



Does helping them benefit me? Examining the emotional cost and benefit of immigrants' pecuniary remittance behaviour in Canada



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ABSTRACT

The existing literature has largely focused on how immigrants' pre/post-migration experiences affect their health in destination societies. Hence, little is known about the extent to which immigrants' choice to maintain transnational ties to their family and friends abroad influences their health. This study makes a theoretical and empirical contribution to the sociology of health literature by examining how immigrants' pecuniary remittance behaviour affects their emotional health using data from the Longitudinal Survey of Immigrants to Canada (LSIC, 2001–2005). Our weighted logistic regression analyses demonstrate that sending remittances within the first six months of arrival predisposes immigrants to emotional health problems. However, remitting after six months of arrival provides an “emotional advantage” for immigrants, but this advantage is greater for female immigrants compared to their male counterparts. The study clearly shows that immigrants' remittance behaviour has far reaching gendered implications on their emotional health, which underscores the importance of including transnational theory and gender in the conceptual toolbox for explaining immigrants' health transitions. Admittedly, insights from this study can help professional healthcare staff, and immigrant settlement and integration agency workers better understand and address the mental health needs of immigrants in order to enhance their contribution to the Canadian economy.

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1. Introduction

In recent years, much attention has been devoted to understanding the health transitions of immigrants in Canada (Newbold, 2009; Setia et al., 2011). The literature suggests that the health of new immigrants to Canada is better than that of the native-born population, but over time the health advantage of immigrants declines and eventually disappears (McDonald and Kennedy, 2004; Newbold and Danforth, 2003; Setia et al., 2011). Scholars have primarily attributed the deteriorating health of immigrants to unfavourable pre- and post-migration factors, the lack of social support and resources, and the adoption of risky health behaviours, such as smoking and poor eating habits (Asanin and Wilson, 2008; De Maio and Kemp, 2010; Newbold, 2009; Shooshtari et al., 2014). Although these findings have enhanced our understanding of the factors that predispose immigrants to poor health, an important piece of the puzzle remains missing in the literature. Relatively

little is known about the extent to which immigrants' cross-border ties and activities impact their health in destination societies.

In the current global era, where communication and transportation technologies have made it easy and affordable to maintain relationships across multiple geographical spaces, immigrants hardly break ties with their relatives and friends in their countries of origin (Castles and Miller, 2009; Murphy and Mahalingam, 2004; Samers, 2010). Pecuniary remittance is one of the significant ways in which immigrants maintain and reproduce social relationships with their non-migrant relatives and friends (Datta et al., 2007; Wong, 2006). Remittances, therefore, represent a sense of obligation, which is often an expression of profound emotional bonds between immigrants and their families and friends separated by geography and borders (Suro, 2003; Vanwey, 2004). Much research attention has been devoted to examining the motives, determinants, channels and benefits of remittance transfers to receiving households and countries (De Haas, 2005; Houle and Schellenberg, 2008; Unheim and Rowlands, 2012); however, the effect of these financial transfers on the emotional health of immigrants in destination societies seems to be largely absent from

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the literature. Hypothetically, remitting money to family and friends abroad can constrain immigrants' financial ability to cater for their personal needs and other living expenses (Acevedo-Garcia et al., 2012; Shooshtari et al., 2014), and this can have negative repercussions on their physical and emotional health. This notwithstanding, remittances are important for immigrants and their relatives back home. Most immigrants migrate with the intention of supporting their non-migrant families through remittances; hence, it is possible for an immigrant to experience emotional distress if he/she cannot provide the needed financial support to his/her family back home.

Admittedly, pecuniary remittances can have far reaching consequences on the emotional health transitions of immigrants; nonetheless, scholars often focus on exploring either immigrants' remittance behaviour (Unheim and Rowlands, 2012) or their health status (McDonald and Kennedy, 2004; Newbold, 2009) without exploring the relationship between both. This paper, therefore, links both literatures by examining the extent to which immigrants' emotional health transitions can be attributed to their remittance behaviour. The main objective of this research is to answer two questions: a) Does immigrants' remittance behaviour have an effect on their emotional health transitions over time? b) Does the relationship between immigrants' remittance behaviour and emotional health transitions vary by gender? We focus on emotional health transitions because we acknowledge that emotional health is fluid, and hence it is possible of immigrants to move in and out of state over time. Previous studies show that immigrants often experience profound adjustment challenges at the initial period of arrival (Newbold, 2009; Shooshtari et al., 2014), but over time these challenges tend to dissipate as they learn to navigate their new society. Consequently, the effect of sending remittance on immigrants' emotional health may vary depending on how long they have stayed in Canada. Moreover, a gendered analysis is sociologically useful since it clearly reveals the extent to which gendered expectations about remittances can affect the emotional health transitions of immigrants in Canada. Ultimately, understanding how immigrants' transnational behaviours and other characteristics affect their emotional health transitions is important because it can guide programs and initiatives aimed at improving the health, quality of life, and prosperity of immigrants to ensure they can make substantial contributions to the Canadian economy.

1.1. Theoretical understanding of immigrants' health in Canada

Immigration is the cornerstone of Canadian identity and an integral part of Canada's nation building agenda (Cymbal and Bujnowski, 2010). Canada's immigration policy is, however, very selective since it is framed primarily in response to Canada's need to maintain an economic advantage in the global market. Majority of immigrants admitted to Canada have valuable skill sets, high levels of education, and tend to be within the economically active age group (Buzdugan and Halli, 2009; Fuller and Martin, 2012). New immigrants also have fewer chronic health conditions and are more likely to have better health at the time of arrival compared to the average Canadian, given the medical screening requirements associated with the immigration selection process (Dunn and Dyck, 2000). As already noted, the initial health advantage of new immigrants declines and eventually converges towards the host population due to stressful social and economic conditions (Asanin and Wilson, 2008; Beiser et al., 2002; Setia et al., 2011).

A number of theories have been developed to explain immigrants' declining health, but the determinant of health (DOH) perspective has been widely adopted in the literature. This framework is based on a synthesis of diverse social scientific and public health literatures (Dunn and Dyck, 2000). Proponents claim that,

although health risk behaviours, like smoking, poor exercise, and unhealthy eating habits are important health determinants, the main antecedents of health status, particularly in advanced countries, are structural and individual level cultural, economic and social factors (Acevedo-Garcia et al., 2012; Dunn and Dyck, 2000).

1.2. Immigrants' health through a transnational lens

Although the DOH framework is insightful, it offers only a partial understanding of immigrants' health transitions because it fails to capture an important part of their lives that takes place in multiple geographic, economic, political, and social spaces. To complement this widely used perspective, we adopt transnationalism as a framework to explain how immigrants' cross-border activities and relations influence their health in destination societies. This initiative stems from the understanding that immigrants do not completely de-link themselves from their homeland after they arrive in destination societies. Instead, they redefine, reproduce, and maintain ties with their relatives and friends in their countries of origin (Itzigsohn and Saucedo, 2002; Samers, 2010).

Remitting is perhaps the oldest and most popular form of transnational behaviour engaged in by immigrants. Over the years, researchers have focused on the determinants and benefits of remittances to receiving households and countries (De Haas, 2005). Prior studies have established that remittances tremendously affect the health and wellbeing of recipients in the origin country (Frank, 2005; Frank et al., 2009). In remittance-receiving households, for instance, children have been reported to have better health outcomes since remittances supplement health insurance (Frank, 2005; Frank et al., 2009). Very few studies have, however, examined the extent to which immigrants' remittance behaviour can affect their health in destination societies (Acevedo-Garcia, 2012; Alcántara et al., 2014; Alcántara et al., 2015; Murphy and Mahalingam, 2004; Torres, 2013).

Insights from some of these studies suggest that immigrants' remittance behaviour is positively associated with health outcomes like depression and life satisfaction (Acevedo-Garcia, 2012; Murphy and Mahalingam, 2004). According to Acevedo-Garcia et al. (2012), remittances are hidden expenditures, which can reduce immigrants' financial capacity to address their health care needs and other basic living costs. Since a growing proportion of new immigrants have low income (Picot and Hou, 2003), most of them may be forced to stretch/strain their already meagre earnings in order to fulfil their remittance expectations (Akuei, 2005; Vaquera and Aranda, 2011). This situation can negatively affect their health, considering findings from previous studies that highlight a strong association between financial strain and risk of physical and mental health problems, like cardiovascular disease, high blood pressure, depression, post-traumatic stress disorder, and psychological distress (Ferraro and Su, 1999; Williams et al., 2007).

There is, however, evidence to suggest that sending remittances can enhance the emotional/mental health of immigrants. Many immigrants migrate with the intention of supporting their non-migrant families, and for that matter remittances have social, moral, and emotional connotations. Consequently, the ability to send money to relatives back home can promote a greater sense of self-efficacy, satisfaction, and belonging, which can, in turn, generate positive psychological states that buffer immigrants from emotional health problems (Alcántara et al., 2014; Torres, 2013; Viruell-Fuentes and Schulz, 2009). Pecuniary remittance also produces an emotional advantage for immigrants since it ensures some level of obligation from relatives and friends who benefit from the money they receive (Tacoli, 1996). Thus, sending remittances may increase the interpersonal resources available to immigrants, which can help them cope with emotional and psychological stress

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