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Mental health of sub-saharan african migrants: The gendered role of migration paths and transnational ties



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ABSTRACT

In Europe, migrants are at higher risk of common mental disorders or psychological distress than are natives. Little is known regarding the social determinants of migrant mental health, particularly the roles played by migration conditions and transnational practices, which may manifest themselves in different ways for men and for women. The goal of this paper was to understand the gendered roles of migration paths and transnational ties in mental health among sub-Saharan African migrants residing in the Paris, France, metropolitan area. This study used data from the Parcours study conducted in 2012–2013, which employed a life-event approach to collect data from a representative sample of migrants who visited healthcare facilities ($n = 2468$). We measured anxiety and depressive symptoms at the time of data collection with the Patient Health Questionnaire-4 (PHQ-4). Reasons for migration, the living conditions in the host country and transnational ties after migration were taken into account by sex and after adjustment. Our study demonstrates that among sub-Saharan African migrants, mental health is related to the migratory path and the migrant's situation in the host country but differently for women and men. Among women, anxiety and depressive symptoms were strongly related to having left one's home country because of threats to one's life. Among men, residing illegally in the host country was related to impaired mental health. For both women and men, cross-border separation from a child less than 18 years old was not independently associated with anxiety and depressive symptoms. In addition, social and emotional support from relatives and friends—both from the society of origin and of destination—were associated with lower anxiety and depressive symptoms. Migrant mental health may be impaired in the current context of anti-migrant policies and an anti-immigrant social environment in Europe.

Introduction

The increasingly anti-migrant policies and anti-immigrant social environment worldwide have raised concerns regarding their mental-health impact. Additionally, evidence indicates that migrants in Europe are at higher risk of depression and anxiety than are native-born Europeans (Levecque, Lodewyckx, & Vranken, 2007; Levecque & Van Rossem, 2015; Tinghög, Hemmingsson, & Lundberg, 2007). However, little is known regarding the social determinants of mental health among migrants. Studies have found that lower socio-economic status and experiencing discrimination in employment or housing are associated with a higher risk of anxiety and depressive disorders among non-European migrants (Thapa & Hauff, 2005; Wittig, Lindert, Merbach, & Brähler, 2008). However, these studies did not account for the conditions of migration, which may play an important role in migrant mental health and which may act differently for men and women. In addition, cross-border family separation and relations with those left

behind may influence migrant mental health in destination societies. To date, few studies have considered the impact transnational ties may have on migrant mental health. Finally, because gender affects the human life and migration experiences, its role should be more systematically examined while investigating the social determinants of migrant health. The goal of this paper is to understand the role of migration paths and transnational ties in mental health among sub-Saharan African migrant women and men residing in the Paris, France, metropolitan area.

Sub-saharan african migrants in France

In France, sub-Saharan African migrants are the second-largest migrant group after migrants from Maghreb (Algeria, Morocco, Tunisia). In 2012, they represented approximately 13% of migrants in France and 1% of the French population. The primary place of origin of these individuals is West and Central Africa, and 60% reside in the Paris

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metropolitan area (INSEE, 2011). Sub-Saharan African migrants living in France constitute a heterogeneous population, with some having a relatively high level of education compared to migrants from other regions (Ichou and Goujon, 2017). However, they are particularly affected by unemployment. Additionally, many earn their livelihoods through menial occupations or undeclared employment (Annequin, Gosselin, & Dray-Spira, 2017). In addition, migrants from Sub-Saharan Africa face more discrimination than migrants from other regions (Beauchemin, Hamel, & Simon, 2015). Compared to natives, sub-Saharan African women and men migrants have an increased risk of hospital admission for psychosis (Tortelli et al., 2014).

Since the mid-1970s, French immigration policies and laws have become stricter, first limiting the flow of migrant labor and subsequently progressively restricting family reunification, in accordance with the general European context (Block & Bonjour, 2013). For many migrants, arrival in France is a time of legal insecurity. On average, after arrival, it requires 3 years for women and 4 years for men to obtain a residence permit valid for at least a year (Gosselin, Desgrées-du-Loû, Lelièvre, Dray-Spira, & Lydié, 2016). Recently, the French Defender of Rights has denounced discrimination regarding access to administrative rights for migrants (i.e., excessive requirements to comply with immigration regulations) (Defender of Rights, 2016), which may represent an important source of stress. The migration profiles of women and men are becoming more similar than previously. Women increasingly migrate to find employment, to pursue their education (Beauchemin, Borrel, & Régnard, 2013) and—more recently—to flee threats in their country of origin (Gosselin et al., 2016). Forced migration is accompanied by an increased risk of sexual violence (Pannetier, Ravalihasy, & Desgrées-du-Loû, 2017), with potential consequences for mental health.

At a time when forced migration is increasing among sub-Saharan African migrants and given the difficult political and social environment that sub-Saharan African migrants face in Europe, there is a need to understand the influence of the migratory path and living conditions in France on migrant mental health.

Mental health and the migration path

To date, research on migrant health has favored acculturation frameworks. These frameworks have been challenged (Castañeda, Holmes, Madrigal, Young, Beyeler & Quesada, 2015; Viruell-Fuentes, Miranda, & Abdulrahim, 2012), and scholars have increasingly investigated how the social and political context of the home and destination society can affect migrant health.

For migrants, the economic and political context of their home and destination societies may result in an accumulation of stressors over their lifetimes. Studies conducted in the US on Latino migrants have demonstrated that exposure to political violence in the country of origin has a persistent effect on post-migration mental health (Fortuna, Porche, & Alegria, 2008; Ornelas & Perreira, 2011) and that unplanned migration was related to psychological distress for women (Torres & Wallace, 2013). Studies on refugees in Europe have found that psychological problems were related not only to pre-migration traumatic life events but also to living conditions in the host country, in particular the delay or absence of a residence permit (Lamkaddem, Essink-Bot, Devillé, Gerritsen, & Stronks, 2015; Warfa, Curtis, Watters, Carswell, Ingleby & Bhui, 2012).

Additionally, processes by which the host states themselves produce undocumented migrants by creating obstacles to visa extensions or refugee status may impact migrant mental health (Larchanché, 2012; Willen, 2012). A qualitative study has demonstrated that the state production of illegality was different for women and men (Sargent & Larchanché-Kim, 2006). Despite this evidence, the inclusion of legal-status measures in migrant health studies remains limited (Torres & Young, 2016).

Researchers have emphasized that studies on migrant health would

benefit from considering “social determinants of health” in both the migrant’s origin and destination societies (Acevedo-Garcia, Sanchez-Vaznaugh, Viruell-Fuentes, & Almeida, 2012; Zimmerman, Kiss, & Hossain, 2011). However, this approach is rarely adopted. Only, one study demonstrates that among Latino migrants to the US, migration to escape violence or persecution and post-migration discrimination were strongly associated with increased depressive symptoms (Ornelas & Perreira, 2011). Therefore, there is a need to examine the role of pre- and post-migration-related stressors on migrant mental health, particularly with respect to migration condition and legal status in the destination country, while accounting for gender specificities.

Transnational ties and mental health

An emerging body of literature that analyzes the impact of transnational ties on migrant mental health indicates that such ties can be both a source of risk and of resilience (Torres, Alcántara, Rudolph, & Viruell-Fuentes, 2016). To date, most researches on these issues come from the US among Latino migrants. It is therefore interesting to investigate the potential transferability of concepts/hypothesis from the US migration literature in a European context.

Studies have achieved mixed results regarding the impact of cross-border family separation on mental health. A study on Latino migrants in the US found no association between migration-related family stress defined as feeling guilty regarding leaving and having limited contact with family and friends in the country of origin (Torres, Alcántara, et al., 2016). However, among Mexican immigrant mothers, separation from children and spouses has been shown to contribute to depression (Ornelas & Perreira, 2011). Among young Latino adults in the US, cross-border separation from parents during childhood was associated with poorer self-rated health (Torres, 2013). Among several transnational ties, separation from family members was the primary predictor of poorer self-reported health outcomes for sub-Saharan African women residing in France (Afulani, Torres, Sudhinaraset, & Asunka, 2016).

In addition, to date, quantitative studies have primarily focused on the impact of the moral obligation of migrants to provide support (i.e., financial or another form of assistance or return visits home) to their relatives in their home country and demonstrated that this obligation can also be a source of stress, especially for women (Samari, 2016; Torres, Lee, González, Garcia, & Haan, 2016, Alcántara, Chen, & Alegria, 2015). The stress may be generated by fulfilling caregiving roles (expected more of women) across borders and/or by the inability to provide financial support to the family left behind. However, the reciprocity of the exchange and the support of family members abroad is rarely assessed in quantitative studies.

In that matter, a qualitative study conducted in Detroit, USA, on Mexican women demonstrated that social support from parents and siblings living abroad helped migrants cope with feelings of isolation and loneliness or anti-migrant sentiment and provided them “an alternative space of belonging” (Viruell-Fuentes & Schulz, 2009). A qualitative study conducted in France on Malians similarly revealed that transnational therapy management (i.e., health-related advice and resources) reinforces affective ties and creates a sense of belonging between migrants and their home-country relatives (Sargent & Larchanché, 2016).

Transnational ties are frequent among sub-Saharan African migrants in France, particularly in the form of financial transfers. Poverty and the social structure of the societies of origin, which are characterized by extended families and community solidarity, cause migrants to engage in their economies (Beauchemin et al., 2015). Also, Sub-Saharan African migrant men may have children and spouses in both the society of destination and the home country, which has been termed transnational polygyny (Kringelbach, 2016).

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