Chapter 2

THE INTERPLAY BETWEEN
TRANSTATIONALISM AND HEALTH
BEHAVIOR OF AFRICAN IMMIGRANTS
IN AMERICA

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ABSTRACT

Different socioeconomic and cultural disciplines, such as economics, anthropology, geography, political science, and health, have enriched the notion of transnationalism, which, defined simply, is multiple connections and interactions linking people and institutions across the borders of more than one nation-state. From a social sciences perspective particularly, scholars agree that transnationalism involves a sociocultural identity shaped by the interconnectivity between more than one geographically distant places. From a health perspective, this sustained

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interaction impacts the behavioral health of those who maintain transnational identities. Transnational Africans, for example, are driven by an interconnectivity between their countries of origin and their receiving countries—in this case—the US. In general, when transnational Africans resettle in the US, they come with established health behaviors and attitudes based on their experiences and cultural identity. Those established health behaviors then shape their perspectives and practices in the receiving country. Overall, there is a need for continual exploration within this field because the majority of studies that focusing on the interplay between health behaviors among blacks in the US do not disambiguate native-born from foreign-born, despite important health differences within these groups.

Keywords: transnationalism, African immigrants, health behaviors, risk factors, preventative factors

INTRODUCTION

Immigration is naturally imbedded in the fabric of the US. The nation’s immigrant population (legal and illegal) reached a record of 41.3 million in July 2013, an increase of 1.4 million since July 2010 (Camarota & Zeigler, 2015). Migration, like most human experiences, is a unique event for each individual involved, while at the same time being a process shared each year by the multitudes of immigrants around the globe. It is unique because the great variety of factors that can affect the process of migrating, from adapting to the host country, the socioeconomic difference, to psychological change that an individual has to cope with given their new situation (Berry, 2005). For some individuals, this can be a stressful experience. This is particularly the case when immigrants arrive to a society that is significantly different from theirs and in disadvantageous conditions, called push factors (Finch & Vega, 2003).

The US consists of different variations of race and ethnicities. Whether a native or foreign-born, there is a large number of ethnic representation in the US and within that group most of these people are either immigrants or descendants of immigrants. The immigrant population continues to increase incrementally. It is projected that the foreign-born population will
continue to increase to approximately 81 million by 2050 (US Census, 2012). Along with the migration of these immigrants includes the mobilization of cultural beliefs and attitudes that can influence behaviors and interactions with their surroundings. Speaking about transnational immigrants fourteen years ago, Guarnizo, Portes, and Haller (2003) described them as the “new” breed of immigrants that have begun to emerge in modern civilization. Transnational immigrants are a subgroup within the overarching immigrant population that add a new dynamic of maintaining multi-national ties that influence their activities and beliefs in social mobilization; they maintain strong ties to their native customs while also acculturating to their current land of establishment (Ilunga Tshiswaka & Ibe-Lamberts, 2014). These immigrants represent various racial/ethnic background across the world. Today transnational immigrants encounter a world that is much more diverse and due to increased technological advances (e.g., FaceTime, Skype, WhatsApp, Facebook, etc.) maintain a stronger transnational connection compared to previous eras that more aggressively demanded assimilation.

Figure 1. Diagram of African Immigrants.
It should be emphasized that being a transnational immigrant is something that is based on the volition of the transnational immigrant. There are immigrants that arrive in the host country who may choose not to maintain ties to the native homeland; these immigrants will be defined as "classical immigrants." For example, the diagram of "African Immigrants" below highlights the residential status of African immigrant cohort in relation to the host country's legal authorization of resettlement, as well as their cultural identity and maintenance of social networks. As such, "African immigrant" is a generic term used to identify everyone who emigrates from Africa regardless of their residential status and other factors discussed in this chapter.

This chapter explores and provides further insight on how transnational practices affect health beliefs and behaviors of those who self-ascribe themselves as such. The literature reviewed and discussed in this chapter utilizes the term immigrant as a comprehensive term. In that context, immigrants allude to people who may have travelled for widely different reasons, particularly voluntarily or involuntarily. It is critical to understand that transnational immigrants are still immigrants that exhibit dynamic features characteristics based on the choices made and methods taken to sustain ties to the land of origin. While the literature on immigrants considered here is, to some extent, applicable to transnational immigrants, it frequently fails to identify the impact that a multi-national identity can have for this population.

**TRANSNATIONALISM**

Researchers describe the maintained ties by immigrants to their native homelands as "transnationalism." This idea can be identified as a sustained long distance, border-crossing connections created in several ways including communication networks, social movements or even criminal/terrorist groups (Schiller, 2005). Transnationalism underlines the conditions that influence lives and cultures continuously engaged across countries as compared to traditional notions of immigration (Furman &
Negi, 2007). It has become a multi-faceted concept that provides an advantageous range of perspectives to the study of global migration (Vertovec, 2009). Research indicates that many contemporary immigrants engage in activities that link them to family members or significant others who may reside in the native land from which the immigrant is from, but may not be residing in (Vertovec, 2004).

It has always been acknowledged by researchers that immigrants may attempt to make some form of contact with their native homeland. However, most of this research on immigrants tended to focus on how the immigrants assimilate or acculturate to the homeland, not necessarily how the immigrant sustains intense ties to the land of origin. Today immigrants encounter a society that is much more diverse and contains a stronger transnational connection compared to a time period where assimilation was demanded (Levitt, DeWind, & Vertovec, 2003). The concept of transnationalism impact the way researchers understand immigration theories that exist (Levitt et al., 2003). Debate about when and how the word “transnational” should be utilized is still ongoing; however, recognition is growing in observing the objective dimensions of transnational practices (Koehn, 2006; Levitt et al., 2003). Immigrants are now beginning to develop “transnational communities” and creating various transnational approaches in order to create multi-national identities that can prove beneficial in economical and personal standpoints (De Fina & Perrino, 2013; Portes, Guarnizo, & Landolt, 1999; Rezaei & Marques, 2016).

When the concept was first developed, the initial tendency of most people aware with the term of transnationalism was to assume that it involved the movement of people. Research indicated that often the term transnationalism becomes confused with the term “transmigration” (Lee, 2011). The author claims in that “movement is not a prerequisite for engaging in transnational activities.” The movement of a population may not necessarily indicate the movement or the creation of transnational engagement (Harney & Baldassar, 2007). Both studies indicate that there needs to be some form of clarity in determining the correlations between transnationalism and transmigrancy. The discussion of both subjects
created a question fundamental to all researchers in migration studies: can a transnational be someone who does not physically move from host and origin country often? The research work of Harney and Baldassar (2007) derived a confounding factor to the analysis of transnationalism and transmigration: mobility. The notion of mobility plays a role as a catalyst for interpreting the process of migration, but researchers question whether mobility should be quantified or measured in order for it to be relevant with transnationalism. Some researchers also question if the term “transnationalism” may be too broad of a concept (Vertovec, 2001). There is no form of theory developed related to transnational patterns that occur in migration, neither is there any typology transnationalism truly established based on and theorized according to the various condition that may affect them. Scholars on migration research also question whether the advancement in technology is the sole determinant of transnationalism among immigrants. There has yet to be a determination of if (and how) technological advancement in telecommunication truly facilitates the development of transnational networks created by immigrants.

Despite all the debate between scholars about the terms, there are minimal quarrels with regard to the impact that transnationalism has on contemporary migration. Several immigrant communities maintain intense linkages with their homelands and make exchanges between sending and receiving countries including marriage alliances, religious activity, media and commodity consumption. Transnational connections affect immigrants as never before with regard to practices of constructing, maintaining and negotiating collective identities (Engbersen, Bakker, Erdal, & Bilgili, 2014; Hannerz, 1996; Portes et al., 1999; Vertovec, 2001).

Transnational African Immigrants in America

In the 2000s decade, the African diaspora alone has provided one of the fastest-growing groups of US immigrants: an increase of nearly 100 percent (Capps, McCabe, & Fix, 2012). Africans immigrants in the US are one of the least studied groups in health research (Venters & Gany, 2011).
Research in the Black population, to amalgamate both African-Americans and African immigrants under one homogenous “Black” group without taking into consideration the differences in lifestyles, beliefs and culture that stands in between both groups (Turk, Fapohunda, & Zoucha, 2015). African immigrants and US born African-Americans possess different experiences historically that shapes their belief and values today. Some literature reviews on African immigrants reveal that the grouping together of African immigrants misses important variations within the population integral to determining the ethos of health disparities amongst different groups (Turk et al., 2015; Venters & Gany, 2011).

Transnational Africans immigrants are driven by the interconnectivity between their countries of origin and their receiving countries. For our case, when transnational Africans resettle in the US, they come with predetermined cultural beliefs and deeply rooted behaviors based on their experiences connections to their native homeland. There is a need for the continual exploration of this population in the field of migration studies. Immigrants that keep regular connection with friends and relatives back home could have the tendency to rely on specific practices or behaviors they have learned in their homeland. These practices or behavior could be a factor of cultural identity; changing or abandoning these practices due to assimilation may imply a loss in identity (Thomas, 2010). Even when they live overseas, they keep in touch with their friends and relatives so they can perpetuate the cultural practices (Volpato, Kourková, & Zelený, 2012).

The transnational African immigrant will rely on his/her origin country for nostalgic materials or resources that they trust. For instance, they may seek advice from relatives or friends back home about management of a specific ailment. The advice received could be a practice that is perceived as a preventative measure from being sick (Thomas, 2010). Even though transnational immigrants no longer live in their countries of origin, they continue to be member of their native communities by preserving and passing on those culture-specific practices to their offspring through transnational activities.
Transnational Activities

A distinguishing characteristic of transnational African immigrants is the ability to create and sustain a connection with their native homeland post-migration into the new country. This connection is created through various practices that help sustain strong ties back to their homelands such as remittances—sending money back, telephoning or the involvement with hometown associations (Bacigalupe & Cámara, 2012). These practices occur for the purposes of: a) maintaining relationship with friends and family in native homeland; b) fulfilling financial responsibilities for family, friends or businesses in native homeland; c) staying informed of the current affairs (socially and politically) in native homeland; and d) preserving cultural practices and traditional values. The engagement in these practices allow transnational African immigrants to sustain their cultural identities and not lose touch of their cultural values when acculturating to the US.

Remittances

Remittances are resources, money and utilities sent from one place to another (Humphries, Brugha, & McGee, 2009). Sending remittances is one of the most common practices by transnational immigrants to maintain ties to their native homeland—a key element in transnationalism. Sending remittances has become an integral source for economic activity in transnational communities: there is constant sending and receiving of materials and/or resources to and from the native homeland (Osili, 2008). Sending remittances is not by any means a new practice. Remittance sending has a long history of practice that dates back to the year 1906. The New York Post Office estimates that approximately 12.3 million individual money orders were sent to foreign countries between 1901 to 1906 (Osili, 2008).

Transnational African immigrants possess the ability to send, receive or even personally transport products to and from their native lands). One of the consistent factors that influence remittances is the frequent demand of family and friends back home for these money or products from the US.
Money is the most common form of remittance that is sent (Carling & Hoelscher, 2013; Humphries et al., 2009; Straubhaar & Vâdean, 2005). Transnational Africans often engage in sending money to their native lands for reasons such as: a) Family provision b) Investment for future retirement in native homeland c) Commercial or business ventures that they wish to engage in or are already involved in (Ogundele, 2004). Research shows that transnational immigrants send remittances almost on a monthly basis and at least eight times a year (Orozco, Lowell, Bump, & Fedewa, 2005). Remittances are also sometimes sent to purchase land or build a home that can be occupied by family members or even themselves, upon their return to the native homeland (Osili, 2008). According to the World Bank, remittances from overseas residents and non-resident workers to households in developing countries amounted to approximately $400 billion. Immigrants’ remittances have overtook official development assistance and may be at levels comparable to foreign direct investment in many parts of the developing world (Aga, Plaza, & Silwal, 2014).

Sending remittances is a practice that illustrates the linkage between a transnational African immigrant and his/her land of origin on a personal, social and economic standpoint. It is a needle that threads the fabric of a transnational community. The ability to send remittances is one of the key motivating factors for transnational immigrants to pursue employment in their new country (Levitt & Lamba-Nieves, 2011). Many immigrants arrive in the new land with the aspirations of achieving affluence in order to send remittances to family members abroad. Apart from creating better lives for themselves in their new country, transnational immigrants also strive to make life better for their connections back in the homeland. Sending remittances is a common way of displaying the emotional linkage a transnational immigrant has with the native land.

**Hometown Associations (HTA)**

Hometown associations, or HTAs denotes a numerous and permeating form of voluntary organizations for first generation immigrants (Heyman, Fischer, & Loucky, 2014; Vertovec, 2004; Zabin & Rabadan, 1998). HTAs are organizations that allow transnational immigrants from the same
country, region or city to maintain ties and collectively support their land of origin through remittances. HTAs function as a place of development, education, religiosity and socialization through the organization of country-based social events (Abbott, 2006). HTAs are usually led by: a) elected officers, b) a board of directors or c) elders of the community. Most of these groups are usually voluntary groups and do not have any nationally recognized statuses (i.e., profit or not-for-profit). HTAs can also be interwoven with faith-based institutions. For example, churches can serve as HTAs if the membership is composed primarily of immigrants who share a similar background or cultural identity; the pastor would serve as the leader of this multi-faceted organization. Through these HTAs, Transnational African immigrants are able to blend and maintain their homeland cultural beliefs while teaching US-born generations their traditional culture and values (Abbott, 2006).

Collective activities include charitable work such as donating clothes, raising money for improving infrastructures and educational institutions (Lacroix, 2016; Vertovec, 2004). Fundraising may also include picnics, concerts, raffles, sport events, religious celebrations or cultural events such as parties or festivals for holidays respected in their native homeland. HTAs may also coordinate with organizations back in the home country to implement special events such as conferences or special projects to send resources to a community in need. Though equipped with the most charitable intentions, HTAs do not always fulfill its aspirations. Internal disagreements within HTAs emerge regarding raising funds because there may be opposing opinions about the level of importance of an issue (Goldring, 2001; Mahler, 1998; Vertovec, 2004). Due to the working-class profiles of its members and its voluntary status, the activity levels of these HTAs are often limited (Orozco & Rouse, 2013). Nevertheless, these internal struggles are not significantly different that those of any other voluntary organization with similar objectives.

The most important priority of a transnational immigrant is to stay connected with friends, families or other ties left in the native homeland (Orozco & Rouse, 2013). Immigrating to a new land at time may cause loneliness or a disconnection from the community that was left. HTAs
serve as tool for the creation of transnational communities for immigrants. It represents a space where newly arrived transnational immigrants can build social networks and share resources that can assist with the acculturation process into the US (Sørensen, 2016). HTAs create a “home away from home” atmosphere for transnational immigrants, allowing for the engagement in dialogues or events that may be nostalgic to the native homeland (Mercer, Page, & Evans, 2009). HTAs pose as a positive influence to the quality of life for transnational immigrants.

Transnational African Immigrants in the Second Generation

As loose as the definition of transnationalism is along with its practices by immigrants, researchers also question if it is generational. A majority of the research focuses on the group that migrates and not necessarily on their offspring: the second generation immigrants (Lee, 2011). (Lee, 2009) alludes that the intense transnational connections of immigrants can have an effect on their children. Even though transnationals can feel at “home” in both their country of residence and their country of origin, this does not mean the same perspective is shared by their children towards their “native” homeland (Foner, 2002; Wessendorf, 2016). This literature focuses on the practices and maintenance of ties and remittances by second generation immigrants. The researcher wanted to understand if the transnational activities of the second generation can help solidify the definition of the notion of transnationalism.

The second generation deals with an internal conflict that affects how they operate in society, especially in the black population (Mazzucato & Cebotari, 2016). With the basic needs of all children being similar, whether its African American children or children of African Immigrants, children of immigrant families have specific challenges due precarious circumstances (Hernandez, 1999). Education itself can contribute to the conflict, being in an environment where one is taught to believe in the culture taught by their parents, makes them think yes this is what is supposed to be. However, the issues lie when they go outside and interact
with their peers who are not immigrants or second generation. Immigrant children, growing up in a society different from where their parents grew up, are more inclined to agree with the normative behaviors of the current country they live in. As a result, they in some cases relate more with the African-Americans than they do with their parents. Then, the process of “reverse acculturation” is created by the 1st generation forcing their children to assimilate with something they do not see. Since the second generation is forced to conform the traditional (and transnational) practices of the 1st generation, they could feel as if they are identifying with something that is not natural to them.

It has been reported by Lee (2011) that second generation transnational practices could occur indirectly in activities such as remittances or contributing to fundraisers for donations to their homeland. Other forms of transnationalism practiced by the second generation would include actions such as traveling, voluntarily or involuntarily, to their native homelands (Lee, 2016). Second Generation immigrants do not maintain a high level of remitting like their parents due to a higher level of self-interest and personal gain. Instead, second generations immigrants often engage in other forms of transnational activities such as telephoning, social networks, and gift exchanges within their transnational networks (Bacigalupe & Cámara, 2012).

It is vital to acknowledge that some of these activities can be forced and not of free will. A study on second generation immigrants revealed that children of immigrants are often sent back to their homeland by their parents to visit families or even go to school for a short period of time (Lee, 2016). In some cases, this leads to establishing ties to kin residing in their native homelands. Upon the return back to their current country of residency, they maintain those particular ties created upon their visit of short stay in their respective countries (Lee, 2011). Small studies are also showing parents send their children back to native lands based on behavior problems (Dreby, 2007). This form of discipline can play a role on the emotional welfare on these children and create some form of culture shock, especially if it is the first visit to the native homeland (Lee, 2011, 2016).
Some second generation immigrants may not have a high level of tangible remittances such as donating money or gifts, but rather maintain an emotional tie to their parents’ country of origin. This creates a more subjective element to their transnational tie (Wolf, 1997). Lee (2011) proclaims that the term however should not be used simply to alleviate the weakness of second generational transnational ties. Further, Gowricharn (2009) suggested that the concept should be expanded to include more active and tangible forms within their “ethnified” communities in order to further define the practice of transnationalism and help second Generation immigrants maintain their “transnational identities.”

The second generation is the utility player serving as a catalyst to the immigration assimilation in America. This process is accelerated by the second generation being accustomed to the social norms of America (Wessendorf, 2016). Going deep into the background of the second generation, they have grown up with and interacted with groups that are part of this culture such as African-Americans. “The immigrant children are often stigmatized and isolated from the mainstream youth culture” (Hernandez, 1999). Since they are not part of the mainstream society, they deal with many issues as far as emersion. Having the American experience comprised of two different lifestyles makes things even more difficult. This slows the process by which African Immigrant offspring assimilate into American society. What makes this generation so unique is their ability to play both roles in society. Acting as an immigrant and a native is what can make them versatile.

HEALTH BEHAVIORS AND TRANSNATIONAL AFRICAN IMMIGRANTS

Lifestyle Choices and Perceptions toward Health

When discussing Transnational African immigrant health, demographic factors such as socioeconomic status (SES), length of stay in
the US, gender, and geographic displacement are some of the tangible causes of change to health behavior. Cultural influences such as beliefs, religious practices, and ethnic displacements also factors in to sustained health behaviors. Acculturation plays an integral role in the health of transnational African immigrant in their new lands and influences potential change in health. Scholars in immigration health acknowledge the fact that all immigrants, to some extent, go through an acculturation process in order to adapt to the social norms and integrate successfully to civilization of the dominant/host group (McDermott-Levy, 2009). These social norms may be inclusive to conforming to the standard way of life in dieting patterns and beliefs that influence one’s health behavior and ultimately one’s health status. Stress factors associated with acculturation to western society include decreased social support and increased job demands (Steffen, 2006). Immigrants upon arriving tend to live in communities that are primarily low SES areas. This can lead to change in health behavior and health choices such as diet, and reduction in physical activity. Research studies fully acknowledges the inverse relationship that exists between socio-economic status (SES) and health outcomes (Adler et al., 1994). Immigrants, compared to domestics, will have a reduced social network after inumigrating and that lead to a reduction of outlets to reduce stress factors.

One study reported that physical activity was viewed as secondary to more primary things such as employment and school and the pursuit of a better livelihood (Mohamed, Hassan, Weis, Sia, & Wieland, 2014). The study reveals that the effort to meet the demands of the fast-paced lifestyle of the US supersedes the effort to engage in physical activity. This attitude and perception toward health can affect health outcomes over the duration of their residency in their new country. In regards to diet patterns, research has shown that alterations in diet patterns can affect the overall health status of an immigrant (Okafor, Carter-Pokras, & Zhan, 2014). The process of dietary acculturation is proving to have a possible effect on elevating the risk to diet related chronic diseases for immigrants in the US (Ayala, Baquero, & Klinger, 2008). Reviews has shown that the greater the acculturation process is in the US, the more likely the immigrants behavior
will be associated with less healthy dietary behavior and intake which can lead to possible chronic ailments (Lore, 1993; Satia, 2010; Steffen, 2006). A study done by Akresh (2007) found that immigrants eating habits is altered with factors such as residency time, preexisting dietary conditions related to high blood pressure and diabetes. Such altered eating habits are associated with body mass index that is linked to the time of residency to the US. It is becoming clearer there is a link between cultural assimilation to the US and the increase in engaging in dietary behavior risk factors that are determinants of hypertension.

Previous studies on immigrant health show that although foreign-borns initially display healthier advantages and better health statuses than the native-borns, their health status begins to decline the longer the length of residence in the new country (Marmot & Syme, 1976). An example of this is the “Latino Paradox”: a controversial research topic finding indicated that Hispanic and Latino Americans tend to have health outcomes that paradoxically are comparable to, or in some cases better than, those of their US white counterparts despite their unequal social conditions (Low SES) among other health disparities between both groups. Abraido-Lanza, Chao, and Florez (2005) proposed two possible reasons as to why this paradox persists: a) The healthy immigrant hypothesis (or effect) and b) The Salmon bias. The healthy immigrant hypothesis suggests that only healthiest members of from a sending are selected by the receiving country and allowed entry; entering immigrants represent the healthier portion of their population and are not reflective of the true health status of the population from their country of origin (Lu, 2008). The ‘salmon bias’ proposes that many Latinos return to and eventually die in their country of birth, resulting in an artificially low US Latino mortality rate (Abraido-Lanza et al., 2005; Pablos-Méndez, 1994). However, there are some studies that did not support either the salmon or healthy migrant hypotheses and instead claimed that other factors, such as health behaviors, must account for the epidemiologic paradox (Abraido-Lanza, Dohrenwend, Ng-Mak, & Turner, 1999).

In regards to transnational African immigrants, the “Latino paradox” is applicable to a certain extent. There have been some studies that indicated
that the Latino Paradox can be applied to transnational African immigrants. The research suggested that selective migration of healthy immigrants; cultural buffering that includes a strong support network and reduces risky behavior; and healthier lifestyles in native countries impact health of immigrants in their new countries (Hamilton & Hummer, 2011). Read and Emerson (2005) stated the importance of acknowledging selective migration as a primary argument for the differential health between foreign born and native-born blacks; these immigrants have the ability and resources to transition to healthier habits in the US. On the other side of the spectrum, however, studies on immigrant health show that although foreign-born people initially display healthier advantages and better health statuses than the native-born people, increased duration and acculturation to American society diminish these advantages over time (Marmot & Syme, 1976; Singh & Hiatt, 2006).

The African-born population in the US increased exponentially in size from 881,300 in 2000 to 1.6 million in 2010 (Passel & Cohn, 2008). Findings by (Singh & Hiatt, 2006) indicated that the recent surge in African immigrants is also beginning to impact demographic changes; more immigrants are likely to be in poverty and unemployed, which can potentially impact health outcomes projections in the future. Ukegbu et al. (2011) also suggested that lifestyle changes and adoption of “Western” lifestyle in African countries are also affecting the depletion of the gap in Africans immigrant health status in the US after immigration. Overall, African immigrants in the US are underserved and under-researched (Venters & Gany, 2011). This creates a dearth in literature that specifically accounts for the prevalence of chronic diseases with first-generation African immigrants who arrive from the African continent. Venters and Gany (2011) highlighted that in the study of African immigrant health disparities; public health shows a propensity to focus more so on infectious diseases such as HIV/AIDS than on chronic diseases such as CVD, diabetes and hypertension.
Stressors from Transnationalism

According to the National Institute of Mental Health (2017), stress is the brain’s response to any demand. As such, managing different types of stressful demands, such as exercise, work, school, major life changes, or traumatic events becomes key to mental and physical health (American Psychological Association, 2017a, 2017b). For transnational immigrants, the demands or stressors they are exposed range from the psychosocial to the economic factors and can cause serious health-related problems if not managed well (Ilunga Tshiswaka & Ibe-Lamberts, 2014). That is, while transnationalism affords individuals the chance to maintain sociocultural and emotional connections with places they do not physically live in, that sustenance also comes with stressors that, like other stressors or demands, can become problematic if not addressed effectively.

Newfound experiences and lifestyle changes in the receiving country can stress transnational immigrants, especially when prior effective coping mechanisms no longer work or have become irrelevant (Ilunga Tshiswaka & Ibe-Lamberts, 2014). One major stressor associated with transnationalism can be the sense of loneliness. While this sense of loneliness is perhaps more acute among classical immigrants (i.e., people who immigrate permanently to foreign places without the ability to maintain sustaining ties with their places of origin), transnational immigrants not only still experience this sense of loneliness but also can do so in a different register. Present-day telecommunication mediums, including cell phones but especially digital video applications, afford the opportunity to see friends and relatives from their lands of origin in real-time, which can ameliorate but also potentially exacerbate the sense of loneliness. Insofar as the American Psychological Association (2017b) argues that a strong method for combating stress is to talk to someone understanding and trusted, connectedness through digital communications may serve as a coping mechanism.

Managing the new costs of living in a host country comprises another stressor associated with transnationalism. Quite often, transnational African immigrants from developing countries resettle in developed
countries like the US with the hope of finding opportunities to live a better life economically and socially, whether in the host country or by returning to their country of origin. However, the often considerably higher cost of living in receiving country, as well as the need often to pay off considerable debt amassed in the process of immigrating, can put transnational immigrants in a situation where it becomes challenging to meet those economic goals.

Sending remittances and keeping up with affairs back in the country of origin comprises another stressor for transnational immigrants. Both of these propose a kind of virtual self, one who is still in some way living in the country of origin but with virtually no actual agency. This can be stressful. By sending remittances, one not only helps family members but also maintains a certain social standing; to be unable to maintain an expected level of remittances damages one’s home-country reputation and generates stress. Similarly, transnational immigrant frequently migrate in response to negative political and social circumstances; to remain digitally in contact with friends and family members still exposed to those circumstances, but unable to act directly to help, can be stressful. For those who are able to afford physically travelling back and forth between the host and country of origin, they can serve as a courier and a bridge between communities, adding an additional layer of expectations that have to be managed. This can increase stress as well.

CONCLUSION

The notion of transnationalism, though very versatile, is a concept that is still in the works. All the literatures mentioned above have a common consensus that transnationalism is the act of maintaining some form of tie between a nation of origin and the host nation (Ibe-Lamberts, Ilunga Tshiswaka, Osideko, & Schwingel, 2016; Vertovec, 2004); Schiller, 2005. However, none of the researchers can truly solidify a definition of what transnationalism is; there are no limits to the applications of the definition. Vertovec (2004) was able to define the practicum within the concept of
transnationalism that help define the concept's characteristics, yet the author's study was limited due to a lack of clarity of the extent of the engagement of these transnational activities. Lee (2011) decided to take on that task by taking the perspective from the common study of first generation immigrants and study their children; the second generation. She was able to depth of how transnational activity can be passed on generationally, how it can be maintained from generation to generations, which helped clarify the possible extents the practice of transnationalism can reach.

The impact of transnationalism on future health studies will further the distinction between classical and transnational immigrants, as each is affected by different dynamics that inform their health behaviors and choices. This distinction is essential as the US continues to diversify racially and given the projected increase in the number of Black, and especially African, immigrants coming to the US (Anderson, 2015). This increase entails that the cohort of people identified as Black in the US will become even less homogenous than already. Health disparities will not only increase quantitatively but, also qualitatively; different factors will come into play in light of native-born or immigration status, cultural identity, and lifestyle choices.

To distinguish between classical, transnational immigrants, and refugees provides an opportunity to better understand the interaction between public health and social networks. For instance, it potentially will better characterize the "healthy immigrant effect," which was recently challenged by O'Connor et al. (2014) in a comparison of African immigrants and African Americans in terms of cardiometabolic health. Those researchers found that recent African immigrants on average had decreased cardiometabolic health compared to their native-born counterparts, African Americans. Mechanisms for the healthy immigrant effect, which is the generally observed better health of newly arrived immigrants compared to their native-born ethnic counterparts in the receiving county overall, include some degree of medical vetting as part of the immigration process. It often includes a generally higher socioeconomic status that can gain to the considerable expense of
immigration in the first place, but that also associates with higher levels of schooling and access to healthcare in the country of origin. The findings by O'Connor et al. (2014) run contrary to this expectation and suggest a need for research to identify other factors impinging on immigrant health. Looking at, and distinguishing, the condition of transnational immigration would likely further illuminate and assist in such research.

While the health behaviors of transnational immigrants are influenced by the sustained interconnections that immigrants maintain with more than one location, their overall health is continually shaped by these sustained links. As such, the importance of understanding how these influencing health behaviors model transnational immigrants’ health in general in order to promote health. Unlike classical immigrants, who for different reasons tend not to sustain ties with their homelands, transnational immigrants distinguish themselves by maintaining constant connections through sociocultural practices, including remittances, lifestyle choices, and social media/communication. With the growing number of immigrants in the US in general, it becomes more necessary to disambiguate this cohort demographically in order to effectively address the issue of health disparities that presently plagues this country.

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**Chapter 3**

**THE POLITICS AND POLICY IMPLICATIONS OF WIDESPREAD IMMIGRATIONS IN FRENCH GUYANA**

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**ABSTRACT**

Decades of immigration, exponentially increased the population of the overseas department of French Guyana. This change in the composition of the receiving country population affects the spatial distribution, the size, the age-groups, the annual birth rate etc... As a matter of fact, the demographic shift is perceived as a shrink in status,

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