Social Determinants of Migrants’ Health
Hiranhi Jayaweera

The size and diversity of present day global human mobility have significant implications for population health. According to the United Nations, there are around 214 million people crossing borders to live in countries other than those they were born in, and more than three times this number moving within countries. Migrants, whether workers, students, refugees, asylum seekers, undocumented, or family members, like people in both sending and receiving countries who do not migrate, are characterised by diverse factors affecting their health status and health needs. It is also important to recognise that the relationship between migration and health is a two way process. While it is more commonly considered that migration impacts on people’s health, health is also implicated in migration motivations and processes – for example, it plays a part in determining who is allowed into or out of a country.

There are two broad interrelated considerations that are important in thinking about migrants’ health. The first has to do with what are the determinants of migrants’ health, while the second relates to the scope within which the health of migrants is considered, that is, going beyond a receiving country perspective to include the entire migration process.

Generally, social – as distinct from genetic or biological – determinants of people’s health refer to the impact of social factors on health outcomes, or on health inequalities/disparities between different groups. Traditionally, the focus has been on an observed socio-economic gradient in health, whether measured by individual socio-economic position or social class, or by area deprivation indicators: for instance, higher and widening obesity rates over time among men and women in unskilled manual jobs compared to those in professional jobs in England; and higher rates of premature mortality for cancer, heart attacks, strokes, lung disease and liver disease in areas of social deprivation (Marmot et al., 2010). Considering ethnicity or migration variables (for example, country of birth, length of residence in receiving societies, and transnational connections.

Social determinants of migrants’ health should not be viewed simply from a receiving society perspective. All stages of the migration process – pre-departure, migration journeys, destination, return to sending countries/areas – contribute determining factors for migrants’ physical and mental health, and health and social protection (Zimmerman et al., 2011). The ‘healthy migrant effect’, linking sending and receiving contexts, is one framework that is used in some studies. It explores selectivity in the migration of healthier people that is associated with positive health outcomes, which in turn change/deteriorate over time as migrants adopt ‘risky’ health behaviours (for example smoking patterns or diet) characteristic of receiving society populations, which are associated with a high prevalence of non-communicable diseases, such as heart disease, stroke and diabetes among some first and second generation ethnic minority groups. However, other evidence has challenged the explanatory value of linear health ‘acculturation’ models, which do not take into account the complexity of social determinants, including structural constraints in achieving healthy life styles, health behaviour and disease patterns in countries of origin, and the pre-migration health status of those who migrate, in understanding patterns of migrants’ health over time (Jayaweera and Quigley, 2010).

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Overall, evidence suggests that a comprehensive understanding of migrants’ health must be based on a conceptual framework that explores the dynamic interaction of a variety of social determinants within a context that encompasses the entire migration process from origins to destinations and back again.

References


