

Measuring Acculturation among Immigrants

by

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Abstract

The term "acculturation" refers to the process of cultural change in which one group or members of a group assimilate various cultural patterns from another. Acculturation could influence the health status of immigrants in Belgium. Acculturation might be detrimental when it is associated with changes such as increase in smoking, less healthy diet, and loss of social networks. Measures of acculturation are needed to understand the evolution of the health status of immigrants in Belgium. Existing instruments to measure acculturation should be validated in the Belgian context, and new instruments should be developed. Simple indexes mostly measuring language should be compared to a more detailed instrument, which should be based on a good understanding of acculturation in Belgium.

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Key-words

Acculturation, Belgium, Migrants.

Introduction

The term “acculturation” is defined in Medline as the “process of cultural change in which one group or members of a group assimilate various cultural patterns from another (1)”. For example, in the United States, Latino immigrants become acculturated when they acquire the language and customs of the Anglo-American culture, and abandon certain traits of their Latin-American culture. Acculturation is a multidimensional process, and is also bi-directional (2). Research on acculturation and health, however, usually emphasizes the process of minority acculturation to the mainstream group culture, rather than the other way around (2).

Acculturation has been associated with changes in health status. For example, studies suggest that acculturated Latinos in the United States have worse perinatal outcomes than non-acculturated ones (3, 4). In Belgium, North African immigrants have few low birthweight newborns compared to Belgians (5-7), but whether this advantage is lost by acculturation is an open question. Acculturation might be detrimental for health when it is associated with changes such as increase in smoking, less healthy diet, and loss of social networks. In Belgium, acculturation has been shown to influence the use of primary health care (8). Further studies are needed to investigate the impact of acculturation on the health status of immigrants in Belgium. Our objective is to review and discuss acculturation measures, which could be used in such studies.

Acculturation measures

An Index of Acculturation was created by Van der Stuyft et al. (8) to study utilization of primary health care among immigrants in Belgium. The Index was based on knowledge of local language (Dutch or French) and style of dressing (traditional vs. Western). These characteristics were observed by General Practitioners, and the reproductibility of the recording was reported to be high.

In the United States, an Acculturation Scale for Mexican-American populations was proposed by Cuellar et al. in 1980 (9). The scale mea-

sures culture and language and consists of 20 questions to be scored on a 5-point Likert scale ranging from Mexican to Anglo, and from Spanish to English. A revised version including 30 items is also available (2). Since one limitation of the Cuellar scale is that it is relatively long, several recent studies have used a modified version of the scale. Primary language spoken has been found to be the most important indicator of acculturation. A simple language-based Acculturation Scale for Mexican-Americans was developed by Deyo et al. in 1985 (10). It includes questions on preferred language, language most often spoken at home, first language as child, and language read. Birthplace and length of residence in the country are other important indices of acculturation. Table 1 shows a Canadian Index of Acculturation based on birthplace and language used (11). This Index takes into account multiple languages and considers immigrants from regions outside of Latin America. Both Deyo's scale and the Canadian Index could be easily adapted to the Belgian context.

TABLE 1
Hyman and Dussault Index of Acculturation (11)

Level of Acculturation	Born in Canada	Language Spoken at Home
Low	No	Other language
Medium	No	English or French
Medium	Yes	Other language
High	Yes	English or French

Discussion

Existing instruments to measure acculturation should be validated in the Belgian context, and new instruments should be developed. Simple Indexes mostly based on language should be compared to a more detailed instrument, which could be similar to the Cuellar scale, but should be based on a good understanding of acculturation in Belgium. Focus groups and cognitive laboratory work should help to develop such an instrument. The instruments could then be tested in a survey (12).

It must be stressed that acculturation is only one of the many difficulties immigrants might be facing. Discrimination and racism are other variables that could influence the health of immigrants. In the United States, specific instruments have been developed to measure discrimination and unfair treatment against African Americans (13). There is an urgent need for similar instruments to be tested among other populations.

In conclusion, measures of acculturation are needed to understand the evolution of the health status of immigrants in Belgium. It will be important to know if the negative effects of acculturation observed in the United States are also occurring in Belgium.

Samenvatting

De term "acculturatie" verwijst naar het cultuurveranderingsproces waarbij een etnische groep of leden van een groep cultuurelementen of -patronen van andere groepen adopteren. Acculturatie kan de gezondheidstoestand van immigranten in België beïnvloeden. Acculturatie kan schadelijk zijn indien dit gepaard gaat met bepaalde veranderingen zoals een toename in tabaksgebruik, een minder gezond dieet of het verlies van sociale netwerken. Om de evolutie van de gezondheidstoestand van immigranten in België te begrijpen hebben we instrumenten nodig die de acculturatie meten. Bestaande meetinstrumenten moeten gevalideerd worden in de Belgische context en nieuwe instrumenten moeten ontwikkeld worden. Eenvoudige indicatoren zoals taalgebruik moeten vergeleken worden met een meer gedetailleerd instrument dat gebaseerd is op een goed begrip van acculturatie in België.

Résumé

Le terme «acculturation » se réfère au processus de changement culturel par lequel un groupe ou les individus qui en font partie adopte des caractéristiques culturelles d'un autre groupe. L'acculturation pourrait avoir un effet sur la santé des immigrants en Belgique. Cet effet pourrait être négatif si l'acculturation s'accompagne d'une augmentation du tabagisme, d'une détérioration des comportements alimentaires ou de la perte de réseaux sociaux. Une mesure du processus d'acculturation est donc nécessaire pour comprendre l'évolution de la santé des immigrants en Belgique. Les instruments existant de mesure de l'acculturation devraient être validés dans un contexte belge, et de nouveaux instruments devraient être développés. Des indices simples mesurant surtout les langues parlées devraient être comparés à un instrument plus détaillé, qui devrait être basé sur une bonne compréhension de l'acculturation en Belgique.

References

1. Medline. <http://igm.nlm.nih.gov/> August 2, 1999.
2. CLARK L, HOFSESS L. Acculturation. In: Loue S, ed. Handbook of Immigrant Health. New York, New York: Plenum Press, 1998: 37-59.
3. GUENDELMAN S, GOULD JB, HUDES M, et al. Generational differences in perinatal health among the Mexican American population: findings from HHANES 1982-84. Am J Public Health 1990; 80 (Suppl): 61-65.
4. GUENDELMAN S, ENGLISH PB. Effect of United States residence on birth outcomes among Mexican immigrants: An exploratory study. Am J Epidemiol 1995; 142: S30-S38.

5. MASUY-STROOBANT G. Santé de l'enfant et inégalités sociales. Une enquête dans le Hainaut sur le comportement préventif des mères. Rapport Poliwa 3. Louvain-la-Neuve, Belgium: Ciaco, 1988.
6. PEETERS RF, VAN DER VEEN F. De perinatale- en zuigelingensterfte van etnische minderheden in België/Vlaanderen. *Bevolking en Gezin*. 1990; 1: 37-53.
7. BUEKENS P, MASUY-STROOBANT G, DELVAUX T. High birthweights among infants of North African immigrants in Belgium. *Am J Public Health* 1998; 88: 808-811.
8. VAN DER STUYFT P, DE MUYNCK A, SCHILLEMANS L, TIMMERMAN C. Migration, acculturation and utilization of primary health care. *Soc Sci Med* 1989; 29: 53-60.
9. CUELLAR I, HARRIS LC, JASSO R. An Acculturation Scale for Mexican American normal and clinical populations. *Hispanic J Behavioral Sciences* 1980; 2: 199-217.
10. DEYO R, DIEHL A, HAZUDA H, STERN M. A simple language-based Acculturation Scale for Mexican Americans: Validation and application to health care research. *Am J Public Health* 1985; 75: 51-55.
11. HYMAN I, DUSSAULT G. The effect of acculturation on low birthweight in immigrant women. *Can J Public Health* 1996; 87: 158-162.
12. DEVELLIS R. Scale development: Theory and applications. Newbury Park, California: Sage, 1991.
13. KRIEGER N, SYDNEY S. Racial discrimination and blood pressure: The CARDIA study of young Black and White adults. *Am J Public Health* 1996; 86: 1370-1378.