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Title: Health of immigrant women: socio-economic precariousness, statutory irregularity and public protection

### Abstract

Over the last 20 years, reforms in French migration policy have made it increasingly difficult for migrants to enter and stay in France. This is particularly accurate for the so-called "unwanted" migrants, as the conditions for obtaining regular status have become more rigorous. In general, undocumented migrants report poorer health than documented migrants, especially women. Despite the growing interest in social science research on migrants' health, little is known about variations in the health status of women in socially precarious situations when the stability of different legal statuses is taken into account. Most of the studies in this area are based on legal status as a binary variable, taking into consideration only two possible cases - documented or undocumented - which has become insufficient. A more complex approach is warranted, as stability of legal status may be associated with poor health. This paper explores the relationship between general, physical and mental self-rated health (SRH) of homeless migrant women, taking into account the intermediate category of 'precarious' legal status, beyond the binary distinction, as well as their living conditions in the host country. We use a regression model to observe the relationship between different covariates, such as legal status, socio-demographic factors and access to health care, and the three SRH indicators. We use data from the French "Rights and Health of Migrant Women in Emergency Housing" (*Droits, santé et accès aux soins des femmes hébergées, isolées et réfugiées* (DSAFHIR)) survey, conducted on a group of vulnerable women in state emergency housing.

## EXTENDED ABSTRACT

The health of international migrants is becoming a frequent and important topic in political debates. For their part, social science researchers highlight the existence of health inequalities between immigrant and non-immigrant populations (Biffi, 2015; Rechel et al., 2012). It is therefore not surprising that these inequalities also exist between different groups of immigrants: those in an irregular situation report poorer health than those with a valid residence permit (Arnaud et al., 2014), which is particularly noticeable among women (Cognet et al., 2012). Legal status is a crucial element in the migratory process, not only because it guarantees that a person does not violate the law on entry and residence in the host country, but also because it determines whether or not a person can access fundamental rights in the host country, such as: the right to work, the right to rent accommodation, the right to travel within and outside the host country, the right to education, the right to access social benefits and health services. In addition, some of these rights are among the social determinants of migrant health recognized by the International Organisation for Migration (IOM). This is the case for the following determinants: access to the labor market, access to housing, separation from family, access to education, access to health services, gender and legal status. In France, for its part, the State takes several measures to provide non-immigrants and immigrants with the same rights.

There are three gaps in the current state of research on immigrant health inequalities, both internationally and in France. The first is that the effect of legal status as a social determinant of immigrant health is still poorly understood, despite significant progress in this area. The second gap, closely linked to the first, is that the majority of studies that attempt to explain health inequalities by using legal status as the main explanatory variable understand this status as a binary category, distinguishing two possible situations: "documented" and "undocumented". Nonetheless, in practice there is a wide range of legal situations that cannot be captured and studied by considering only these two categories. For this reason, some recent American studies propose to study the health of immigrants by taking into account several categories of legal status, thus going beyond the documented/undocumented binary (Castañeda et al., 2015; Hamilton et al., 2019; Bacong & Sohn, 2021). Finally, the third gap relates to the fact that the majority of current knowledge comes from studies carried out on easily accessible general populations and, as such,

does not provide information on marginalized populations in great precariousness, since people in such a social situation are inaccessible to these large surveys.

### Theoretical focus

In order to fill the first aforementioned gap, our study adopts the structural approach, specifically the Social Determinants of Health framework, to examine the effects of social structures on health. This framework focuses on economic inequalities, inequalities in terms of citizenship, ethnic and gender hierarchies, etc. (Castañeda et al., 2015). Our study focuses on the role of legal status in deteriorating the health of immigrants' women.

### Research questions and hypotheses

In our paper, we examine the impact of legal status on the health of women immigrants who are in a vulnerable situation and under the State protection (in cooperation with its partners). These are homeless women are protected by the State in terms of, on the one hand, emergency accommodation and on the other hand, access to health care through the "State Medical Aid" (AME) system, which is reserved for the undocumented migrants.

Aiming to fill the second gap and further explore health disparities among the women according to stability of their right to stay, this study distinguishes three categories of legal status, as follows 1. "Unstable," authorizing legal stay for a maximum of one year; 2. "Undocumented," no valid document for legal stay; 3. "Stable," a document granting legal stay for more than one year or French nationality. Studying the "instable" category separately seems important to us because migration policies, by imposing increasingly strict administrative conditions, especially for the poor populations, result in a growing number of people who find themselves in an unstable administrative situation (Bréant & Jamid, 2019; Brocard, 2019; Slama, 2015; Vickstrom, 2014).

Furthermore, in order to fill the third gap, our research question aims to understand whether, in a population with high level of socio-economic and housing insecurity such as ours, the health status of women with 'precarious' residence permits differs from that of women in two other categories, namely "stable" and "undocumented"? We ask two questions related to the third gap. First, in order to understand the effect of health coverage on the health of the women in our sample, we ask the following question: is the AME system sufficient to reduce health inequalities

between women in an undocumented situation and those in a stable one? Our second question is: how the health status of these three groups of women varies according to their economic situation.

Finally, our hypothesis is that precariousness and legal instability have a degrading effect on the health of the women in our survey despite the fact that they are under the State protection of a precariousness in terms of accommodation and access to health care.

### Data and methods

We used quantitative data collected from 469 women “sheltered” in emergency accommodation in Ile-de-France during the survey named “Rights and Health of Migrant Women in Emergency Housing” (*Droits, santé et accès aux soins des femmes hébergées, isolées et réfugiées* (DSAFHIR)) carried out in 2017-2018 by the Research Center of the Institute of Demography of the University of Paris 1 Panthéon-Sorbonne and the Samusocial Observatory of Paris. In this paper we use self-rated health indicators to study the relationship between legal status and three types of health: general, physical and mental.

We use descriptive statistics in order to understand the social profiles of the women from our sample as well as regression models to observe the relationship between different covariates, such as legal status, socio-demographic factors and access to health care, and the three SRH indicators.

### Preliminary results

The deterioration of health (general, physical and mental) increases with the instability of the right to stay in France.

Women belonging to our category “instable” do not report being more often in deteriorated health than in a good health state comparing to those who are in a “stable” situation.

The AME system reduces health inequalities between undocumented and documented women.

Financial resources do not have a significant effect on the health of women in case of our study realized on a very precarious population.

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