Symposium on Intergenerational Family Solidarity and Migration

COST IS1311 Intergenerational Solidarity INTERFASOL Final Conference

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University of Luxembourg
Campus Belval (Esch-sur-Alzette)

Family and migration - making healthy choices?
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Health

“a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”
(Preamble to the Constitution of WHO, WHO 1948)

Changing patterns of life, work and leisure have a significant impact on health. Work and leisure should be a source of health for people.
(Ottawa Charter for Health Promotion, WHO 1986)
Migration dynamics in an ageing Europe

“without migration the EU's working age population will decline by 17.5 million in the next decade. Migration will increasingly be an important way to enhance the sustainability of our welfare system and to ensure sustainable growth of the EU economy”

European Agenda on Migration, launched by the European Commission in 2015 (EC 2015, p14)
International Migration Outlook 2015

FACTS AND FIGURES

LEGAL PERMANENT MIGRATION FLOWS TO OECD

4.3 million in 2014

LEGAL PERMANENT MIGRATION FLOWS INTO THE EU

PERMANENT LEGAL MIGRATION INTO THE EU NOW EQUIVALENT TO WHAT IS RECORDED IN THE UNITED STATES

≈ 1 million Per year

INTERNATIONAL MOBILITY OF HEALTH WORKERS

TOTAL NUMBER OF MIGRANT DOCTORS AND NURSES WORKING IN OECD COUNTRIES HAS INCREASED BY 60% BETWEEN 2000 AND 2010

+60%

EMPLOYMENT RATES

FROM 2011-2014, THE EMPLOYMENT RATE GAP BETWEEN MIGRANTS & NATIVES NARROWED

66.6% NATIVE BORN

64.9% FOREIGN BORN

TOP ORIGIN COUNTRIES FOR FOREIGN-BORN DOCTORS AND NURSES IN OECD

Doctors

- INDIA: 16%
- CHINA: 5%
- GERMANY: 5%

Nurses

- PHILIPPINES: 21%
- INDIA: 7%
- UK: 5%

ASYLUM SEEKERS IN OECD COUNTRIES

IN 2014, NUMBER OF NEW ASYLUM SEEKERS IN OECD ROSE BY 46% COMPARED WITH 2013

>800,000 in 2014

SET TO REACH A HISTORIC HIGH IN 2015

For the latest news on migration visit: www.oecd.org/migration
Migration and mental health and well being

Studies indicate that migrants have a higher risk of mental illnesses

• EU comparative study: migration experiences as causing depression and psychosis (Levecque, Van Rossem 2014)

• AT studies:
  » higher risk of suffering from depression and chronic anxiety, worse self reported quality of life regarding vitality and psychological well-being among Turkish and Ex-Yugoslavian migrants (Statistik Austria, 2008)
  » data from trans-cultural ambulance finds depression diagnosed mainly in migrants who had been staying in Austria for longer time (Holzer & Stompe, 2011)
Some Evidence on Interfasol and Migration


- Migration may enhance solidarity between elderly parents and migrants, as elderly take care of grandchildren, maintain migrants’ access to community networks and social position of the family, and migrants support their left behind family by sending remittances (Madagaskar) (Rakotonarivo, 2010).

- Negative impact for associational and affectional solidarity may be compensated with positive impact on functional solidarity in terms of financial support (Lithuania) (Gedvilaite-Kordušien, 2015).

- Technological changes like mobile phones and skype make it easier to sustain communication and contact (Thailand) (Knodel & Saengtienchai, 2007).
Migrants are important for intergenerational solidarity of host societies

- On macro-level: compensation for population loss and labour market shortages

- On micro-level: taking over care duties in private settings (children, elderly)

(Points from discussions in WG1 at Interfasol Meeting Madrid 2015)
Migrants/migrant families are facing specific challenges concerning intergenerational solidarity

Geographically: how to take care for children/parents/family that live somewhere else

Culturally: how to cope with different cultural models/norms of intergenerational solidarity

(S Points from discussions in WG1 at Interfasol Meeting Madrid 2015)

Socio-Economically: how to support children/parents in a situation of economic deprivation
Immigrant households are more affected from poverty (relative poverty, defined as 60% of mean income and below)
Intergenerational Solidarity among migrants living in socio-economic deprivation

- Male 25 year old Romanian, working 50-60 hours a week as newspaper vendor:
- 4 financially dependent family members in host county, 3 in country of origin (c3)

AT Cases from Thematic study on cost-analysis of health care provisions to migrants and ethnic minorities, 2016, C-HM, internal research data
Living Intergenerational Solidarity in separated families

Migration has weakened IGFS in terms of frequency of contact, but high normative solidarity prevails and results in feelings of guilt. Women report they feel sad, helpless, and guilty:

“People from my parents’ generation are traditionally cared for by the family. Nowadays, many old people are alone. Maybe one of their children is still living there. If so, those adult children who live for example in Austria send money to support this sibling and the parents. In case there are no adult children living at home and parents are in need of care, children pay for nursing home care.”

Trummer, Novak-Zezula (2018) Intergenerational Family Solidarity of Immigrants from Two Successor States of Former Yugoslavia Living in Austria, Društvena istraživanja 2018, forthcoming,
The Migrant Integration Policy Index (MIPEX) is a tool which measures policies to integrate migrants in 38 countries.

Family reunion is one of the 8 monitored policy areas.

http://www.mipex.eu/family-reunion
Migration Integration Policy and Family considerations

“Transnational couples are one of the main potential beneficiaries for family reunion, but they are rarely identified through statistics and assisted to reunite. According to 2011/2 estimates from 17 European countries, 5-7% of non-EU citizen adults were not living with their spouse or partner, a much higher level of "living apart together" than for national citizens.”

Small numbers, little attention, stable policies, but “family reunion is increasingly politicised, with policies changed based on electoral promises, not robust evaluations”
To conclude

- Together with increasing migration, the share of families affected by migration will increase globally and in the EU.
- It is acknowledged that migration as well as family have an impact on health, but the interrelation between migration, patterns of intergenerational solidarity, and health is insufficiently understood.
- Existing evidence indicates that intergenerational solidarity is positively as well as negatively influenced by migration.
- Migration policies have a limited view on intergenerational family solidarity issues.
- Interdisciplinary research is needed.