wiewel et al., 2015). These studies however do not delve into the determinants of health among SSA-migrants. As with other immigrant populations, social integration and social ties in the destination and origin countries are likely important social determinants of health among SSA-migrants.

1.3. Transnationalism among SSA migrants in France

Connectivity between origin and destination has been recognized as an inherent part of migration. Researchers in the U.S. context posit that cross-border social ties (e.g. communication or remittance sending) are often strongest among more recently arrived migrants, while participation in transnational politics or entrepreneurship may be more common among migrants who have spent longer periods of time in destination countries and have accrued sufficient economic capital (Portes and Rumbaut, 2014).

Several studies show transnationalism is very common among SSA-migrants, with remittances seen as a source of financial development in the countries of origin (Gupta et al., 2009; Loxley et al., 2015; Owusu, 2003). Few studies, however, exist on SSA-migrants in France. Beauchemin et al. (2010) label SSA migrants as "the champions of financial transfers" in France. Based on analysis of data from the TEO survey, they report that immigrants from sub-Saharan Africa were twice as likely to participate in financial transfers compared to other immigrants, with 34% regularly sending money back home and 17% contributing to a collective project in their country of origin. The strength of this collective and personal solidarity is attributed to the recent nature of migration from SSA, the poverty in the countries of origin—which contributes to substantial need for financial transfers or remittances from abroad—and importantly the social structures that bind individuals closely to their roots, particularly the extended family, which remains the basic unit where solidarity is maintained. They also note that migration is likely a "strategy" for diversifying family and community income, through which migrants are "sent out" and are expected, under an implicit understanding, to contribute to the reproduction of the family and the community (Beauchemin et al., 2010, p. 26). Also based on the TEO data, Beauchemin et al. (2011) find that participation in transnational activities did not decrease with age or length of stay among first generation migrants, but both decreased and changed in nature among the second-generation migrants. Given that little evidence exists on the relationship between transnational activities and health among SSA-migrants in France, our study makes an important contribution towards understanding how transnationalism affects the health of migrants in a context of significant demographic changes.

1.4. Links between transnationalism and health

Recent studies have tested a number of proposed theoretical linkages between cross-border social ties and the health outcomes of migrants who engage in these ties, although these studies have been limited to the U.S. and Canadian contexts (Alcántara et al., 2015a,b; Amoyaw and Abada, 2016). Researchers have proposed that cross-border social ties might be protective for mental health and subjective well-being, in particular, by facilitating continued cohesion among family and community members that have been

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