

Mortality differentials by immigrant group in Sweden: The contribution of socioeconomic status

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CONCLUSIONS

SES accounts for most of the mortality differentials by country of birth in Sweden. Occupational class is relatively more important for health differentials than education and income.

Although policies that aim to improve migrants SES might be beneficial for their health and longevity our findings indicate that such policies might have varying effects depending on cause of death.

INTRODUCTION

According to population registers about 13 percent of the Swedish population is born outside Sweden. Thereby Sweden has a migrant population of roughly the same order as United States. However, migrants have been singled out as a social category with troublesome living and social conditions especially in the aftermath of the recession in the early 1990s. Hence, the study of migrants health and socioeconomic conditions next to this period of time deserves further attention.

Most studies on migration and health merely regard SES as a confounder that should be routinely adjusted for. We argue that a disadvantaged SES can also be a consequence of migration and regarded a mechanism linking migrant status and health.

The contribution of SES to mortality differentials between migrant groups may differ by cause of death as some diseases are more heavily influenced by SES exposure than others.

The overall aim of the study is to disentangle the relationship between country of birth, SES, and mortality from all-causes and specific causes, respectively.

METHODS

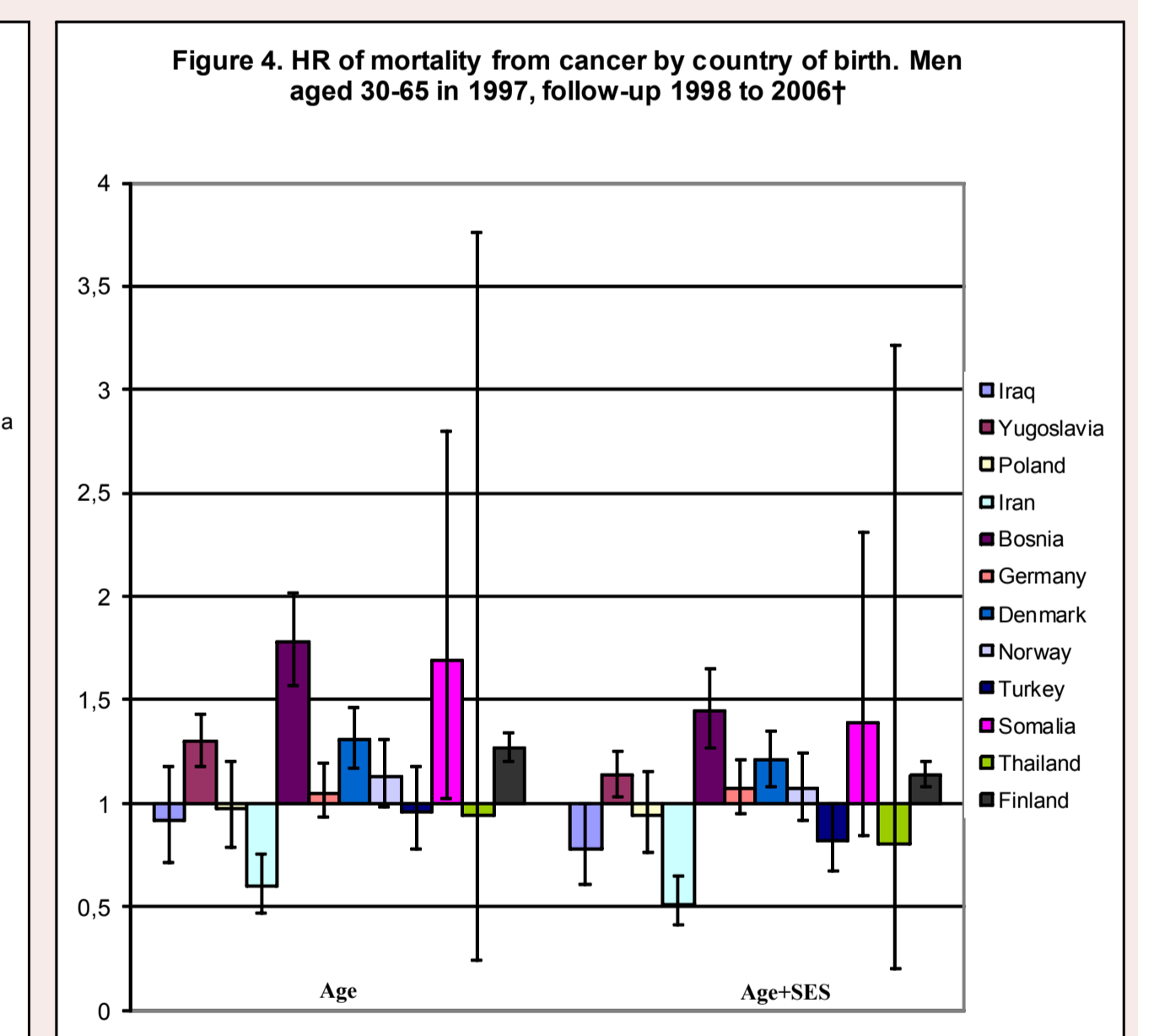
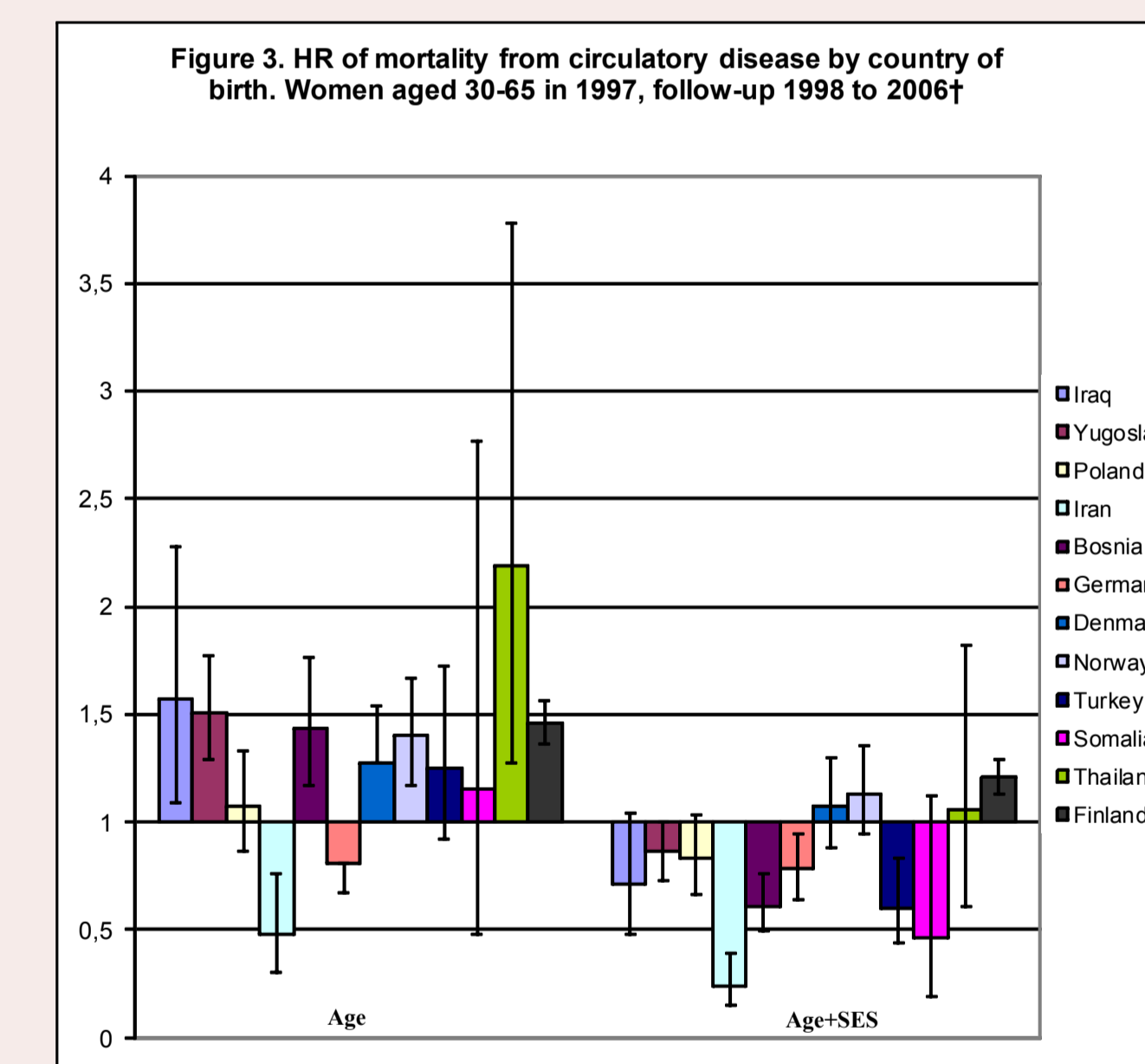
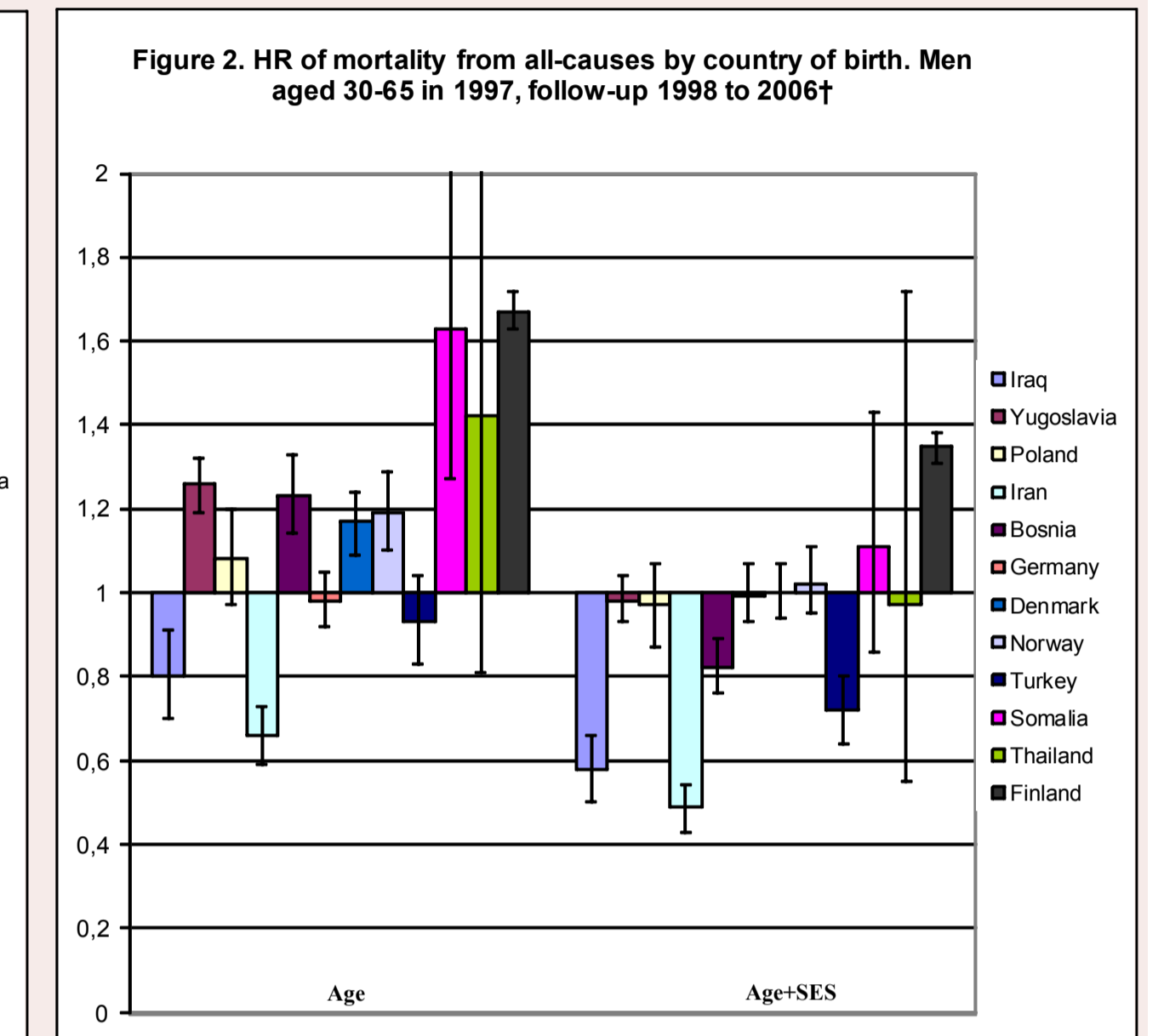
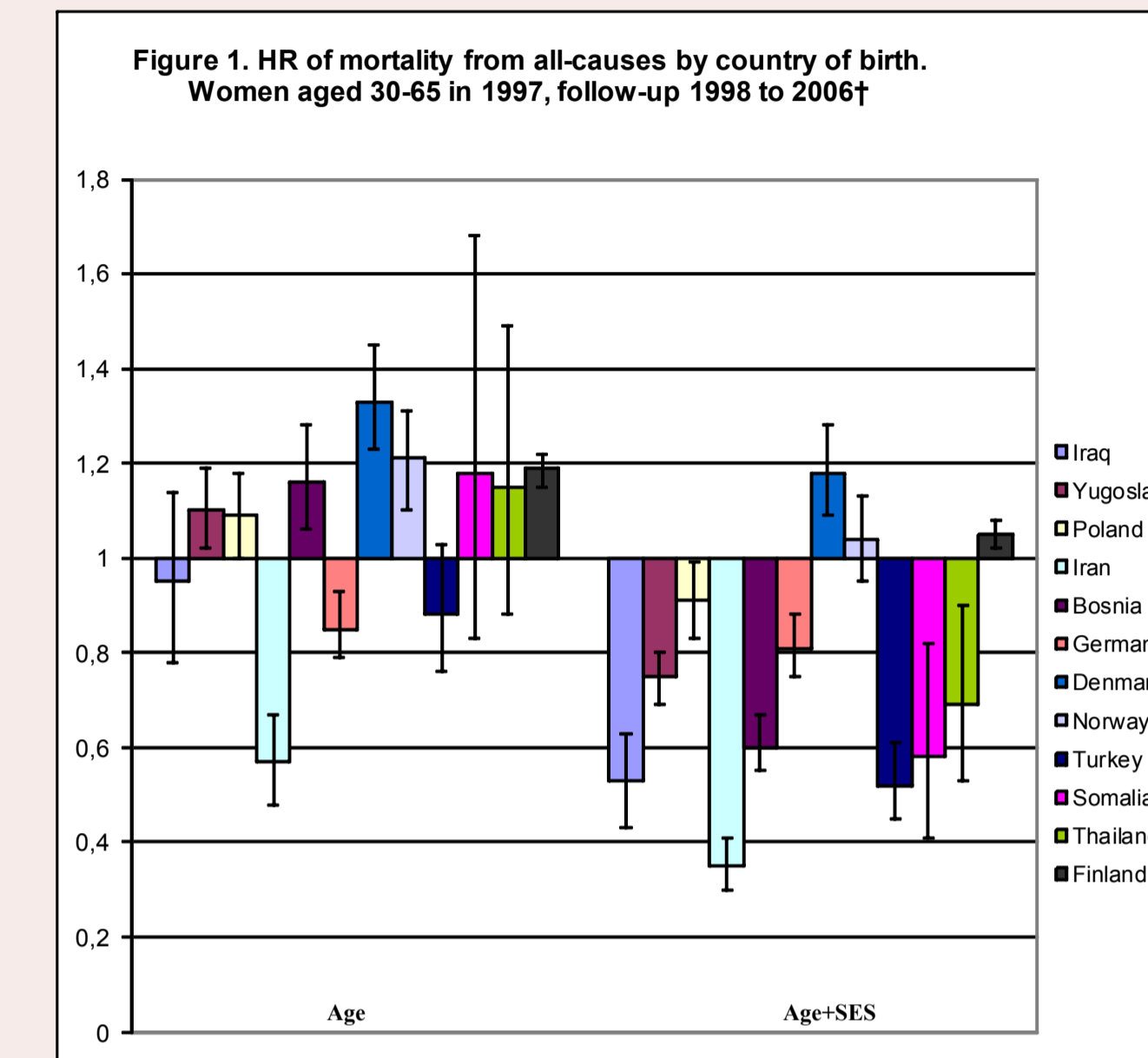
We used a multiple-linked data base of Swedish routine registers. The data covers the total population of Sweden born before 1986, alive in 1990 and/or 1980. Deaths from all causes, circulatory disease (ICD10 I00-I99), cancer (ICD10 00-D48), and external causes (ICD10 V01-Y98) were examined.

We followed deaths in the 12 largest groups of migrants in Sweden between 1998 and 2006. SES was measured through highest level of education achieved, annual individual disposable income, and occupational class position, respectively. Main method used was Cox regression.

RESULTS

Migrants generally had lower education, income and occupational class position relative to Swedish-born individuals. Age-adjusted excess risks of mortality from all-causes, circulatory disease, and external causes* were found in many migrant groups (Fig. 1, 2, 3) while differences in cancer mortality were smaller (Fig. 4). SES accounted for most of the differentials in mortality from all-causes (Fig. 1 and 2), circulatory disease (Fig. 3) and external causes while the contribution of SES for cancer mortality was relatively modest (Figure 4). In many instances, migrants had lower mortality risks after adjustment for SES.

Mikael Rostila has a PhD in sociology. His research is focused on health disparities by immigrant group and the contribution of social factors. He also conducts research in the fields of social capital and health and health consequences following bereavement.



*Not shown in table

†Reference group=people born in Sweden (1.0)



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