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DISCRIMINATION AND QUALITY OF LIFE OF BRAZILIAN FEMALE IMMIGRANTS IN PORTUGAL

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ABSTRACT

The aim of this study was to analyze the influence of discrimination perception in the quality of life and mental and physical health of Brazilian women living in Portugal, drawing on a descriptive research with a quantitative approach, with 682 female immigrants. Data collection was carried out in two modalities: online, using the LimeSurvey Platform; and presential, conducted at the Associação Mais Brasil [Association More Brazil] and at the Consulate-General of Brazil in Porto and Lisbon, with the application of the Perception of Discrimination Scale and the Medical Outcomes Study 36 – Item Short – Form Health Survey (SF -36). A significant negative correlation was observed between most SF-36 items and the Perception of Discrimination Scale, demonstrating an inversely proportional relation when respondents reporting a higher level of discrimination presented a lower quality of life. Results demonstrate the presence of a strong perception of discrimination, turning it into one of the greatest problems faced by immigrants. Among the most significantly affected dimensions, the following aspects stand out: emotional, pain, overall health status, vitality, social aspects, perception of discrimination, and health changes through time. The exception lies in the functional capacity dimension, which does not present a significant relation with the Perception of Discrimination Scale. The outcomes highlight the negative impact of perceived discrimination on the quality of life dimensions, engendering harmful effects, as well as on physical and mental health. The study points out the need to create public policies that seek to receive, include and integrate female immigrants, guaranteeing their rights and providing information on their duties, in order to reduce discrimination and improve the quality of life and health of this population.

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INTRODUCTION

The worldwide migration process is as old as humanity and dates back to the prehistoric period, when nomadic life represented a survival strategy. In modern times, various factors are related to the migratory process, such as fleeing from civil wars or those between nations, natural catastrophes, search for better jobs and the dream of a better social and economic condition, among others. In general, it is possible to indicate that the motivations are related to a new life possibility with better opportunities of jobs and benefits (Marinucci, 2016; Corrêa, Nepomuceno, Mattos, & Miranda, 2015; Franken, Coutinho & Ramos, 2012), which has been contributing to the increase of people seeking other countries to live. The amount of international migrants raised from 154 million in 1990 to 175 million in 2000. In 2015, this number represented 244 million, the equivalent to 3.3% of the global population, and an increase of 42% in relation to the year 2000

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(United Nations [ONU], 2013). The United Nations Organization (UN) also points that the number of international migrants increased faster than the population growth in some countries, whereby in 2015 two in every three international migrants lived in Europe and Asia. In regions such as Europe, North America and Oceania, migrants represent *c*. 10% of the population (Nações Unidas no Brasil [ONUBR], 2016). Immigrants arriving in a new country experience conflicting situations and are often seen with distrust and as a threat, especially when having an "illegal" status. Often, there is fear that they will compete with the natives for jobs in the public service and the private sector. Moreover, the migratory process implies coming into contact with new cultures, different ways of thinking and distinct beliefs, giving rise to adaptation and health problems (Waldman, 2011). In this cosmopolitan backdrop the new migratory modalities demand, in the context of globalization, the need to reevaluate old paradigms and incorporate new dimensions to explain this phenomenon, beeing inevitable to review the very definition of migration. It is necessary to recognize that international migration movements represent a contradiction between the interests of globalizing dominant groups and National States, given the existing tensions between international, national and local levels of action (Patarra, 2006).

Europe is the destination of many immigrants and this migratory flow is an increasing tendency. Given this reality, migration is an important factor in the demographic change and has biological, economic and social effects. The transformations resulting from immigration are complex because they involve subjects, social relationships, climate, language, and culture, among others (Toselli & Gualdi-Russo, 2008; Carta, Bernal, Hardoy & Haro-Abad, 2005). In this perspective, the very migratory process constitutes a risk factor, in that it links elements of loss of family and friends, language, culture, home, social position, and contact with the ethnic and religious group. These losses are experienced as mourning and leads to a greater vulnerability to mental disorders and/or emotional distress (Bibeau, 1997; Persaud & Lusane, 2000). In this context, there is a recognized need to understand the moves of populations and their impacts on the receiving, transit or origin countries and on the migrant or native populations (Dias & Gonçalves, 2007). Migration is considered one of the greatest challenges to Public Health in a worldwide level because it consists of a complex social phenomenon responsible for changes not only in housing but also in a series of socio-cultural references in all sectors of the subjects' lives, besides involving a context of struggle for equality and international compromises (Dias & Gonçalves, 2007). Some studies suggest that immigrants present greater vulnerability to health problems from physical and psychological origin. Migration represents, thus, not only a spatial move, but rather a complex and contradictory process, an experience of rupture and change, which may be dealt with in a traumatizing or harmonious manner, according to the psychological and social resources, the society's characteristics, and the reception conditions (Lechener, 2007; Ramos, 2006).

Researches conducted in European countries as France, Portugal and Italy, and in North-American countries, highlight the complex and varied set of socio-economic, psychosocial and family factors that are present in migratory contexts, which affect in an effective way the health, level of stress, development and quality of life of immigrants and their families, especially those arriving from developing countries (Ramos, 2004). Regarding the theme discrimination and health among immigrants, international studies have been seeking to deepen the understanding of the reality experienced by these populations (Knauss, Günther, Belardi, Morley & Lersner, 2015; Mewes, Asbrock & Laskawi, 2015; Álvaro *et al*., 2015). The review study carried out by Gee, Ro, Shariff-Marco and Chae (2009) identified 62 articles that analyzed the relation between discrimination and health among immigrants. Most articles highlighted mental health, and physical and behavioral problems, revealing in a consistent way the relation between discrimination and mental health problems. The study conducted by Krieger (2013) analyzed review articles on racial discrimination and health, including over 350 original articles, and identified that most studies concentrated on interpersonal discrimination and that there is a lack of researches on structural discrimination as a determinant of inequalities in health. For Richard (2012), the perspective of violence and structural discrimination reconceptualizes discrimination not only as a result in terms of psychological attitudes of stigma or prejudice, but as the product of broad unequal social and economic structures. Thus, when relating descriptors such as migration, health, and discrimination, the following study hypothesis was constructed: It is expected that Brazilian female migrants with greater perception of discrimination have the lowest levels of quality of life and physical and mental health. In order to verify the hypothesis, the study aims to analyze the influence of the perception of discrimination on the quality of life and health of Brazilian women living in Portugal.

MATERIALS AND METHODS

This study is characterized as a descriptive research with a quantitative approach that included as participants 682 Brazilian women. The criteria to be a participant in the research included the following characteristics: (a) to be a Brazilian woman; (b) living in Portugal for more than three months; (c) and being over 18 years of age. Data collection was carried out by means of the application of the Medical Outcomes Study 36 – Item Short – Form Health Survey (SF - 36) and the Perception of Discrimination Scale, which includes five items that evaluate the feeling of not being or being accepted into the society because of one's ethnicity. One example is: "I have been mocked or insulted for being a Brazilian" (Félix Neto, 2006). Participants would respond based on a 5-point Likert scale ranging from (1) "strongly disagree" to (5) "strongly agree". In this study, the scale presented a 0,90 internal consistency. The SF-36 is a generic instrument to assess the quality of life and health and it was validated to Portuguese in 1997. It is easily applied and understood (Ware & Sherbourne, 1992) and comprises 36 items, comprehending 8 dimensions: a) Physical Functioning (10 items); b) Physical Aspects (4 items); c) Pain (2 items); d) General Health State (5 items); e) Vitality (4 items); f) Social Aspects (2 items); g) Emotional Aspects (3 items), h) Mental Health (5 items), and, finally, Changes in health through time (1 item). The SF-36 assesses both negative aspects of a disease and the positive aspects of health, such as well-being or quality of life (QL). In the assessment of outcomes, a score is attributed to each question, then converted into a scale "0" to "100", in which zero corresponds to the worse state of health and 100 to the best state, thus presenting an isolated analysis of each dimension.

Table 1. Perception of Discrimination among Brazilian women living in Portugal, 2017

	N	Mean	Standard Deviation	Variation Coef.
I think that other people have behaved unfairly or negatively towards my ethnic group	677	3.62	1.36	38%
I do not feel accepted by the Portuguese people	675	2.87	1.46	51%
I feel that the Portuguese people have something against me	676	2.57	1.49	58%
I have been mocked or insulted because of my ethnic origin	676	2.99	1.60	54%
I have been threatened or attacked because of my ethnic origin	677	2.25	1.48	66%

The values relate to the measurement scale: 1- Strongly disagree; 2- Disagree somewhat; 3- Neutral; 4- Agree somewhat; and 5- Strongly agree.

Therefore, there is no single value that represents the entire assessment, which is translated into a better or worse general health state, in such a way that in an average of values, one avoids the mistake of not identifying the true problems related to QL and to health, or even underestimating them (Ciconelli, 1997). Data collection occurred from July to September 2016, under two modalities: online, by means of the LimeSurvey Platform, and presential, at the Consulate-General of Brazil, in the cities of Porto and Lisbon, and at *Associação Mais Brasil* (AMB). In order to complement the online approach, a group was created on Facebook: "Brazilian women living in Portugal". The survey's link was made available on the social media sites of AMB, Consulate-General in Faro, Brazilian Embassy in Lisbon, and the Facebook group. The presential approach and identification were carried out at the Consulate-General of Brazil in the cities of Porto and Lisbon, and at AMB, with the presentation of the research concerning its objectives, method, and social importance, and finally with the invitation to be a voluntary respondent to the survey. In both modalities, the participation was formalized by means of signing the Term of Free and Informed Consent. Data compilation was made on LimeSurvey Platform and processing on Statistical Package for the Social Sciences (SPSS) software, version 24.0. For the statistical procedures, the Cronbach's coefficient alfa was used for assessing the internal consistency of scales, the Student *T* Test to highlight the significance of scales, and the Pearson Correlation Coefficient Test to verify the relation between the two scales. This study was conducted within a broader research named "State of health and quality of life of Brazilian female immigrants in Portugal", which received the approval of the Research Ethics Committee of the Vale do Acaraú State University (*Universidade Estadual Vale do Acaraú* − UVA), protocol nr. 1.692.063.

RESULTS

Table 1 shows the results of each item of the Perception of Discrimination Scale as revealed by the group of Brazilian women who participated in this research. The internal consistency of the five items of the scale was Cronbach alpha 0.897. All items of the scale presented significant means, which implies in observing that there is consensus on the existence of discrimination among the Brazilian female immigrants living in Portugal who participated in this study, thus confirming the findings of the study conducted in 27 countries of the European Union that suggests the existence of discrimination against immigrants (André & Dronkers, 2017). A research carried out in the United States with Latin-American immigrants demonstrated that an exclusionist immigration policy effectively contributes to psychological suffering responsible for the main mental health disorders among Latino immigrants (Hatzenbuehler *et al*., 2017). Studies on migration and mental health have highlighted the role of ethnic discrimination perceived as the cause of stress among immigrants (Mesch, Turjeman & Fishman, 2008). Thus, perceived discrimination refers to the belief that someone has been harmed due to her/his ethnic origin. The study conducted by Aichberger *et al*. (2015) with women of Turkish origin living in Berlin identified that perceived ethnic discrimination negatively affects and causes psychological suffering, having an influence on mental health in a relevant way. In another study, perceived discrimination was also associated with negative results on the health of first generation immigrants from low-income countries living in European countries (Borrell, Palência, Bartoll, Ikram & Malmusi, 2015). Thus, discrimination interferes negatively on immigrants' psychological well-being, increasing depressive humor and reducing self-esteem (Mesch, Turjeman & Fishman, 2008), particularly on those persons who describe their identity as transcultural. According to Hatzenbuehler and Link (2014), stigma in its various dimensions and structural discrimination and policies in receiving countries are factors that affect immigrants' lives and deaths. A study that analyzes the relation between discrimination and health verified that among the most evident and leading alterations in mental health are the mental disorders caused by depression and depressive symptoms (Krieger, 2013).

Moreover, when analyzing different forms of perceived ethnic discrimination and their relationship with ways of life, a study conducted by Mewes, Asbrock e Laskawi (2015) revealed strong harming effects on mental health from different forms of discrimination, among which are the open aggression and discrimination in daily life situations. However, a high ethnic identification may function as a cushion against stress. The analysis of perceived discrimination in 27 countries in the European Union found that immigrants had one or more native countries, with citizenship, and spoke fluently the immigration country's language, and did not perceive discrimination in their lives; this may suggest that they were, or felt, treated in a less discriminatory form, and that understanding and speaking the language constituted a protection factor against discrimination (André & Dronkers, 2017). Therefore, racism, ethnic discrimination or acculturation stress, and higher exposure to stressful events have been proposed as possible predictors of psychic suffering in immigrants, and in general women present higher risks of physically and mental sickness. The negative effects of the association of ethnicity and psychosocial health are highlighted in aspects such as income, the presence of insalubrious jobs, and discrimination, thus increasing the discrepancy between immigrants and non-immigrants (Toselli, Gualdi-Russo, Marzouk, Sundquist & Sundquist, 2014). In the present study, the analysis of the quality of life of Brazilian women using the SF-36 scale, in an isolated form, pointed to an internal consistency of Cronbach alfa 0.941 for all 36 items and presented an average value of 70.9% for all 36 items, with 24% dispersion values. The minimum and maximum values are 0% and 100%, respectively.

Table 2. SF-36 health related dimensions of Quality of Life in Brazilian women living in Portugal, 2017

	N	Mean	Standard Deviation	Variation Coef.	Minim.	Maxim.
SF-36	621	70.9	17.3	24%	8	100
1. Physical functioning	670	83.6	18.8	22%	0	100
2. Physical aspects	671	80.6	32.3	40%	0	100
3. Pain	673	73.3	23.4	32%	0	100
4. General health state	665	71.1	21.0	30%	0	100
5. Vitality	676	60.6	22.8	38%	0	100
6. Social aspects	676	74.3	26.1	35%	0	100
7. Emotional aspects	670	68.8	40.2	58%	0	100
8. Mental health	667	66.3	21.7	33%	0	100
9. Changes in health through time	679	56.1	22.7	40%	0	100

The values relate to the measurement scale, between 0% and 100%.

Table 3 SF-36 dimensions and their relationship with the perception of discrimination among Brazilian women living in Portugal, 2017

		Perception of Discrimination Scale
SF-36	r	-0.231**
	p	0,000
	N	620
Dim 1. Physical functioning	r	-0.011
	p	0.784
	N	668
Dim 2. Aspectos físicos	r	-0.097*
	p	0.012
	N	669
Dim 3. Pain	r	-0.122**
	p	0.002
	N	671
Dim 4. General health state	r	-0.225**
	p	0.000
	N	664
Dim 5. Vitality	r	-0.160**
	p	0.000
	N	675
Dim 6. Social aspects	r	-0.222**
	p	0.000
	N	675
Dim 7. Emotional aspectos	r	-0.165**
	p	0.000
	N	668
Dim 8. Perception of Discrimination	r	-0.229**
	p	0.000
	N	666
Dim 9. Changes in health through time	r	-0.197**
	p	0.000
	N	677

**p < 0.01 *p < 0.05.

Table 2 shows each item's mean distribution, in which changes in health through time presents 56%, vitality 61%, mental health 66%, and emotional aspects 69%, dimensions with the lowest values, respectively, suggesting that these are among the mostly harmed during the immigratory process. Thus, it can be inferred that the quality of life of this group is superior to the intermediary point of the scale, because all dimensions present values above 50% and the percentages that presented the lowest rates suggest that these contribute to the reduction of the quality of life in the study group. In a study with African migrants, a very high level was identified in the general domain, especially in the psychological and physical domains. Among the factors that contribute to migration, especially of Africans, are: poverty, increase of rural populations in relation to natural resources, low professional qualification, and increasing urban unemployment (Barreto, Coutinho & Ribeiro, 2009). Thus, despite the hindrances encountered in the migratory process, such as isolation, incomprehension, new culture and customs, hostility, insecurity, and population's indifference, the results show a good level of quality of life that fundament the knowledge of QL in the interdisciplinarity of psycho-affective, organic and social factors.

It seems that for those immigrants the concept of quality of life is having money, health, housing, education, and well-being with oneself and friends from the same country. Discrimination in the migratory context is one of the major problems faced by immigrants. Table 3 presents the coefficient of correlation (r) between the perception of discrimination and the quality of life and health for Brazilian immigrant women living in Portugal. Table 3 presents a statically significant negative correlation between most SF-36 items and the Perception of Discrimination Scale, demonstrating an inversely proportional relation, in which the respondent who reported higher discrimination presents lower quality of life, thus showing a strong influence on these factors. The exception lies in the physical functioning, which presents no significant relation with the Perception of Discrimination Scale. Among the mostly affected dimensions are the emotional aspects, pain, general health state, vitality, social aspects, perception of discrimination, and changes in health through time. In the article "Migration and quality of life: a psychosocial study with Brazilian migrants" *("Migração e qualidade de vida: um estudo psicossocial com brasileiros migrantes")* (Franken; Coutinho & Ramos, 2009), the authors

concluded that the quality of life is perceived as composed of objective and subjective factors. This characteristics was also found in studies on the subjectivity of well-being and it demonstrates that not only sociodemographic conditions − such as marital status, age, gender, income, and ethnic group − define the feeling of well-being, but a combination of subjective processes in each subject, i.e., the internal structures of the person help to construe the form in which the external events are perceived and internalized, thus reflecting on the self-assessment (Franken, Coutinho & Ramos, 2012). Therefore, the quality of life depends on innumerous interconnected factors, namely when related to immigrants towards whom there is intolerance in some countries, motivated by cultural, social, racial and religious differences. An example of this reality can be found in the European population, which considers itself threatened by foreigners and fears that the latter will reduce job offers and disturb the economic development due to sending money abroad, thus reducing the internal economic circulation (Pena, 2017).

According to Pereira and Vala (2010), discriminatory actions continue to be motivated by prejudice, even if disguised as conservatism, as to justify the maintenance of principles and ideas. Another factor related to the increase of xenophobia is the growth of far-right extremist parties and politicians who foment an ideology based on anti-Semitism, conservatism and fascist ideas (Pena, 2017). The study conducted by Gee *et al*. (2009) with Asian immigrants pointed that they face racial discrimination, which has influence on the emergence of health problems (mental, physical and behavioral) acquired through time; besides, the evidence of discrimination is more common when having a subtle, symbolic, and structural character. Those findings corroborate the research carried out by Pereira and Vala (2010), who verified that a public of 26% of Southeast Asian refugees in Canada reported discrimination; 4.8% suffered evident threatening, 4.8% racial graffiti on their property, and 4.2% physical abuse. On the other hand, reports of more subtle experiences were more prevalent: 83% were underestimated and 74.4% were unfairly treated. Drawing on the correlations presented and highlighted on Tables 1, 2 and 3, the diagram of dispersion (Figure 1) was elaborated, relating the variables that measure the construes of the study. The diagram is a tool that indicates the existence, or not, of relations between variables of a process and their intensity, representing two or more variables, one as a function of the other.

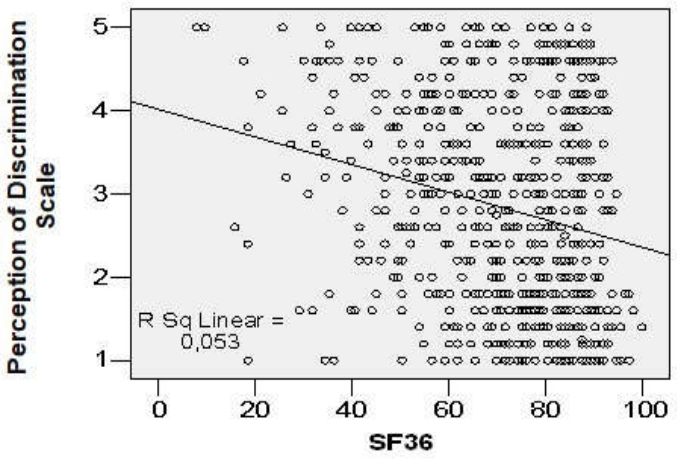

Figure 1 Diagram of dispersion presenting SF-36 distribution in relation to the Perception of Discrimination Scale

Regarding the SF-36 dimensions, a negative and decreasing correlation is verified between the dimensions and the Perception of Discrimination Scale, as presented on Figure 1, suggesting that Brazilian female immigrants living in Portugal are being discriminated and the reflection of this can be identified in the decrease of their quality of life. Discrimination is harmful and it is reflected on negative behavior from those who feel discriminated. Moleiro and Roberto (2015), in their study, perceived that Brazilian immigrants in Portugal also present isolation and solitude in the face of some processes of violation of rights. For those immigrants, life in Portugal has presented huge hindrances regarding the establishment of new relationships, namely with Portuguese persons. The relational and social context was felt as hostile, marked by episodes of underestimation, and associated with a feeling of great vulnerability, discrimination and rejection. Pussetti (2010) affirms that the fragility of immigrants in Portugal is due not only to the experience of migration, but it is especially related to the precariousness of their socio-economic situation, marginalization, illegality, and lack of adequate social support; this makes them vulnerable and leads them to suffer psychological pressure, besides being factors of broad sanitarian risks, such as high rates of traumatisms and job accidents. Regarding the lack of support, the author also points the hindrances to have access to health services in the receiving countries. European countries present three policy models to integrate migrant populations, in terms of family reunion, education, political participation, residence, nationality, anti-discrimination, and labor market, which are: the inclusive model, with inclusive policies in all dimensions; the assimilationist model, which offers relatively easy access to nationality but limited access to the labor market and family reunion, with little emphasis on anti-discrimination policies; and the exclusionist model that perceives immigrants as temporary guests (Borrell *et al*., 2015).

Conclusion

In this study, when relating SF-36 with the Perception of Discrimination Scale, the outcomes demonstrate the impact of the influence of perceived discrimination on the dimensions of quality of life and health of Brazilian female immigrants in Portugal, with the latter negatively influenced by the perception of discrimination. The research emphatically highlights the way in which this influence occurs drawing on the analyzed parameters and suggests that the perceived discrimination strongly affects the quality of life of those women. The limitations of this study lie on the fact that it does not refer to a qualitative deepening in which the context and conditions of living could have been presented in a subjective manner, thus enriching the diagnosis. This investigation offers insights on the domains for the measuring of the quality of life and health of those women immigrants, due to the detection of lower values in the dimensions related to emotional aspects, mental health, vitality and changes in the health state through time, although there is the need to deepen the analysis regarding the social context and the ways of life. It is expected that this study may, at the international level, highlight the need of migration policies that offer more support to immigrant populations, as to provide better conditions for their adaptation in the new country and the protection against discriminatory attitudes. Until they achieve full knowledge of the language and the understanding of the country's cultural customs, immigrants are subjected to facing social conflicts

and discrimination, which may affect their health and self-esteem. The maintenance of basic needs, such as health, education, culture, leisure, food, transportation, housing, employment, and respect for their origin, is crucial for migrants living in another country so that they can achieve physical, mental and social well-being. Finally, this article points out the need of further studies and may serve as a support to new researches that have as study object the association between discrimination and health of immigrants. It is also recommended that public policies for the integration of immigrants should have as one of the objectives the reduction of discrimination and that the outcomes are based on the quality of life and health of the migrant population, highlighting the positive contributions that the immigrants may offer to the receiving country.

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