Available online at www.sciencedirect.com

Public Health

journal homepage: www.elsevier.com/puhe

Original Research

Reason for immigration and immigrants' health

O. Giuntella [a], Z.L. Kone [b], I. Ruiz [b], C. Vargas-Silva [b,*]

[a] University of Pittsburgh, United States
[b] University of Oxford, United Kingdom

ARTICLE INFO

Article history:
Received 14 June 2017
Received in revised form
26 January 2018
Accepted 29 January 2018
Available online xxx

Keywords:
Immigration
Health
Labour markets
UK

ABSTRACT

Objectives: The existing literature on the health trajectories of the UK immigrants has mainly focussed on the relationship between ethnicity and health. There is little information on the role of immigration status and no previous information on the role of reason for immigration to the country. This study fills this gap in the literature by analysing the heterogeneity of immigrant-native differences in health by reason for immigration.

Study design: Analysis of cross-sectional quarterly data from the UK Labour Force Survey covering the period of 2010 (quarter 1) to 2017 (quarter 2). The sample includes 345,086 observations. The dependent variables of interest include suffering from a long-lasting condition, the link between long-lasting conditions and labour market performance and the prevalence of 12 specific health conditions.

Methods: Data were analysed using linear probability models to adjust for differences in age, education, gender, ethnicity, local authority of residence and year of survey. The analysis also explores the role of length of stay in the UK and the percentage of current lifetime spent in the UK (duration in the UK/age).

Results: Results indicate that, in general, immigrants are less likely than natives to report suffering from a long-lasting (1 year or more) health problem. This pattern generally remains the same when we consider the specificity of the long-lasting health problem. However, there are key differences across the immigrant groups by reason for immigration. Those who migrated for employment, family and study reasons report better health outcomes than natives, while those who migrated to seek asylum report worse health outcomes than natives. There is convergence to natives' health outcomes over time for those who migrated for non-asylum reasons, but not for those who migrated to seek asylum.

Conclusions: The findings show that the prevalence of health problems differs not only between natives and immigrants but also across groups of immigrants who moved to the UK for different reasons.

* *Corresponding author.*
E-mail addresses: osea.giuntella@pitt.edu (O. Giuntella), zovanga.kone@compas.ox.ac.uk (Z.L. Kone), Isabel.ruiz@hmc.ox.ac.uk (I. Ruiz), carlos.vargas-silva@compas.ox.ac.uk (C. Vargas-Silva).

https://doi.org/10.1016/j.puhe.2018.01.037

Please cite this article in press as: Giuntella O, et al., Reason for immigration and immigrants' health, Public Health (2018), https://doi.org/10.1016/j.puhe.2018.01.037

Introduction

The UK has one of the largest stocks of foreign-born residents among the Organisation for Economic Co-operation and Development countries.[1] Between 1993 and 2015, the country's foreign-born population more than doubled, going from 3.8 million (7% of the population) to 8.7 million (14% of the population).[2] In the public debate, there is a general concern that immigration may negatively affect access to public services, such as health care,[3] and it has been suggested that concerns related to immigration were a key driver of the UK's vote to leave the European Union.[4] The impact of immigration on the demand for health services would largely depend on the health status and health trajectories of immigrants. However, while there is a large literature on the relationship between ethnicity and health outcomes in the UK,[5,6,7] there is little information on the role of immigration status and even less information on the role of reason for immigration to the country.

This article explores differences in health outcomes between the foreign-born (i.e. immigrant) and UK-born (i.e. native) populations. The analysis explores a range of health outcomes and distinguishes immigrants by reason for immigration (e.g. employment, study, family, asylum). While there is a substantial literature exploring the health outcomes of immigrants in the United States and Europe,[8,9] studies accounting for heterogeneity in health outcomes across immigrant groups by route of entry are scarce.[10,11] Key factors related to route of entry include experiences during the immigration process and degrees of access to health services in the host country after arrival.[12]

Our analysis looks at 12 health outcomes and information on whether health conditions affect labour market activities. The analysis further explores the role of length of residence in the country and whether there are any signs of convergence in outcomes across groups over time.

Identifying how particular health conditions differ across immigrant groups will help inform strategic policy interventions directed at improving the health outcomes of the immigrant population. The study is also important for the discussion of the economic integration of immigrants as different health conditions (e.g. physical limitation vs mental health) may have different effects on labour market performance.[13,14]

Methods

The study is based on analyses of the UK's quarterly Labour Force Survey (LFS). The LFS is the UK's largest sample survey, and it is intended to be representative of the population. The sample of the addresses surveyed is randomly drawn from a list of residential delivery addresses points for Royal Mail. The data used in this study cover the period between the first quarter of 2010 and the second quarter of 2017 (30 quarters) and only include individuals who are interviewed in the LFS for the first time in that quarter. The choice of the period covered by the data is due to the fact that it was not until 2010 that the LFS included a question which asks foreign-born respondents about their main reason for migrating to the UK. The five categories of reason for immigration are (1) employment; (2) study; (3) family reunification; (4) asylum; and (5) other. In total, we have a sample of 345,086 respondents who were at least 16 years of age in 2010 and at most 64 years of age in 2017.

As shown in Table 1, close to 17% of those in the sample are foreign born (i.e. 58,036 respondents). We also disaggregate them by reason for immigration and length of residence. The main reasons for immigration are family reunion and employment. Close to 7% of the sample are family immigrants (40% of all immigrants), while 5% are employment immigrants (32% of all immigrants). Close to 5% of those in the sample are immigrants who have been living in the UK for 5 years or less (28% of all immigrants) and 3% have been living in the UK for more than 25 years (20% of all immigrants).

The LFS collects information on an array of self-reported health outcomes. We start by constructing three outcome variables that are based on the responses to the following questions: (1) 'Do you have any health problems or disabilities that you expect will last for more than a year?'; (2) 'Does this health problem affect the kind of paid work that you might do?'; and (3) 'Does this health problem affect the amount of paid work that you might do?'. Questions (2) and (3) are asked to the economically active who responded yes to question (1). We assign a value 1 to our outcome variables when the response is 'yes' and value 0 if the response is 'no'. We consider (1) as relating to long-lasting conditions; (2) as

Table 1 – Distribution of sample.

Variable	N	% of full sample
Total	345,086	100.00
UK born	287,050	83.18
Foreign born	58,036	16.82
Reason for immigration (among foreign born)		
Employment	18,362	5.32
Study	8651	2.51
Family	22,874	6.63
Asylum	2961	0.86
Other	5188	1.50
Time since immigration (among foreign born)		
0–5 years	15,995	4.63
6–10 years	13,290	3.85
11–15 years	8959	2.6
16–20 years	4811	1.39
21–25 years	3600	1.04
More than 25 years	11,449	3.32
General characteristics of the sample		
Male	164,234	47.58
Female	180,920	52.42
White	301,893	87.47
Mixed race	3259	0.94
Indian	9408	2.73
Pakistani	6384	1.85
Bangladeshi	2316	0.67
Chinese	2274	0.66
Other Asian	4288	1.24
Black African/Caribbean	9254	2.68
Other	6078	1.76

Please cite this article in press as: Giuntella O, et al., Reason for immigration and immigrants' health, Public Health (2018), https://doi.org/10.1016/j.puhe.2018.01.037