

Background

Beginning in the 1980s Spain experienced a dramatic influx of immigrants from other countries; most of them immigrated primarily for economic and work-related reasons (1). The demand for non-skilled labour in the past few decades has meant that immigrant workers generally occupy the most precarious and temporary jobs, and their access to more qualified positions is limited (2). The lack of job mobility, combined with difficulties in financing basic needs and in accessing certain public resources, constitutes a factor of discrimination borne by the immigrant population (3).

Discrimination is a determinant of health and health inequalities (4). This process can be defined as one or more members of a socially established group being treated differently (pejoratively) because of his/her/their belonging to that group (5).

The extent to which working conditions and job sector have an effect on the relationship between perceived discrimination and state of health has been scarcely explored. Research has reported that contract situation, lack of social support, difficulties in communication, level of education and cultural identity (cultural habits and values) are factors that may contribute to the discrimination experienced by the immigrant population (6-8), and this situation has an impact in several health indicators.

Objective

To analyse the relationship between self perceived discrimination in the workplace and health outcomes in a sample of immigrant workers in Spain.

Methods

A cross-sectional survey was conducted in 2008 amongst a non-random sample of 2,434 immigrants (42.7% females) from Ecuador, Morocco, Romania and Colombia in four Spanish cities: Barcelona, Huelva, Madrid and Valencia. The survey examined the demographic, working and health conditions of participants. Association between self-perceived discrimination in the workplace (yes/no) and self rated health (good/poor), mental health (General Health Questionnaire GHQ-12), perceived stress (yes/no) and change of perceived health status after arriving to Spain (worse/equal-better) was analysed. Logistic regression was used separately for men (M) and women (W), and estimators were adjusted for age, legal status, education level, occupation, origin country, and time in Spain (adjusted odds ratio aOR; 95% confidence intervals 95%CI).

Results

Table 1 shows the distribution of the self-perceived discrimination in the workplace in the sample (n=2,434) according to socio-demographic characteristics and health outcomes. A total of 57% of the participants were male, and 65% were less than 44 years old. The majority had legalised Spanish residence and work permits, and worked in manual labour in the construction and service industries. A total of 83% had a primary or secondary education. The majority of those interviewed had been in Spain for 2 to 6 years. The highest frequencies of poor outcomes are observed among those who report discrimination in the workplace.

Immigrants reporting discrimination were at a significantly higher risk of suffering all the health problems analysed when compared with those not reporting discrimination (Figure 1). These results were adjusted for all the co-variables.

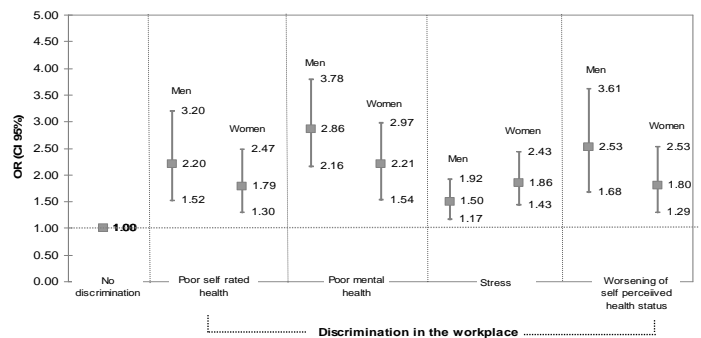
Conclusion

Self-perceived discrimination in the workplace affects reported health indicators in immigrants. This effect could be related to characteristics of the labour market, sociodemographic factors, precarious employment, specific working conditions, and difficulties in social integration in the host country.

Table 1. Distribution of the sample of immigrant workers in Spain and prevalence of the self perceived discrimination in immigrants for sociodemographic characteristics and health outcomes. (n=2,434)

Sociodemographic characteristics and health outcomes	Sample		Self perceived discrimination in the workplace	
	n	%	n	Prevalence
Sex				
Male	1395	57.3	845	60.6
Female	1039	42.7	611	58.8
Age (y) ^b				
<=24	422	13.3	259	61.4
25-34	1097	45.1	652	59.4
35-44	638	26.2	385	60.3
45-54	222	9.1	127	57.2
>=55	42	1.7	24	54.1
Legal Status (work and residence)				
Documented	1893	77.8	1115	58.9
Undocumented	541	22.2	341	63.0
Occupation (According to social class)				
Manual	1539	63.3	923	60.0
Non manual	894	36.7	533	59.0
Educative level ^b				
Non studies/ primary studies	770	31.6	501	65.1
Secondary	1247	51.2	729	58.5
University	413	17	224	54.2
Economic Activities (big sectors) ^b				
Agriculture	266	10.9	156	58.6
Industry	180	7.4	106	58.9
Construction	592	24.3	347	58.6
Services	1394	57.3	847	60.8
Origin country				
Ecuador	611	25.1	355	58.1
Morocco	625	25.7	414	66.2
Romania	601	24.7	361	60.1
Colombia	597	24.5	326	54.6
Living time in Spain				
< 2	295	12.1	174	59.0
2 to 6	1334	54.8	803	60.2
> 6	805	33.1	479	59.5
Self rated Health in origin country				
Good	2290	94.1	1096	47.9
Poor	144	5.9	84	58.3
Self rated Health in Spain				
Good	1998	82.1	913	45.7
Poor	436	17.9	267	61.2
Change in self rated health (origin- host country)				
No change/improved	2082	85.5	959	46.1
Worse	352	14.5	221	62.8
Mental Health (In Spain) GHQ-12				
Good	1771	72.8	731	41.3
Poor	662	27.2	449	67.8
Stress	806	33.1	439	54.5
Total	2434	100	1456	59.8

Figure 1. Association between self perceived discrimination in the workplace and poor health outcomes in immigrants in Spain. Adjusted OR (95%CI). (n=2,434)



* Adjusted OR (aOR) by age, legal status, educative level, occupation, country of origin, Spain and time in Spain

References

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