

Wayne A. Cornelius and Micah Gell-Redman

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Introduction: New Research on Migration and Health

W. A. Cornelius¹, and M. Gell-Redman²

¹Division of Global Public Health, School of Medicine, University of California, San Diego

²Department of Political Science, University of California, San Diego

This special issue on migration and health derives from an interdisciplinary research workshop held on May 13-14, 2010 under the auspices of the Center of Expertise on Migration and Health (COEMH), a component of the University of California's Global Health Institute (UCGHI).¹ The COEMH Research Training Workshop brought together 20 advanced graduate students and recent postdoctoral fellows from throughout the University of California system to present their recently completed or ongoing, fieldwork-based research and receive feedback from faculty experts in the field of migration and health. A broad array of disciplines was represented, including public health, anthropology, sociology, and political Science.

The mission of the COEMH is to improve health and eliminate health disparities of international migrants, refugees, and internally displaced people around the world, through basic and action-oriented research, policy analyses, applied learning opportunities, and innovative dissemination activities. The Center uses its partnerships with global communities and organizations to translate research into effective, culturally appropriate practices and sound public policies. It brings public health experts and practitioners together with social scientists specializing in international migration. Training of graduate students and postdoctoral scholars like those who participated in the 2010 workshop is a key activity.

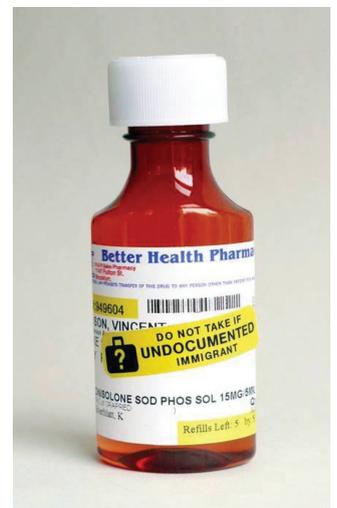
The papers selected for inclusion in this special issue represent some of the most exciting new research being done in all five of the COEMH's top-priority research areas:

- How international migration shapes health outcomes and health care-seeking behavior in migrants' communities of origin and destination.
- Child and women's health in immigrant families.
- Occupational and environmental health issues affecting migrant populations.
- Chronic, infectious and emergent health conditions affected by migration.
- Health care delivery and health policy choices affecting migrants' access to care.

A collection of papers on migration and health cannot help but highlight the contradictions inherent in the political and public policy milieu of immigration in general. This is certainly true of Helen Marrow's contribution, which examines an extraordinary set of policies and programs adopted by the city of San Francisco, California. Two of these measures (the city's Sanctuary Ordinance and a newly adopted municipal identification card) are not directly related to health care provision. The connection comes through the fact that many of the city's immigrants are unauthorized, meaning that they either lack the documentation to claim basic human services or fear that

attempting to access services will at best be fruitless and at worst put them on a path to deportation. By publicly declaring its unwillingness to persecute undocumented migrants and by providing a non-discriminatory means of personal identification, the city of San Francisco has lowered barriers to health care for many immigrants.

Marrow's main insight, derived from detailed interviews with dozens of primary health care providers working in the city's public safety net, is that lowering these administrative and social barriers to care for undocumented migrants has generated consequences with negative implications for immigrants' actual access to health services. A more inclusive local policy environment has indeed led some care providers to view undocumented immigrants as more "deserving" patients. However, the same policies and programs have reinforced certain bureaucratic structures that deter some unauthorized immigrants from seeking care, and some important medical services remain explicitly proscribed for the undocumented.



Correspondence to: Wayne A. Cornelius
(wcorneli@ucsd.edu)

¹For further information on UCGHI and COEMH, please visit
<http://www.ucghi.universityofcalifornia.edu/>.



Marrow's study demonstrates that even the most innovative policy solutions in this area can be defined as much by their unintended consequences as by their explicit aims.

Household and individual-level factors figure prominently in the two contributions to this issue that focus on the so-called immigrant health paradox. Perhaps the most widely known finding of the literature on immigrant health, the paradox refers to the observations that certain groups of immigrants – Latinos in particular – fair better by a number of health indicators than do comparable U.S. populations (including non-immigrant Latinos), but that this advantage diminishes as immigrants live longer in the United States.

Georgiana Bostean explores one of the established explanations for the Latino immigrant health advantage, i.e., the protective effect of this population's "family orientation." Her central contention is that while family *cohesion* may protect against the generally insalubrious contemporary U.S. lifestyle, intra-family *conflict* can limit or even counteract this protective effect. To identify the contrasting effects of family cohesion and family conflict, Bostean uses the National Latino and Asian American Survey (NLAAS), which includes a nationally representative sample of approximately 2,500 Latino Americans. Using these survey data she constructs an index of family cohesion (based on respondents' feelings of trust, pride, similarity, etc., with their family members) and an index of family conflict (based on respondents' feelings that family interferes with personal goals, is less important than other sources of social connection, etc.). Regression analysis confirms that family conflict is has a strong association with two major health outcomes: chronic conditions such as heart disease and diabetes, and limitations on physical activity. Both of these negative outcomes are significantly more likely for respondents reporting family conflict.

The article by Carolyn Zambrano also examines the Latino health paradox using a nationally representative survey, the Longitudinal Study of Adolescent Health. Rather than differences in family dynamics, however, Zambrano is interested in the effect of generational differences on self-reported health outcomes. Specifically, she tests the hypotheses that the health advantage of Latino immigrants will be greatest in the first generation, that the health of the first generation will decline over time, and that subsequent immigrant generations

will be at the greatest health disadvantage. Zambrano's regression results yield conflicting findings. On the one hand, consistent with her hypothesis, the second immigrant generation does have worse self-reported health outcomes than the first generation, controlling for other socio-demographic factors. On the other hand, the third generation has higher levels of self-reported health than the first, a finding that contradicts any simplistic view of downward assimilation among immigrants. These findings reinforce an overarching theme: that the instruments used to categorize sub-populations in large-scale surveys are at times too blunt to answer the nuanced questions of interest to scholars and policy-makers.

Alexandra Minnis further contributes to our understanding of the Latino health paradox by focusing on health selectivity among migrants, i.e., the contention that those who choose to, and ultimately succeed in, migrating are different from their stay-at-home compatriots, and that such differences may explain the health advantages that migrants enjoy. Minnis' project relates not only to the Latino paradox (selectivity is one of the primary explanations for the paradox) but to another key issue area addressed by this collection: reproductive health. The outcomes of interest in her study are sexual behaviors and contraceptive use, both of which have implications for important health outcomes including fertility and the risk of sexually transmitted infections (STIs).

Minnis juxtaposes the results of two separate surveys, one conducted in the United States and the other in Mexico. The data Minnis uses to explore reproductive health outcomes in Mexico come from a longitudinal sample of over 8,000 families, of whom a few hundred include women with international migration experience. The data she uses for immigrants living in the United States are from a survey of about 400 Mexican immigrant women and 400 U.S.-born women of Mexican descent. Clearly, if a selection effect is present it has already determined which women are more likely to move from the nationally representative Mexican sample to the smaller sample of Mexican immigrants living in the United States. In neither of these samples does Minnis find evidence that immigrants are different either in their sexual behaviors or their choice of contraceptive methods – powerful empirical evidence that any advantage enjoyed by immigrants in the area of reproductive health is not a consequence of selection.

Reproductive health is also the focus of the article by Shira Goldenberg and her co-authors, who examine the human component of the dangerous cocktail of injection drug use and sex work that has fed the HIV epidemic in the Tijuana-San Diego borderlands. Previous scholarship has demonstrated that, in general, migrants are at greater risk of sexually transmitted infection, and studies of the U.S.-Mexico border region have identified an association between having been deported from the United States and higher risk of HIV. Goldenberg and co-authors extend these findings by focusing on an important sub-population of deportees: the clients of sex workers.

Based on in-depth interviews with twenty sex worker clients who had been deported to Mexico from the United States at least once, the authors identified two categories of factors that link deportation to risky sexual behaviors. First, deportees suffer profound social isolation, meaning they are separated from partners living on the other side of the border, lack

a meaningful connection to the country they have been deported to, and consequently feel that protecting themselves from sexual risk is not worth the effort. Second, deportees are economically vulnerable, meaning they are unable to find wage-earning opportunities outside of sectors that expose them to the riskiest behaviors. The authors conclude that deportees who are socially isolated, and whose economic livelihood depends on the sex trade, are unlikely to act responsibly to protect themselves or those they come into contact with from the spread of STIs – a troubling finding that demands the attention of scholars and policy-makers concerned with the HIV epidemic along the U.S.-Mexico border.

Kathryn Kessler and her coauthors also take up the topic of reproductive health, focusing on how international migration shapes family planning decisions. As the authors note, migration may influence family planning in three ways: (1) migrants may adapt their behavior to practices common in the receiving community, (2) migration may disrupt the social and economic fabric of migrants' lives, and (3) migrants as a group may differ from non-migrants before migrating, and this selection effect may influence sexual and reproductive health. Kessler and coauthors test for the effect of migration on three important outcomes related to family planning: the use of medical methods of contraception, unmet need for contraception, and unplanned pregnancy.

Using a mixed-methods approach, they draw on survey research and in-depth qualitative interviews conducted in a rural Mexican migrant-sending community and the principal U.S. destination cities for migrants from this town. The quantitative evidence from this multi-site, binational study shows that residence in the United States positively influences the use of medical contraceptive methods. Paradoxically, however, migrants are more likely to report unwanted pregnancies. The qualitative portion of the research yields insights into methods for improving survey design, as respondents interviewed in the sending community required a more delicate approach in order to openly discuss matters of sexual intimacy and health.

Chelsea Eastman and coauthors explore another crucial facet of migration and health, i.e., the health risks that immigrants often face in the workplace. Building on previous research on the health consequences of working in the dairy industry in Europe and the U.S. Midwest, the authors investigate whether dairy workers in the state of California are at greater risk for respiratory health problems. As a comparison group, they chose employees of a vegetable processing plant in which workers are not exposed to the same compounds that have been hypothesized to cause respiratory health problems among dairy workers. Eastman and coauthors find that California dairy workers are not at greater chronic risk of chronic respiratory conditions, though they point out that the relationship between dairy work and respiratory health may be confounded by the young age of workers in their sample. California dairy workers did not get an entirely clean bill of health, however, as these workers were at greater risk of asthmatic symptoms.

Jennifer Miller-Thayer provides an anthropological account of an unusual type of migrant: the transnational medical consumer. These are residents of developed countries (especially the United



States and Canada) who respond to the inadequacies of their domestic health care systems by seeking health services in other countries. In Miller-Thayer's case, the country where such services are sought is Mexico, and the U.S.-Mexico border provides the setting for her in-depth interviews and participant observation. She finds that economic motivations figure prominently in the decision to seek care in Mexico, although surprisingly this does not imply that transnational medical consumers are uninsured. In fact, most of Miller-Thayer's respondents reported that in spite of having insurance coverage, the cost of care in their native country (especially prescription drugs) remained prohibitively high. For some living along the border, insurance policies themselves are designed to encourage the insured to seek care in Mexico. Miller-Thayer finds that other non-economic considerations also enter into the decision to seek medical attention abroad, such as social networks and relationships of trust between transnational consumers and the practitioners that provide them with medical services.

Rounding out this special issue is another ethnographic account, by Rosa Maria Sternberg, based on interpretation of extensive interviews with migrant women who have left all or some of their children behind in their country of origin. Sternberg calls these "transnational Latina mothers," and identifies a cluster of themes that link their stories. The most important of these is that transnational Latina mothers have found both the will and the means to "walk away" from extreme poverty and violence in Mexico and Central America, and seek economic opportunity in the United States. In so doing, however, they have been unable to maintain the integrity (at least territorially speaking) of the family unit. It is unsurprising, given recent trends in the policing of the U.S.-Mexico border, that the elevated costs and physical



risks of clandestine migration were often what caused these mothers to journey north without their children.

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The workshop's organizing committee consisted of Wayne Cornelius (University of California, San Diego, coordinator); Frank Bean (University of California, Irvine), Claire Brindis (University of California, San Francisco), and Robin DeLugan (University of California, Merced. We acknowledge COEMH Co-Directors Steffanie Strathdee (University of California, San Diego) and Marc Schenker (University of California, Davis) and all other members of the

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Most of all we are indebted to the young scholars whose work was showcased in our research workshop, who plunged enthusiastically into the fray and easily convinced the senior faculty discussants that the next generation of migration and health researchers holds great promise, indeed.