

# Health-related practices in Latin-American families residing in Switzerland

## Preliminary findings from an ethnographic study

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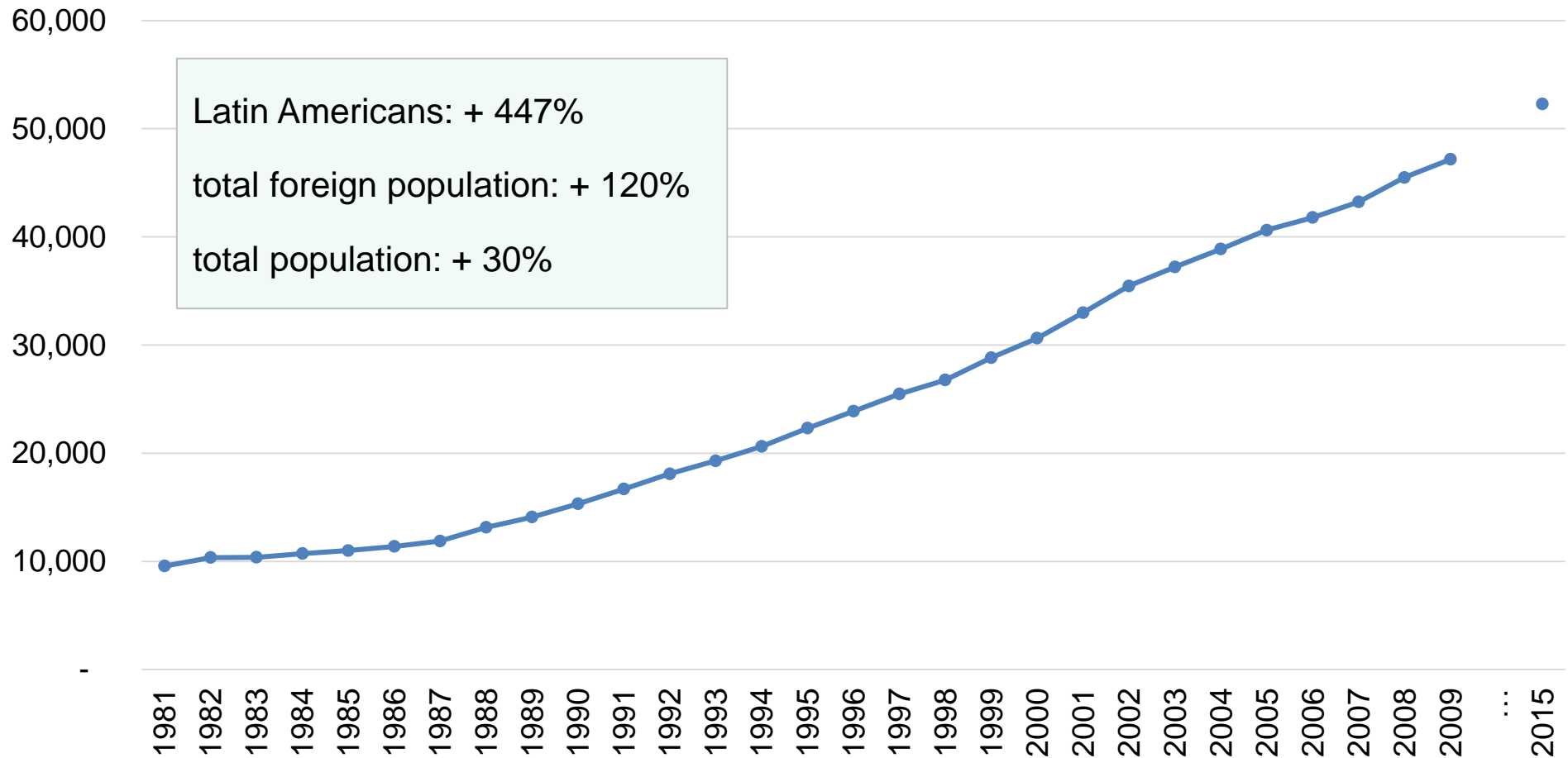
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## Latin American migration (LAM) to Switzerland – The facts

- Latin American immigrants in Switzerland:
  - total of 53'000 legal residents, roughly 2/3 female
  - make up for 2.6% of Switzerland's foreign population (BFS, 2017, S. 14)
  - Highest concentration in urban areas, especially in French-speaking Switzerland, e.g. Geneva and Lausanne

## Total Latin American population in CH, 1981 to 2015

Data Source: Swiss Federal Office of Statistics



## Latin American migration (LAM) to Switzerland – Public interest

- Little political and academic interest in this population; possibly due to
  - supposed short-term stays;
  - being considered less «exotic» than other migrant groups;
  - discrete lifestyle among the high number of undocumented migrants from Latin America
- Interesting to study due to many reasons, e.g.
  - variety of causes and motivations for migration;
  - LAM as a predominantly female phenomenon;
  - important number of undocumented migrants from Latin America

## Previous research

## Health embedded in everyday life and health practice

Ottawa Charter 1986:

«Health is created and lived by people within the settings of their everyday life; where they learn, work, play and love.» (p. 5)

### Health practice (Faltermaier; Obrist)

- ELiS research question: **How is health lived and created in Latin American families in Switzerland?**
  - What health-related practices can be observed in everyday life of Latin American families living in Switzerland?
  - What factors shape everyday life of Latin American families in Switzerland?
  - What resources do Latin American families in CH have at their disposal to protect and promote their health?

WHO, 1986, Ottawa Charter for Health Promotion

## Design and methods

- exploratory ethnographic field study
  - ethnography: multi-method, context-bound research strategy to explore social practice and provide in-depth description of everyday life (Breidenstein; Kalthoff)
  - aim of ethnographic work: “generate understandings of culture through representation of (...) an *emic* perspective, (...) the ‘insider’s point of view’” (Hoey, 2014, p. 2)
- main methods: participant observation, semi-structured and ethnographic interviews, ...
- data collection: observation protocols, memos, interview transcripts, WhatsApp chat protocols, ...
- analysis: mixing inductive and deductive analysis, adopting an intersectional

## Current data pool

- 11 semi-structured interviews, total of 920 mins (15.3h)
  - 7x 1 interviewee, 4x 2 interviews, children present during 4 interviews
  - countries of origin: 8x Colombia, 2x Chile, 2x Perú, 1x Ecuador
- Field protocols from 17 encounters, lasting in total approx. 2105 min. (35.1h)
- Facebook screenshots, WhatsApp chat protocols, ...



## **Preliminary findings – Health concepts**

### *High value of health*

«Everything focuses on health. Because you can have a lot of money, but lack health. Health cannot be bought with money. So for me it's paramount. And to have health one has to take care of himself/herself. Because one thing leads to another.» (I007, 125)

### *Focus on well-being and mental health*

«Well, for me [health] is not simply the absence of illness. The word I associate with health is well-being. (...) Sort of integral/comprehensive health. Feeling at ease, pleased, relatively satisfied with your life, with what you do.» (I010, 55:06)

«At least related to health, we think that health doesn't have to be solely physical. Obviously our family needed *mental* health.» (I009, 43:01, emphasis by speaker)

«We, [my husband] and I, we believe that physical illnesses are only the tip of the iceberg. It's what shows you that something inside is not well. And this is kind of our concept of health, I think.» (I010, 56:01)

### *Stress threatens and impairs health*

«More so, it's about not having stress/not being stressed. Which today is the first factor of illness. (..) If you don't have stress, you do not have any major problem.» (I010, 01:03:43)

«To me, [well-being] is the opposite of stress. Like, it's the counterweight to stress. If I don't have stress, I have well-being.» (I010, 01:08:50)

*Relational conceptualisation of well-being*

«Well, feeling good myself is when my kids are fine. That they are well.» (I007, 125)

«It makes me feel good to know that the ones I love are well. It makes me feel good knowing that I can do something useful for myself, for my family, for my friends.» (I002, 01:01:35)

## **Preliminary findings – Health practice**

### *Positive thinking and optimism*

«Me, what I always say is that the mind is very strong. The mind is your worst enemy. So what you always have to do is not let your thoughts and ideas overpower you.» (I007, 146)

A. is telling me about her working situation. She currently only has paid work as a Spanish teacher for one group of kids and one kid in private lessons, a total of 3h per week. She talks about how it makes her feel bad at times not contributing more to the household finances. She also finds it difficult not being able to develop professionally. Still, she says several times: «I like to stay positive. I have to stay positive and not let it wear me down». (FP002, 54)

### *Preventive health action*

«And well, I always try to stay active, have things to do.» (I002, 14:43)

L. talks about the mothers who participate in her group for Spanish-speaking parents and their preschool children. She says that the ones who actually do participate, for example the ones I got to know before, are very open-minded and in search for possibilities to make ties and to integrate into the community. «They know that if they stay at home all day, if they don't take the children out, they will feel bad. They will get depressed, they will feel bad mentally and emotionally.» (FP007b, 112)

We get back to the topic of preoccupations and thoughts that cannot be stopped easily, although one realizes they are harmful. She tells me that at other moments of her life, several tricks have helped her in situations of fear and worry. «I know how to do it. I have my things: (...) relaxation techniques, these kinds of things. Normally they help.» (FP014, 210)

P. Explains that she feels the need to pour her heart out, that she would like to do it in a professional setting. «Sometimes it's better to do this in a preventive effort. Before it gets too bad.» (FP013, 65)

## Preliminary conclusions

Health promotion ought to take into consideration the health concepts and health-related practices of its target groups.

- Latin American immigrants in Switzerland place a high value on health, especially on emotional well-being.
- They rate their well-being in relation to the well-being of their significant others.
- Keeping busy and participating in various activities is experienced to promote psychological well-being.

**The aim should be to adopt a *difference* perspective instead of a *deficit* perspective on health-related concepts and practice of minority groups.**

(Bittlingmayer & Sahrai, 2010; Bittlingmayer & Ziegler, 2012)



**Thank you for your attention!**

## References