Migration and its Consequences for Health-Role of Religion

Halina Grzymała-Moszczyńska, Ph.D.
Professor of Psychology
Jagiellonian University, Cracow, Poland

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Theoretical and practical perspective of this presentation

- Education

  Clinical psychology, psychology of religion and cultural psychology

- Field work experience

  25 years of experience in the research on the role of religion among refugees and other migrants

Outline of the presentation

Migration, health and religion:

- what do we know ?
- white spots on the map

Categories of analysis

Migration as a challenge for health

Religion in the migration process

- Two case studies : Poles and Syrians
- Adaptation and Development after Persecution and Trauma (ADAPT) Model

What do we know about religion of migrants ? Sources of data

- International Organization for Migration
- World Bank
- Pew Research Center's Global Religion and Migration Database
- World Value Survey Rounds 4 and 5
- European Social Survey
- U.S. General Social Survey
- German, French, UK national surveys

Migration and religion: relationship

- **Moving faith**

  multicausation for staying and leaving

- **Changing faith**

  religious switch (who is gaining who is loosing)

- **Integrating faith**

  religion as a bridge or barrier in the new society

- **Transferring faith**

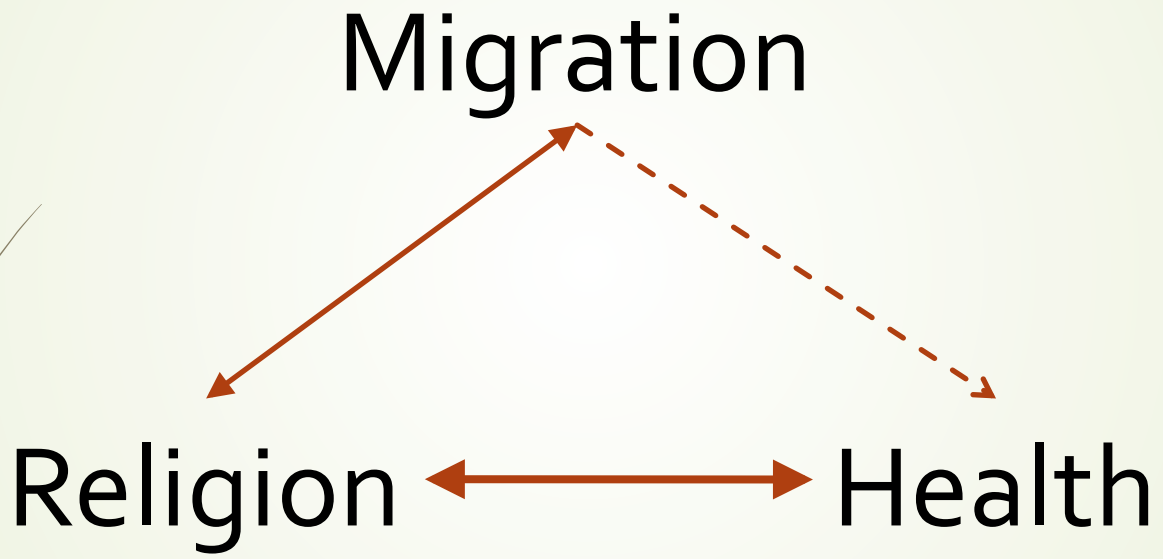
  religious heritage across generations

Different functions of religion in cultural transition of migrants

Cultural bridging (religion retains minimal level of external expressions similar to context of origin- open to everybody irrexpectively of nationality and country of origin)

Social and cultural integration (new generation of immigrants try to integrate old traditions with local (host) church)

Religion as an engine of non-adaptation (religion serves as ethnic identity marker, helps to forms religious enclaves)


Migration
Religion
Health

Migration and health- what do we **do not know** and why

- Health recording systems not designed to identify people by migration status
- People are defined more by ethnic origin than their length of stay
- No differentiation between first and second generation of migrants
- Undocumented migrants remain unrecorded also in respect of their health status

Why so limited research

- **The myth -** all migration is ultimately successful and that in the final analysis everyone stands to benefit

- **Reality -**migration is (and probably always has been), characterized by relatively massive human wastage in terms of avoidable illness, injury, neglect and mortality

Some numbers and categories

Approx. 215 millions migrants of which 30 millions unrecorded

- **Economic migration**
  Categories
  - the intention of settling and beginning new lives
  - staying long enough to earn sufficient money before returning home
  - contractual migrants (expatriates and self-initiated expatriates)
  - unregistered but able to find work and stay for periods of indeterminate duration

- **Forced migration:**
  Categories
  - under protection of UNCHR (refugees)
  - internally displaced persons (IDP)

What do we know about health challenges in the context of migration

- Social context
- Family
- Individual

Health challenges for migrants

- **Social context**
  - Country of origin (once per life vs.transborder migrations stigma of return)
  - Country of destination (national policies, social attitudes, xenophobia)

Family context

- Splitting families (partners/parents/ children)
- Idealised vs. real families
- Physical and emotional distance to family back home

Individual context

- Fear of unknown, anxiety about those left behind, sense of impending loss (cultural death)
- Undermined sense of coherence
- Job security missing (often 3 D work – not consistent with qualifications)
- Sense of social isolation

Individual context con't

- Feelings of relative deprivation, loss of self-esteem
- Constant fear of expulsion
- Financial and economic burden (human trafficing)
- Anxiety and homesickness can implicate depression and psychosomatic functional disorders (stress-related ulcers, migraines and disabling back pain)
- Heavy reliance on alcohol and tobacco

(pararell to re-migration)

Some research results

- **Children of Turkish immigrants** five times as likely as Dutch children to commit suicide, and **Moroccan young people** were three times more likely to do so (De Jong 1994)
- In the United Kingdom, suicide rates **for women from the India** tend to be higher than for men, especially among girls and women aged 15-34 (Karmi, 1995).
- **Second generation migrants** may be at greater risk of suicide than their first generation parents (Hjern and Hallebeck 2002).

Suicidies

- **High rates of suicide and attempted suicide among migrants in EU countries**

Research projects

- Polish economic migrants in UK
- Syrian refugees/migrants in Turkey

Research sample

- Polish clergy (UK, PL)
- British clergy (hierarchy, parish priests)
- Polish parishioners and
- British parishioners

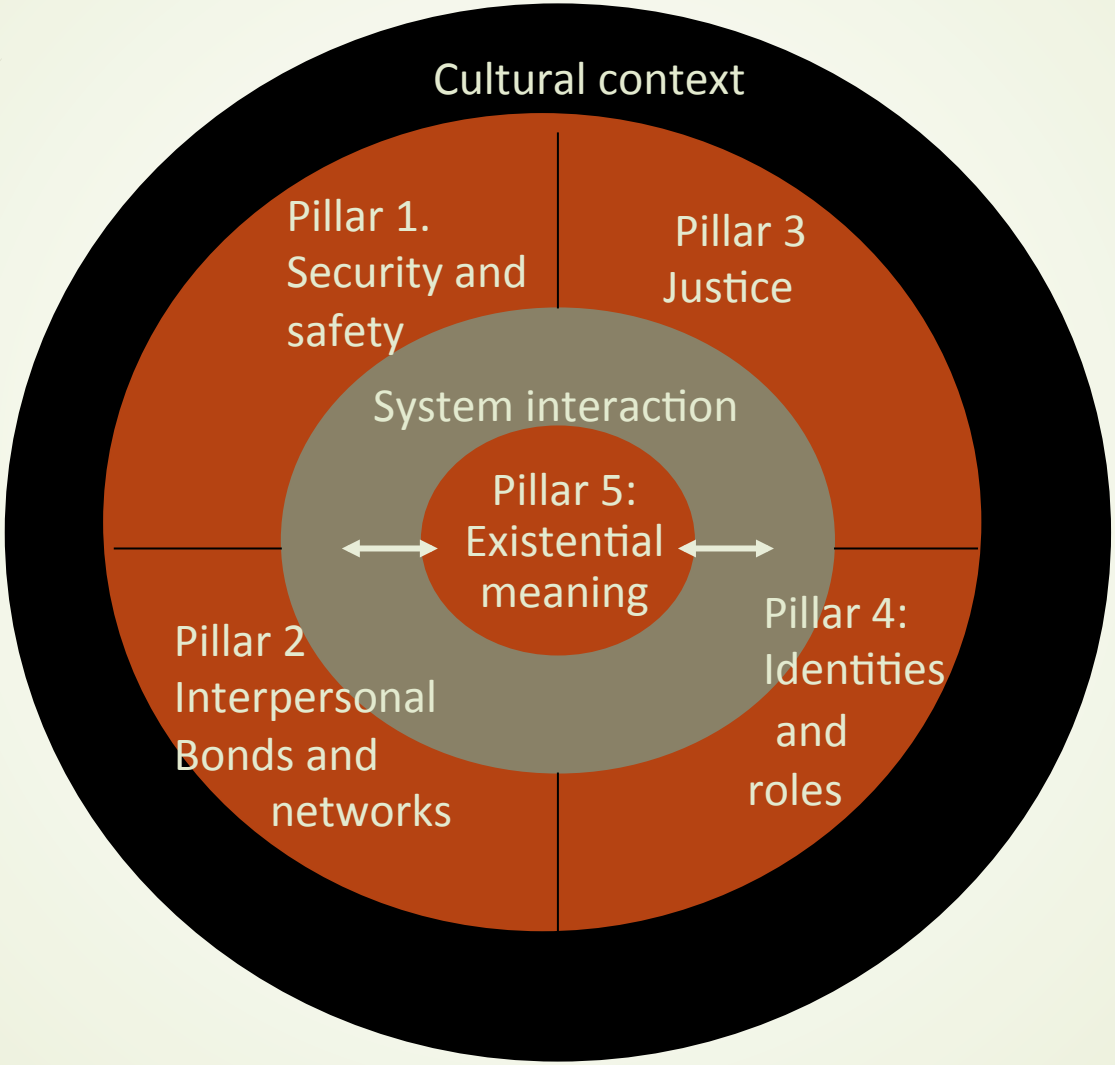
Role of religion for Syrian refugees in Turkey

- Separation by faith

Research sample

- Syrian Christian refugees/migrants in Istanbul
- Place of stay – temporary group housing in Istanbul

Adaptation and Development after Persecution and Trauma (ADAPT) Model (Silove, 2013)



Silove's (2005) model