



Migration, Stress, and Health

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Abstract:	Migration is defined as any permanent change in residence. It has long been seen as a stressful life event because it entails tremendous social and economic costs with uncertain benefits. Depending on situations in both the place of origin and place of destination, the migration experiences vary across individuals. The initial high mental distress and the gradual decline of physical health, however, is a common pattern.

MIGRATION, STRESS, AND HEALTH

Juan Xi
University of Akron

E-Mail: jx@uakron.edu

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Migration is defined as any permanent change in residence (Weeks 2005). It may occur within the same country, called internal migration, or between countries, called international migration. Migration can take place voluntarily based on cost-benefit calculation of individuals or be induced by external forces such as wars and natural disasters. For international migration, the mode of entering another country's border further differentiates legal migration from illegal migration.

Migration has long been seen as a stressful life event because it entails tremendous social and economic costs with uncertain benefits (Vega et al. 1987). Stress results from anticipation and actual experience of migration, and from post-migration adjustments. For those who are displaced by natural disasters and wars, stress can also result from the experience of traumatic events which have triggered the migration. The post-traumatic stress disorder is commonly found among refugees who have fled from their homes ruined by natural disasters and wars. The actual migration process is also demanding for migrants. For illegal migrants, crossing a borderline is a traumatic event. Many lose their lives and many are injured during the tough journey. For legal migrants, research has found that those who move alone have experienced more distress and more negative outcomes because of the lack of social, emotional, and material support from their usual social networks (McKelvey and Webb 1995).

Because the purpose of migration is usually to establish a livelihood in a new place, a successful post-migration adjustment is of the utmost importance for most migrants. Although voluntary migrants are usually healthier than the host-society's residents and residents in the society of origin, a phenomenon called the healthier migrants effect (Palloni and Morenoff 2001), the demanding post-migration adjustments often are stressful and can erode their health advantages over time. Stress associated with the post-migration adjustment can result from the perceived urge for acculturation or assimilation (Finch et al. 2009) because language, culture, and lifestyle are usually very different in the destination society from those in the society of origin. For example, ability of speaking a host-society's language has been widely used as an indicator of acculturation (Finch et al. 2009). Researchers have found that the better a migrant's ability to speak the host society's language, the less reported distress (Greenman and Xie 2008). And the longer a migrant has lived in the host society, the better his/her ability to speak its language.

The initial high level of psychological distress is not only commonly reported by international migrants, it also experienced frequently by internal migrants. The rapid pace of urbanization in the developing world after WWII has brought with it a growing number of farmers looking for opportunities in cities. Although most of them migrate within their own country, urban life is very different from that in rural areas. The pressure to learn the new way of life and the

frustration related to cultural conflict and confusion can be stressful. The intensity of the stress usually diminishes overtime. The longer rural migrants stay in the urban cities, the less mental distress they report (Chen 2011). However, acculturation also means a gradual giving up of the cultural of origin. For those who moved from rural areas to urban cities and those who moved from developing countries to developed ones, many culturally based behaviors in the place of origin are related to better health. For example, diet rich in fiber in many developing countries and less sedentary lifestyle in rural areas are known to contribute to voluntary migrants' health advantages at arrival such as their lower BMI and lower risk for heart diseases. Researchers have found that acculturated individuals gradually lost their initial health advantages and converge to the health status of the natives (Finch et al. 2009). For example, female immigrants in the U.S. completely converged to American BMI within 10 years of arrival, while men shrink a third of the gap within 15 years (Antecol and Bedard 2006).

Besides acculturation, post-migration stress can also result from stigmatization of and discrimination against immigrants. Immigrants are often viewed by members of host society as competitors for jobs, carriers of viruses, and potential criminals. The perceived discrimination has been found to be a significant stressor that erodes immigrants' health over time (Finch et al. 2009). Immigrants are less likely to occupy supervisory jobs and for the same jobs they are paid less (Hall and Farkas 2008). Many migrants take jobs that are avoided by natives. These jobs are usually physically demanding with minimal pay and no hope of promotion. They are also at a higher risk of losing their jobs when the economy turns downward. These employment-related stressors also take tolls on migrants' health.

Although stressors do not necessarily lead to health problems, they will do so when individuals do not have sufficient resources to cope with them (Lazarrus and Folkman 1984). Social support is one of the important resources that cushion individuals from harsh life situations. When migrants leave their old home, they leave their established social networks. The migration process severs many important social connections from which individuals can draw support. Although many migrants build their new networks in the host-society, it takes time. As such, migrants are more vulnerable to adverse life events and strains. Many of these strains are generated in their social environment because of their migrant status. Furthermore, many migrants, especially illegal migrants, have limited access to health care in the host society. The delayed health care often put them at higher risks of further health problems.

Depending on situations in both the place of origin and place of destination, the migration experiences vary across individuals. The initial high mental distress and the gradual decline of physical health, however, is a common pattern. Recent research on Mexicans who have migrated to the U.S. has found that compared to non movers at home, they are healthier before they migrate, but in poorer health when they return (Ullmann, Goldman, and Massey 2011).

SEE ALSO: healthy immigrant effect, acculturation stress

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