SOL JUAREZ & MIKAEL ROSTILA

Non-European migrants often have similar or better health than natives

Abstract
Sweden has experienced a sharp increase in migration flows in the last decades. Projections estimate that the migrant population rate will continue to grow in the near future. Given the centrality of health for the successful engagement of individuals in society, health aspects of migration have emerged as an important area of study. In this research note, we present a brief overview of current knowledge and argue in favour of developing a social determinants perspective on health in future research.

Keywords: country of birth, social determinants, healthy migrant paradox

INTERNATIONAL MIGRATION HAS a significant impact on the academic and political spheres, insofar as it represents one of the most significant challenges for modern societies. Of the components of population growth, migration is the most unpredictable and yet the most important to warrant social cohesion.

Today, the foreign-born population of Sweden amounts to approximately 30 percent of the total (including first and second generations) and projections estimate that this group will grow in the near future. As a result, ensuring their wellbeing is a clear priority on the political agenda.

Health is a fundamental element of wellbeing. It is a necessary condition for the development of other dimensions of life (e.g. work). In Sweden, research on migration is relatively extensive yet predominantly descriptive and fragmented across different scientific disciplines. In this research note, we briefly present an overview of the research on migration and health in Sweden, and argue in favour of a social determinants perspective on health that might integrate the different areas of knowledge and produce more interpretative results.

Overview

Swedish research on migration and health is marked by the humanitarian nature of recent migration flows into the country. Up until the late 1960s, Sweden was characterized by open borders and the active recruitment of labour migrants to face the

demands of economic growth (Figure 1). With the onset of the global recession of the 1970s, Sweden began to close its borders to labour migrants and recast itself as a host country for people from various areas of conflict, to such an extent that it is today the European nation with the most refugees per capita (OECD, 2015).

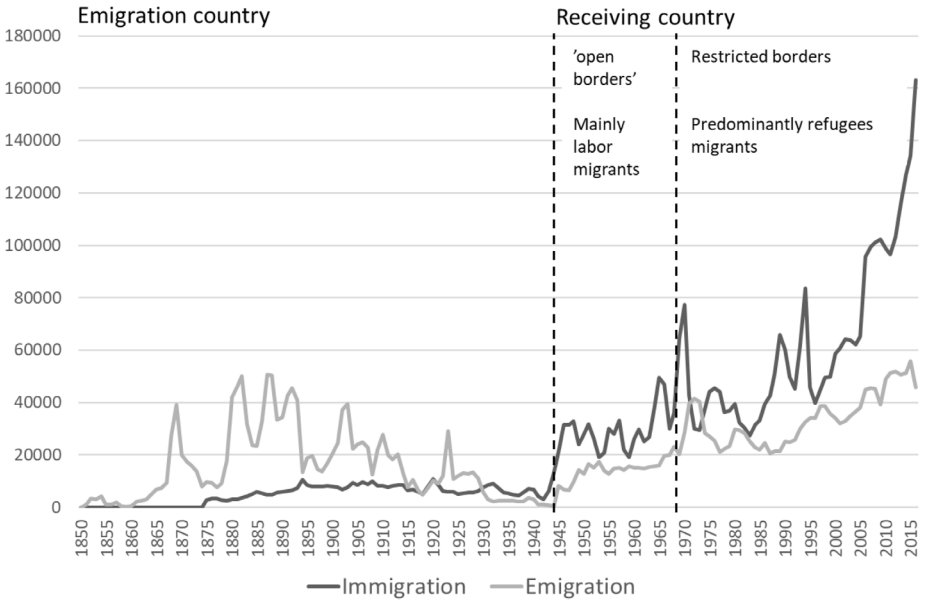

Figure 1. Number of people emigrating and immigrating to Sweden between 1850 and 2015. Source: Statistics of Sweden

Refugee migrants constitute a prime target population in Sweden since, unlike labour migrants, they not only arrive in high numbers, but are also exposed to distinctive conditions of vulnerability before, during, and after migration (war, unsafe trips and long periods of uncertainty derived from the asylum-seeking process). Hence, Swedish research has mainly focused on identifying the specific needs of the refugee population, assuming that their background will make them more vulnerable in comparison to other migrant groups (Europeans) and the Swedish-born population.

Research shows that, overall, the health of migrants in Sweden is the country of birth, period, gender, and health outcome-specific, which makes it difficult to draw general conclusions. Below these lines, we offer an example of the complexity of the evidence in this area. It is somewhat perplexing, however, that the group of non-European migrants in Sweden who have prominently a refugee background often show similar or better health outcomes than the native population. Many studies have

found lower all-cause and cause-specific mortality among them when compared to the Swedish-born population (Honkaniemi et al. 2017;). An exception is mental health, an area where non-European migrants with refugee background show more consistent disadvantages (Gilliver et al. 2014). Although this result is in line with the international literature on the healthy migrant effect, which postulates that migrants (mainly labour migrants) are positively selected in origin, the advantage found among non-European refugees is still puzzling considering the number of adversities they face throughout their migratory process. Furthermore, because refugees are less likely to return to their homeland, the health advantage found in this group might be less likely to be explained by under-reported emigration (or salmon bias), which has been suggested as a potential reason for artificial lower mortality rates in international studies.

However, bias cannot be entirely ruled out, and in fact, some results point to biases; for example, when considering the inconsistency observed among indicators of general health shown in the literature to be correlated across different ethnic groups. This is the case between all-cause mortality (where most migrants show a relative advantage) and self-reported health (where they have a distinct disadvantage) (Rostila, 2007).

Future directions: a call for a social determinants perspective on health

Besides the strong methodological concerns inherent to the study of migration and health as well as the ever-changing composition of the migrant population in Sweden, most research in this area tends to interpret the observed variations by country of birth as a consequence of different distributions of risk and protective factors. However, the role of the social determinants in explaining the distributions of such factors between and within migrants' groups have been overlooked. We also know little about how distal and proximal social determinants of health are causally related.

A social determinants perspective on health builds upon the theory of the fundamental causes of health and disease introduced by the sociologists Link and Phelan (1995). According to this approach, risk and protective factors are postulated as proximate causes operating in between a more persistent association between social determinants (or distal factors) and health. The theory posits that crucial resources (such as knowledge, money, and social connections) that are important to avoid risks and adopt protective strategies are unevenly distributed across different socioeconomic groups. To disentangle how distal and proximate factors operate between migrants and Swedes is essential to reveal how health inequalities by country of origin are (re) produced in society.

The social determinants perspective on health needs to consider the effect of varying social circumstances operating at different moments and stages in life. A dynamic approach is clearly necessary for this field in order to avoid the general tendency to present migrants as a static category determined largely by their country of origin. The adoption of a dynamic approach can help to further elucidate the relative importance of the pre- and post-migration contexts on health. For example, changes in duration of

residence might suggest that the conditions in the receiving context (as opposed to the country of origin) play a significant role in explaining health patterns among migrants, yet few studies in Sweden have incorporated this time dimension.

The ultimate expression of a dynamic approach is the adoption of a life course perspective. The lack of information on migrants' conditions in origin limits the full adoption of this approach. However, further effort could be made to incorporate this perspective after they arrive in Sweden. For example, considering age at arrival could be one way to evaluate whether there are sensitive periods concerning migration.

The lack of a dynamic approach extends to the use of social determinants. Most studies focus on socioeconomic status (measured at one point in time), rather than on socioeconomic trajectories (i.e., upward mobility), or state changes (such as periods of (un)employment). The latter might better account for individual social circumstances and could shed light on the interrelation between social conditions and health (i.e., health selection and social causation) among people with a foreign background.

To sum up, studies on migration in Sweden have been descriptive in nature and fragmented in different fields. However, health cannot be isolated from other social dimensions, as it is conditioned (and conditions) the successful engagement of individuals in society. Hence, a social determinants perspective on health is needed to integrate the different areas of knowledge and produce more interpretative results.

A social determinants perspective in the field of migration and health will contribute to a better understanding of why some foreign origin groups are healthier and live longer than others. It will also provide a better understanding of the causal chains linking distal and proximal social determinants of health in the foreign population. A recent research programme Social determinants of health among individuals with foreign background: Societal and individual perspectives (SMASH) financed by FORTE (grant no 2016-07128) seeks to fill in the above-mentioned knowledge gaps and produce knowledge that can be used to tailor informed policies.

References

Giliver, S., Sundquist, J., Li, X. & Sundquist, K. (2014) Recent research on mental health of immigrants to Sweden: a literature review. *European Journal of Public Health* 24 (1):72–79

Honkaniemi, H., Bacchus-Hertzman, J., Fritzell, J. & Rostila, M. (2017) Mortality by country of birth in the Nordic countries –a systematic review of the literature. *BMC Public Health* 17 (1):511.

Link, B,G, & Phelan, J. (1995) Social conditions as fundamental causes of disease. *Journal of health and social behavior* 35 (extra issue):80–94.

Rostila, M. (2007) "Social capital and health in the Swedish welfare state", 157–178 in J. Fritzell & O. Lundberg (eds.) *Health Inequalities and Welfare Resources – continuity and change in Sweden*. Bristol: Policy Press; 2007.

International *Migration Outlook 2015*. Paris: OECD2015.

Corresponding author
Sol Juárez
Mail: sol.juarez@chess.su.se

Authors
Sol Juárez is Associate Professor (*Docent*) at the Centre for Health Equity Studies (CHESS), Stockholm University/Karolinska Institutet. She conducts research on migration and health with a particular focus on the healthy migrant paradox debate.

Mikael Rostila is Professor of Public Health and director of the Centre for Health Equity Studies at Stockholm University/Karolinska Institutet. He leads and conducts research on migration and social determinants of health.