

Migration and health: a socio-anthropological perspective

1° Section: Migrants, Health & Society

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Non-Italian population in the Brescia Area

155.000 Non-italian residents

11,9%
 Out of the
 whole
 population

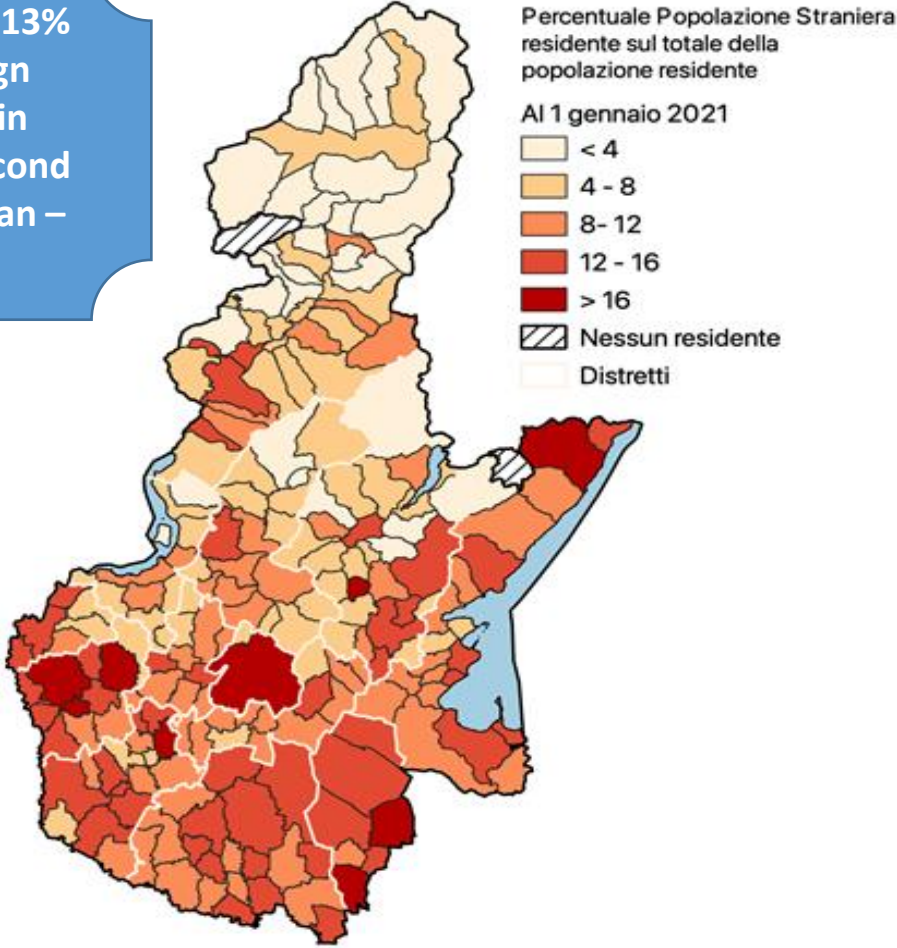
-0,6%
 Negative
 variation
 compared with
 2020

In Brescia live 13%
 of the foreign
 population in
 Lombardy (second
 area after Milan –
 40%)

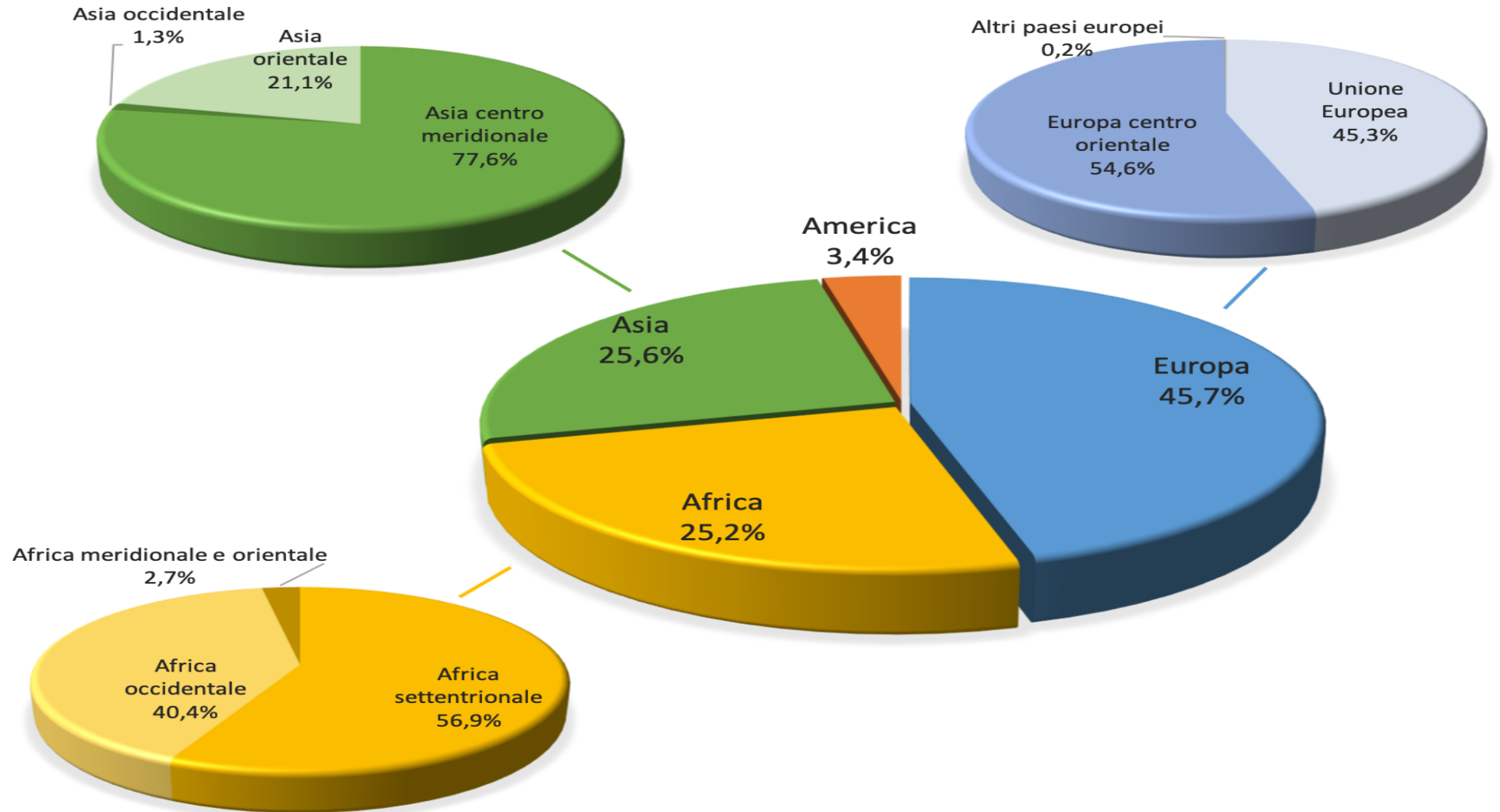
More than :
Lombardia 11,5%
Italia 8,5%

Brescia downtown : 18.4%
 Out of the whole population

**Brescia
 rural/mountain/lowland
 area : 10.8%**
 Out of the whole population



Where do Non-Italians come from ?



Gender and age distribution of Non-Italians

51.3% are women:

UKraine: 78.2% women
Moldavia: 67.4% women

48.7% are men

Senegal: 64.8% men
Egypt: 60.7% men

The larger age class is **35-49 yrs old** (30.5% out of the foreign population) : *active and healthy;*

The population «**over 65**» (12%) is now increasing : emergence of *new needs?*

Minors are **23.5%** out of the foreign population (decreasing 1% in 2 years); foreign students are **18.5%** of the scholastic population in Brescia → *multi-ethnic schools; widespread childcare*

Impact of immigrants on the Brescia society

23.3% of the weddings celebrated in Brescia in 2019 were with at least one partner with an immigrant background



36.4% of the new-born in Brescia in 2019 had at least one foreign parent



Foreigners who acquired Italian Nationality in Brescia

in 2019: 2000
In 2020: 4000
In 2021: 1000



What is the state of health of this 13% ?

Better than among the native population, due to 2 factors:

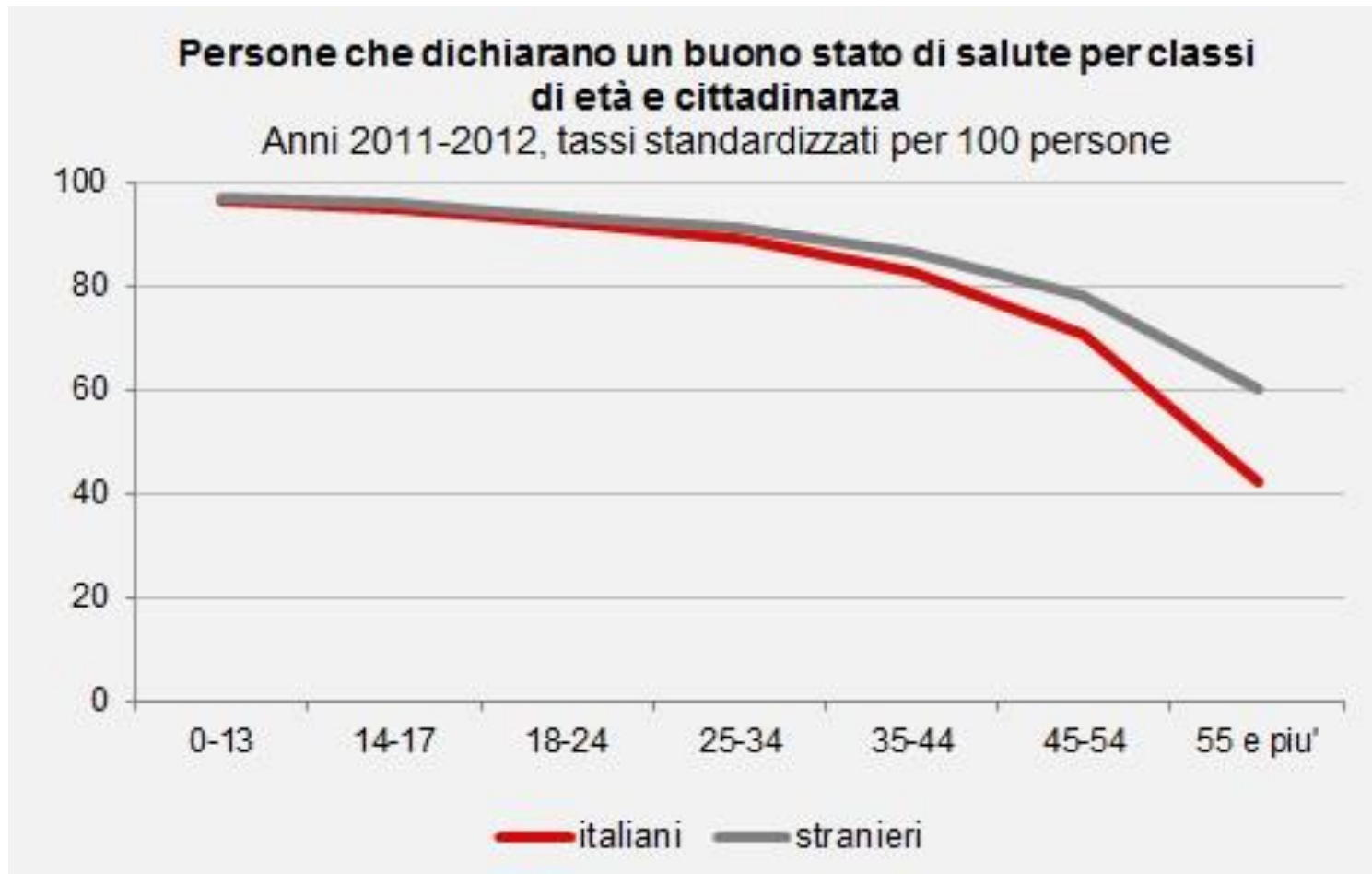
- **Age distribution** among foreigners is strongly in favour of the younger classes
- Foreign population take advantage of the «**Healthy Migrant Effect**» **(HIE)**

(HIE) theory, also called “**Immigrant Paradox**”, suggests that immigrants exhibit better health outcomes than domestic-born, in terms of mortality, body mass indicators, total cholesterol, diabetes. Etc.

Why?
'positive
healthier
selection'
before
departure

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the move
Istat 2012: «*Do you feel your health is good?*»
% of YES respondents, by nationality



But: → the initially healthy immigrants experience a **decline** in their health outcomes with increased length of residency in the destination country

Long-resident foreigners experience:

cumulative exposure to stressful factors, including unsafe **work conditions**; acculturation into a **Western lifestyle**, risky/unhealthy behaviors, low-nutrient, convenience food and sedentary lifestyle; **individual stressors** (mental disease, financial constraints, language issues) and **social exclusion** (racism, discrimination, unequal job opportunities)

unhealthy
assimilation
of
immigrants

«Exhausted
immigrant
effect» ?

When the «health capital» of immigrants dissipates

- the healthy condition at the departure might decrease with time and according to life and work conditions + receiving policy of the destination country
 - Variable patterns
- **After 20 years** (at the end of the «wellness break») there is **convergence** with the native-born, due to the same lifestyles
- Long term effects of the social **inequalities** lead to : obesity, cardio-vascular disorders, diabetes, cancer.
*I.E. the mortality rate differs up to 50% between **first and second generation immigrants (same cohort)**, with different origins*
- **Minor illnesses** (pain, infection, digestion diseases, trauma injuries, etc.) affect the immigrant's health even **after 1 year** from the arrival

4 factors explaining the «exhausted immigrant effect» (UKRAYINCHUK & DRAPIER, 2021)

1. Cohort effect (ageing)
2. Behaviour effect (consuming choices and hygienic standards)
3. Root Loss, effect of disorientation
4. Socio-cultural representations of sanitary issues (i.e. underevaluation of sanitary risks, lack of prevention)

Inequality and accessibility to welfare

For residents, the welfare system is universalistic and accessible to all

*Ruled by articles 32-34 of the **Italian Constitution** (1948)*

For migrant people, some services are **selective**

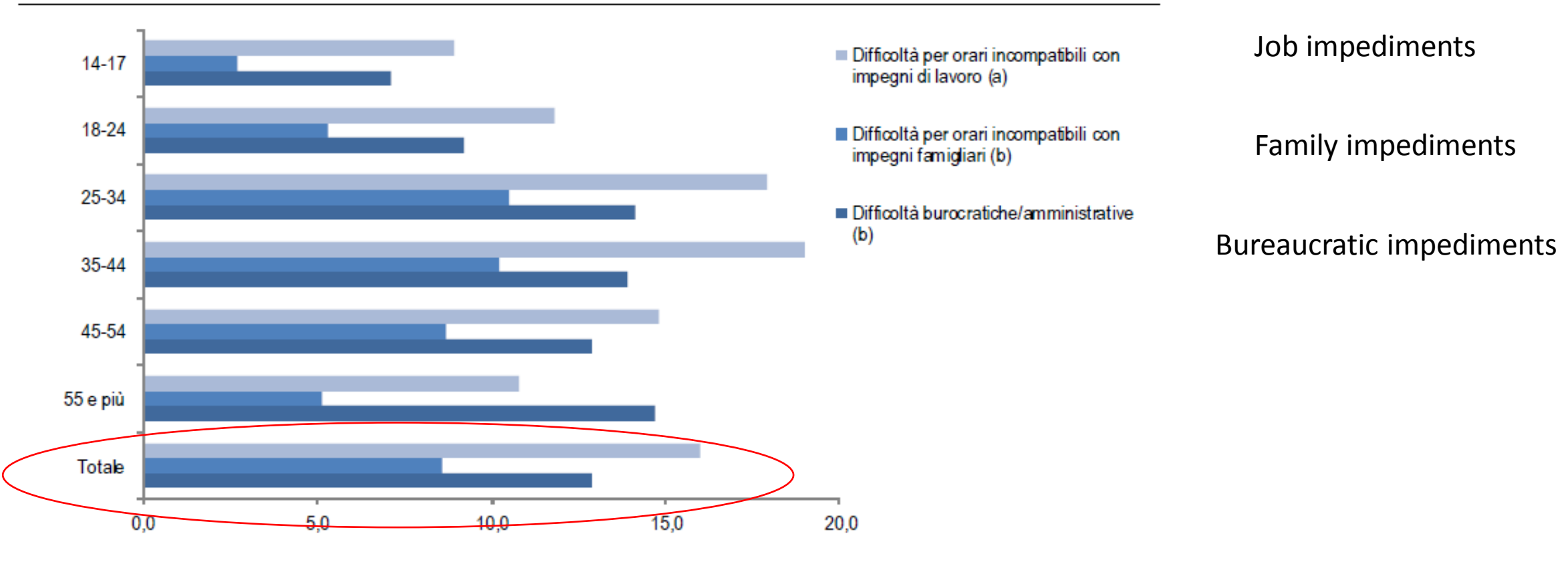
Barriers are of different nature:

- 1) **Personal** (individual pathologies, distress conditions, lack of information, linguistic incapacity)
- 2) **Social** (irregular status, exclusion from the ordinary provision of public care; misfunctionality in using public care due to times, distance, lack of welcoming reception)
- 3) **Economic** (job insecurity, poverty)
- 4) **Cultural** (misunderstandings, ethnic prejudices among doctors and medical personnel)

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What kind of impediments you have for accessing health services?

FIGURA 11. CITTADINI STRANIERI CHE HANNO DIFFICOLTÀ NELL'ACCESSO ALLE PRESTAZIONI SANITARIE, PER TIPO DI DIFFICOLTÀ E CLASSI DI ETÀ. Anno 2011 - 2012, per 100 persone con le stesse caratteristiche



(a) Cittadini stranieri di 15 anni e più ; (b) Cittadini stranieri di 14 anni e più

Fonte: Istat, *Cittadini stranieri: fattori di rischio, accesso alle cure e ai servizi socio-sanitari, 2011-12*



the move

Effects of economic disadvantage on the migrants health

For the whole population: the loss of a job relates to an **increase of mental diseases and suicides**

For the foreign population: the financial crisis 2008-2013 led to a – 9% decrease of occupied

Estimated effects on the foreigners (Istat 2016): increase of obesity (+5%, with the foreign women more affected than the natives); decrease of the perception of physical wellness (no differences foreigners-natives); worsening of the perception of mental wellness (more among foreigners than natives);

→ those who have been living in Italy longer reported worse perception than newly-arrived

Why do we need to ensure healthcare to immigrants ?

- (1) They will **increase in number**, so their health of importance for the whole population
- (2) Illness can hamper the **integration process** and affects negatively their education, occupability and social life
- (3) For legal (and moral) reasons → the WHO Constitution (1946) states that: “**the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being...**”.
- (4) For political reasons → in the public Welfare System, **equity in the health care access** stands as a fundamental and structural purpose

THE SOCIAL CAPITAL / HEALTH LINK (immigrants)

Social Capital (Tocqueville, Coleman, Putnam) is a protecting factor for every citizen : *Bonding + Bridging Ties; Reciprocal Trust*

Participation in **Primary groups** (family, friends and neighbours) + **Secondary groups** (voluntary associations, lodges and civic organizations, job relations) → **Vertical Trust + Orizontal Trust**

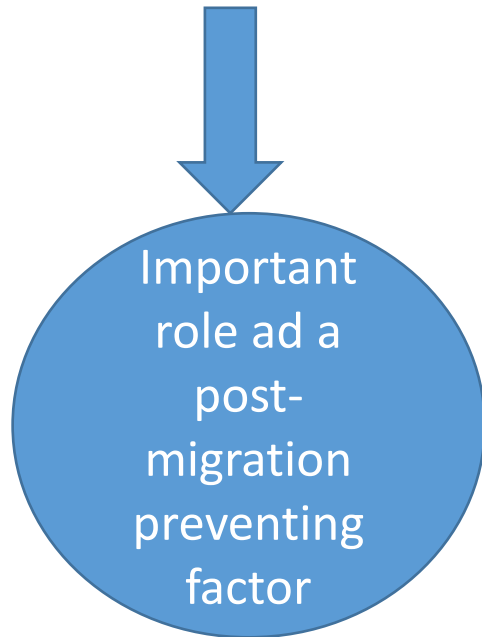


Affects both morbidity and mortality

“... Because it is in such settings that people learn to trust, to reciprocate and to act in concert to demand public services and good government...” (Putnam, 1995)

4 plausible pathways by which social capital exerts an effect on individual health:

Murayama et al, 2012



Johnson et al, 2017

- 1) diffusion of knowledge on health promotion
- 2) maintenance of healthy behavioral norms through informal social control
- 3) promotion of access to local services and amenities
- 4) psychological processes that provide affective support and mutual respect

Impacts of Covid-19 on the migrant population (Italy - Brescia)



CIRMiB MigraREport 2021 - Dati ISTAT

- 1) **Decline in birth rate (ITALY):** in 2021 the foreign population declined in birth rate (-23.6%) more than natives (-12.2%)
 - 2) **Decline in number of foreign residents (Brescia)** (-1.8% compared with 2020)
 - 3) **Increased mortality among foreign residents (Brescia)**
in 2020, 886 foreigners died for Covid-19 (+27%)
 - 4) **Decrease in accidents at work** (due to lockdown and job loss) but in Brescia the immigrant workers are more affected by accidents at work than in Italy (23% vs. 14.6%)
- **What still lacks : data on the real impact of the Pandemic on the immigrants' health services access, due to linguistic, social and legal barriers**

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