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**Title:** **Looking for evidence for the Healthy Migrant Effect** – Comparing the health status of Turkish immigrants in Germany with German and Turkish natives

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**Extended Abstract**

Immigrants in general have a special position in a society. They are linked to various degrees to the society of their home and their host country. This has to be taken into account when observing immigrant populations. Due to the high heterogeneity of the migrant population this presentation only focuses on one group: Turkish immigrants currently living in Germany. More precisely their health status will be examined. Turkish immigrants hold characteristics of home and host country alike. They might for example keep certain eating habits for a while after migrating to Germany but on the other hand make use of a better organized healthcare system in Germany. It therefore seems useful to compare Turkish immigrants not only to people in Germany but also to people in their home country, Turkey, and in this respect give justice to their position as *in between* societies. This line of procedure just recently became possible since data availability (on the situation of Turkish immigrants and native Turks) has improved.

Besides other variables that are considered when analyzing the health status of immigrants the time since migration seems to play a relevant role. Here the so called *healthy migrant effect* is discussed. It states that especially healthy and young people migrate from one country to another. Contrary to this migration is postponed or discarded in case of (severe) illness. The immigrants therefore seem to have a health advantage at the time of migration compared to both the native population in the home and host country. After some time of residency the health status nevertheless is assumed to converge to the level of the native population in the host country. A lower socioeconomic status, less coping resources, or barriers to access medical care might decrease the level of good health additionally and result in a lower health status than the native population. The convergence of the health status to the level of the native population is a consequence of adaption in various health related fields (e.g. eating habits). Certainly the speed of this process varies quite largely for different persons. The level of health of Turkish immigrants could not be clearly identified as better or as worse than the health status of Germans in the past. Some researchers could show that immigrants die at higher ages but results on health outcomes are rare. This is mainly due to inadequate data

availability in the past. This presentation tries to fill this gap by analyzing data that just recently became available and by taking a new approach by comparing the health status of three different groups: Turkish immigrants in Germany, German natives, and Turkish natives.

As a first step the health status of Germans and Turkish immigrants is observed by using the German Generation and Gender Survey (GGS). It includes around 10,000 German respondents and 4,000 Turkish immigrants currently residing in Germany. The GGS allows splitting the immigrant population into a first and second generation (respondents who migrated themselves and whose parents migrated). Descriptive results indicate that the subjective health status (as specified by the respondent) barely varies for the first generation of Turkish immigrants and German natives in the GGS but Germans are on average six years older than the Turkish population. Since the health status of humans worsens with increasing age this means that there are differences between the two groups, even if it does not look like it at first glance. The second generation of Turkish immigrants seems extraordinarily healthy when observing the subjective health status but this also seems to be a question of age, since the second generation of Turkish immigrants is especially young.

The multivariate results make health status variations more visible. Whereas first generation Turkish immigrants in East Germany – which have been living there for a shorter period of time – are especially healthy, Turkish immigrants in West Germany – which have been residents for a longer time – seem to have adapted to the native population. Differences in health status can rarely be discovered in West Germany. When taking a closer look at the time of residency for both groups, only in West Germany the residence time seems to have a negative effect on health. With every additional year the health status of first generation Turkish immigrants becomes worse. This can be interpreted as a hint towards the healthy migrant effect. Those immigrants who have been in Germany for a shorter period of time are especially healthy (as in East Germany). Those that have been living in Germany for a longer time are more adapted to the native population and differences in health status cannot be observed. It is noteworthy that a negative effect of migrant status (first or second generation) on health cannot be observed. Taking into account socio-demographic variables, socioeconomic status, different health burdens, and coping resources Turkish immigrants currently living in Germany are at least as healthy as the German native population. Especially the second generation and Turkish immigrants living in East Germany are even healthier than the German native population.

As a second step the health status of Turkish immigrants in Germany and Turkish natives (in Turkey) is compared. Since no data set exists that covers both groups (with sufficient case numbers) at the same time a different social survey (e.g. the European Social Survey – ESS), has to be used to analyze the health status of Turkish natives. The ESS, for example, covers approximately 1,800 residents of Turkey. In the existing literature information on the health status of residents in Turkey is rare. Different surveys for Turkey have been observed (e.g. Turkish Health Survey, Turkey Disability Survey) but they do not seem to cover the topics relevant to analyze the health status in detail. The

ESS has not been specifically constructed to answer health related research questions but nevertheless seems appropriate since it covers information on: subjective health status, socioeconomic status (education), health burdens (e.g. unemployment, work strain), and coping resources (e.g. living conditions, mental health, social networks, support). Other surveys are observed as well.

Looking at first descriptive results indicates that the subjective health status of Turks in the ESS is slightly worse than the subjective health status of Turkish immigrants in the GGS. But Turkish immigrants in Germany are, for example, slightly younger than their counterparts in Turkey. A strong emphasize in the presentation is put on the actual mechanisms determining the health status. The question shall be answered whether the health status determining factors vary for both groups. As mentioned before the mechanisms did not differ essentially between natives and Turkish immigrants in Germany. Therefore it will be interesting to observe if this holds true to the same degree when comparing Turkish immigrants in Germany and Turkish natives.