

Are migrants healthier than non-migrants?

The case of Albanians in Italy

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With respect to other members of an origin population, migrants are selected on the basis of certain characteristics. This selection can affect economic prospects and education but also health. Elisa Barbiano di Belgiojoso, Eralba Cela, and Eleonora Trappolini provide valuable insights into this dynamic, focusing on Albanian migrants in Italy and their co-nationals in Albania.

Health is crucial for migrants' successful integration. However, studying their health is complex, due to pre-arrival risks, including environmental and cultural factors, and access to preventive care. Moreover, the migration process itself can affect migrants' physical, mental, and perceived health. Once in the destination country, economic conditions, working environment, and access to healthcare also become critical factors.

The health of migrants has long been a topic of debate, particularly in relation to the "healthy migrant effect" (McDonald & Kennedy, 2004), and is gaining renewed interest with the recent increase in migrant numbers. Typically, except for those migrating for humanitarian reasons, migrants arrive in better health and exhibit lower mortality rates than natives. This is partly due to positive selection in their home countries and possibly the re-migration of unhealthy individuals, a phenomenon known as the "salmon bias" (Trappolini & Giudici 2021). However, their health can decline over time due to challenges in the new environment, a situation described as the "exhausted migrant effect" (Bollini & Siem, 1995). This issue has significant social and health and policy implications in immigration countries, including Italy, which currently has some 5.3 million foreign residents (slightly less than 9% of the population).

Rethinking migrant health analysis: beyond native comparisons

Most studies on migrant health compare the health of this population with that of the natives in the destination country, which can provide valuable insights about migrants' adaptation and

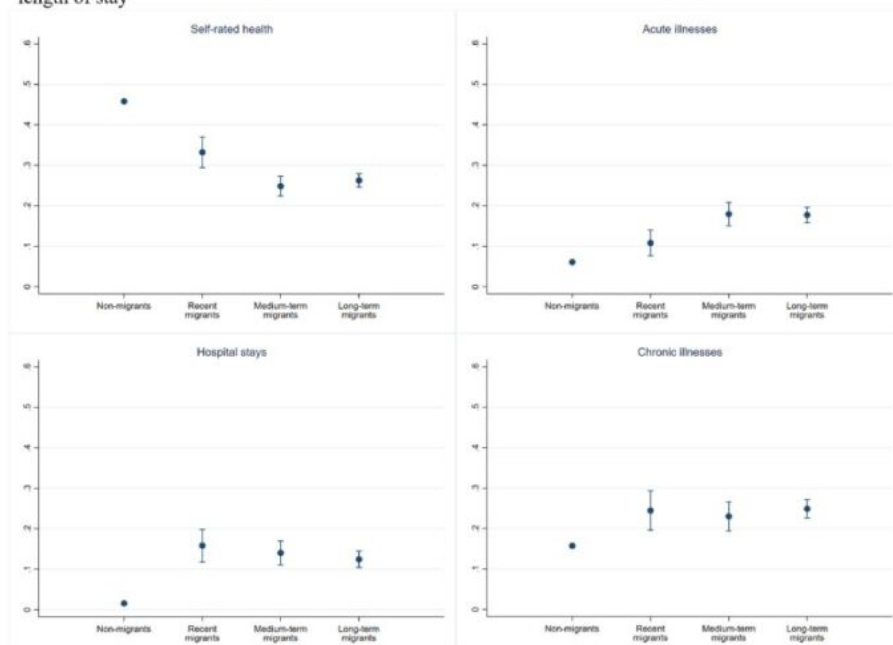
healthcare discrimination. But comparison with host country natives is not the most appropriate approach for assessing the effect of migration on health. A handful of studies have compared migrants with their co-nationals in their countries of origin, yielding mixed results. In a recent study (Barbiano di Belgiojoso et al. 2024), we compared health differences between Albanian migrants in Italy and their co-nationals in Albania, also considering migrants' length of stay. Focusing on individuals aged 18 and over, we used data from the Italian 'Social Condition and Integration of Foreign Citizens' survey (2011–2012) (covering around 20,000 individuals, of whom 10.1% Albanians) and the Albanian 'Living Standard Measurement Survey' (2012) (around 25,000 individuals). Multiple health outcomes were examined covering both subjective and objective dimensions of health: self-rated health (SRH), hospital stays, and acute and chronic illnesses.

Albanians living in Italy differ from those in Albania, being predominantly younger, male, and more educated. Most migrants have secondary education and higher employment rates than non-migrants, who often have only primary education. Migrant characteristics also vary by length of stay in Italy: recent migrants are younger, more often female, and less active in the labour market, whereas long-term migrants are typically male and employed.

Health outcomes

Overall, the migration process significantly affects the health of Albanian migrants, who exhibit worse health outcomes than non-migrants. Medium- and long-term migrants (resident in Italy for 5 to 9 years, or 10+ years, respectively) have poorer SRH and a higher prevalence of acute illnesses than non-migrants (Figure 1). Conversely, length of stay does not seem to affect hospital stays or chronic illnesses.

Figure 1. Predicted probabilities of very good SRH, hospital stays, acute illnesses and chronic illnesses by length of stay



Notes: results from the Results from logistic regression models. Control variables included: gender, age, educational level, occupational status, poor or very poor perceived financial condition, smoking, drinking, having close friends (for very good SRH only), and reason for migration. Non-overlapping bars indicate statistically significant difference at $p < 0.05$ level (Goldstein and Healy 1995).
Source: Authors' elaboration on Italian and Albanian data.

Peculiarity of the Albanian case?

Why do Albanian migrants exhibit poorer health than their co-nationals? One explanation

could be that our data reflect migrants' health at the time of the interview rather than at migration, suggesting they may have been healthy upon leaving Albania (indicating positive selection), and their health may have deteriorated over time due to challenges faced in the host country.

Additionally, the large scale and rapid pace of Albanian migration to Italy, especially in the 1990s, may have influenced health outcomes. Factors like geographic proximity and language proficiency likely reduced migration barriers, minimizing health-related selection among migrants. Furthermore, the Albanian healthcare system was relatively efficient in the Communist era, possibly decreasing the motivation for health-related migration during the 1990s. Another explanation is that Italy's regularization programs during the late 1990s and early 2000s facilitated family reunification, especially of women, who may not have been selected based on health criteria. Finally, examining health differences by migrants' length of stay, our findings align with the "exhausted migrant effect" hypothesis, suggesting a decline in migrant health over time.

Conclusions

Our study highlights that migration is a multifaceted process with significant impacts on individuals' lives, including their health. It also sheds light on the health trajectories of Albanian migrants in Italy, emphasizing the need for supportive measures to address the challenges they face. As migration increasingly shapes global societies, understanding these challenges is crucial for developing effective public health strategies and policies to mitigate the adverse health effects associated with migration.

References

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