Health and wellbeing among Chilean exiles in London: a research agenda

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Research questions

- How do individual's life histories shape their engagements with health services?
- Are people’s encounters with (formal) health providers constrained by a bio-meidcal model which does not consider the wider context of an individual’s health and well-being?
- How do these issues determine the health seeking strategies of long-term migrants/ exiles?

Health and migration

- Predominant focus of many studies of health of longer term migrant communities is on acculturation and seeking to explain ‘healthy migrant’ model or ‘salmon bias’
- More recent shift to try and understand structural constraints which limit migrants’ better health outcomes
- More nuanced understandings of term ‘migrant’ and shift away from emphasis on acculturation
- Importance of looking at different stage of migratory process
- Majority of studies focus on ‘destination’ stage but implicitly attention given to first few years of settlement or generational status linked to how far cultural change occurred

Points to consider

- What happens to migrant/ exile groups 20-30 years after reaching point of destination?
  - Predominant focus of services is on first few years after arrival
- Migrant experiences in destination country is gendered (e.g. Abilities to access work, gender gap in wages, gendered roles and responsibilities within (transnational) households)
- Gender differences in health needs and changing health needs across the lifecourse
- Implicit assumption within migrant health literature that women are dependents and are of reproductive age

Chilean community in London

- Influx of Chilean political refugees in 70s and 80s to UK
- Some dispersal across UK
- Many were highly educated professionals
- Practical support offered to individuals after arrival but few received mental health services they (probably) required
- Changing understandings of health needs of refugees
- Different life histories – e.g. Marriage (to British nationals) or not, children, jobs etc

Impact on health and well being today?

- Focus of research is small group of Chilean exiles in London
- Many of these individuals now in their late 50s/ early 60s
- Many have continued to send remittances back to Chile to support family members and many are now financially supporting elderly parents in Chile
- A number of people living do not own property in UK
- This has now started to raise concerns regarding their own pensions and ability to support selves in old age in UK
- 'Salmon bias' not applicable as do not wish to return to Chile
- Migration as political exile means they do not have the same established networks/ communities as 'typical' labour migrant and lack family support in UK

- How far are health problems associated with old age exacerbated by health issues relating to torture in 70s and 80s?
- How far is this taken into account in individual's understanding of their own health and well-being?
- Secrecy associated with torture process means that many are unaware of everything that was done to them (e.g. exposure to hazardous substances) and stress of process means that they did not think about health implications at the time associated with their pain
- Observation among exile group that a number of women within their group have been affected by cervical cancer – coincidental?
- Many only now able to relate current health problems to the process of torture
- Concern within group around ageing and meeting health needs

Constraint to accessing health services

- Health services contain embedded assumptions about ‘ideal user’ – such notions are frequently gendered and racialised and ideas around age
- Health professionals often assume that women ‘over-consult’ and seek health care for conditions which may not be serious
- Health professionals perceptions of their patients’ social lives shape their interactions and decisions about the women’s health
- What does this mean for (older) migrant/ refugee women?

‘Ideal’ health service user

- Someone who uses services precisely in the way they are intended for precisely the problems providers have identified the services as serving. The ideal user is, then, someone with the exact set of competencies and resources required to make optimal use of the service, whose characteristics and use of services has best ‘fit’ with health services (Dixon Wood et al., 2005: 53).

‘Entitlements’ to health care

- Popular and political ideas around migrant “deservingness” shape and reflect formal policies and legal “entitlements.”
- Impact on migrant/ health provider interactions – migrants often feel they lack any real entitlement to use health services
- At what point does this relationship change?
- Several studies point to frustrations on part of users around on-going assumptions on part of health providers even where migrants have lived in destination country for extended periods

Alternative health seeking strategies?

- How does age interact with the search for alternative health seeking strategies?
- E.g. Return to Chile becomes more complex as respondents become older – once retired they lack regular incomes so can not afford flights as easily as before, physical limitations may mean they are unwilling/ unable to undertake long distance travel
- Increased used of unregulated providers in UK?
- ‘El Shaman’ – majority of ‘clients’ were older women – need to be listened to?

Research agenda (1)

- Need to broaden out current understandings of ‘migrant health’ to take account of gender/ age/ migrant experience
- Need to understand nature of exclusion faced by older, more established migrant groups
- Need to acknowledge structural factors that influence lives of migrants and subsequent generations

Research agenda (2)

- Importance of qualitative approaches to understanding migrant health (life histories)
- The influence of social and historical factors on networks of shared relationships is a crucial dynamic for the exploration of 'linked lives' (Elder, 2002: 202).
  - Role of transnational relationships?
  - Support networks in UK? Formal? Informal?
  - Family in UK?