Family migration strategies and the health of the 1.5 generation

Abstract

Immigrant children have limited agency and understanding in the migration process: their migration is typically defined by parental decisions, including regarding the *family migration strategy*, that is, whether the family migrates jointly or sequentially. Literature has shown that sequential family migration (having been transnationally separated from a parent in the migration process) tends to be associated with worse emotional and relational outcomes among immigrant children. However, our knowledge of the long-term consequences of different family migration strategies on immigrant children is very limited. In this article, we advance the literature on the consequences of different family migration strategies by looking at physical and mental health outcomes in young adulthood and by using a fine-grained classification of sequential migration experiences, considering both the length of separation and the order of migration. We use whole population data from Sweden to study (1) the diversity of family migration strategies experienced by immigrant children and (2) how these relate to physical and mental health from late adolescence to young adulthood (ages 16 to 23). Our preliminary results challenge the idea of a straightforwardly negative impact of transnational separation from a parent on mental health: while some experiences of sequential migration are associated with higher risks of mental disorders, these are mostly characterised by long or permanent separations and by migration with the first mover. We find no difference between those who migrated with both parents and those who migrated with a parent to join the first mover.

Background

Studies on health outcomes of immigrants and their descendants often overlook the in-between category of the 1.5 generation (those who arrived in the destination country as children, 1.5gen), or only address its existence through an “age at arrival” category. However, the 1.5gen’s experiences of migration and of insertion in the destination country are diverse and distinct from those of both adult migrants (the first generation, 1gen) and of the second generation (2gen), the two groups overwhelmingly targeted by research.

The experience of migration of the 1.5gen is fundamentally different from that of adult immigrants due to the differing levels of agency both regarding the decision on whether, when and where to migrate, and regarding the decision to move jointly as a nuclear family or sequentially, with some family members (typically, a parent) migrating first and (some of) the others joining at later times. Children experiencing (parental) migration early in life also tend to have a limited understanding of the migration process, which can negatively affect their emotional health (Moskal & Tyrrell, 2016).

At the same time, the experience of the 1.5gen hardly overlaps with that of the 2gen: while both groups experience difficulties such as discrimination, residential and school segregation, and cultural dissonance, 2gen are generally born when their parents have already settled and gotten acquainted with the residence country, are exposed to the country’s language and culture since early life, and rarely experience migration or transnational separation from their parents.

Instead, the 1.5gen is split between those who moved with both parents and those who were transnationally separated from at least one of them in the migration process. Both experiences can cause loneliness, stress and emotional strain. Joint family migration can be a confusing and difficult experience because of parents’ limited ability to support their children’s insertion in the new country due to their own lack of understanding of it. In addition, newly arrived immigrants often have more instable work, housing, and legal status, which is also especially stressful for children. On the other hand, children reuniting with their parents after a period of transnational separation might be advantaged by their parents’ acquaintance with the destination country institutions and potentially by their acquired life stability; however, the experience of separation from the parent(s) first, and from the extended family and friends in the home country then, are important sources of distress. A group that combines the difficulties of joint and reuniting child migrants are children who moved with the first-mover parent, temporarily or permanently separating from the other parent.

Studies explicitly addressing the experiences of migration of the 1.5gen – especially the experience of transnational family separation versus joint migration – are rare, tend to rely

on small-N samples only allowing for broad-brush categorisations of family migration strategies, and almost exclusively looked at outcomes during childhood and adolescence. In addition, most of this literature focuses on transnational separation as an emotionally stressful experience and thus aims at assessing its consequences for emotional health and, more rarely, education. However, both migration and transnational separation from parents might also have consequences for the continuity of and access to healthcare, and thus for physical health, that have not so far investigated. Studies on transnational separation from parents *among non-migrant children* have sometimes found that transnationally separated children can have worse physical health outcomes compared to children in non-migrant families, with variation depending on who their *in loco* carer is.

In this article, we advance the literature on the determinants of health in the 1.5gen in several ways. First, we focus exclusively on the 1.5gen, which allows us to study the diversity of this group's family migration experiences and to unpack the association between these and later-life outcomes, something that is necessarily overlooked in studies focusing on the first or second generations. Second, we look at both physical and mental health outcomes in young adulthood (age 16 to 23) instead of only on short-term emotional and relational outcomes. Third, we use whole-population administrative data, allowing us to distinguish between different experiences of pre- and post-migration transnational separation from parents, and to observe heterogeneities by origin country and parental socioeconomic status at arrival. Finally, we measure health outcomes through the Swedish patient register (hospitalisations, prescriptions, out-patient visits including emergency visits), rather than through self- (or parent-) reports as is done in most previous literature. While one approach is not *better* than the other, the two are complementary and the findings of one can shed new light on the ones of the other.

Data and variables

We use full-population data from the Swedish population registries. We select all individuals born abroad between 1990 and 1998, who migrated to Sweden before age 17, who have at least one parent who ever lived in Sweden, and whose parents were also born abroad. We exclude those who migrated before both parents (N=546). Our final sample consists of 70'961 individuals. We derived the information on health from the Swedish patient register (hospitalisations, prescriptions, out-patient visits).

Variables

Family migration strategy combines information on transnational separation from either parent in the migration process (divided between short = less than 12 months, and long = 12 or more months) and on migration order (whether the child migrated with the first mover or in further steps). Children are coded as having experienced transnational separation

from a parent if they migrated at different times or if the parent lived in Sweden before the child's first arrival.

We measure mental health as having been *diagnosed or treated for any mental disorder* between the ages of 16 and 23. This variable is dichotomous and measures if the individual has been hospitalised or visited as an out-patient for a mental disorder (ICD-10 codes F20-F69) or; has been prescribed psycholeptics or psychoanaleptics (ATC codes N05 and N06, mostly consisting of anti-anxiety and anti-depressant medications, respectively) in the specified age range. This is the age range for which we have information for every individual in the selected cohorts. About 20% of the sample was diagnosed or treated for a mental disorder in the age range considered.

Confounders include *registered sex* (binary), *birth year*, *age at first arrival* (0-3, 3-5, 6-12, 12-16). We include *geographical origin*, measured as mother's country of birth (or the father's if the mother never lived in Sweden), as a proxy for refugee status (not available in the project's data) and encountered difficulties in the migration process. Finally, we control for *first-mover's life conditions at first arrival* (only considering migration episodes that at least partially overlapped with the child's life). These include *first registered educational level*, *number of co-resident children*, *economic activity*.

Preliminary results and next steps

Table 1. Distribution of family migration strategies in the sample. "Ch1" refers to migration with the first-mover, "Ch2(+)" to migration in a second (or further) step.

Family migration strategy	**%**	**N**
Joint migration	30.7	21797
Joint migration + Short separation (Ch2)	13.5	9583
Joint migration + Short separation (Ch1)	3.3	2334
Joint migration + Long separation (Ch2)	14.2	10068
Joint migration + Long separation (Ch1)	3.2	2236
Separation from both parents (Ch2+)	3.5	2487
Joint migration + Father never migrated (Ch1)	17.5	12407
Separation + Father never migrated (Ch2)	10.0	7070
Joint migration + Mother never migrated (Ch1)	1.4	963
Separation + Mother never migrated (Ch2)	2.8	2016
Total	100	70961

As shown in Table 1, only a minority (about 31%) of the 1.5gen migrated with both parents. There is substantial variation in the family migration strategies experienced by this group, in terms of separation length, migration order, and separation from one of both parents. Among those who experienced some transnational separation from a parent, the modal experience is migration with one parent to join the first-mover (28% of the total sample, about half of which experienced separations longer than 1 year), but 6.5% of the sample moved with the first-mover parent to be later joined by the other parent ("Joint + Short (Ch1)" and "Joint + Long (Ch1)"), and 19% of the sample moved with one parent and where

never joined by the other, which could indicate permanent transnational separation, but also be due to parental death or divorce.

We report coefficients from the regressions (Linear Probability Models) of diagnosed/treated mental disorders on family migration strategy in Figure 1. Control variables are added step-wise. We find that experience of transnational separation from a parent during migration does not straightforwardly lead to (diagnosed) poor mental health. Those who migrated with both parents (the reference category) have one of the lowest risks of having been diagnosed with a mental disorder between 16 and 23, net of gender, age at arrival, geographical origin, and first-mover's situation at arrival. However, the likelihood of diagnosed mental disorders between ages 16 and 23 does not differ between those who migrated with both parents (reference) and those who migrated with a parent to join the first-mover ("Joint + Short (Ch2)" and "Joint + Long (Ch2)"); the only groups who have clearly worse mental health outcomes in late adolescence to young adulthood are those who migrated with the first mover and were much later joined by the other parent ("Joint + Long (Ch1)"), and those who have a parent who never migrated to Sweden ("NeverFather" and "NeverMother").

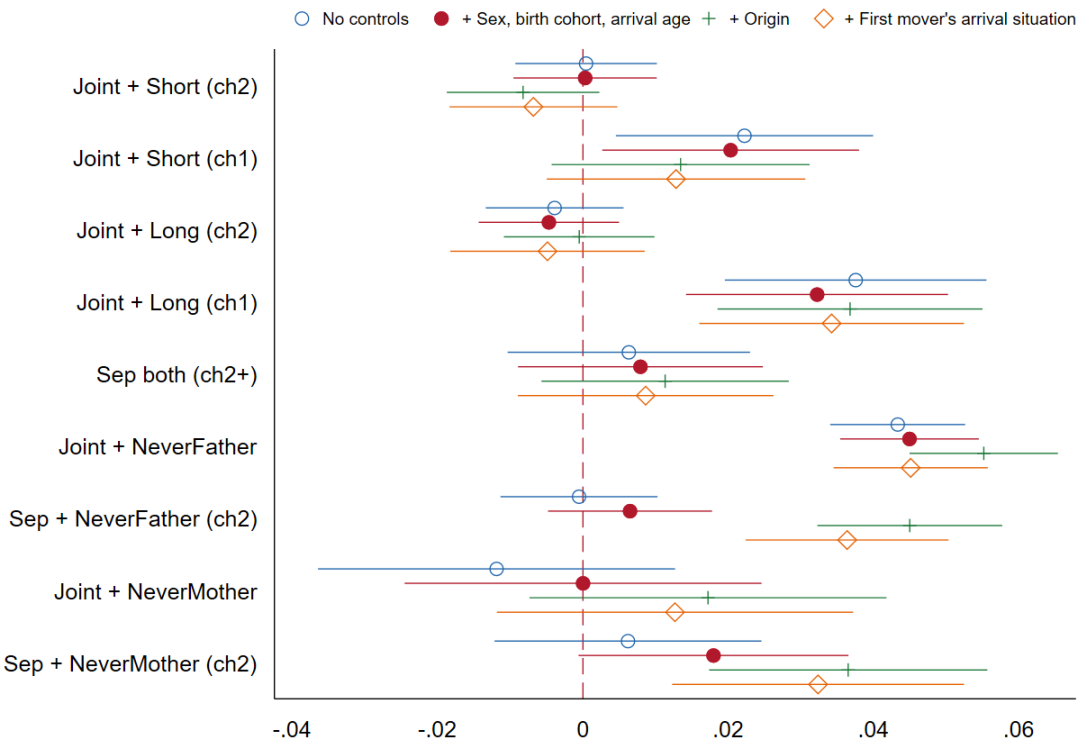

Figure 2. Coefficients from Linear Probability Models of diagnosed/treated mental disorders and family migration strategy. "Ch1" refers to migration with the first-mover, "Ch2(+)" to migration in a second (or further) step.

In the next steps, we will further control for child's health at arrival, test the association between family migration strategy and physical health, and look into heterogeneities by geographical origins, first-mover socioeconomic status at arrival, and age at immigration.