Review article

Migration and its impact on mental and physical health: Social support and its main functions

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ABSTRACT

Social support was one of the first factors identified as factors moderating the influence of adverse life events on psychic well-being and health of human. Social support is also an important factor in the process of the immigrants’ integration (as a part of adaptation process) and at the same times also a significant determinant of their health. Immigrants constitute a vulnerable social group with specific health needs and their health condition is influenced by a lot of factors. The article submits a survey of studies dealing with social support and its relation to the immigrants’ mental and physical health and also to integration. The goal of this study is to describe functions of social support of immigrants, to monitor the connections between migration (and integration) and access to social support and the relation of social support to the immigrants’ mental and physical health.

Methodology of research activity: The source of information consisted of publications in databased journals (Scopus, Ebsco and Medline databases) and monographs related to the topic.

Conclusion: Social support has three main functions: 1. promotion of physical health, 2. promotion of mental health and 3. development of integration – as a growing into democratic society. The information obtained can help us to find ways to strengthen specific immigrant supporting system.
if it is directly followed by integration measures helping the foreigners to integrate into the society. The central document of integration policy of the Czech Republic is the Concept of Integration of Foreigners on the Territory of the Czech Republic (hereinafter referred to only as “the Concept”), updated every year. The priorities of the updated Concept consist in the measures aimed at four key areas of integration of foreigners – knowledge of Czech, economic and social self-sufficiency, good understanding of the society and relations among communities. But unfortunately, the proposals of the individual measures of the Concept do not reflect the immigrants’ health and social support that has strong impact on the health in its consequence. The immigrants’ health condition and health support is underestimated by the politicians, care providers and by the very immigrants.

Immigrants constitute a vulnerable social group with specific health needs. As Brabcová [1] states, their health condition is influenced by a lot of factors like language and cultural barrier, psychosocial impacts of migration, potential social discrimination, reduced financial accessibility of health care, different character of sickness rate caused by medical conditions in the country of origin and culturally specific presentation of displays of the sickness.

Studies show that the immigrants’ health condition is just as good or better as compared to native population, but that advantage decreases with the duration of stay in the host country [2]. The effect of healthy immigrant is explained by the fact that the arriving foreigners constitute only a selected part of the inhabitants of their country of origin, consisting mostly of people in working age, more healthy, fitter and not suffering from chronic illnesses [3]. The decreasing level of the immigrants’ health condition is usually explained by increasing occurrence of unhealthy behaviour and psychosocial burden related to migration and integration. In connection with increasing acculturation, immigrants display more frequent tendencies to smoking and drinking of alcohol [4]; incidence of higher body mass index was recorded as well [2].

The basic premise relating migration and health of immigrants in the literature is based on the finding that migration has negative impact on health, particularly on mental well-being [5]. Other researchers found that the integration process induces tension, resulting also to worsened mental health [6]. Traumatic experience related to migration, separation from the family or community and language barrier were identified as factors related to increased risk of mental disorders [7]. Those factors include also unemployment and experience with discrimination [8]. Physical health constitutes another factor influencing the relation among migration, social support and mental health. Several studies recognized close relation between mental and physical health [9]. Bad health condition can lead to reduced accessibility of support, which turned up to be significant in prevention of depressive symptoms [10]. Methodology of research activity: the source of information consisted of publications in database journals. The Scopus, Ebsco and Medline databases were chosen, as their focus is adequate for acquisition of publications from health and social area. Articles containing the following terms were used: immigrant – social support, immigrant – mental health, immigrant – health, immigrant – social networks, social support – mental health. Articles from the years 1991 through 2010 were incorporated. In connection with geographical anchorage, it must be stated that articles describing predominantly the Euro-American situation were used, particularly due to lack of relevant publications from the Czech Republic.

For the needs of the article, immigrant is understood as a foreigner settled in the long term, living legally on the territory of the state for one year at the minimum. That means that it is a foreigner staying on the territory of the state based on long-term visa or long-term residence permit, or possibly permanent residence permit. Such method of determination of the term “immigrant” excludes the foreigners arriving with tourist visa.

Social support from the theoretical perspective

Caplan [11] describes social support as a system of formal and informal relations through which the human gets sources to master stress situations. An important feature of social support consists in providing us with a specific form of assistance [12]. The functional contents of social relations in the area of social support are conceived as four types of assistance: emotional, instrumental, informational and evaluating [13].

While emotional support is provided particularly within primary groups with creation of so called strong bonds among their members, weak social bonds seem to be more important in providing advice and information [14]. Weak bonds include less intimate and particularly formal relations resulting from membership in different associations, organizations or from working environment; they are understood rather as a feature of social integration. An interesting finding states that weak bonds do not act as protective factor in stressing situations, but even though they are closely related to health [15].

The structure and variety of social bonds, the frequency of contacts and cohesion of social networks may influence significantly the actually received social support that in turn strengthens the subjective feeling of availability of support influencing health [15]. Due to the finding that strong bonds have higher protective effect, most contemporary studies focus particularly on emotional support [16]. Perceived emotional support (i.e. the humans’ feeling that their related persons like them that they will care for them, that they are ready to help them) is, according to the present findings, related to mental and physical health more than the actually received support [15]. Coffman’s and Ray’s study points out the fact that physical presence of the supporting person is not important; it suffices to know that such person is available when needed [17], or that such person prays for us [18]. Emotional support includes also sharing of ideas and experience [19] and the opportunity to express safely one’s concern, as well as calming of the situation thanks to diversion of attention from one’s problems [20]. An alternative way of providing social support includes also the Internet [19] or phone. Pets [21] were included in social supporting networks too.
According to Kebza [22], the information support consists particularly in provision of important information needed for or allowing mastering of the given situation, as well as provision of advice, assessment of the situation or proposals of its solution. Such type of support helps the person to understand the given situation, to get the information needed for its solution or to get easier access to services that would help the person with the solution. Assessing support is understood as behaviour of the environment of the affected individual to whom support, respect and acceptance are expressed. Sharing of problems or personal experience is included as well. So the individual gets the sense of belonging, acceptance and understanding. In general, such type of support allows the individual experiencing positive emotions and get temporarily released from the experienced burden.

According to some studies, social support may be expressed by mere presence of the supporting person [23].

Instrumental support includes provision of specific goods, services [17], physical care, funds, or shelter [21]. The first compact concept of social support comes from Weiss [24]; another view on social support is brought by the convoy model, as metaphor of accompanying [25]. According to the model, each individual is surrounded by other people's network, the composition and quality of which are shaped by the individual's personal factors like age, gender and personal characteristics, as well as by situational factors like roles, expectations, resources, etc. Several studies [26] showed that smaller networks with strong bonds, high density and high homogeneity are beneficial to preserve the individual's identity and – indirectly – also to the individual's psychic well-being and health. But the structure density and size probably do not have direct relation to the level of social support. A crucial circumstance probably consists in the quality of structure of social relations and bonds, their reciprocity, intensity and richness [22]. According to Fiori [27], the optimal level of social support is individually very variable, particularly in heterogeneous population.

Social support and immigrants' social networks – as a development of integration

Social networks play a significant role in the immigrants' adaptation to the new environment [28]. The immigrants' social networks may be insufficient after the arrival to the host country [29] and the immigrants' social relations may be also disturbed due to migration [29]. The immigrants' access to social support may be influenced by genders [30], by the immigrant's age and by the timing of migration [31].

The networks constitute a form of social capital for the migrants, facilitating the whole process of migration [29]. Researchers agree that insufficient supporting network leads to social isolation [32], which may have impact on intensification of problems with integration [33].

Social networks are usually defined as family, friends, community organization, employment and migration agencies and they interconnect the formerly, existing and potential migrants and non-migrants both in their country of origin and in their target country. The frequency of contacts with people in the country of origin is influenced more by the immigrants' economic situation and importance of the individual contacts than by nationality and gender [34]. Social networks allow access to information, services and goods in the host society and at the same time help to keep connection with the homeland [29]. The contacts in the target country often constitute a more important source of information for the migrants than formal institutions like immigration police or employment offices [35]. Studies also show that the immigrants' knowledge on the use of formal support is often very low [36]. The obstacles to the use of formal support includes most often the following ones: language and cultural differences, lack of confidence of illegal immigrants, incompatibility with working hours and problems with local accessibility of services. Dealing with friends, family or familiar persons is much less stressing for the immigrants than dealing with the authorities and it usually works faster and brings better results [35].

Recent studies have shown that ethnic social networks act, among other things, as sources of working opportunities within legal and illegal economy [37]. Krissman [38] points out that when studying the migrant networks, both the symmetrical relations of reciprocity and the asymmetrical relations in which the migrants may become victims of exploitation and other power practices must be considered. The legal status of immigrants may play a significant role in the character of the relations created within the social network [39]. Particularly illegal migrants may become dependent on the client system [36].

Building of social networks

It is obvious that one of the most important help in integration of immigrants is building the social networks. The most successful method is networking. The essence of the networking method consists in building and maintaining a network of people who will help the immigrant efficiently to achieve goals. The goal consists in teaching the immigrant to create adequate and useful contacts actively and independently. The creation of a contact network should respond to the analysis of the immigrant's needs, wishes and demands and it should have its own schedule. The immigrant should also define problematic areas in which he/she feels to have lack of contacts.

The skills and abilities of social workers dealing with immigrants, fugitives and possibly with their children include [40] the ability to create a network of social and professional contacts important for satisfaction of the client's social needs (networking).

Social support and its impact on mental and physical health

Social support provided to the individual by other persons, groups, but also by wider society may influence the individual's way of coping with challenging situations and thus the individual's mental well-being and health [25]. Social support constitutes one of the most important positive factors, influencing markedly the adverse impact
of different negative life situations on the person’s psychic and physical health condition, well-being and quality of life [25, 41]. So the system of social support can be understood as “buffer” or softening system, protecting the human against potential harmful impact of stressing events. Those who dispose of a strong system of social support are better equipped to master important life changes and everyday problems [42].

The positive effect of social support has influence on improvement of mental health and is related, to considerable degree, with increasing feeling of personal competency [19]. Recipients of social support may experience empowering [19] because their feeling of fear is reduced [12] and their feeling of peace increases [19]. Such factors lead to reduction of anxiety and to general perception of well-being [17].

During a long time, social support was studied as an exclusively positive factor in mastering difficult life situations. But new studies show that provided social support may also have negative impact and act as a significant stressor [43]. The adverse influence of the provided social support is apparent particularly in people who prefer to cope with stress by their own forces. In such case, social support increases their feeling of own failure, of low self-service and self-sufficiency, devaluing their concept of own value. A drawback of display of provision of support can be seen also in its lack of adequacy that may be caused both by its excess and by its insufficiency, as well as by its inadequacy in the given circumstances [44]. Low-quality support can be seen also in the support provided by risk groups, e.g. by terrorist organizations, extremist religious groups, communities of drug-addicted or otherwise addicted persons, communities of persons unemployed by own will, gangs, mafias, etc.

When investigating the essence of the action of the process of social support, it is not possible to ignore the broader social context in which such process takes place. A transformation that must be considered in connection with social support and that is often forgotten in researches concerning health consists in the socio-economic status [45]. That means that the level of education, income and social status influences, according to Kebza [26], the opportunities to make use of social support. Lower education may restrict the knowledge of persons on sources of social support, and lack of funds may influence the availability of some services and care. It also turns out that socio-economic status is related to higher distribution of chronic stress in lower social classes [15] to which the immigrants most frequently belong. A characteristic feature of low classes is also high density of housing that may lead to devaluation of social relations and specifically to devaluation of social support [46].

Social support seems the most efficient at the time when all participants have a common context in which the others’ needs can be predicted, interpreted and reacted to. As the circumstances are context specific, the need is higher when both the providers and the recipients have common problems as well as the demographic, social-cultural and religious background.

Conclusion

Migration changes lives and the original status of the migrants and is related to innumerable stressors. Relocation to a new social and cultural environment brings a lot of new situations. The individual is usually confronted with different customs, behaviour patterns or rules of the relevant society in the new environment. Social integration, social inclusion of the person into the social structure is a significant determinant of the person’s psychic well-being and health. One of the preconditions of successful integration is the immigrants’ social support.

This article tries to show what the functions of social support are. According the literature mentioned above is obvious that social support has three main functions:

• promotion of physical health;
• promotion of mental health;
• development of integration – as a growing into democratic society.

Social support is a multidimensional construct; all its dimensions and their roles related to the immigrants’ health have not been researched yet. When investigating the essence of the action of the process of social support, it is primarily not possible to ignore the broader social context in which such process takes place. Understanding the essence and the character of the immigrants’ social support constitutes great potential in increasing of mental health of the immigrant population.

As for the situation of research of social support of immigrants in the Czech Republic, we must state that at present, representative investigation dealing with exploration of social support for this population is missing. Therefore implementation of research of social support for immigrants is suggested, with special consideration of immigrants from Asian countries (Vietnamese, Mongolians, ...). Such immigrants rank among the top ten places of the migration list in the Czech Republic, but they constitute a group differing very strongly from the citizens of the Czech Republic and from other most frequently represented immigrants (Slovaks, Poles, Russians, ...) in socio-cultural respect. Data of social support for the children of the immigrants, or comparison of social support for the first and the second immigrant generation are missing as well.

For future studies in the area of social support, it is specifically suggested to aim them particularly on the sources of social support for immigrants. The sources differ within the individual cultures, and the acquired information will help us to find methods to strengthen social support for specific immigrants.

The evaluation of the immigrants’ health condition and its comparison with the health condition of the majority population is very necessary. The comparison of those data points out the inequality in health between individual social groups and constitutes one of the indicators of the cultural level of the society. The data acquired from representative
studies must be submitted to the political representation, and incorporation of measures concerning the immigrants’ health into strategic integration documents must be demanded.

**Conflict of interest**

The authors confirm that there is no known conflict of interest associated with this publication.

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