

Hello from the other side

Citation for published version (APA):

Roosen, I. (2022). *Hello from the other side: Access to and circulation of health information between migrants and their network members at origin*. [Doctoral Thesis, Maastricht University]. Maastricht University. <https://doi.org/10.26481/dis.20221102ir>

Document status and date:

Published: 01/01/2022

DOI:

[10.26481/dis.20221102ir](https://doi.org/10.26481/dis.20221102ir)

Document Version:

Publisher's PDF, also known as Version of record

Please check the document version of this publication:

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Human beings form spiderwebs of social networks. Within these networks, network members influence each other's health and health behaviours. Initially, research and practice focused on network members within proximity, at least within country borders. However, networks can easily cross borders due to globalisation and technological developments. These connections crossing borders have always existed for migrants, also referred to as transnational networks, but their potential has not been understood.

Besides their network members at destination, migrants often remain connected to their network members at origin (NMOs). Having one foot in two worlds allows them to be exposed to new or different information at destination and discuss their new observations and information with their NMOs. These information exchanges within transnational networks are interesting to study for four main reasons. First, migrants are often respected members of their society at origin and considered reliable information sources. Second, migrants are part of their society at origin but still heterogeneous enough from their NMOs to provide innovative information. Third, as migrants know the social norms and context of origin, they can tailor information to the situation and needs of their NMOs. Fourth, the technological developments over the last decades (such as social media and easy travel options) made it easier and cheaper to maintain transnational connections, making it possible to discuss diverse topics in more detail and privately (e.g., via personal chats) when desired.

Transnational network members are information sources for their NMOs. Levitt (1998) coined 'social remittances' to refer to these transnational information exchanges between migrants and their NMOs. In this dissertation, the term social remittances has been usefully extended to transnational social exchanges (TSE). Levitt (1998) identified four types of information exchanged between migrants and their NMOs: norms, practices, identities, and social capital. These types can be translated into several identified determinants (such as knowledge, attitudes, social norms, skills, and role models) that are known to influence health behaviours. When receiving TSE, NMOs can decide to accept the received information fully or partially or reject it.

Previous studies have identified the potential of TSE on the health of NMOs. However, studies are still limited in number, and much remains unanswered when understanding the overall picture of the complex TSE-process. Unravelling the overall TSE-process could potentially benefit (1) migrants, (2) NMOs, (3) origin, and (4) destination locations. Therefore, this dissertation's overall aim is to ***understand the link between transnational social exchanges and the health of network members at origin***. Five core chapters (Chapters 2-6) support the main aim of expanding current knowledge on the topic by summarising and understanding previous research, developing a conceptual framework guiding future research, and adding evidence guided by the proposed conceptual framework. These core chapters are preceded by a general introduction (Chapter 1) and succeeded by a general discussion (Chapter 7).

Chapter 1 provides a general background to the topic. A practical example helps to explain the main multi-disciplinary concepts used throughout this dissertation when studying TSE and their influences on the health of NMOs. It also outlines the (sub-)goals of the five core chapters.

Chapter 2 provides a more profound understanding of the role of TSE on the health of both migrants as well as their NMOs in current research by synthesising existing literature conducting a systematic narrative literature review.

Highlights

- Transnational networks are of emotional value to migrants and their NMOs, both positively (support) and negatively (stress).
- TSE facilitate the diffusion of innovations, potentially driving contemporary social and cultural change.
- Migrants combine health-related advice from destination and origin, depending on urgency and experienced healthcare barriers at destination.
- The acceptance of TSE of the migrant depends on their status at origin and experienced power imbalances by their NMOs.
- TSE can occur individually (migrants - NMOs) or collectively (diaspora organisations - locations at origin).
- Research on the topic focused on South-to-North migration and misses the voices of NMOs.

Chapter 3 summarises conceptual and theoretical approaches in previous research and proposes the *Comprehensive transnational exchange of Health informATIion (CHAT)-model* as an answer to the observed conceptual gap.

Highlights

- Research on the topic slowly increases but uses diverse conceptual and theoretical approaches, indicating a lack of conceptual framework.
- Papers published after the redefinition of social remittances in 2011 mostly do not refer to social remittances or refer to the old definition of 1998.
- A multifaceted perspective on the mechanisms of the TSE-process is needed, reflecting both TSE-sending and receiving sides.
- Based on the mapping of concepts and theories used in previous research, key components have been identified to develop the CHAT-model.
- The CHAT-model provides a multi-disciplinary view when studying this topic by integrating migration, health behaviour, communication (social marketing), and international law theories and concepts.

Chapters 4, 5, and 6 investigate different components of the CHAT-model by studying sexual and reproductive health (SRH) outcomes (birth control and HIV/AIDS) of NMOs in Afghanistan and Pakistan. This is done by analysing the 2010 Afghanistan Demographic and Health Survey (DHS) and 2017-2018 Pakistan DHS.

Highlights

- Migrants can be health-related change agents, influencing SRH of their NMOs (Chapters 4, 5, and 6).
- Active transnational networks are relevant in the TSE-process (Chapters 4, 5, and 6).
- The information internal migrants and emigrants receive and remit varies by destination context (Chapters 4, 5, and 6).
- Context of origin and characteristics of NMOs are relevant components to understand the acceptance and translation of TSE (Chapters 4, 5, and 6).

- TSE play a different role in the different steps of the innovation-decision process of NMOs (Chapter 5).
- Sending or receiving economic remittances support the transfer of TSE (Chapter 5); a lack of economic remittances could hinder the transfer of TSE (Chapter 6).
- Gender is a relevant component of the TSE-process influencing SRH outcomes (Chapters 5 and 6).

Chapter 7 reflects on the main findings of the core studies presented in this dissertation and the observed research developments linked to experiences during my PhD journey. Furthermore, the conceptual and methodological strengths and limitations of this dissertation have been reviewed. Also, recommendations to look forward to the future of research and practice on TSE and its influence on the health of NMOs have been proposed.