

The dynamics of migration and health in Australia: A longitudinal investigation

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Abstract

Many observational studies have seen a health advantage among foreign-born (FB) people as compared with the native-born (NB), and a decline in that health advantage the longer they stay in the host country. Such studies often used cross-sectional datasets and little attention was paid to understand the pathways and mechanisms by which transition of health over time. We extend that work by investigating changes in three health measures among FB people from English speaking countries and non-English speaking countries relative to NB Australians over time using longitudinal data. We also explore English language proficiency, and socioeconomic and health behavior factors as possible mechanisms through which health outcomes change over time post migration. This paper challenges the commonly held assumptions that migration and longer stay in the host country is associated with a decline in health.

Extended abstract

Many observational studies have seen a health advantage among foreign-born (FB) people as compared with the native-born (NB), and a decline in that health advantage the longer they stay in the host country. However, most of the evidence from the existing literature is limited by the use of cross-sectional study design, use of single indicator of health and poor control of time varying confounders. Additionally, little attention has been paid to understand the pathways and mechanisms by which transition of health over time, limiting the ability to implement policies that will result in improved health for all, including immigrants. Most of these explanations are speculative. This arises partly from a lack of reliable data linking health outcomes to migration status, and the background and experiences of migrants.

This study overcomes the limitation of previous studies and extends the previous work by investigating changes in three health measures among FB people from English speaking countries and non-English speaking countries relative to NB Australians over time

using longitudinal data. We also explore English language proficiency, and socioeconomic and health behavior factors as possible mechanisms through which health outcomes change over time post migration. The study uses twelve rounds of panel data from the Household Income and Labour Dynamics in Australia (HILDA) and multi-level group mean centred mixed (hybrid) logistic regression models that separates within-person and between-person variations over time. The three health outcome measures used in this study are: self-assessed health (SAH), physical health (PH) and mental health (MH). Physical and mental health were measured by constructing physical component summary scores (PCS) and mental component summary scores (MCS). All three health measures considered in this study were obtained using the SF-36 questionnaire, part of the HILDA self-completion questionnaire. All three health measures were modelled as continuous outcomes in regression analyses. Our specific research questions were:

We address the following specific questions:

- (1) Does the health differ by nativity status (NB, FB groups from English speaking (ES), and non-English speaking (NES) countries of birth (CoB))?
- (2) Does the health vary by nativity, country of birth, and duration of residence (DoR)?
- (3) Is the association between nativity and duration of residence mediated by English language proficiency, and socioeconomic status and health behavior factors?

Based on previous research, we hypothesise that (1) FB people have better health as compared to NB people (2) longer stay in Australia is associated with a decline in health and (3) English language proficiency, socioeconomic status and health behavior factors mediate the association between nativity, duration of residence and health.

With respect to our three research questions, we found that:

1. No differences by (overall) nativity status in PH and SAH, but substantial differences in MH between immigrants and NB Australians were observed. However there were significant differences between immigrant country of birth subgroups and NB people for all health measures.
2. Immigrants from Non-English speaking countries living in Australia were typically disadvantaged with respect to NB people for physical and mental health outcomes, and there was no evidence of a change in these health outcomes by DoR. However, FB people from Non-English speaking countries were disadvantaged in self-assessed health relative to the NB after 20 years of stay in Australia and there was evidence of a significant trend in DoR. Immigrants from English speaking countries typically had a health advantage relative to NB people for all health outcomes, and there was no evidence of a change in any health outcome by DoR.
3. Additionally we found that English language proficiency may be an important mediator of the health-DoR relationship for non- English speaking people, but that SES and health behaviors may not be important mediators of the health-DoR relationship for both English speaking and non- English speaking groups.

This paper challenges the commonly held assumptions that migration and longer stay in the host country is associated with a decline in health. The results of this study shows that in the context of Australia, the existence of a healthy immigrant effect for immigrants from English speaking countries but not for those migrating from Non-English speaking countries. It also shows that the effect of duration of residence in Australia does not appear to be universal across all health measures and immigrant groups. Rather, it varies according to the measure of health and immigrant group under consideration. The results also does not support the most common explanation in the literature for the observed decline in health of immigrants with increased duration of residence in the host country which focusses on

acculturation through the adoption of unhealthy behaviors. This paper questions the existing application of acculturation theory which suggests an overly simplistic interpretation of complex issues.