

Relações entre Migração Internacional e Saúde: Uma Análise do Caso Colombiano

International Migration and Health: an analysis of the Colombian case

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Introduction

- **Health differentials** have been found for **migrants** in relation to **natives in receiving countries** (Abraído-Lanza, 1999; Palloni & Arias, 2004) as well as in relation to **natives in origin countries** (Marmot *et al.*, 1984)
- **Two main hypothesis to explain differentials:**
 - **Healthy Migrant Hypothesis:** Healthy individuals are more likely to migrate (positive selectivity for investment returns) (Palloni & Arias, 2004)
 - **Salmon Bias Hypothesis:** Unhealthy migrants engage in return migration to die at home (Abraído-Lanza, 1999; Turra & Elo, 2008)
- **Access to healthcare** in receiving country may affect **likelihood of return** (Diaz *et al.*, 2016) and **health selectivity** (Jasso *et al.*, 2004)
- **Gap in literature:** studies have **focused** mainly upon **only one** destination country. **Lack of comparative studies** analyzing different reception contexts and healthcare systems
- **Why Colombia?**
 - Second Latin-American country in absolute number of international migrants (about **10% of the total population**)
 - Lack of studies on the international migration-health relationship despite socioeconomic significance of migration
 - Rich database with valuable information on both migration and health in Colombia

Objectives

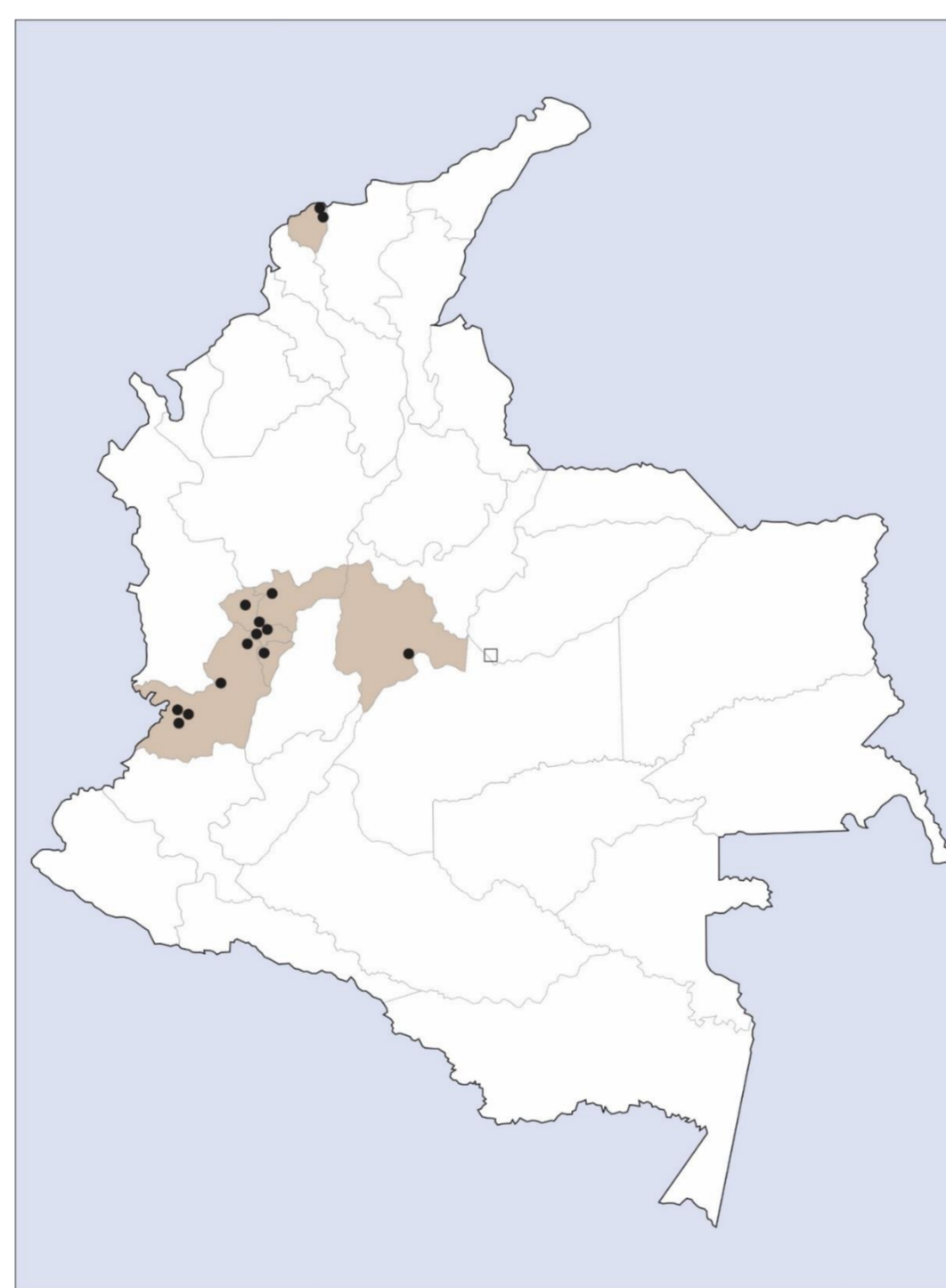
- Analysis of the relationship between **international migration and health** of Colombians through two analytical frameworks and reception contexts:
 - Healthy Migrant Hypothesis
 - Salmon Bias Hypothesis:
 - USA and Spain
- **Focus groups:** natives in origin country, emigrants and returnees

Data

- Latin American Migration Project (LAMP) – OPR (Princeton University) and Universidad de Guadalajara
- **Data collection instrument: Ethnosurvey** combination of ethnographic and sociological techniques with conventional sampling methods
- **Retrospective data** collected in Colombia, the U.S. and Spain:
 - Migration history
 - Sociodemographic characteristics
 - Health indicators throughout the life-cycle

Groups	Health status at 14	Health before migration	Health after migration	Health previous year	Current health status
Natives	✓			✓	✓
Emigrants	✓	✓		✓	✓
Returnees	✓	✓	✓	✓	✓

- Historical series (2008-2015) with 14 communities across the country



Source: LAMP (2018)
<https://lamp.opr.princeton.edu/colombia/col-home-en.htm>

Methods

1. Healthy Migrant Hypothesis:

1. Dependent variable:
 - Migration status
2. Independent variables:
 - Health status at the age of 14
 - Health status before migration
 - Time lag: Age at migration – 14 (years)

2. Salmon Bias Hypothesis:

1. Dependent variables:
 - Self-reported health status
 - Chronic diseases
2. Independent variables:
 - Emigrant vs. Returnee
 - Destination country
 - Time of residence in destination country
 - Interactive term: time x destination country

3. **Oaxaca-Binder** decomposition in order to measure the effect of context

Preliminary Results

- Healthy Migrant Hypothesis:

Natives in origin country (N = 4327)

Health Status at age 14	Current Health Status			
	Otherwise	(%)	Very Good	(%)
Otherwise	482	28.64	1201	71.36
Very Good	684	25.87	1960	74.13

Migrants (Returnees and Emigrants) (N = 459)

Health Status at age 14	Current Health Status				Relative Risk
	Otherwise	(%)	Very Good	(%)	
Otherwise	17	27.0	46	73.0	1.02
Very Good	65	16.4	331	83.6	1.13

Source: LAMP database - calculations by the authors

- **Higher relative risk (1.13)** for migrants in relation to natives in country of origin of reporting a very good current health status if they also had a very good health status at the age of 14 – suggesting **some sort of selection**

Concluding remarks

- Preliminary results suggest some evidence in favor of the healthy migrant hypothesis. Further work is still needed to conclusively evaluate both hypotheses and whether the reception context has a differentiated effect on the results.

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