



Health differences between migrants in the host country and non-migrants in the home country: the case of Albanians in Italy

Eleonora Trappolini¹

Elisa Barbiano di Belgiojoso² & Eralba Cela³

DIPARTIMENTO DI METODI E MODELLI
PER L'ECONOMIA IL TERRITORIO E LA FINANZA
MEMOTEF



SAPIENZA
UNIVERSITÀ DI ROMA

¹Sapienza University of Rome

²University of Milan-Bicocca

³University of Milan

27-28 June 2023

Theoretical framework

- Migrants upon their arrival show better health (e.g., Moullan & Jusot 2014; Riosmena et al. 2017) and a mortality advantage than native populations (e.g., Wallace & Kulu 2014; Oksuzyan et al. 2019; Trappolini et al. 2021)

The main hypotheses suggested by the literature include:

- ‘Healthy migrant effect’ (e.g., Mc Donald & Kennedy 2004; Norredam et al. 2012)
- ‘Salmon bias’ (Riosmena et al. 2013; Norredam et al. 2015; Wallace & Kulu 2018)
- ‘Data artefact’ (Wallace & Kulu 2014; Monti et al. 2019; Wallace & Wilson 2021)

Over time migrants’ health tends to deteriorate

- ‘Exhausted migrant effect’ (Kennedy et al. 2015; Loi & Hale 2019; Wallace et al. 2019; Cela & Barbiano di Belgiojoso 2021; Trappolini & Giudici 2021)



Why is the Italian/Albanian case interesting?

- Migrants from 356,159 in 1991 (0.6% of the total population) to 5,171,894 in 2023 (8.6%) (*ISTAT, 2023*)
 - Studies on migrants' health are still limited: **migrants' mortality** (*Pacelli et al. 2016; Alicandro et al. 2020; Trappolini et al. 2021*); **migrants' use of healthcare services** (*Devillanova & Frattini 2016; Di Napoli et al. 2020; Trappolini et al. 2020*); **migrants' health** (*Caselli et al. 2017; Loi & Hale 2019*); **gender differences in migrants' health** (*Trappolini & Giudici 2021*)
1. In the early '90s: Albanian migration represents one of the most iconic mass migrations of the post-socialist Eastern Europe → young-adults who entered as irregular migrants
 2. In the late '90s and early 2000s (regularisation schemes): from an irregular migration to family reunifications



Limitations of existing studies

- Comparing migrants with natives in the host countries rather than migrants with their co-national in the origin country



Limitations of existing studies

- Comparing migrants with natives in the host countries rather than migrants with their co-national in the origin country

Contribution of the study

- Conceptual framework: first study to investigate migrants' health considering a host-home country perspective
- Methodological approach: comparing each migrant to non-migrants with similar characteristics by applying the PSM (*Abramitzky et al. 2013*)



Aims

1. Measuring health differences between Albanian migrants living in Italy and their co-nationals living in Albania
2. Assessing health differences among Albanian migrants living in Italy by their length of stay



Data

1. Italian survey: *Social Condition and Integration of Foreign citizens* (2011-2012, ISTAT) → Selection: migrants from Albania aged 18+
N = 2,088 individuals
 2. Albanian survey: *Living Standard Measurement Survey* (2012, INSTAT) → Selection: individuals aged 18+; Exclusion: migrants who stayed abroad for less than one year (circular migrants)
N = 18,530 individuals
- **Dependent variables: 4 health outcomes** → (1) very good SRH, (2) chronic illnesses, (3) sudden illnesses and (4) hospital stays



Methods (1/2)

- **PSM** to compare migrants' health with non-migrants' health (*Arsenijevic & Groot 2018; Lee & Chung 2013; Pongiglione 2014*)
- **Treated group:** Albanian migrants living in Italy (migrants); **Control group:** Albanians living in Albania (non-migrants) → Matching procedure 1:3
- We used three variables for the matching procedure: gender, age, and the educational level
- We estimated the ATT (average treatment effect on treated) → the average effect of migration on migrants



Methods (2/2)

- **Logistic regression models** to examine whether there are health differences among Albanians residing in Italy by their length of stay
- **4 logistic regressions** (separately) one for each health outcome (*very good SRH, chronic illnesses, sudden illnesses and hospital stays*)
- **Main explicative variable:** 'group' → (1) recent migrants from Albania, (2) 'Medium-term migrants from Albania', (3) 'Long-term migrants from Albania'
- **Control variables:** gender, age, educational level, occupational status, perceived financial condition, smoking, drinking, having close friends, reason of migration



Results (1/2)

Average treatment effect on treated

Variables	Treated (migrants)	Controls (non-migrants and returnees)	ATT	S.E.	t-stat
Very good SRH	0.3768	0.5382	-0.1614	0.0296	-5.46
Chronic illnesses	0.1119	0.0765	0.0354	0.0223	1.58
Sudden illnesses	0.1278	0.0588	0.0691	0.0155	4.44
Hospital stay	0.0760	0.0303	0.0457	0.0094	4.85

Source: Authors' elaboration on SCIF and LSMS data.



Results (1/2)

Average treatment effect on treated

Variables	Treated (migrants)	Controls (non-migrants and returnees)	ATT	S.E.	t-stat
Very good SRH	0.3768	0.5382	-0.1614	0.0296	-5.46
Chronic illnesses	0.1119	0.0765	0.0354	0.0223	1.58
Sudden illnesses	0.1278	0.0588	0.0691	0.0155	4.44
Hospital stay	0.0760	0.0303	0.0457	0.0094	4.85

Source: Author's elaboration on SCIF and LSMS data.



Results (1/2)

Average treatment effect on treated

Variables	Treated (migrants)	Controls (non-migrants and returnees)	ATT	S.E.	t-stat
Very good SRH	0.3768	0.5382	-0.1614	0.0296	-5.46
Chronic illnesses	0.1119	0.0765	0.0354	0.0223	1.58
Sudden illnesses	0.1278	0.0588	0.0691	0.0155	4.44
Hospital stay	0.0760	0.0303	0.0457	0.0094	4.85

Source: Author's elaboration on SCIF and LSMS data.



Results (1/2)

Average treatment effect on treated

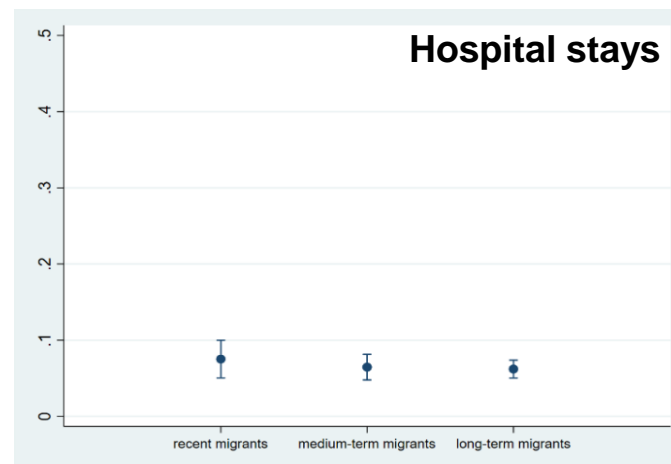
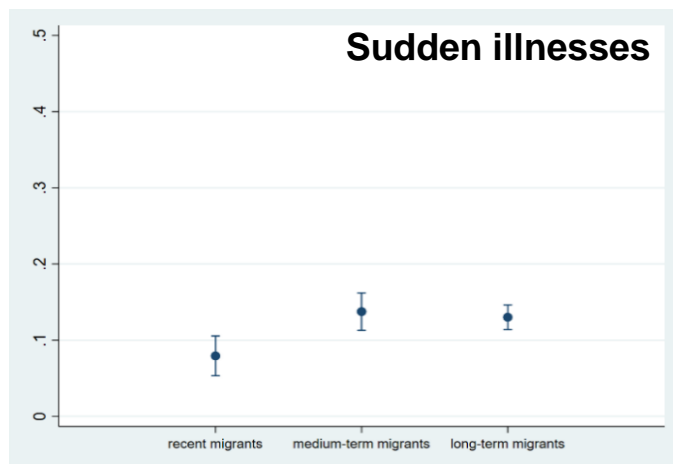
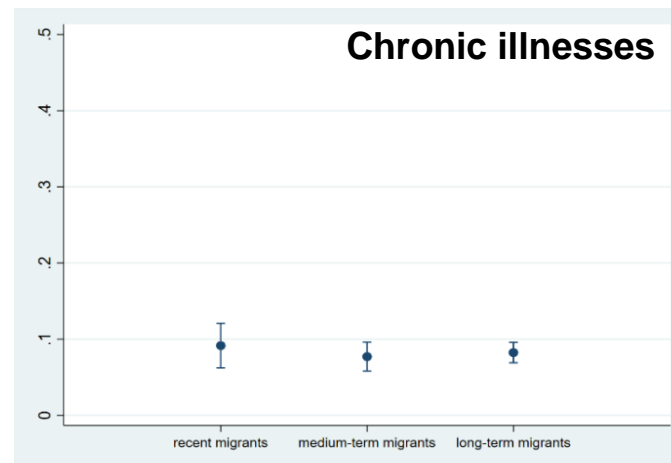
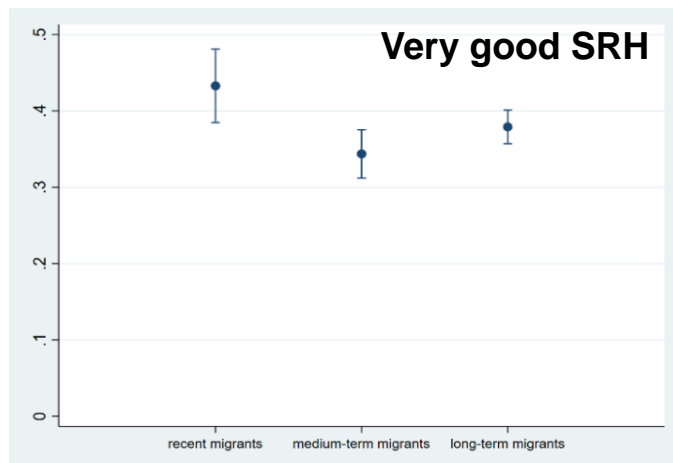
Variables	Treated (migrants)	Controls (non-migrants and returnees)	ATT	S.E.	t-stat
Very good SRH	0.3768	0.5382	-0.1614	0.0296	-5.46
Chronic illnesses	0.1119	0.0765	0.0354	0.0223	1.58
Sudden illnesses	0.1278	0.0588	0.0691	0.0155	4.44
Hospital stay	0.0760	0.0303	0.0457	0.0094	4.85

Source: Author's elaboration on SCIF and LSMS data.



Results (2/2)

Predicted probabilities of very good SRH, chronic illnesses, sudden illnesses and hospital stays, by length of stay



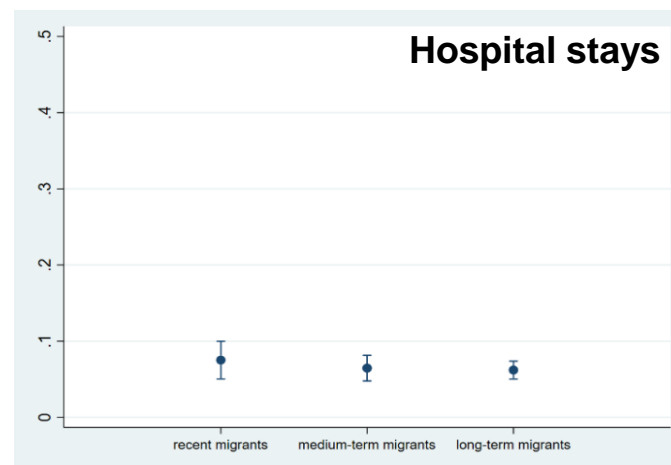
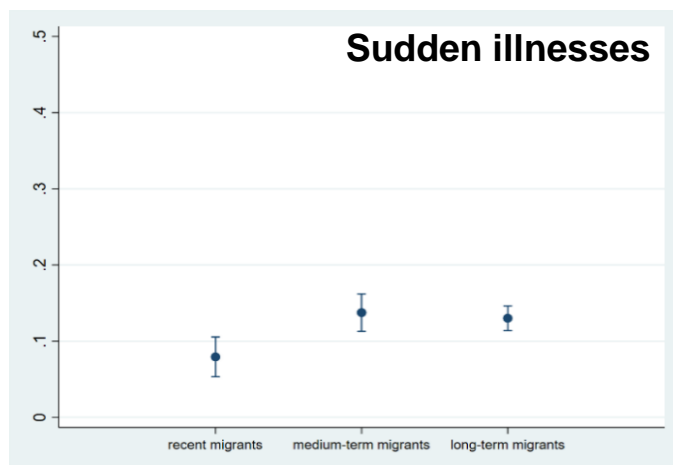
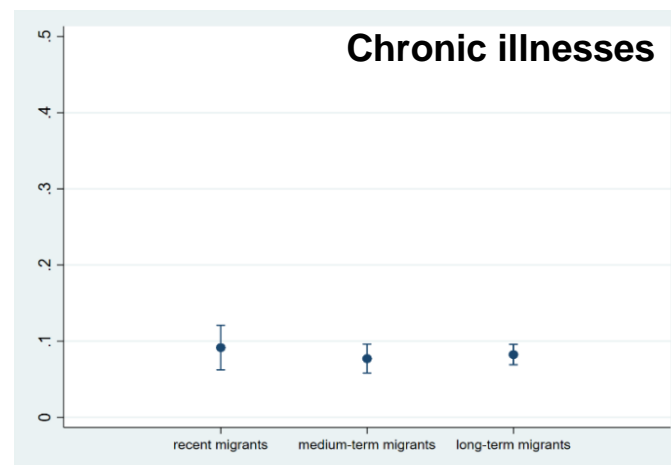
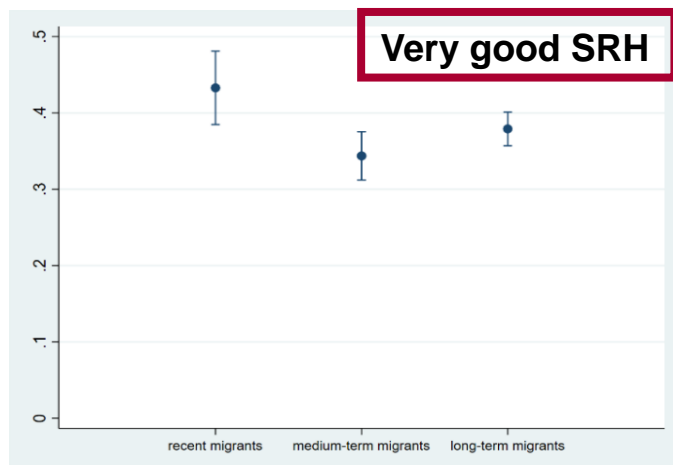
Note: Results from logistic regression models, control variables included: gender, age, educational level, occupational status, poor or very poor perceived financial condition, smoking, drinking, having close friends (for very good SRH only) and reason of migration.

Non-overlapping bars indicate statistically significant difference at $p < 0.05$ level (Goldstein and Healy, 1995).

Source: Author's elaboration on SCIF and LSMS data.

Results (2/2)

Predicted probabilities of very good SRH, chronic illnesses, sudden illnesses and hospital stays, by length of stay



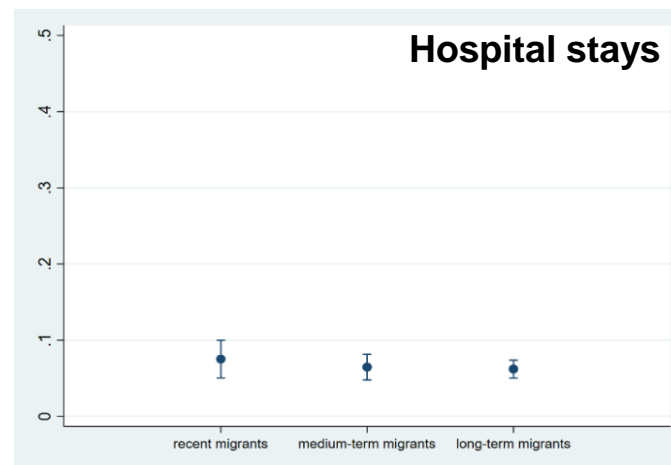
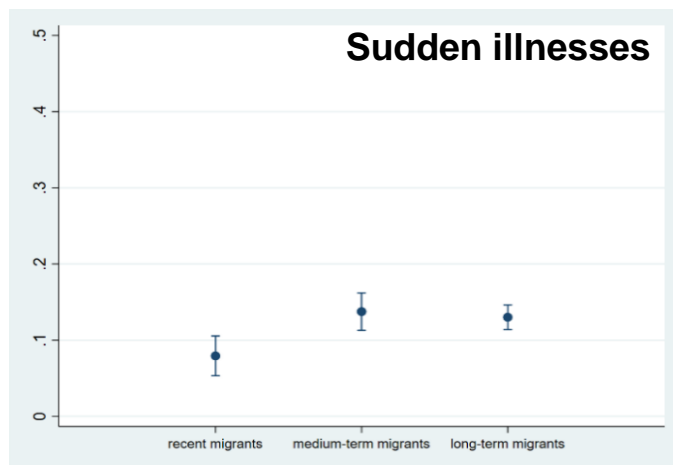
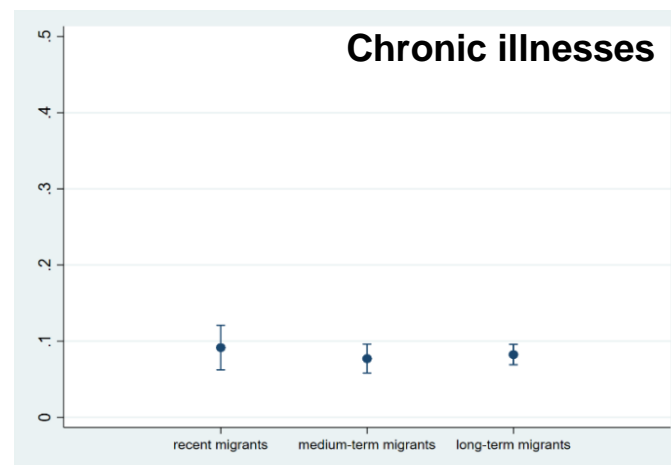
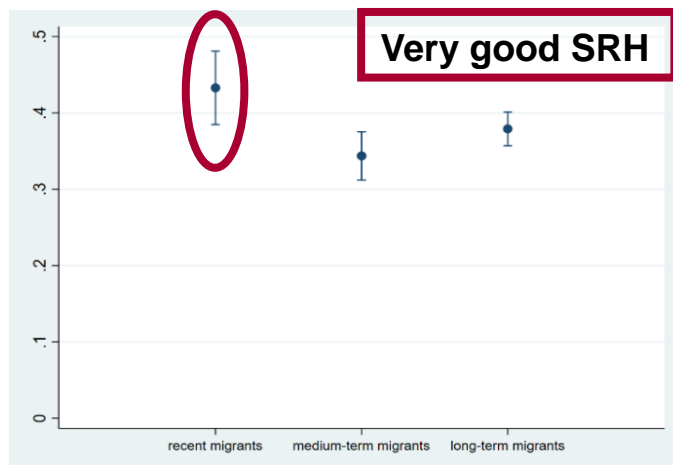
Note: Results from logistic regression models, control variables included: gender, age, educational level, occupational status, poor or very poor perceived financial condition, smoking, drinking, having close friends (for very good SRH only) and reason of migration.

Non-overlapping bars indicate statistically significant difference at $p < 0.05$ level (Goldstein and Healy, 1995).

Source: Author's elaboration on SCIF and LSMS data.

Results (2/2)

Predicted probabilities of very good SRH, chronic illnesses, sudden illnesses and hospital stays, by length of stay



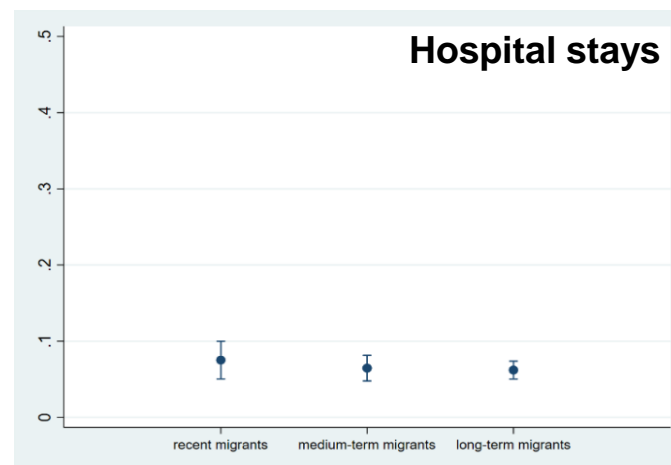
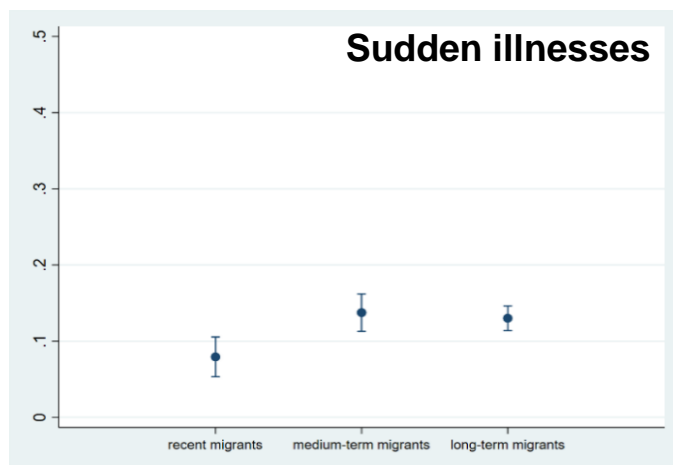
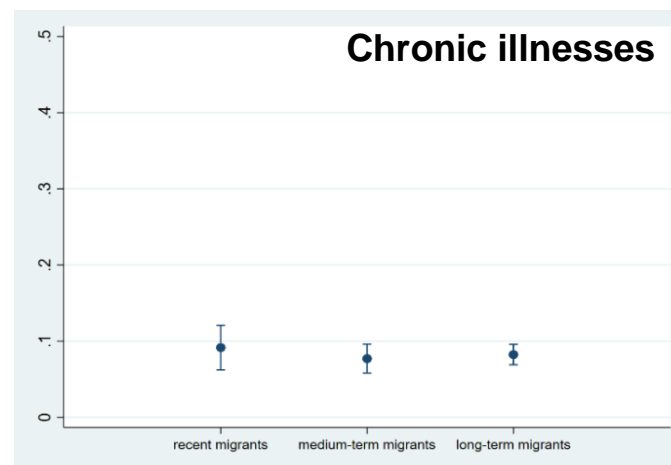
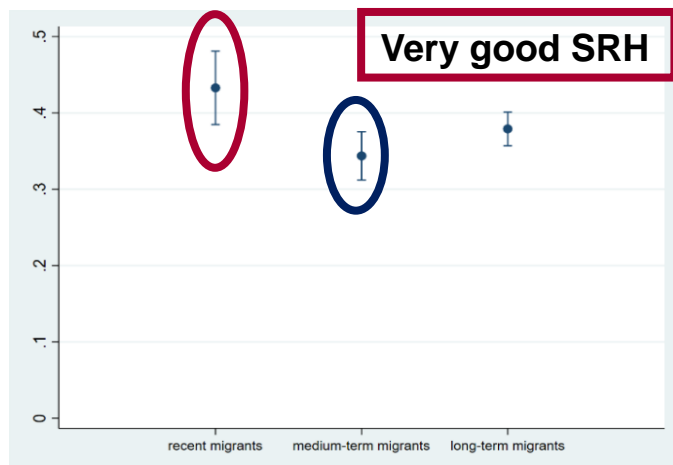
Note: Results from logistic regression models, control variables included: gender, age, educational level, occupational status, poor or very poor perceived financial condition, smoking, drinking, having close friends (for very good SRH only) and reason of migration.

Non-overlapping bars indicate statistically significant difference at $p < 0.05$ level (Goldstein and Healy, 1995).

Source: Author's elaboration on SCIF and LSMS data.

Results (2/2)

Predicted probabilities of very good SRH, chronic illnesses, sudden illnesses and hospital stays, by length of stay



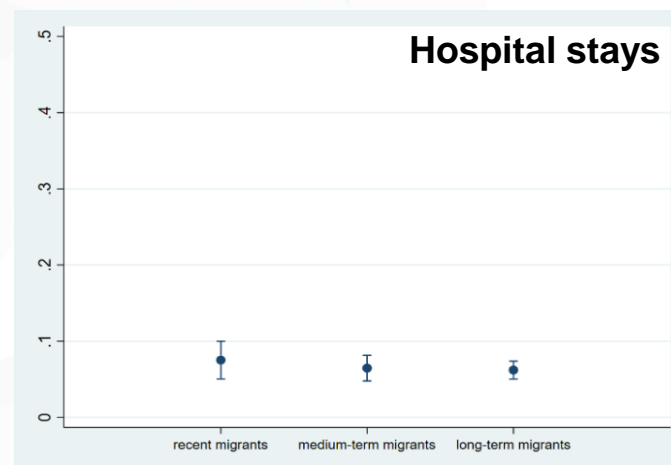
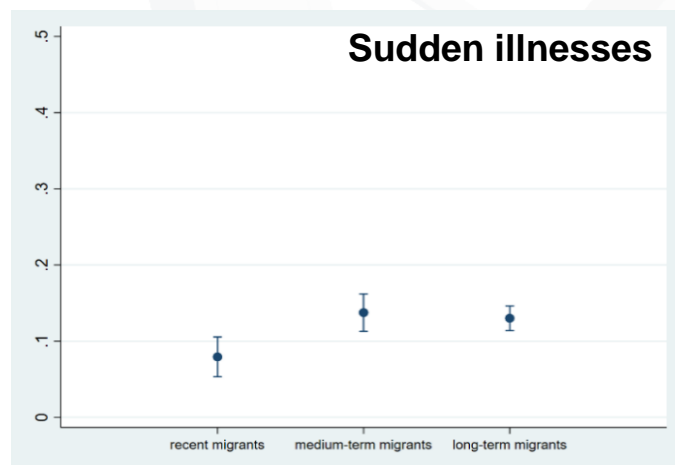
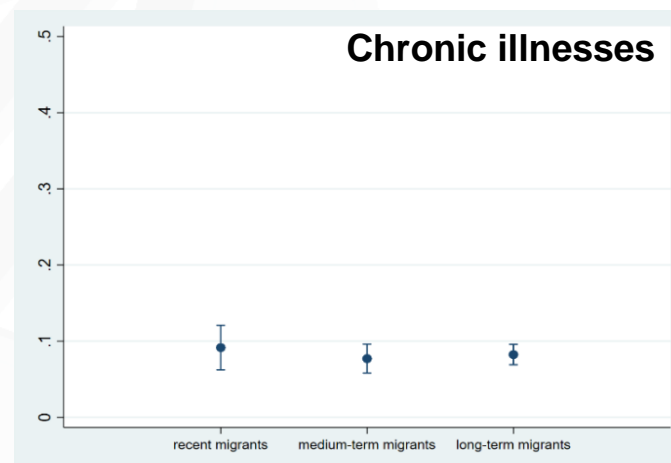
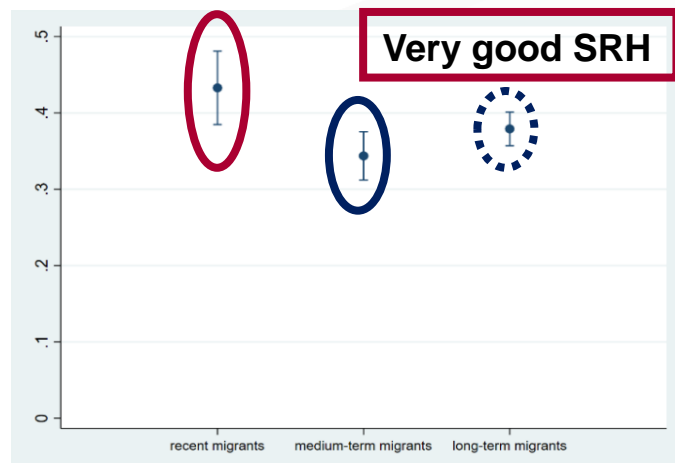
Note: Results from logistic regression models, control variables included: gender, age, educational level, occupational status, poor or very poor perceived financial condition, smoking, drinking, having close friends (for very good SRH only) and reason of migration.

Non-overlapping bars indicate statistically significant difference at $p < 0.05$ level (Goldstein and Healy, 1995).

Source: Author's elaboration on SCIF and LSMS data.

Results (2/2)

Predicted probabilities of very good SRH, chronic illnesses, sudden illnesses and hospital stays, by length of stay



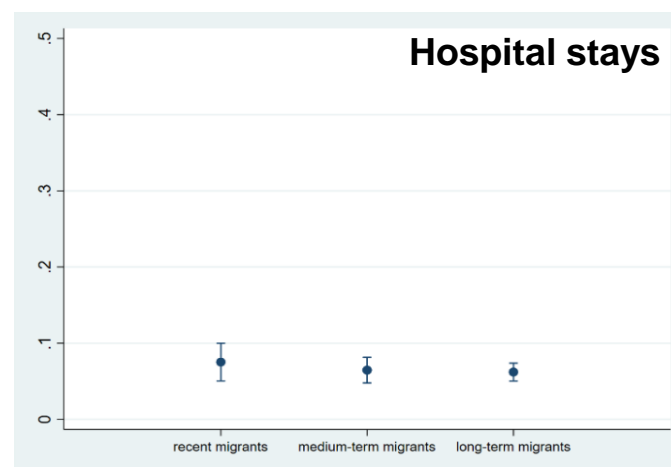
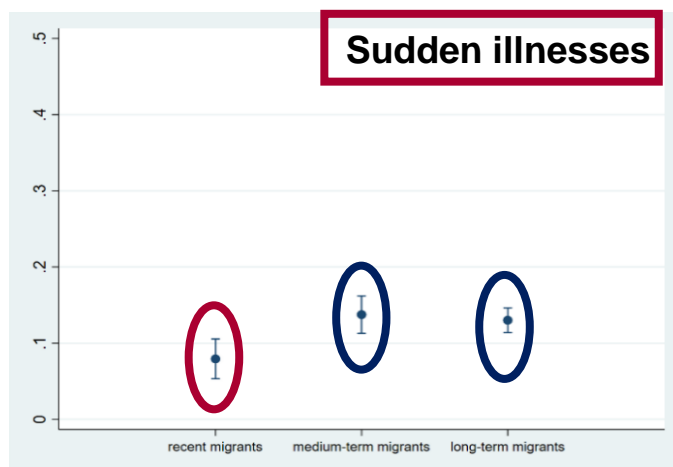
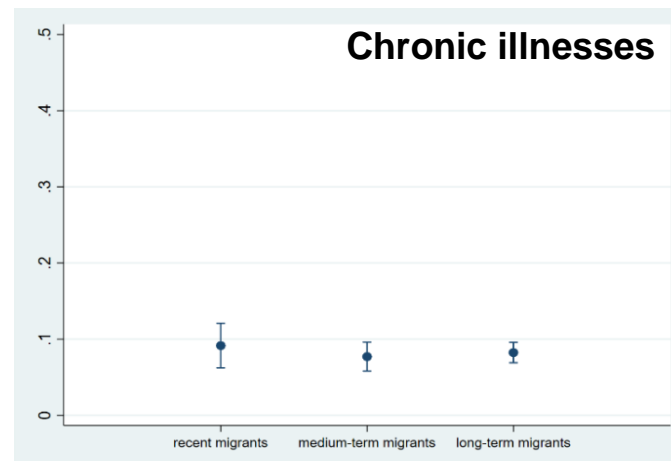
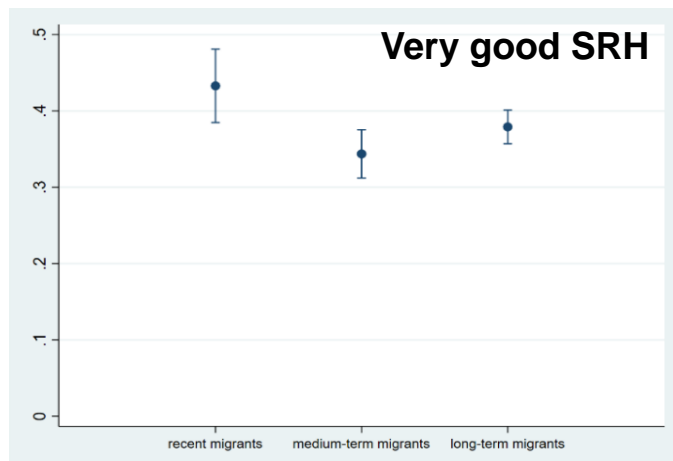
Note: Results from logistic regression models, control variables included: gender, age, educational level, occupational status, poor or very poor perceived financial condition, smoking, drinking, having close friends (for very good SRH only) and reason of migration.

Non-overlapping bars indicate statistically significant difference at $p < 0.05$ level (Goldstein and Healy, 1995).

Source: Author's elaboration on SCIF and LSMS data.

Results (2/2)

Predicted probabilities of very good SRH, chronic illnesses, sudden illnesses and hospital stays, by length of stay



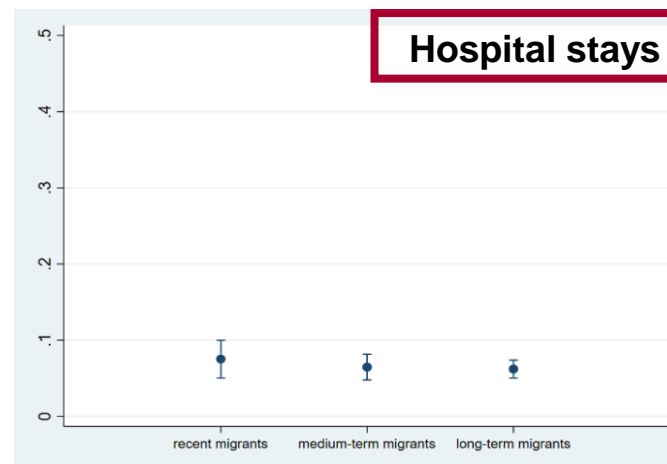
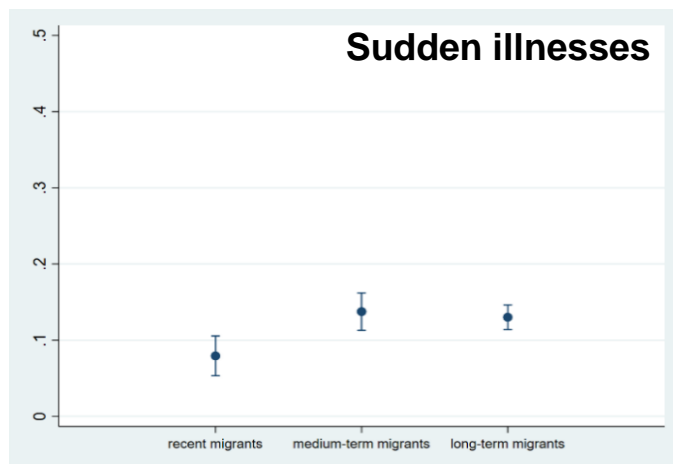
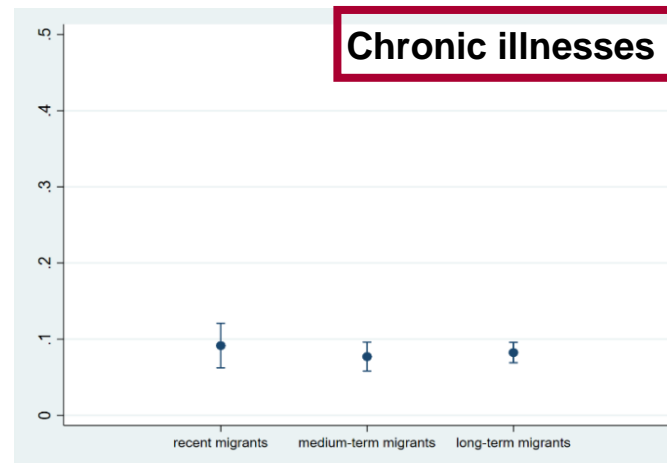
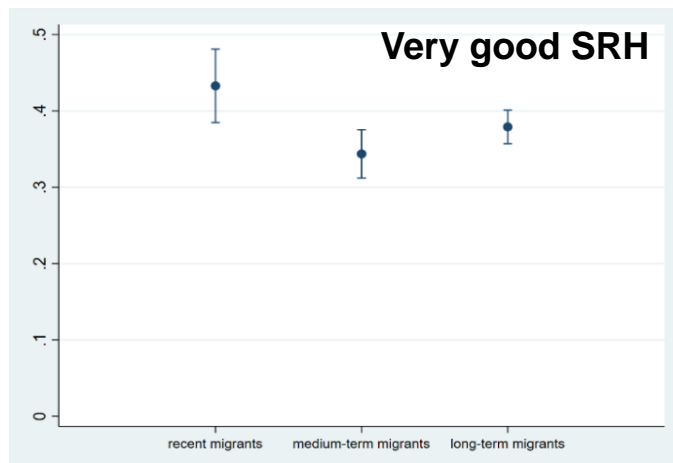
Note: Results from logistic regression models, control variables included: gender, age, educational level, occupational status, poor or very poor perceived financial condition, smoking, drinking, having close friends (for very good SRH only) and reason of migration.

Non-overlapping bars indicate statistically significant difference at $p < 0.05$ level (Goldstein and Healy, 1995).

Source: Author's elaboration on SCIF and LSMS data.

Results (2/2)

Predicted probabilities of very good SRH, chronic illnesses, sudden illnesses and hospital stays, by length of stay



Note: 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 of migration.

Non-overlapping bars indicate statistically significant difference at $p < 0.05$ level (Goldstein and Healy, 1995).

Source: Author's elaboration on SCIF and LSMS data.

Discussion

- **Migrants** tend to have **poorer health than their co-national** in the origin country for all health outcomes analysed → Disruptive effect of the migration process (hard living, working, and housing conditions in the host country)
- **Caution** - Interpretation through a double lens:
 1. the nature of data used
 2. the characteristics of Albanian migration (before mass migration; then family reunifications)
- The effect of the **length of stay** on the three migrant groups (recent, medium- and long-term migrants) suggests the theory of the 'exhausted migrant effect' (*Bollini & Siem 1995*) → migrants' health gets worse over time, especially for very good SRH and sudden illnesses



Limitations

- We do not have information on migrants' health before migration and at the arrival in Italy
- Lack of longitudinal data:
 1. We cannot observe changes in health over time
 2. Interpreting results in a causal manner

Take home messages

- The loss of the initial health advantage
- Migration stressors related to hard living conditions negatively affects migrants' health
- In Italy migrants are mainly embedded in low skilled jobs without much opportunity for occupational mobility (*Fellini & Guetto 2019*)
- Albanian migrants → one of the most stigmatised and stereotype groups in Italy (*King & Mai 2004*)





SAPIENZA
UNIVERSITÀ DI ROMA

Thanks for your attention!

eleonora.trappolini@uniroma1.it