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Does the health paradox of Latin American immigrants apply to European countries? A study through labour inactivity rates

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Abstract

The “healthy migrant effect” has been extensively examined for Latin American (LATAM) immigrants in the United States. In Europe, although they are increasing their presence, their health and mortality has been less studied, and it is even more difficult to find country comparisons. Nevertheless, it is crucial to understand if a different country integration process could have a distinct impact on their wellbeing. Making use of the European Labour Force Survey (EU-LFS) we look into inequalities in the level of labour market inactivity due to illness or disability in migrants and non-migrants among 5 European countries: Italy, Portugal, Spain, Netherlands and Switzerland. Although inactivity due to health reasons is not an overall measure of health, we argue that in the case of immigrants it is a good proxy of bad health, as usually individuals migrate to find a job and being inactive due to an illness should be signalling a worse health status. Results show that the healthy immigrant effect among LATAM compared to natives is only observed in Spain, Italy, and Portugal, and only for recent immigrants. For long-term immigrants, the effect disappears. Moreover, African immigrants show a larger healthy immigrant effect than LATAM, except in Portugal. This opens a discussion about the differences in the composition of LATAM immigrants in Europe compared to North America, what kind of integration they bear in each country, and how much all these factors impact in the migration process and the definition of the health of immigrants.

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Introduction

Latin American (LATAM) immigrants have rapidly increased their presence in Europe in the last decades and represent an important share of the population of some European countries like Spain, Portugal and Italy (Bayona-i-Carrasco and Avila-Tàpies, 2020). North American studies have long studied them regarding their health status (Ali et al., 2004; Blue and Fenelon, 2011; Crimmins et al., 2007; Turra and Elo, 2008) their labour integration (Canales, 2007; Massey et al., 2016) and their relationship between health and work (Flynn et al., 2014; Orrenius and Zavodny, 2009). However, we know very little about the health and labour interaction in Europe of LATAM immigrants, although they also endure detrimental conditions at work, as their counterparts in North America.

Those European countries with a higher presence of LATAM born individuals are Spain, with 4.8% of the total population being LATAM born, followed by Portugal, with 1.6%, and Switzerland with 1.4%. Italy and the Netherlands also reported more than 0.7% of their population born in LATAM countries (Eurostat, 2022). The profile of LATAM immigrants in Europe, differently from immigrants in North America, is characterized for being more feminized and with a large proportion of children compared to other immigrants, indicating that they tend to travel more with their families (Bayona-i-Carrasco and Avila-Tàpies, 2020). This opens questions about how the findings regarding health and interaction with labour activity for LATAM immigrants observed in North America apply to the case of Europe.

Although immigrants enjoy a relative better health at the moment that they migrate, what has been called the “healthy immigrant effect” (HIE) (Neuman, 2014), they are usually forced to be employed in more manual and riskier occupations (Orrenius and Zavodny, 2009; Rechel et al., 2013), to be overqualified for their jobs (Espinoza-Castro et al., 2021), face discrimination (Okechukwu et al., 2014), experience more in-work poverty (Crettaz, 2018) and work more in temporarily appointments with atypical hours (Landsbergis et al., 2014). For example, in Sweden, France and Spain, more than 50% of all migrant employees worked in jobs with higher risks to their physical health (OECD, 2017). However, at the same time, they have more personal incentives to remain active and working regardless of their health problem. The legal integration of immigrants in the host country would also determine the level of job precariousness, and we know that European countries differ greatly in terms of their international immigration rules, welfare state programs, culture and attitudes in front of migration (Dražanová and Gonnot, 2023). Therefore, it seems extremely important to understand cross-country differences in the interaction between labour market activity and health status among LATAM immigrants.

The current study explores the relationship between health and work of LATAM immigrants compared to natives and other immigrant groups, and how it differs by country of residence in Europe, using the probability of being inactive due to an illness or a disability. Based on the previous literature we will explore three hypotheses: 1) There is an HIE among recent LATAM immigrants compared to natives; 2) The HIE will disappear over time; 3) In Southern European countries where cultural affinities with LATAM are greater, we expect a higher integration of immigrants where the health immigrant effect will extend to long-term immigrants. The analysis will be done by assessing the 2019 European Labour Force Survey (EU-LFS) comparing the five European countries with the highest share of LATAM born individuals: Italy, Netherlands, Portugal, Spain, and Switzerland.

Data and methods

The EU-LFS is a household sample survey providing quarterly and yearly results on labour participation of people aged 15 and over as well as on people outside the labour force for almost all European countries. Those doing military or community service and living in institutions and collective households are not included in the survey. This study only uses data from Italy, Netherlands, Portugal, Spain, and Switzerland.

The outcome variable in this study is the proportion of inactive individuals that report not working nor looking for a job due to having an illness or a disability. As people is not asked about the reason of not seeking for work at age 70 and onwards, and the probability of being inactive for health reasons is very rare at young ages, models only analyse individuals aged 30 to 69. The sample of EU-LFS reports 159,821 people between these ages being inactive after deleting 1,064 with missing information in their educational level and country of birth. Among them, 10,311 individuals were born in LATAM.

The main explanatory variable under analysis is country of birth that separates LATAM born individuals from natives, European and other rich countries (North America and Australia), African countries and other countries. One of the limitations of EU-LFS is that it is not possible to identify country of birth individually, and these are grouped in different regions. So, there are three regions that include LATAM countries: South America, Central America, and North America. However, although North America includes Mexico, this region was finally left apart from the LATAM group, because we don't expect a relevant Mexican immigration of Mexican origin in Europe. We additionally crossed this variable with time since arrival, classifying immigrants into those that arrived more than 10 years ago, and those that arrived 10 years or less ago.

As inactivity due to health problems suffers from a previous selection of being inactive (which might differ by country and by demographic and socioeconomic status), we use a Heckman two-step selection model to control for this selection (Heckman, 1979).

Preliminary results

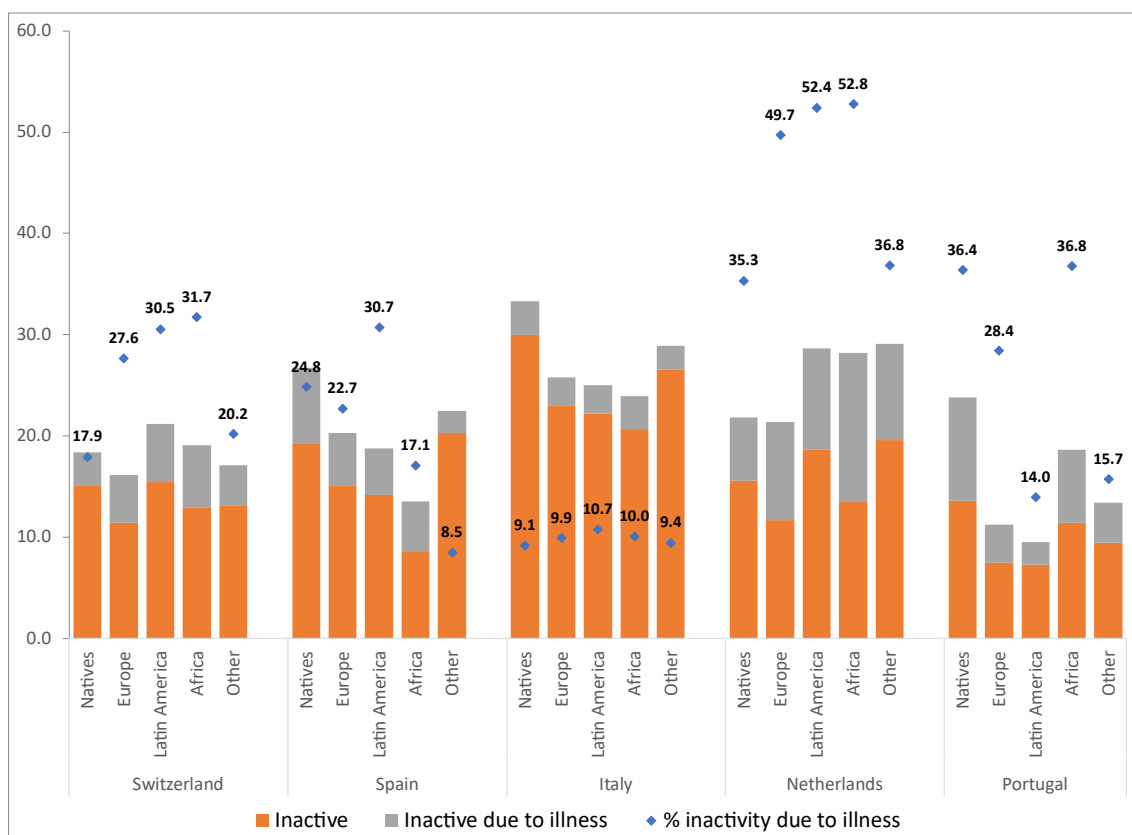
Figure 1 shows the proportion of inactive individuals and inactive due to a disability by immigrant origin. The point refers to the proportion of inactivity due to a health problem among all inactivity. The proportion of inactivity and inactivity due to health problems differs by country more than by region of origin of immigrants, expect for Portugal and

Spain. Italy shows the highest proportions of total inactivity, but the lowest of inactivity due to health problems. On the other side, the Netherlands show the highest rates of inactivity due to a disability for all immigrant groups, including natives.

We performed several arrangements of models of the probability of being inactive due to health problems among all inactive individuals, but here we are only displaying the results of the two-stage Heckman selection model controlling by migrations status (origin + time since residence) with an interaction of the variable by country of residence. Results of the odds ratios can be seen in Figure 2. We observe a HIE for most recent immigrants in all countries, being from LATAM or not. In Switzerland and the Netherlands, all immigrants show non-significant probabilities of being inactive due to an illness or a disability after 10 years of residence in the country. Differences in inactivity due to health problems between immigrants and natives diminish greatly after 10 years of residence, especially for LATAM immigrants. Only in Portugal, LATAM immigrants continue showing a lower report of health problems after 10 years residing (although it is not significant).

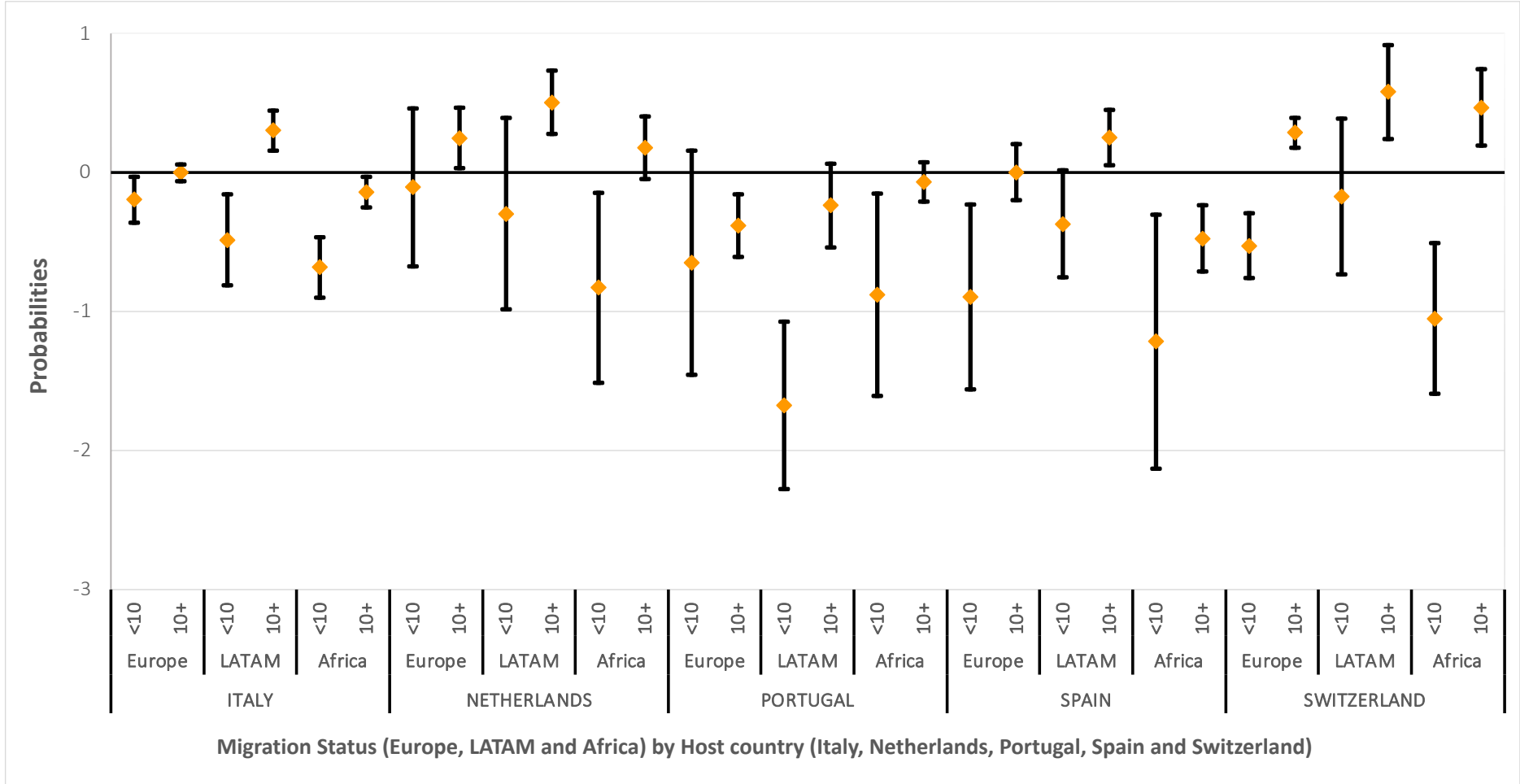
In the final version of the paper we will have a more in-depth explanation of the differences between countries found in results documenting further the integration process of immigrants in each country. Moreover, we will discuss the heterogeneities that can come within each migration group in each host country, that relate to the socioeconomic and demographic, as well as specific country of origins.

Figure 1. Proportion of inactive individuals, and inactive by illness or disability by country of residence and region of origin.



Source: EU-LFS 2019

Figure 2. Coefficients and 95% Confidence Intervals of the interaction between host country and migration status in the model of being inactive due to an illness or a disability among 30 to 69 years old inactive individuals (Reference: Natives)



Source: Authors' calculations. This is the second step of the Heckman selection model, where we have controlled by differences in inactivity.

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