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***INTERNATIONAL MIGRATION, HEALTH AND  
PLACE IN RURAL AND SEMI-RURAL SPAIN. A  
PRELIMINARY QUALITATIVE APPROACH***

*Ricard Morén-Alegret\*; Pau Mota-Moya; and Àngels Pascual-de-Sans*

*\*Department of Geography, Universitat Autònoma de Barcelona, Spain, 08193  
Bellaterra (Barcelona), Spain. Email: Ricard.Moren@uab.es*

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## **Abstract**

This is a working paper that aims to share some preliminary research outcomes and reflections on migration, health and place. Building on a fieldwork in various regions in Spain, this working paper offers original qualitative data and innovative insights on the study of both the factors that attract migrants to a place (and encouraging them to remain there) and the factors that hinder this, with special emphasis on factors that are linked to human health. Furthermore, this paper studies foreign immigrants' perceptions about the relationships between migration, place and health, and it gives a voice to several dozens of personal experiences in little researched and peripheral areas in rural and semi-rural Spain.

## **Resum**

*Aquest working paper té com objectiu compartir algunes reflexions i resultats preliminars de recerca sobre migracions, salut i lloc. Construït sobre un treball de camp realitzat a diverses regions d'Espanya, aquest document de treball ofereix dades qualitatives originals i propostes innovadores de cara a estudiar els factors que atreuen immigrants a un lloc (i animen a continuar allà) i els factors que ho qüestionen, amb especial èmfasi en factors vinculats a la salut humana. A més, aquest working paper estudia les percepcions d'un ventall d'immigrants estrangers sobre les relacions entre migracions, salut i lloc, donant veu a diverses dotzenes de persones que habiten àrees perifèriques i poc estudiades de l'Espanya rural i semi-rural.*

# **INTERNATIONAL MIGRATION, HEALTH AND PLACE IN RURAL AND SEMI-RURAL SPAIN. A PRELIMINARY QUALITATIVE APPROACH**

## **1. Introduction**

Some places have historically been perceived by potential migrants as healing places where human health can improve after a period of residence there (e.g. spa towns) and other localities can be labelled as toxic places because their inhabitants' health is undermined (e.g. polluted areas). However, it is not necessary to focus on such cases only in order to study the relationship between migration, place and health. This relationship can be considered from a geographical perspective in a variety of ways (Kearns 1993, Gesler 2003).

Furthermore, certain kind of locations can be more useful than others in order to carry out an exploratory research on migration, place and health. Small localities can be considered as laboratories where certain social phenomena can be qualitatively studied in depth (Morén-Alegret 2008). Focusing on small towns and rural areas may thus be useful in revealing the effects of the migration process itself and the new places where immigrants reside on immigrants' health.

The main objectives of this exploratory paper are threefold. First, this paper aims to contribute to the study of the factors that attract people to a place and encourage them to remain there, and the factors that dissuade them, paying special attention to factors linked to human health. Second, this paper studies foreign immigrants' perceptions about the relations between migration, place and health. Third, it gives details of foreign immigrants' experiences in rural and semi-rural areas in Spain where little research has been done so far on such issues.

The general importance of place is even more significant when studying human mobility and migration (Pascual-de-Sans 2004: 351). However, empirical researches on the relationship between international immigration and sense of place are relatively scarce. In some cases, studies have been carried out in metropolitan settings, like London (e.g. Western 1993). In a few other cases researchers have studied internal immigrants' sense of place in rural areas too, such as Calvert County, Maryland, USA

(Wasserman et al. 1998), but *foreign* immigrants' sense of place in rural areas and small towns has usually been overlooked.

## **2. Place and health**

Some people may feel that some places can heal or can harm them. On the one hand, as Frank L. Tabrah (1990) noted, healing places can be basically understood as hospitals and clinics where patients hope to recover from illnesses. However, according to Wilbert S. Gesler (2003), healing is a multidimensional and holistic process, which extends beyond the physical to include the spiritual, social and emotional. Places would thus achieve a healing sense of place because several often related types of environments have been created there (Gesler 2003). According to this theory, as well as being hospitals and clinics, a healing place can also be a sanctuary or a spa town.

On the other hand, harmful places can be defined as those places where pathogen agents or toxic substances are concentrated (Harvey 1996, James 1999), thereby damaging human health.

However, the relationship between place and health is much more complex than this and it may include other possibilities. The difference between rural and urban areas in terms of people's health became a trend in medical and Romantic thought in the late nineteenth and early twentieth century. The various types of urban planning, ranging from compact cities to disperse urbanisation, as well as the health conditions in different neighbourhoods or regions, have been the focus of the debate on the health of their inhabitants. Living next to an airport, motorway, landfill or an industrial complex can have effects on people's health (Jones Moon 1987, Shaw et al. 2002).

Apart from the pathogenic factors that a location may have, there are other factors in the location that may be related to health. If we assume that a place is not only its physical and environmental features, but also the employment, legal, economic and social conditions which are also part of human life there, the place becomes a key element in understanding the health of the people who live there.

Thus, before going further, if our focus is on foreign immigrants who reside in Spain, one may wonder which kind of research has been carried out on health studies about them so far.

### **3. Brief bibliographic approach to foreign migration and health in Spain**

Research on foreign immigration and health in Spain is quite recent. The first studies date from the 1980s and early 1990s (Ribas 2004), although publications increased throughout the 1990s (Mota-Moya, 2006).

Most of the published researches have been carried out by healthcare professionals. Furthermore, there are relatively few publications dealing with aspects of health related to foreign immigration from the social sciences point of view. At the beginning, the published research was mostly case studies arising in healthcare centres (hospitals and primary health centres) with heavy pressure due to the healthcare needs of the foreign immigrant population. A common feature of that research is that only focused on immigrants from impoverished countries who are in socio-economically underprivileged situations. These case studies are performed in health centres (Berra et al. 2004). However, recently, some academics are paying attention to the link between foreign migration and health from innovative perspectives (e.g. Marsiglia et al. 2008), but focusing mainly on urban and metropolitan contexts.

The three main areas covered regarding the relation of immigration and health in Spain have been the following ones: a) infectious diseases, b) mental health, and c) culturally diverse conceptions of health (De Andrés et al. 2002, Jansà and García de Olalla 2004).

The relationship between the distribution of infectious diseases and migratory processes is the area in which most research has been done. The role of infectious diseases in research on migration has had a key role throughout history (Roberts et. al. 1992). The movement of population and the transmission of infectious diseases, in which human beings have been hosts and transmitters, has been a subject of interest since medieval Europe (Günzberg 2002). Today, the increase in the perception of mobility on a global scale and the appearance of new infectious diseases such as AIDS and SARS has reopened the debate on the need to control human movement. The infectious diseases directly related with foreign immigration in Spain are tuberculosis (TB), measles, malaria, all the varieties of hepatitis and AIDS. The arrival of a foreign population from areas where these diseases are much more prevalent than in Spain has led most studies to relate foreign immigration with these imported or re-emerging diseases (Balanzó 1991, Bartolomé et al. 2002, Ramos and Gutiérrez 2006).

On the other hand, mental health is another area of importance covered by the research on immigration and health in Spain. These studies focus on the supposedly greater vulnerability to stress and depression among the immigrant population. Moving away from one's home (Boyle et al. 1998) as part of the migratory process means that immigrants suffer from sorrow, homesickness and a sense of loss (Achoategui 2002, Balanzó et al. 2003, Lurbe 2005, Ochoa Mangado et al. 2005). This research recommends that close attention should be paid by the various healthcare professionals to possible situations of psychological stress that may be undergone by foreign immigrants.

Thirdly, the arrival of a foreign population with different languages and cultures has led to studies being carried out on the various conceptions of health in some healthcare centres (Comelles and Martínez 1993, Porter 2002), studies on cultural practices with an effect on health such as ablation (Kaplan, Pérez, 2004), and the increasing deployment of cultural mediators in healthcare centres (Balanzó 1991, Bernabeu Mestre 1999, Espeitx and Càceres 2006).

At the same time as the arrival of a foreign population from impoverished countries which is in a socio-economically underprivileged position, there has also been an increase in the mostly retired foreign population from North Western European countries that has mainly settled in Spanish coastal areas. This other wealthier type of foreign immigration has not been given priority in the research done by healthcare researchers, and the research done has been in areas such as geriatrics and ageing.

There is one subject that has hardly been covered at all in research on migration, health and place. This is the relationship between the perception of health in specific places, the migratory process and the decision to settle down. The choice of the place of settlement is affected by a range of rational and emotional decisions and external factors which may explain why people settle in or leave a particular place. If we consider health as a priority in people's lives, it is interesting to ask whether the perception of how healthy a place is becomes a factor in the decision to settle in one place rather than another.

#### **4. Research framework and methodological elements. A qualitative study on foreign immigration in small towns and rural areas in Spain**

This paper is one of the outcomes of a series of research projects on the settlement by international immigrants in rural areas and small towns which began in 2001. This set of research projects was implemented in several phases. After the initial collective bibliographical work in 2001-2002, preliminary fieldwork in a rural area in the province of Tarragona was carried out between November 2002 and April 2003.

From April 2003 to July 2003, there was a selection process of the specific territorial areas where most fieldwork had to be carried out. That was based on an analysis of the relevant scientific literature and the 2001 Population Census municipal data, from which emerged the highly uneven geographical distribution of foreign immigrants in Spain. Most were concentrated in the Mediterranean coastal areas, the islands, the Madrid metropolitan region, the Ebro river valley, and a few places in the provinces of León, Cáceres and Huelva.

The fieldwork area selection process aimed to include rural and semi-rural areas receiving less study, and tried to take a diversity of local socio-economical situations into account as well as immigrants' geographical backgrounds (in Spain, the distribution of the immigrants' groups is regionally uneven). Furthermore, a key point in the selection process was that the chosen areas had to have some municipalities with a relatively high percentage of their population born abroad. Finally, between October 2003 and March 2005, wide-ranging fieldwork was carried out in rural areas and small towns in five outlying provinces in the Iberian Peninsula (there were at least two research stages per province). The specific regions where most of the fieldwork was carried out were finally as follows (see Figure 1): Bierzo, in León (Castilla y León); Marina, in Alicante (Valencia Autonomous Region); Campo Arañuelo and La Vera, in Cáceres (Extremadura); Empordà, in Girona (Catalonia); and Andévalo and Costa occidental, in Huelva (Andalusia).

*Figure 1. Fieldwork areas and selected peripheral provinces in Spain*



Source: Elaborated by GRM with support from Alfons Parcerisas

In recent decades, geographers have been increasingly using qualitative methods to study the complex factors influencing people's experiences of health, illness and healthcare (Curtis 1994). The three main objectives of qualitative research are to give voice, to interpret significant historical or cultural phenomena, and to propose theory (Ragin 1994). In this paper, the analysis is mainly focused on international immigrants' narratives because their voices are often neglected in the academic literature.

The objective of the fieldwork was to gather data, opinions and experiences from adult international immigrants who had settled in small towns and rural areas. The interviewees' general characteristics were as follows: they were at least 18 years old; born abroad; holding foreign nationality or double nationality (just 14 held more than one passport); with at least one year of permanent residence in the current area of settlement (on two exceptional occasions interviews were carried out with immigrants who had been residing in the area for less than a year); resident in a settlement with less than 25,000 inhabitants.

In order to collect a wide variety of immigrants' situations, it was decided to interview at least 18 international immigrants in each province, with approximately half being men and half women. In Spain, most international immigrants come from North Africa, Latin America and the European Union. During the fieldwork, the aim was therefore to interview at least 20 immigrants from these three main geographical



origins. The other interviewees had to be mainly immigrants from countries that are concentrated in certain areas or that are spread across several regions in lower numbers than those mentioned above. According to these criteria, 102 interviews with international immigrants were carried out between October 2003 and March 2005. All interviews were tape-recorded (the average recorded time per interview is approximately half an hour). Most interviews were carried out in Spanish, but some were in English, French, and Catalan.

The interviewees were approached thanks to several organisations of various types, spontaneous encounters in streets and public places, and snowballing in the selected areas. The distribution of the answers is thus not representative of all immigrants that are living there. However, on the basis of a large number of qualitative interviews, valuable new original information has been obtained.

## **5. Some lessons from the field. Results of the qualitative data analysis**

In specific terms, three relevant issues were suggested to the interviewees:

- a) Their health in recent years.
- b) Health problems occurring and healthy trends or habits experienced
- c) Action taken due to an illness or a health problem in Spain

Among the 102 international immigrants interviewed, 71 talked about their health since they migrated into Spain (the other immigrants interviewed did not talk about it). Six out of 71 talked about their new place of residence as a kind of healing place. However, 15 out of 71 explained that they suffered significant health problems after migrating into Spain. Finally, 50 out of 71 said that they had been healthy during their stay in Spain.

Taking into account the difficulty of defining what a 'health problem' or 'feeling good' means, some results from the qualitative analysis of all those responses are given below.

### **Migration and healing places**

On the one hand, following the wider sense of healing place suggested by Gesler (2003), a 84 year-old Swedish man who had migrated to a small town in the

province of Alicante only one year before the interview explained that his health has improved since he lives in Spain, because his rheumatism has receded:

[My health] has improved, I am here mainly because of my health, because in Sweden I have problems with rheumatism, with my back, and here my physical health and mental health have improved

It is interesting to underline how this interviewee linked both physical and mental health. Furthermore, he stressed the environmental and geographical reasons why he selected the province of Alicante as his new place of residence:

- How did you discover this area of Alicante, Alfàs del Pi?

- It's interesting, because the place I knew best was the Costa del Sol, because my cousin lives there, but I decided to look on the Internet for the temperatures in Spain and I found that the best temperatures are in Benidorm, in Alicante, which is why I came to Alicante...

The weather in most Spanish regions, which is warmer and drier than in northern European countries, is the main reason why some of the foreign immigrants interviewed consider their current place of residence to be a healing place. This feeling is also shared by a 54 year-old Dutch businesswoman living in Alfàs del Pi (Alicante), a 67 year-old German retired woman residing in Jaraíz de la Vera (Cáceres) and a 80 year-old Belgian retired man residing in L'Escala, (in Alt Empordà, Girona).

The latter even said that in Belgium he had to visit the physiotherapist quite often but since migrating to Spain 20 years ago he had never returned to the doctor. Furthermore, according to the aforementioned German lady interviewed, improvements to both her physical and mental health seemed to be linked during the healing process to the warmer climate in her new place of residence (again agreeing in a way with some ideas posed by Gesler, 2003):

- Can you tell us about the changes in your health in the last few years?

- I think that it has improved because of the climate, I had problems with my bones, with my joints, arthritis, because of the overcast weather and lack of sun, and here I think that at least in my mind and my body I am ten years younger

However, other foreign immigrants coming from poorer and warmer countries than Spain seem to consider that the main healing places are hospitals, as Tabrah (1990) suggested. At least, this was the case of a 58 year-old Argentinean woman working as a kitchen assistant in Navalmoral (Cáceres). She migrated to Spain because his son has had polio since childhood and after various failed medical treatments in Argentina, she thought that he was going to receive better hospital care in Europe than in Argentina.

There were also several foreign immigrants explaining the health problems that they suffered during their residence in Spain. The next section is devoted to them.

## Post-migration pathologies and place

As noted above, harmful places can be defined as those places where pathogenic agents or toxic substances are concentrated (Harvey 1996, James 1999) which damage human health. This might be true of some harmful workplaces where local people do not want to work because of a lack of sufficient safety measures, among other factors. As a result, in some countries, workers doing this kind of harmful job are usually foreign immigrants from impoverished countries, because they may desperately need any kind of job available to them.

This type of situation was found several times during the fieldwork. One example was a 25 year-old Moroccan man casually employed as temporary worker in agriculture, residing in coastal Sant Feliu de Guíxols (Baix Empordà, Girona) who explained his previous harmful experience in toxic places as follows:

- I've worked in agriculture in Almería [Andalusia]. Yes, in 2000 and 2001 until 2003, in August 2003 and then I got an allergy in my eyes because of working three years without stopping in the greenhouses and the chemical products they use in the greenhouse. I have an allergy now, especially in my left eye. Yes, and I couldn't find work in the greenhouse. And I have come here to Catalonia to work in construction or in hotels or something like that... But the thing is that after working for a year non-stop for an agency here with papers [i.e. working and residence permits] belonging to other people because I still don't have papers myself, they won't employ me now and now there's a new nationality law, new regulations. I have to look for another boss to give me a pre-contract to sort my situation out. If not... it will be very difficult. (...)
- You said that you have had the allergy since you have been here, and you haven't been able to go to a doctor...?
- They gave me something, a liquid, a small bottle of liquid and when I want to sleep I put something in my eyes and after three months I feel all right. Two years ago, in 2002, when I was working in Almería. But then my eyes don't hurt much, but when there is something in the street which doesn't work properly or at home, then my eyes hurt, you know? Or something that doesn't work properly in the kitchen, for example, very bad, my eye hurts.
- But are you still going to the doctor here, so that he can keep an eye on it?
- No. Sometimes yes, but... When I was in Salt [a big town in Catalonia], yes, but now, here [in a small town] my eye doesn't hurt much. I feel all right

Apart from intensive chemical agriculture, mines may be another type of harmful workplace employing many foreign immigrants. This is especially true in Bierzo (province of León) where a few thousand Capeverdian and Portuguese immigrants reside. For instance, a 45 year-old Portuguese retired coal miner living in Bembibre interviewed said:

I'm in a really bad way, I've got silicosis. That's the problem I've got, they made me retire early because of it.

In fact, silicosis can damage miners' health for the rest of their lives. As a 50 year-old Capeverdean retired miner explained in the interview:

My health goes up and down, sometimes good, sometimes bad. I have to take medicine for the rest of my life because of the silicosis.

Other Capeverdian retired miners suffering from silicosis also had to take sleeping pills every night. However, as a compensation for their physically tough job, the Spanish government provides retired miners, including foreigners, with a generous pension that allows them to live in relatively comfortable conditions for the rest of their lives (they can be wealthy enough to own their own flat, send their children to university, etc.).

On the other hand, apart from particular harmful places, moving from one country to another may be perceived among migrants as related to allergies. This is the case for some Moroccan and Algerian immigrants, like the following 22 year-old Moroccan computer programmer living in La Bisbal d'Empordà (Girona):

- And have you had any health problem since you've been here?
- Health? Yes, allergies. Since I arrived here, and started to adapt after a few days, I started to have allergies; allergies to the air, to dust and a lot of other things.
- Do you know that I spoke to another Moroccan who has suffered from the same thing, since he came?
- Yes, of course. You change your situation, and of course, it's normal...

This kind of allergy may be related to the change of environment experienced by the immigrant after migration. As in the case mentioned above, this is especially relevant when immigrants come from a remote rural area with traditional economies in the country of origin but they currently reside in a modern Spanish small town. Thus there might be a relation between some allergies and migration from a traditional (or non-Western) setting to a modern setting (e.g. see also Barnes, 2006). In this regard, it is relevant to note how several foreign immigrants from African countries mentioned various allergies when talking about their health problems after their arrival in Spain.

However, the most common health problems among the foreign migrants interviewed seem to be depressions and homesickness. For instance, a 36 year-old Japanese woman working as an architect in Altea (a small town in Alicante) explained during the interview that for a period of up to three years after she arrived in Spain, she was sad, had headaches, and felt homesick.

Furthermore, a 31 year-old Bolivian woman, living and working in Lepe (a small town in Huelva) as a geriatric assistant, also suffered from a depression when she arrived in Spain and later again when she lost her job. However, at the time of the interview, two years after her migration, she said that she was fine.

In other cases arrival coincided with headaches, as in the case of a 39 year-old Algerian woman living in S'Agaró (Empordà, Girona) and working as kitchen assistant who stated the following:

When I arrived, because I had a lot of headaches, they told me I could go to the Health Centre [for] them to give me a healthcare card and all that and I had no problems. I even got the card before my papers, my residency permit...

The case of an unemployed 21 year-old Pakistani man living in Bembibre (Bierzo, León) is a similar one, but the pain still persists. He arrived in Spain five years ago but he often visits a doctor due to headaches and stomach aches.

Another unemployed immigrant living in Bembibre, a 23 year-old Ecuadorean woman, also described her health as poor because of depression and headaches:

My health is a little bit bad, sometimes I have a lot of problems in my stomach, and sometimes my head hurts a lot because of thinking, especially when I'm alone and I get very anxious. I have a lot of things to think about with my family, for them to come here to do something and sometimes when people feel powerless, they can't do anything and they get desperate, but I don't, sometimes here I don't have anyone to talk to, more than anything else, because of course I can talk about these things with Cáritas [a NGO], but not with someone intimately, I can't even talk to the father of my child.

Another South American woman interviewed in Bierzo (León) also talked about having suffered from depression since her arrival in Spain. She was a 28 year-old Argentinean employed in a grocery in a very small village, Viñales, and, apart from headaches and homesickness, she gained 20 kilograms in weight. She missed her family and social life and she linked the weight gain with this.

Difficulties in having a healthy social life were also mentioned by a 39 year-old Senegalese man working as a vendor in street markets and living in a small town called Naval Moral de la Mata (Cáceres province):

- Is your health good?
- More or less.
- What do you mean, more or less?
- This thing, for example, about immigrants in society? Well, there are problems here (...) because a lot of people talk about integration but for example for young people it is very difficult to integrate, because everyone closes ranks, the Moroccans among themselves, the Senegalese among themselves, the South Americans among themselves and the Spanish among themselves. There is a lack of communication because they

don't come into contact, but one day it will explode because what you really see in the street is a culture with a phobia of immigrants.

A couple of immigrants interviewed did not explicitly relate their health problems with migration or their new place of residence, but they got ill after migrating into Spain. Their experiences may illustrate the difficulties some immigrants have in finding why they have health problems and getting the right diagnostic. For instance, a 24 year-old Ecuadorean man working as a bricklayer and living in Sant Antoni de Calonge (Empordà, Girona) described how he had been suffering stomach aches. However, he was reluctant to associate his health problems with migration or his new place of residence or work:

- And have you had any health problems since you've been here?
- Well yes, lately yes. Four, five months ago, I was a bit ill, but since then no...
- But ill like with a cold and things like that?
- No, you see I had a stomach problem and well... two and a half months ago they said I didn't have anything, after they did all the tests... Well, at the moment it doesn't hurt, it doesn't hurt. I don't know what my problem is, but...
- Homesickness or difficulty in adapting to this country, perhaps?
- No, it can't be adapting because I've been here four years and I don't know, they say maybe it's my nerves. I could have a problem with my nerves, but I don't know. Perhaps I've got something, I don't know.

In summary, there is thus some evidence suggesting that for a number of interviewed immigrants who had health problems at some point since their arrival in Spain, they are connected with the migration movement and the settlement process in the new place of residence, the new work site, etc. However, as noted below, most interviewed immigrants do not have any health problems at all, and feel as healthy.

### **Beyond healing and pathological places**

Some National Health Survey studies have suggested that most migrants are healthier than the rest of the population within five years after their arrival (Fennelly 2005). This has been called the 'healthy migrant effect'.

According to this idea, even if the immigrants interviewed cannot be compared to other population groups, it can be noted that most interviewed immigrants explained that they do not have any health problem. The following comments by an

unemployed 19 year-old Moroccan woman living in Jaraíz de la Vera (Cáceres) can offer a summary of that idea:

- Can you tell me about your health?
- I'm fine, what can I say, I'm very well!!

Another example is that of a 43 year-old Ecuadorean woman working as geriatric assistant and living in Callosa d'En Sarrià (Alicante), who highlighted her healthiness by mentioning the medical examinations she has been undergoing at work over the years in order to keep her job:

- During the six years you've been here, have you had any health problems?
- No... Never, the truth is I haven't. Never. The normal things. Because in the [geriatric] home they give us a check-up every six months... in order to be able to work, if not we couldn't work there. Because you come into contact with a lot of old people and you have to be very healthy. I've never had anything...

An unemployed 20 year-old Bolivian woman living in Callosa d'En Sarrià (Alicante) is a similar case:

- How are you in terms of your health?
- No, I've had no problems here or in Bolivia, I haven't been ill with anything yet.
- You haven't been to the doctor yet, have you?
- Well, small things but nothing big, no. Here in Spain, mostly, I haven't been.

On the other hand, as it can be appreciated in some interviews, environmental factors (especially the local climate and weather) are often indirectly related to health and migration. Several immigrants stress that their health is fine or even very good thanks to the new Spanish environment. However, at the same time, various of them are immigrants from warmer countries who said that they had to get used to the cold temperatures in winter (and in some cases they had to overcome a cold or a flu), and, on the contrary, some of them were immigrants coming from northern European countries who said that they had to get used to the burning sun in summer (and in some cases they had to get medical assistance because of skin sunburn). However, in these cases local climate was not seen as a factor in migration but instead as incidental to their migratory movement to Spain.

In summary, it is interesting to note that some young immigrant workers from impoverished countries are proud of their physical health because is a fundamental part of their socially perceived value as workers in Spain and, on the other hand, some retired immigrants from wealthier Western countries do not pay much attention to

certain health issues because a skin sunburn is not often perceived as a big problem for them.

## **6. Final considerations.**

This is a working paper that aims to share some preliminary outcomes and reflections. As brief final remarks based on the qualitative analysis of some data compiled in the research projects upon which this paper is based, the following three points can be underlined:

a) According to some immigrants who were interviewed during fieldwork, Spain is considered a ‘therapeutic country’. Some interviewees suggested that because climate is warmer, sunnier and drier in Spain than in Northern European countries, living in Spain can be helpful for curing rheumatism and even improving mental health. Such comments can be linked to ancient perceptions of travellers on some Spanish Mediterranean coastal areas (Vilá Valentí, 1990). Additionally, today a booming health industry is paying an increasing attention to the massive arrival of Northern Europeans to Spain (Morán, 2008). In this sense, it might be interesting an inter-continental comparison of the situation in Florida (in the USA context) and Spain (in the EU context).

b) Furthermore, the so-called ‘grey migration’ into Spain is involving older people than before, and figures of immigrants arrived in Spain when they were already over 80 years old are growing. Some of them are looking for a place for their final rest. In this sense, during the fieldwork it has been also detected an increasing industry devoted to funeral services for immigrants. Spanish provinces like Alicante are becoming a favourite place to enjoy life until death for a growing diversity of people. Further research on the links between migration, life and death could be useful regarding both European and non-European immigrants.

c) At last but not least, as geographer Yi-Fu Tuan (1974: 246-7) noted, “we remain largely ignorant of the quality and range of experience in different types of physical setting under different conditions... Topophilia takes many forms and varies greatly in emotional range and intensity. It is a start to describe what they are”. Building on previous works, this paper contributes in this issue in order to better understand some geographical experiences regarding international migration. Further research on such emotional geographies might be enriched by quantitative approaches too.



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