



Maternal migration and child health: An analysis of disruption and adaptation processes in Benin



Emily Smith-Greenaway^{a,*}, Sangeetha Madhavan^{b,c,d}

^a Department of Sociology, University of Southern California, USA

^b Institute of Behavioral Science, University of Colorado Boulder, USA

^c MRC/Wits Rural Public Health and Health Transitions Research Unit (Agincourt), School of Public Health, Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, South Africa

^d Department of African and African-American Studies, University of Maryland, USA

ARTICLE INFO

Article history:

Received 1 October 2014

Revised 12 March 2015

Accepted 8 June 2015

Available online 17 June 2015

Keywords:

Migration
Child health
Vaccination
Africa
Benin

ABSTRACT

Children of migrant mothers have lower vaccination rates compared to their peers with non-migrant mothers in low-income countries. Explanations for this finding are typically grounded in the disruption and adaptation perspectives of migration. Researchers argue that migration is a disruptive process that interferes with women's economic well-being and social networks, and ultimately their health-seeking behaviors. With time, however, migrant women adapt to their new settings, and their health behaviors improve. Despite prominence in the literature, no research tests the salience of these perspectives to the relationship between maternal migration and child vaccination. We innovatively leverage Demographic and Health Survey data to test the extent to which disruption and adaptation processes underlie the relationship between maternal migration and child vaccination in the context of Benin—a West African country where migration is common and child vaccination rates have declined in recent years. By disaggregating children of migrants according to whether they were born before or after their mother's migration, we confirm that migration does not lower children's vaccination rates in Benin. In fact, children born after migration enjoy a higher likelihood of vaccination, whereas their peers born in the community from which their mother eventually migrates are less likely to be vaccinated. Although we find no support for the disruption perspective of migration, we do find evidence of adaptation: children born after migration have an increased likelihood of vaccination the longer their mother resides in the destination community prior to their birth.

© 2015 Elsevier Inc. All rights reserved.

1. Introduction

Despite significant improvements in global vaccination coverage in recent decades, vaccination rates have been declining in some sub-Saharan African countries (Miller and Sentz, 2006). In Benin, for example, the Demographic and Health Survey Program¹ reports that the percentage of one-year-olds fully vaccinated declined from 59 to 47 percent between 2001 and 2006. Because vaccination is a central component of efforts to reduce Africa's high levels of child morbidity, disability, and mortality (Brockerhoff and Derose, 1996; Defo, 1994), there is a clear need for research to identify the social factors that interfere with vaccination in the region.

* Corresponding author at: 851 Downey Way, HSH 314 (Office #309), Los Angeles, CA 90089, USA.

E-mail address: smithgre@usc.edu (E. Smith-Greenaway).

¹ The full press release can be found here: <http://dhsprogram.com/Who-We-Are/News-Room/Immunization-rates-decreasing-in-Benin.cfm>.

Emerging evidence suggests that migration—which features prominently in Africa’s demographic landscape—poses significant obstacles to ensuring that children are vaccinated in low-income countries. Despite the fact that migrants tend to be positively selected on economic and social characteristics (Borjas, 1989), children with migrant mothers are less likely to be vaccinated compared to their non-migrant peers in contexts as diverse as Ethiopia (Kiros and White, 2004), India (Kusuma et al., 2010), Mexico (Hildebrandt et al., 2005), and Nigeria (Antai, 2010).

Why do children of migrants experience a vaccination penalty? Most explanations are grounded in the disruption and adaptation perspectives of migration. Researchers argue that moving disrupts women’s economic well-being, social networks, and ultimately their health-seeking behaviors, which, in turn, lowers their likelihood of securing preventative care, including immunizations, for their children (Kiros and White, 2004; Kusuma et al., 2010). Once women have the opportunity to adapt to their new community, their health behaviors, and thus their children’s health outcomes, begin to mirror that of their non-migrant peers.

Despite the intuitive appeal of the disruption and adaptation perspectives, no research tests the salience of either to the association between maternal migration and child vaccination. This is due, at least in part, to the lack of detailed data on the various stages of women’s migration, including preparation for the move, executing the decision to migrate, and settling into the destination community. One way to circumvent these data limitations is to compare the vaccination experiences of children born at various stages of the migration process. Previous research typically treats children whose mothers have ever migrated as a homogenous subpopulation, however, distinguishing between children born before and after their mother migrated can help clarify the extent to which migration disrupts children’s receipt of vaccinations. Furthermore, accounting for the duration of time between a mother’s move and her child’s birth may uncover evidence of adaptation in the destination community, as reflected by additional gains in children’s likelihood of vaccination.

Recognizing that the temporal nature of migration relative to other life events may be key to developing a nuanced understanding of its consequences (Portes and Walton, 1981), in this paper we leverage data on the timing of women’s migration in relation to their children’s birth to better understand how the migration process influences children’s vaccination. The exceptionally high levels of female migration in Benin—over 40 percent of reproductive-age women have migrated according to the 2006 Benin Demographic and Health Survey—and evidence of declines in vaccination rates in recent years make it an ideal setting for this study.

2. Background

2.1. Migration in sub-Saharan Africa

With some of the world’s highest levels of internal and international migration (Ricca, 1989), migration is a critical dimension of sub-Saharan Africa’s demographic profile. Africa’s rapid urbanization is an important cause and consequence of migration; however, migration streams remain diverse throughout the subcontinent, with high levels of movement between rural areas (Mberu, 2005; Ocho, 1998). Spatial inequalities in employment opportunities, living conditions, and infrastructure, as well as major life transitions (e.g., marriage), are common motivators for individuals and their families to relocate (Adepoju, 2003). Historically, migration was dominated by men in Africa, but rates of female participation have risen steadily in recent decades (Adepoju, 2005; Posel and Casale, 2003). As a result, researchers increasingly recognize that African women are not only tied migrants who move with their husbands or other family members, but in many instances relocate autonomously in pursuit of economic and educational opportunities (Adepoju, 2003).

The migratory context in Benin—a small West African country—is, in many respects, indicative of the broader migration trends across sub-Saharan Africa as a whole. Migration is a salient part of life in Benin (Jenkins and Curtis, 2005) and often takes place as early as childhood and adolescence (Kielland, 2007; Ouensovi and Kielland, 2001). Although individuals and families in Benin migrate due to diverse circumstances, like most migration in Africa, it is typically pursued in hopes of securing a better livelihood and greater economic security. Because subsistence agriculture is a primary source of livelihood in Benin, environmental degradation is a prominent push factor (Doevenspeck, 2011). In addition to diverse motives, like other low-income countries, Benin’s migration patterns display notable diversity (Smith-Greenaway and Thomas, 2014). For instance, among the nearly 40 percent of Beninese women who report having migrated, approximately 15 percent relocated from an international context, 19 percent between rural areas, 30 percent between urban areas, and 36 percent moved between rural and urban areas.

Historically, research on migration in Africa focused on its implications for urbanization and economic development (Todaro, 1971). More recently, research on migration in Africa has expanded to explore its implications for health-related outcomes. Motivated by the region’s high fertility rates and severe HIV/AIDS epidemic, extensive research focuses on the effect of migration on sexual and reproductive issues. For instance, several studies assess whether men’s labor migration influences sexual behaviors, and as a result, their risk of sexually transmitted diseases (Brockerhoff and Biddlecom, 1999; Caldwell et al., 1997; Lurie et al., 1997). Other research explores whether migration—particularly women’s movement from rural to urban areas—contributes to reductions in fertility by shifting women’s reproductive desires and behaviors to align with those of their urban peers (Brockerhoff and Yang, 1994; Caldwell and Caldwell, 1993; Timaeus and Graham, 1989). Research increasingly investigates how migration, particularly of mothers, influences children’s well-being (Ford and Hosegood, 2005; Liang and Chen, 2007; Madhavan et al., 2012; Omariba and Boyle, 2010).

Download English Version:

<https://daneshyari.com/en/article/955618>

Download Persian Version:

<https://daneshyari.com/article/955618>

[Daneshyari.com](https://daneshyari.com)