

Social integration affects mental health of immigrant men and women in unexpected ways

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Social integration affects the mental health of non-Western male immigrants in a positive way. For women however, social integration gives an increased risk for mental problems according to a new study from the Norwegian Institute of Public Health (NIPH).

– We found that social integration among non-Western immigrants is linked to good mental health in men, but not in women. That was unexpected, says Professor Odd Steffen Dalgard from the Division for Mental Health at the NIPH.

Dalgard is the primary author of the article "Immigration, social integration and mental health in Norway, with focus on gender differences", published in BioMed Central: Clinical Practice and Epidemiology in Mental Health, where the results of the study are presented.

Challenges traditional female gender roles

A possible explanation for the gender differences is that social integration in Western countries challenges traditional female gender roles from non-Western countries to a greater degree than it challenges traditional male gender roles. This can lead to conflict of norms, threatened self-esteem and/or loss of feelings of identity.



"I believe this is because a large part of a woman's life in non-Western countries is often restricted to the family, which clashes strongly with the Norwegian woman's role. Another reason that social integration for non-Western women contributes to psychological problems in some cases can be that they are exposed to negative sanctions from the man's side if they seek contact with the Norwegian society," says Dalgard.

In this study non-Western immigrants were defined as women and men born in Eastern Europe, Asia or Africa, whilst Western immigrants were defined as women and men born in Western Europe or America.

"There is probably significant variation between different non-Western countries with regards to these conditions, but we do not have data that can highlight it," says Dalgard.

He adds that the survey shows being integrated in Norwegian society can bring adjustment problems that in the worst case can affect mental health.

The consequence of this must be that one is careful with making integration the only goal for immigration policy, especially when it concerns women with a foreign cultural background, says Dalgard.

18 770 adults took part in Health Studies in Oslo (HUBRO) in 2000-2001 and the NIPH is responsible for maintaining the data. All men, women and youths in Oslo in 11 different age groups were invited to participate in HUBRO, which aimed to get an overview of the Oslopopulation's health and collect research material. The study was a collaboration project between the City of Oslo, the University of Oslo and the predecessor to the current NIPH.

16 000 of the participants answered questions on mental health and their data are included in this study. 1 448 of the participants are immigrants



from non-Western countries, whilst 1 059 are immigrants from Western countries.

Psychological problems are measured with ten questions from the Hopkins Symptom Check List (HSCL-10). Social integration is measured by knowledge of the Norwegian language, reading of Norwegian newspapers, visits from ethnic Norwegians, as well as receipt of help from ethnic Norwegians. Information about salaried work, household income, marital status, social support and conflicts in close relationships are also included.

Source: Norwegian Institute of Public Health

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