Low Socioeconomic Status and Low Mortality? Examining the Paradox Among Retired Immigrants in Germany.

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Labour migrants who came to Germany starting in the 1950s and their descendants form a huge part of today's migrant population in Germany. Many of these labour migrants of the first generation who came to Germany as young adults, and who were mainly employed as blue-collar workers, are now retired or about to retire. The relationship between health, socioeconomic status and mortality in migrant populations is often ambiguous. Health and socioeconomic status is commonly lower among migrants compared to the local population. Despite these facts pointing to high mortality, migrant mortality is low in many cases, also in Germany, which is often explained by a healthy migrant effect.

Considering these aspects, we wanted to explore and explain migrant mortality among people at ages 65+ in Germany. In order to assess data quality of German vital statistics in the analysis of migrant mortality at old ages and to specify the level of migrant mortality, we used the official German population statistics and data from the German Statutory Pension Scheme.

Data and Methods We compare official population statistics and pension data from the German Statutory Pension Scheme by age, sex, year, and nationality for people aged 65 and above. The data from the German Statutory Pension Scheme is count data for individuals and contains information on the level of pension income reflecting lifetime earnings, the place of residence, the type of health insurance, the insurance branch which is a proxy of occupational status, and a proxy of the retirement age. The dataset in use is the basis for the German pension payment calculation and therefore it is a highly reliable data source. Vital status of both Germans and foreigners is followed up accurately. Life tables were used to identify the differences

in migrant mortality between the two data sources and in comparison with Germans. Regression techniques were further used to specify differences in the pensioners' population.

Results Life expectancy estimates for foreigners based on official population statistics turns out to be strikingly overestimated (further life expectancy at age 65 of 30 years). The pension scheme data reveals no big differences between migrant and German mortality-further life expectancy at age 65 is even slightly lower for foreigners. With the pension data, we could further identify differences in the population and mortality structure between Germans and foreigners. Mortality differences vary by nationality and occupational status: whereas foreign blue collar workers are disadvantaged with respect to mortality so are also the German blue collar workers, foreign white collar employees have a clear mortality advantage. Foreign white collar workers in Germany experience lower mortality than blue collar workers, but also compared to German white collar workers, their mortality is considerably lower.

Conclusion This research shows two important aspects of old-age migrant mortality in Germany. First, when using official population statistics, migrant mortality is very much underestimated. This traces to an overestimated migrant population at high ages due to under-registered return migration. Life expectancy at age 65 based on pension scheme data reveals no big differences between Germans and foreigners, though Germans have a slight mortality advantage. Second, more detailed analyses of the pension scheme data reveal that not all migrants have higher mortality. Foreign white collar workers show significantly lower mortality than German white collar workers. We can therefore show with our data that foreign pensioners with a lower socioeconomic status experience higher mortality whereas foreign white collar workers indeed show a healthy migrant effect since they exhibit lower mortality than German white collar workers. These two effects of high and low mortality groups among migrants are levelling out when part of the available information is not used.