Aging migrants

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Synonyms

Aging immigrants, older migrants, older immigrants, aging and migration, aging and immigration, transnational aging

Definition

The term 'aging migrants' usually refers to individuals who are foreign-born and are growing old in a country of destination other than that of his or her country of birth so that the country of destination has become his or her country of residence. In most cases, aging migrants are not foreign nationals as they may have lived in the country of destination for decades. In some cases, aging migrants are not international migrants and are represented by internal migrants who move within a country seasonally or away from informal care by family members and others to institutional care in different states or regions. Although definitions vary by countries and studies, migrants aged 50 or older are commonly considered as 'aging migrants', either because many retirement migrants occur well before the conventional delimiter (65 years) or because many international (labour) migrants tend to experience job-related illness, disability or redundancy in their 50s or before.

Overview

In most countries, the aging of migrants is an ongoing and growing phenomenon. The emergence of large numbers of aging migrants is subject to considerable diversity in characteristics such as the historical time of migration (recent or past migration), the age at migration of older persons (during early life, middle adulthood, or in later life), the conditions under which the migration trajectory developed, and the countries or places where they settle. Migration involves the distribution of people within and between countries and is one of the most important factors shaping spatial difference in demographic structures. In most countries, the mosaic of past types of migration as a result of colonial legacies, the recruitment of 'temporary' workers, the steady growth of retirement migration or undocumented migration, including those in precarious legal status or other difficult circumstances such as older refugees and asylum seekers, is crucial to explain the various types of 'aging migrants' across the world.

Key Research Findings

Migration has increasingly become a typical facet of modern society and the migration process has been recognised, even in the best possible circumstances, as a stressful life event (Coffman 1987). Hence, there are inevitable concerns over the well-being of significant numbers of aging migrants as well as a desire to maximize the opportunities afforded by healthy engaged senior migrants (Warnes and Williams 2006). Within this context, although research on older migrants has grown significantly since the turn of the century, the issue of growing old in a second homeland still remains a topic largely under-developed. So far the majority of studies have focused on the traditional social stratification framework for understanding well-being differences between aging migrants and senior native-born populations in three specific three domains: (1) health; (2) housing and living arrangements; and (3) return migration.

Studies on health generally highlight how aging migrants in Europe have worse health and are frailer in comparison to their native counterparts (Solé-Auró and Crimmins 2008; Reus-Pons et al. 2018; Walkden et al. 2018). Outcomes are generally associated with multiple factors ranging from socioeconomic, behavioural to psychosocial and environmental (Evandrou 2000; Lindstrom et al. 2001; Adelman et al. 2009), with immigrant health also depending on the country of origin and sex (Oksuzyan et al. 2019). Research on the association between poor health and socio-economic status at older ages amongst minority groups remains dominant but fragmented as the health status of some groups is less sensitive to their socioeconomic circumstances than others (Graham 2005; Nazroo 2003). There is some consensus that, whilst immigrants tend to be healthier than might be expected given their social status at the time of immigration (Razum et al. 2000; Riosmena et al. 2013), the health advantage on arrival is known to decrease with length of residence in the country of destination (Stronks 2003), with ill-health being more marked with increasing age amongst migrants/minorities (Nazroo 2006). It has been argued that the superior physical health advantage of immigrants may be more or less important depending on two major aspects (Mirowsky and Ross 1980). From a minority-status perspective, immigrants tend to occupy disadvantaged positions in the social structure, and the chronic social stressors associated with these positions produce distress. In this sense, recent research demonstrates that, were not for family social capital, older immigrants might experience much worse health outcomes, particularly poorer mental health (Sabater and Graham 2016). From an ethnic-cultural perspective, it is also expected that differences in beliefs, values, and patterns of living produce different distress levels. Although research has also placed a great deal of emphasis on the meaning of illness among ethnic and immigrant groups, implying different perceptions on the combined physical and psychological health (Ebrahim 1992; McGee et al. 1999), the existing evidence is rather inconclusive with critics' main concern being that such explanations obscure the impact of structural factors on immigrant health disparities (Viruell-Fuentes et al. 2012). Meanwhile, research examining the health and health care needs of international migrants retiring to different destinations has received less attention. The prominence of studies of the so-called 'lifestyle migration' (Benson and O'Reilly 2009) for 'self-fulfilment' or the 'good life' (Oliver 2012) has clearly overshadowed research on the language, cultural, spatial and financial barriers that an increasing number of older retirees living abroad may face, especially when they require additional support and care as a result of declining health and frailty (Hall and Hardill 2016).

Another domain that is common within the research on senior migrants is housing conditions and living arrangements. Among international migrants aging in place, substandard housing is

generally the norm, with many living in deprived neighbourhoods (Bonvalet and Ogg 2008) and experiencing greater neighbourhood segregation than younger groups (Sabater and Catney 2019). Green et al. (2009) have also indicated the existence of a persistent homeownership gap between aging migrants and natives with significant within-group differences. The picture for international retiree migrants differs considerably. They are mostly property owners in planned retirement communities who finance their residential moves by selling metropolitan homes in exchange for improved lifestyle outcomes (Warnes et al. 2004). Living arrangements are generally seen as a function of preferences, resources and needs, as well as availability of children (Wilmoth 2000). Thus, research has revealed remarkable differences in living arrangements among aging migrants, multigenerational families are vital economic and social safety nets for immigrants (Silverstein and Attias-Donfut 2010) with older immigrants more likely than their counterparts to live in multigenerational households (Kritz et al. 2000). Indeed, extended family living arrangements are still much more common among migrants than in the rest of the population, and various kinds of extended family connections usually dominate even though the majority of ethnic groups are moving towards a more individualistic approach (Berthoud 2005). However, as Smart and Shipman (2004) note, it may be too simplistic to view different ethnic groups in terms of their position between modern individualism and traditionalism as this implies a deviation from the norm when distinctive cultural traditions and socio-economic pressures are shaping family patterns too (Van Hook and Glick 2007).

Finally, another key theme of the relevant literature relates to return migration. Although international migrants aging in place may opt to return to their countries of origin, the existing evidence supports the idea of myth of return (Anwar 1979), with only a minority embarking on that journey (Bolzman et al. 2006; Ciobanu and Ramos 2016; Hunter 2011) whilst many more engaging in 'long-distance thinking and care-giving' (Baldassar et al. 2007; Horn et al. 2016; Karl et al. 2017; Torres et al. 2016) by making use of information and communications technology (Baldassar et al. 2016; Hunter 2015). However, the return of migrants is still an issue that creates expectations for both host populations and migrants and sometimes is used as strategy, whereby the idea of return is delayed but not abandoned (Brockmann and Fisher 2001). The general picture across many countries is that fewer have gone back than expected (King 1986; Rendall and Ball 2004; White 2006). Some studies suggest that health status can act as a factor when taking the decision to move abroad as well as influencing how long a migrant stays in the host country (Legido-Quigley and La Parra 2007). Undoubtedly, the ability to access health and care provision is an important issue with regard to return migration (Burholt et al. 2016; Horn and Schweppe 2016) and, similarly, the location of adult children, which may determine the parental intention to return (Coulon and Wolff 2010), are some of the factors that have been considered within the study of older migrants and their (im)mobilities (Ciobanu and Hunter 2017).

Future Directions of Research

The current situation reveals further understanding is needed with regard to the principal personal, societal and welfare implications of the growing number of aging migrants. Whilst various studies have paid attention to the growing numbers and lives of aging migrants, a number of key aspects remain clearly under-researched. First, it is necessary to deepen our understanding of the components and correlates that impact the well-being conditions of aging migrants at different stages of the life course and across countries by taking into consideration

their social history, including the linkages between restrictive entry and integration policies and migrant health outcomes (Juárez et al. 2019), and the interdependence in relationships (Hagestad and Settersten 2017). Second, it is also fundamental to take into account the growing size of senior migrants over future years and the way different groups of aging migrants will experience well-being not only in high-income countries but also in low- and middle-income countries. The latter may represent a crucial structural shift worldwide for both the normalization of the lives of the populations involved and in relation to the general and specific responses needed in terms of health care and other support.

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