

Nativity and Health in the Russian Federation: Is There a Healthy Migrant Effect?

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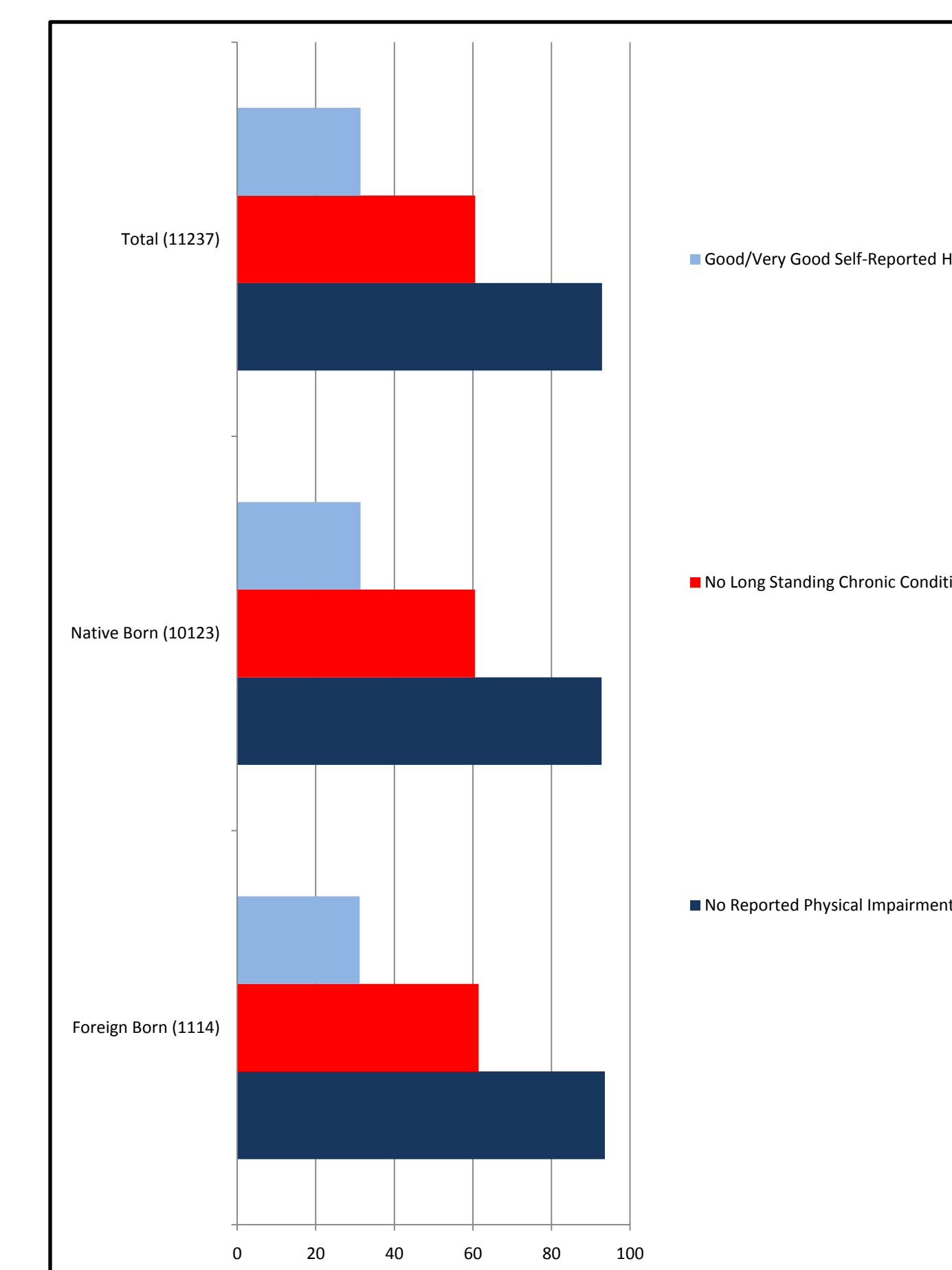
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ABSTRACT

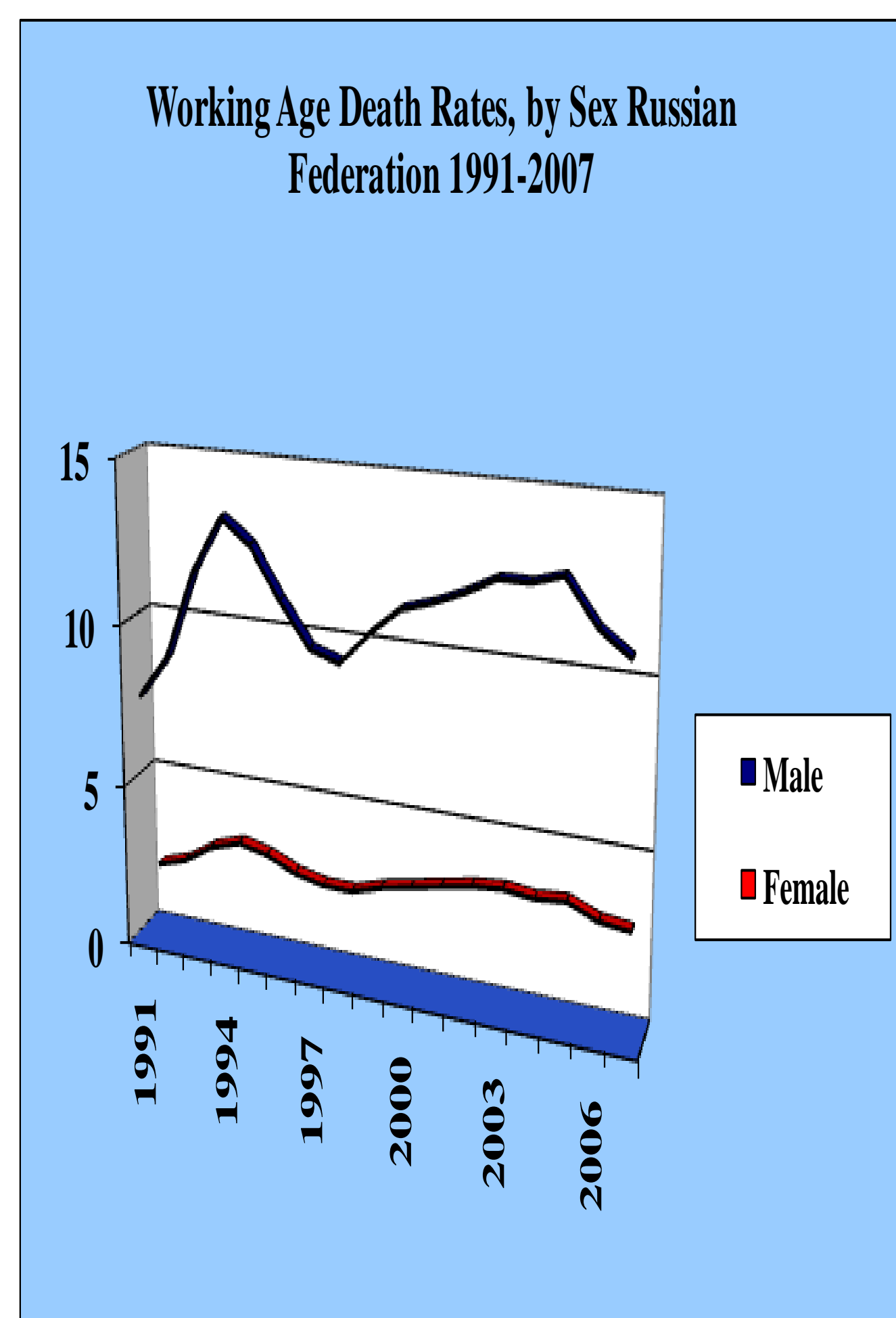
What is the importance of nativity in explaining variations in health in the Russian Federation? In recent decades, the Russian Federation has experienced serious declines in health, while continuing to serve as an important migrant destination. Do migrants report better overall health than native born Russians? Do foreign born in Russia exhibit lower levels of chronic and debilitating illness? Using the 2004 Russian Gender and Generations Survey, I examine the links between nativity, country of origin, ethnicity and health. Controlling for socio-demographic, cultural, and resource indicators, nativity is a weak predictor of health, while sex (male) and age (younger) emerge as positive health determinants. Non-Russian native language is significantly associated with better health outcomes across the models. Individuals with non-Slavic backgrounds, either born in or moving into Russia, display better health than native of Slavic ethnicity and language.

Migration and Health

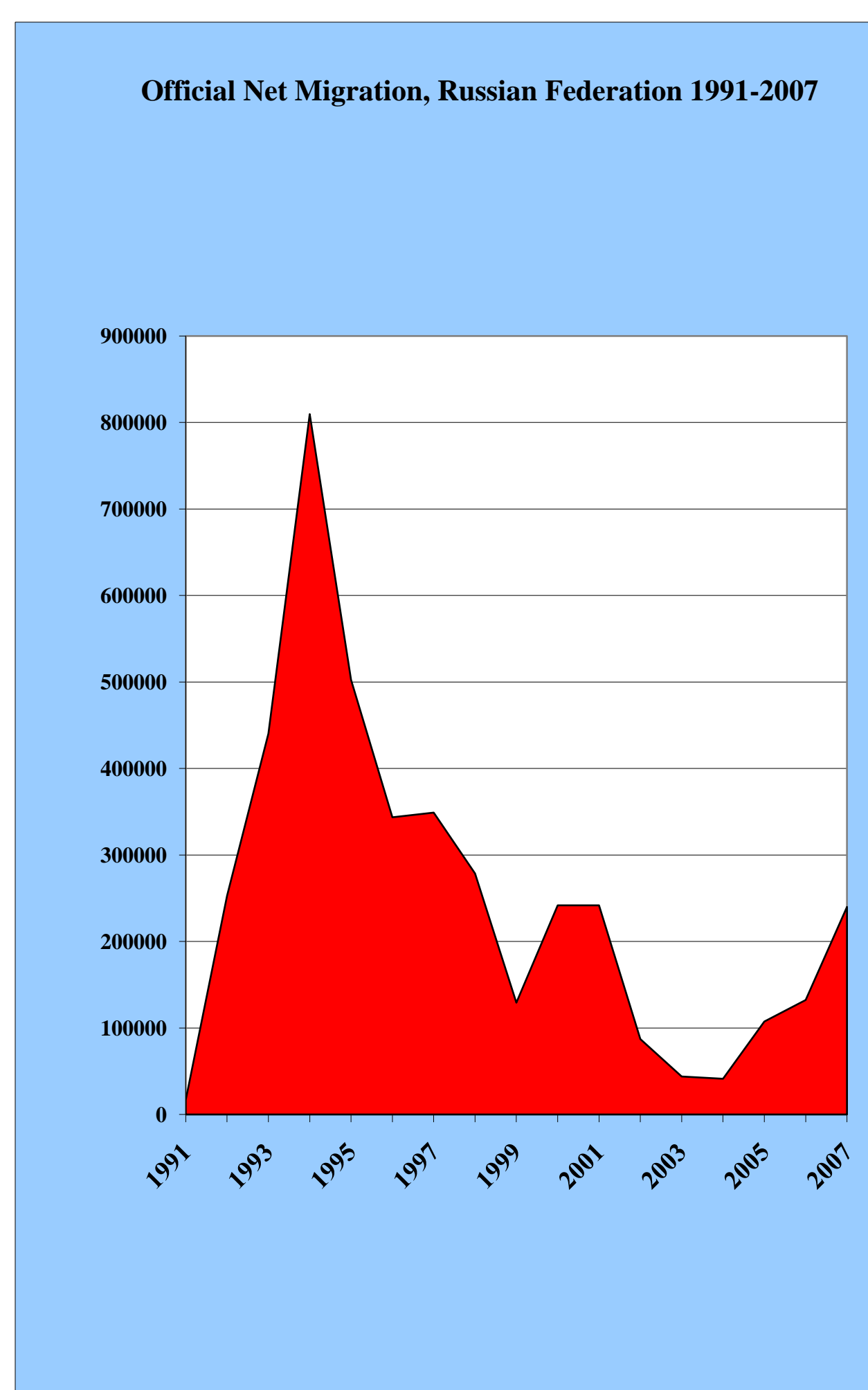
Migration is a challenging process, and many migrants find themselves in difficult working and living conditions at their destinations. However, these challenges may be well met by the positive health selectivity of migrants relative to others at the location of origin. A large number of studies point to the health protective effects of familial, behavioral and social characteristics of migrants in the United States. The unique trajectories of immigrant health are known to influence the assessment of racial and ethnic disparities in the health in the United States (Jasso, Massey, Rosenweig and Smith 2004). Recent assessments of migrant health in Europe point to a migrant health advantage, which (similar to the situation in the United States) tends to decline with duration of residence. Research from Asia also confirms this pattern (Yu 2007). This “healthy migrant effect” is believed to reflect both positive migrant selectivity and the relatively unhealthy lifestyles (weaker social ties, drinking, smoking, obesity, etc.) found in many migrant destination societies. The Russian Federation, in the midst of a health decline linked to behavioral patterns and lifestyle choices (Cockerham 1997), provides an excellent context for the emergence of a health migrant effect, in spite of current political attempts to frame migrants as a health threat.



There is no significant difference between the foreign and native born in terms of self-reported health, chronic conditions, or reported physical impairment overall



Russia has experienced marked declines in health over the past two decades. Rising working age mortality for men is of particular concern.



Chislennost' i migratsiya naseleniya Rossiiskoi Federatsii, 1999-2008., Table 7.2

Although net migration has declined since the early 1990s, Russia continues to attract migrants. Official figures vastly underestimate actual levels. The Federal Migration Service estimates unregistered migrants at between 7 and 9 million.

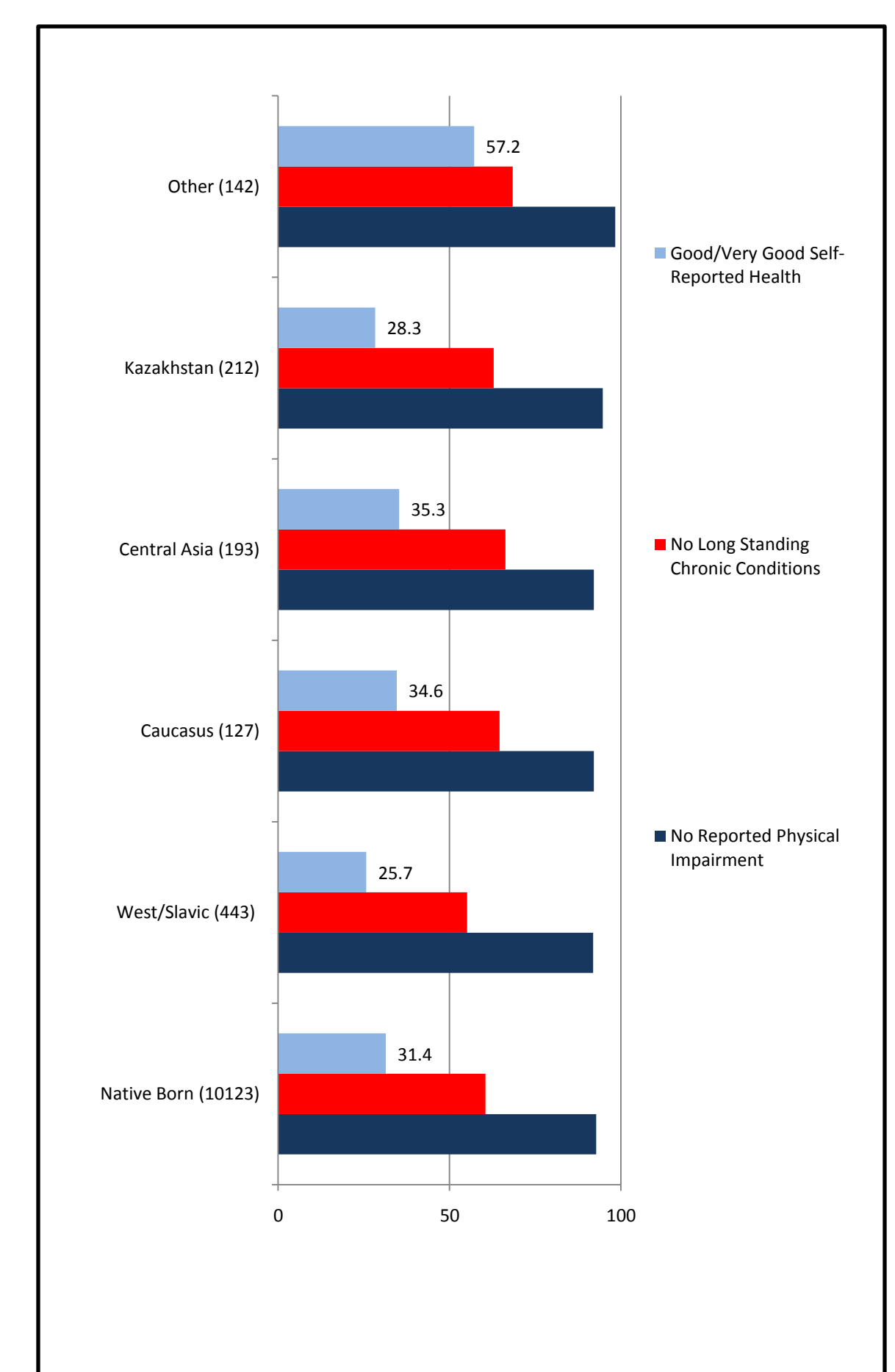
Central Questions

1. Within the Russian Federation, how do the foreign born compare to the native born in terms of self-assessed health?
 - In terms of chronic health conditions?
 - In terms of reported physical impairment?
2. How might health differentials between the foreign born and the native born vary by country of origin? Might migrants from countries more culturally distant from Russia be more likely to exhibit a “healthy migrant” advantage?



When the foreign born are divided into groups by country of origin: Western/Slavic (Belarus, Moldova, Ukraine), Caucasus (Armenia, Azerbaijan and Georgia), Central Asia (Turkmenistan, Tajikistan, Kyrgyzstan, and Uzbekistan), Kazakhstan, and outside of the Commonwealth of Independent States significant bi-variate relationships emerge.

Among migrants, Western/Slavs show the lowest health indicators, with the Caucasus, Central Asia and migrants outside the CIS exhibiting significantly better health across all three measures.



Analysis

Logistic Regression Models Assessing the Link between Migration, Socio-demographic Characteristics, Resources and Health, Russian GGS 2004

Independent Variables	Model One: Self Assessed Health	Model Two: Chronic Conditions	Model Three: Physical Impairment
Migrant, Outside of CIS	1.180 (.205)	.890 (.200)	.803 (.447)
Migrant, Slavic/Western Region	1.036 (.132)	1.016 (.110)	.889 (.194)
Migrant, Central Asia	1.181 (.180)	.784 (.168)	.553 (.409)
Migrant, Caucasus	.821 (.222)	1.144 (.205)	1.595 (.349)
Migrant, Kazakhstan	.705 (.179)	1.012 (.158)	.978 (.317)
Male	2.068*** (.048)	.588*** (.045)	1.178* (.081)
Age	.920*** (.002)	1.052*** (.001)	1.061*** (.003)
Non-Russian Ethnicity	.996 (.111)	1.011 (.098)	.997 (.192)
Non-Russian Mother Tongue	2.548*** (.127)	.564*** (.117)	.811 (.224)
Few sources of social support	.713*** (.078)	1.159* (.057)	1.470*** (.093)
Difficult to make ends meet	.655*** (.061)	1.081 (.050)	1.566*** (.083)
Estimated model R ²	.361	.204	.153
N	11,261	11,259	11,256

- Once ethnicity and language are controlled for, region of origin is not a significant factor in explaining variations in health outcomes
- Language is important for both overall health and reporting chronic health conditions.
- Social and economic factors are strongly associated with health outcomes, although the direction of the causation is difficult to assess from cross sectional data
- These preliminary findings are consistent with the interpretation of Russia's socio-cultural context as possibly detrimental for health but fail to find very strong indications of a “healthy migrant effect”

Data and Methods

To date, there has been little systematic information for the Russian Federation concerning health differentials by nativity. Assessment is further complicated by the large number of unregistered migrants within Russia, who are typically missed by standard data collective efforts. The 2004 Russian Gender and Generations Survey collected a wide variety of information, including specific questions on health, language, nativity, country of origin, and socio-economic status. Conducted under the coordination of the United Nations Economic Commission for Europe, the RGGG gathered interviews from a nationally representative sample of 11,261 households, interviewing one respondent in each household (1,117 or 9.9% foreign born) on household, union, and individual information. <http://www.unece.org/pau/ggp/Welcome.html>



Anti Migrant Sentiment Rising

- Rising xenophobia, particularly in Southern border regions and major cities has led violence against migrants and growth in ultra-nationalist movements.
- Migrants are increasingly associated with lawlessness, and crime, rather than a means of demographic stabilization.
- New laws (No. 109-FZ and No. 110 - FZ of July 18,2006) seeking to clarify registration procedures and decrease unregistered migration, are associated with random raids and deportations.
- Migrants are increasingly viewed as a health threat, with a focus on a perceived lack of immunizations and high rates of infectious disease. Foreigners seeking to remain in Russia for extended periods must be tested for HIV, STIs, and tuberculosis (FZ 115, 2002)

One in 10 migrant workers suffers from infectious diseases such as HIV/AIDS, tuberculosis or hepatitis.”

---comment attributed to Russian Minister of Health and Social Development, M. Zurabov, Moscow Times February 26, 2007:3.



Conclusions

- The Russian Federation provides a valuable case study for the exploration of the “healthy migrant” effect. To date, data limitation have precluded the evaluation of nativity and health in the Russian Federation. The RGGG provides opportunities to explore the interplay between nativity and health outcomes, although the sample is likely to be skewed towards registered migrants.
- Better assessments of the link between migration and health can contribute much needed clarity to current popular debates in the Russian Federation framing migrants as a health threat.
- Future analyses incorporating measures of duration, nativity of spouse and second generation migrants can expand and clarify issues of migration, cultural identity and health in the Russian Federation.