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ORIGINAL ARTICLE

Subjective Social Status in select Ukrainians, Vietnamese, and Mongolians living in the Czech Republic

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Abstract

OBJECTIVES: This article discusses methods of examining subjective social status (SSS), which is based on the concept of social determinants of health described by Wilkinson and Marmot in 1998.

METHODS: SSS research was conducted with Cooperation from the Scientific and Technical Research (COST) program, with financial support from the Czech Ministry of Education, Youth and Sports. This study is part of a project entitled the "Health and Social Status of Immigrants and Asylum Seekers in the Czech Republic" (registration number OC 10031), which was started in 2010 and concluded in May 2011. The study included 246 respondents of which: 69 (28.1%) had emigrated from Vietnam; 93 (37.8%) from the Ukraine; and 84 (34.1%) from Mongolia. In terms of qualitative strategies, 13 individual immigrants and asylum seekers were personally interviewed. This research was thus conceived as being both quantitative-qualitative, which included the use of the appropriate technical tools (i.e., questionnaires and interviews with select immigrants and asylum seekers). SSS was determined using the Pearson's chi-square test, as well as through correspondence and cluster analyzes. Sign schemes were used to detect select significant relationships in contingency tables. The minimum significance level chosen was $\alpha \leq 0.05$.

RESULTS: When examining the SSS of select nationalities, differences were observed in the perception of subjective social status. The correspondence analysis results clearly show that Ukrainians best perceived their social status (within the selected parameters). One measure of subjectively perceived social status related to Czech language proficiency (i.e., one criterion was the comprehension of spoken Czech; e.g., whether the respondent could read or speak Czech, or how they assessed their own Czech proficiency).

CONCLUSION: The SSS study clearly revealed typical links among select nationalities living in the Czech Republic, and highlighted risks related to the degree of

integration (and its relationship to social exclusion). This study served as a pilot project for follow-up research conducted by the second COST project entitled: "Social Determinants of Health and their Impact on the Health of Immigrants Living in the Czech Republic" (registration number LD 13044 COST). The follow-up study included 1 000 respondents of Slovak, Vietnamese, Ukrainian, Russian and Polish nationality and is currently underway at the Faculty of Health and Social Studies at the University of South Bohemia in the Czech Republic. The methodological tools used were taken from the COST pilot project (which is the topic of this article) and were adjusted as needed (i.e., both objective and subjective criteria were used for examining social status).

INTRODUCTION

The social determinants of health described in 1998 by Wilkinson and Marmot (2003) is currently a significant topic of scientific study. The establishment of the WHO Commission on Social Determinants of Health (CDSH) confirmed that social determinants of health are significant in the search for the causes of health inequalities (Equity, social determinants and public health programs 2010). The importance of social health determinants has been amplified by parallel studies that have been, and continue to be, conducted in many countries. One of the most extensive of these studies was the Marmot Review (2010), which was published in an effort to devise a strategy for overcoming health inequalities in Great Britain.

One of the principles underlying the concept of social health determinants (and, in effect, the basic hypothesis) is that select characteristics of social condition affect select aspects of health. In some cases, even the linearity of the relationship (higher = better) has been affected (e.g., a typical social gradient) (Dalstra *et al.* 2005, Huisman *et al.* 2005, Minkler *et al.* 2006). Such findings have reinforced the conclusions of Marmot (2006).

The social determinants of health constitute a theory that cuts across numerous scientific disciplines. In essence, it combines both health and social characteristics, through which it is then possible to explain and reveal the causes of many diseases. Nonetheless the scientific disciplines often clash with regard to findings, which affects how given social determinants are perceived to impact health (e.g., epidemiology, social medicine, and the sociology of health and illness). The findings provided by the above mentioned disciplines drive development in terms of understanding causes of illness as well as health, which leads to constant revision of the International Classification of Diseases. According to Míček (2007), the nosological unit actually presents a dynamic balance between the various, often conflicting theoretical perspectives and views regarding an explanation. The proof of this lies in the constant metamorphosis of psychiatric classifications (e.g., Miech *et al.* 2001 proposed a clarification in the form of a system based on the dimensions of disease).

Despite great interest in a diversified classification of diseases, criticisms that point to possible limitations and errors in data interpretation cannot be overlooked; particularly so, the issue of "framing" mentioned by Aronowitz (2008) which, according to Kunitz (2008), is similar to the older theory of "labeling." This means that is will likely be necessary to reclassify some illnesses, which now fall under the social field, based on their etiology. Kunitz (2008) uses asthma as an example; those without a social cause for this disease only suffer from "breathlessness", whereas those who are (for example) members of certain social groups suffer from "asthma", despite the two manifestations being the same. Kunitz (2008) therefore points out that any such findings may lead to the legitimization of certain measures towards those affected and, by extension, towards entire social groups.

'Conceptual risk' is the core concept of 'social determinants of health' (i.e., selected social characteristics have an impact on health) and very precisely defines social drift theory, according to which, poor health impacts select social characteristics (Dooley *et al.* 1992, Leigh 1995, Ellaway and Macintry 2007, Hurst 2007).

It is clear that the theory of social determinants of health has its merits, but it also has methodological and conceptual risks that are associated with biased hypotheses, such as: 1) social conditions have an impact on health, as was reported by Marmot *et al.* (2010), and the converse implication that 2) health has an impact on social conditions, as reported by Chandra and Chandra (2010) and Canning and Bowser (2010).

It is imperative to realize that a critical view of this concept is not, and cannot be, the subject of its own rejection: proving the relationship between social characteristics and health is internationally recognized. On the contrary, this view serves to facilitate the revision and constant correction of reported conclusions, which goes hand in hand with the rules of critically examining the health and social reality in which we live.

BRIEF STATISTICAL DATA ON FOREIGNERS (OF SELECT NATIONALITIES) RESIDING IN THE CZECH REPUBLIC

Foreigners in the Czech Republic

According to the Czech Statistical Office (CSO) (2014), a total of 438 076 foreigners (189 003 women) were resident in the Czech Republic as of 31 December 2012; 212 455 of which (100 476 women) had permanent residence status.

Ukrainians, Vietnamese and Mongolians residing in the Czech Republic

According to the latest available statistics (CSO 2014), a total of 112 642 Ukrainians were resident in the Czech Republic as of 31 December 2012, and 57 683 of them (28 580 women) had permanent resident status. These ratios between gender and residence typologies are similar for the basic characteristics of the overall total number of foreigners.

As of 31 December 2012, 57 360 Vietnamese were resident in the Czech Republic (CSO 2014) and 39 667 of them (17 495 women) had permanent residence status.

As of 31 December 2012, 5 308 Mongolians were resident in the Czech Republic and 3 272 of them (2 053 women) had permanent resident status. It is clear that, from the perspective of gender ratio, the Mongolian population differs from those of the Vietnamese and Ukrainian populations. This difference is related to the manner in which they migrated to the Czech Republic (i.e. it is possible to presume that their migration may be driven by a workforce demand for Mongolian employees).

RESEARCH PROJECT AND TARGET GROUP

The investigative study concerning the relationship between social determinants and health was funded by the Czech Ministry of Education, Youth and Sports under the COST project entitled the "Health and Social Status of Immigrants and Asylum Seekers in the Czech Republic", which was adopted as a solution in 2010 and concluded in May 2011. **The principal research question pertained to the existence of a correlation between select characteristics of the research subjects' (i.e., the immigrants) health status, and select characteristics of their social status.**

The study surveyed 246 respondents of which: 69 (28.1%) had emigrated from Vietnam; 93 (37.8%) from the Ukraine; and 84 (34.1%) from Mongolia. Of the 246 respondents, 148 (60.2%) were women and 98 (39.8%) were men. The larger number of women in the study (which does not correspond to the CSO's statistics regarding the gender distribution of these foreigners) resulted from a greater reluctance of men to participate in the study.

This research was conceived as a quantitative-qualitative study using the appropriate technical tools. The quantitative component (which was crucial to the study) utilized a questionnaire. The questionnaire was very broad and contained 270 questions that mapped select characteristics of social conditions from the perspective of 10 determinants of health (according to the Wilkinson and Marmot concept). The questionnaire was translated into the four native languages of the study participants (Russian was included in case it was the preferred language of any of the respondents).

The qualitative strategy was implemented with a semi-controlled interview. 13 separate interviews were conducted with 13 select immigrants and asylum seekers residing in different regions of the Czech Republic (8 respondents resided in Prague; 3 in the Vysočina region; and 2 in South Bohemia). The interview contained a total of 92 open-ended questions, the range and breadth of which served to reaffirm the intended depth of the study. The interviewed included: 8 women and 5 men; 5 Mongolians, 3 Ukrainians, 2 from Bosnia and Herzegovina, 2 from Vietnam, and 1 from Azerbaijan. The inclusion of asylum seekers in the qualitative component of the study was part of the project aim. With regard to residence status (see Act no. 326/1999 Coll., which pertains to the residence status of foreigners in the Czech Republic; and Act no. 325/1999 Coll., which pertains to asylum), 3 participants had acquired permanent residence on the basis of international protection (1 individual and 1 married couple); 5 participants had long-term residence status and 5 had permanent residence. The number of responses to the selected questions differs due to some respondents having answered some questions with a response of "I do not know", this was because they had not formulated an opinion on the given issue.

Methodological limitations of the research plan included the non-representativeness of the sample, and the non-stratification of the study sample (neither the research objective nor financial support for the project permitted otherwise). Nevertheless, the findings allow for the proposal of trends that approximate the health and social status of select nationalities residing in the Czech Republic. They also allow for comparisons with similar studies conducted abroad, and formulation of proposals for research expansion into those areas that could significantly affect integration policy relative to issues identified in the study.

MATERIAL AND METHODS

Social gradient vs. health and the method of its examination

Socioeconomic status as a gradient in relation to health

Individuals situated further down the social status ladder typically have an almost-doubled risk of serious illness and premature death when compared to those situated at the top of the social hierarchy (Wilkinson and Marmot 2003). Inequalities in socioeconomic status, and their impact on health, are a key issue for society (Marmot 2010). Many studies have shown that people with a higher socioeconomic status (SES), enjoy better health and a lower incidence of physical disability (Dalstra *et al.* 2005, Huisman *et al.* 2005, and Minkler *et al.* 2006); thus, it is possible to observe a specific linearity (higher status = better health). In other words, it is possible to approach SES as a *gradient* in relation to health, as Marmot suggests (2006).

The dichotomy of "health vs. disease" is a reflection of the relationship between social gradient and health. The word "nemoc" [disease] was divided into "ne-moc" [no-power] by Kapr and Müller (1986) to indicate an individual's loss of power (i.e., an ill person loses social status characteristics and is therefore unable to exercise all of their rights).

The linking of social gradient and health involves 3 fundamental scientific disciplines: epidemiology, social medicine and the sociology of health. However, given the breadth of the topic, it must complement data from other fields, as well. According to Gordis (2009), epidemiology examines the etiology or cause of disease, and its relevant risk factors. In terms of clinical epidemiology, however, a relationship between socioeconomic status and health does not exist (Míček 2007). When working status, high-risk behavior (e.g., number of cigarettes) and the biochemical consequences of nicotine in the body (Míček 2007) are handled as a medical problem. Social medicine is a scientific, medical and interdisciplinary field that deals with the health of a population and health care for an entire society (Gladkij and Koldová 2005). According to these authors, social medicine focuses on the optimization of the health care system through the use of health care policies, health care programs, health services systems, and even legal measures. Holčík *et al.* (2006) described several functions that define the mission of social medicine as a field, including: methodological, evaluative, pedagogical, applicational, coordinational, and integrational. Developmentally speaking, the sociology of medicine represents one of the youngest sociological sub-disciplines (Bártlová 2005), and is referred to by various names such as the sociology of health care, the sociology of health and disease, medical sociology, medicinal sociology, etc. It is a scientific discipline that utilizes empirical sociology theories and methods to analyze the phenomenon of "health" and "disease", as well as patient interaction with "medical devices" and "the health care profession" (Bártlová 2005). It is therefore the discipline best suited to examine the social determinants of health.

Reciprocal linkage is not only apparent among select characteristics of health and social status, but also among elected aspects of social status, as has been demonstrated in many studies (e.g., the relationship to smoking, categories of employment, and the extent of education or income levels (Barbeau *et al.* 2004).

Social stratification and socioeconomic status: The issue of terminological demarcation

It is well-known that human society is structured according to various parameters. Keller (1999) states that society does not form a socially homogenous whole, but rather is internally divided into layers with a graduated share of goods that are valued within the society and considered to be scarce. Thus, society is socially stratified. At the same time, social stratification is, according to Šanderová (2004), one of the basic social structures of society and is an expression of the unequal distribution of scarce resources (both material and non-material in nature); especially those of wealth and power (or prestige, as the case may be). Similar divisions can be found in the *Big Dictionary of Sociology II* (1996), wherein the essence of social stratification is the unequal distribution of resources, which introduces an axis of social stratification. Of particular note are those resources that are 1) economic, according K. Marx and his followers; 2) political, according to R. Dahrendorf, and 3) cultural, according to P. F. Bourdieu. In addition, some authors place emphasis on 4) social contacts (W. L. Warner), and 5) prestige and respect (D. Treiman). The theory of social stratification is derived from the typology of the stratification system, which emerged and emerges in the functioning of various societies. The best-known systems, according to Keller (1999), are that of slave, caste, professional and class. Keller (1999) distinguishes between 3 mechanisms at work, relative to individuals who function within a structured society, which he describes as the consensual, conflicting and interpretative theory. It is clear that the structure of society is closely related to the social system of government; thus, not only does permeation occur subjectively (internally, at the individual level), but also on the basis of objective influences (externally, at the level of the state and its organizations).

The position of individuals within a social stratification could be characterized by SES, which by its nature testifies to the selection criteria, and is closely related to an individual's income and occupation. This term was first used in 1883 by American sociologist Lester Ward, who claimed that a combination of social and economic positions creates an individual's SES within society (LaVeist 2005). Warner (1963), and Šanderová (2004) determined SES by using (for example) the prestige of an occupation, the required or actual level of education, and income. According to Mirowsky (2003), SES is a person's relative position within the distribution of opportunity, prosperity and status; it indexes an individual's place within the unequal distribution of socially valued resources, goods and quality of life. LaVeist (2005) reported that socioeconomic status can be examined using the five most commonly used indicators: poverty, income, education, occupation, and welfare: it can also be examined with other indices that combine income, education and the prestige associated with a given occupation. Therefore, selection criteria could vary, and these criteria could be labelled as 'status characteristics'.

Methods of examining SES in research

The social status of selected immigrants can be examined on two levels: 1) objectively, according to select SES criteria such as occupation, property, wages, educational attainment, etc., and 2) subjectively, in terms

of subjective social status (SSS), on which this paper focuses.

SSS was determined on the basis of these questions:

- *How has your social status changed in the Czech Republic (relative to country of origin)?* (Possible answers included: it has declined; it is the same; it has improved; I cannot judge.)
- *How has your economic status changed in the Czech Republic (relative to of origin)?* (Possible answers included: it has declined; it is the same; it has improved; I cannot judge.)
- *What is your status relative to Czechs who live in your vicinity?* (Possible answers included: it is better; it is the same; it is worse; I do not know; I do not have neighbors from the majority population.)
- *What is your status in comparison to other foreigners who live in your vicinity?* (Possible answers included: it is better; it is the same; it is worse; I do not know).

SSS measurement can, according to Singh-Manoux *et al.* (2003), determine the dimensions of social status that objective SES measurements cannot.

SSS was determined using the Pearson's chi-squared test, as well as with correspondence and cluster analyzes. Sign schemes were used to detect significant relationships in contingency tables. The minimum significance level chosen was $\alpha \leq 0.05$. A supplementary examination included an analysis of subjective responses from select minority members.

RESULTS

Table 1 clearly shows that nationality is statistically significant in relation to subjective perception of social status, in terms of select SSS questions. The referred to significance is high in terms of the chosen level. Values in the lower cells are in relation to the nationality and social status of respondents compared to Czechs (in this case, 3 cells [20%]) does not pose a high interpretative risk. Nevertheless, it would be appropriate to expand the number of respondents and thereby increase the number of values.

A sign scheme (Table 2) reveals differences in nationalities when respondents compared their social status to that of Czechs. It is clear that Ukrainians subjectively perceived themselves as having equal (or better) social position compared to Czechs, which was in contrast to Mongolians, who evaluated their status as being worse than that of Czechs (and, statistically significant, were less likely to have neighbors from the majority population). The more neutral variant "I do not know" was mainly chosen by Vietnamese. The correspondence analysis displayed in Chart 1 takes other SSS questions into consideration and uncovers further differences linked to individual nationalities.

Figure 1 shows 3 clusters related to nationality. For the purposes of this paper, they are labelled as Ukrainian, Vietnamese and Mongolian. The Ukrainians evaluated the select SSS characteristics as being better

Tab. 1. Significant relationships between nationality and select SSS questions (Pearson's chi-square test).

		Change in social status in the Czech Republic (as compared to the country of origin)	Respondents' perceptions of their social status as compared to other foreigners	Change in economic status in the Czech Republic (as compared to the country of origin)	Respondents' perceptions of their social status as compared to Czechs
Nationality	Significance	0.000*	0.000*	0.002*	0.000*[a]

*The chi-squared statistic is significant at the 0.05 level.
[a] More than 20% of the cells have a number lower than 5; the chi-squared test has limited validity.
Source: COST Research (reg. no. OC 10031) entitled the "Health and Social Status of Immigrants and Asylum Seekers in the Czech Republic". Statistical calculations were completed using SPSS version 16.0.

Tab. 2. Sign scheme for the correlation between nationality and respondent social status, as compared to Czechs.

Nationality	Respondents' perceptions of their social status as compared to Czechs				
	Better	The same	Worse	I do not know	I do not have neighbors from the majority population
Vietnamese	O	O	–	+++	O
Ukrainian	++	++	–	O	O
Mongolian	O	–	+++	–	+

Source: COST Research (reg. no. OC 10031) entitled the "Health and Social Status of Immigrants and Asylum Seekers in the Czech Republic". Statistics completed using SPSS version 16.0.
Legend: +/– (for a significance level of $\alpha \leq 0.05$); ++/– – (for a significance level of $\alpha \leq 0.01$); +++/– – – (for a significance level of $\alpha \leq 0.001$)

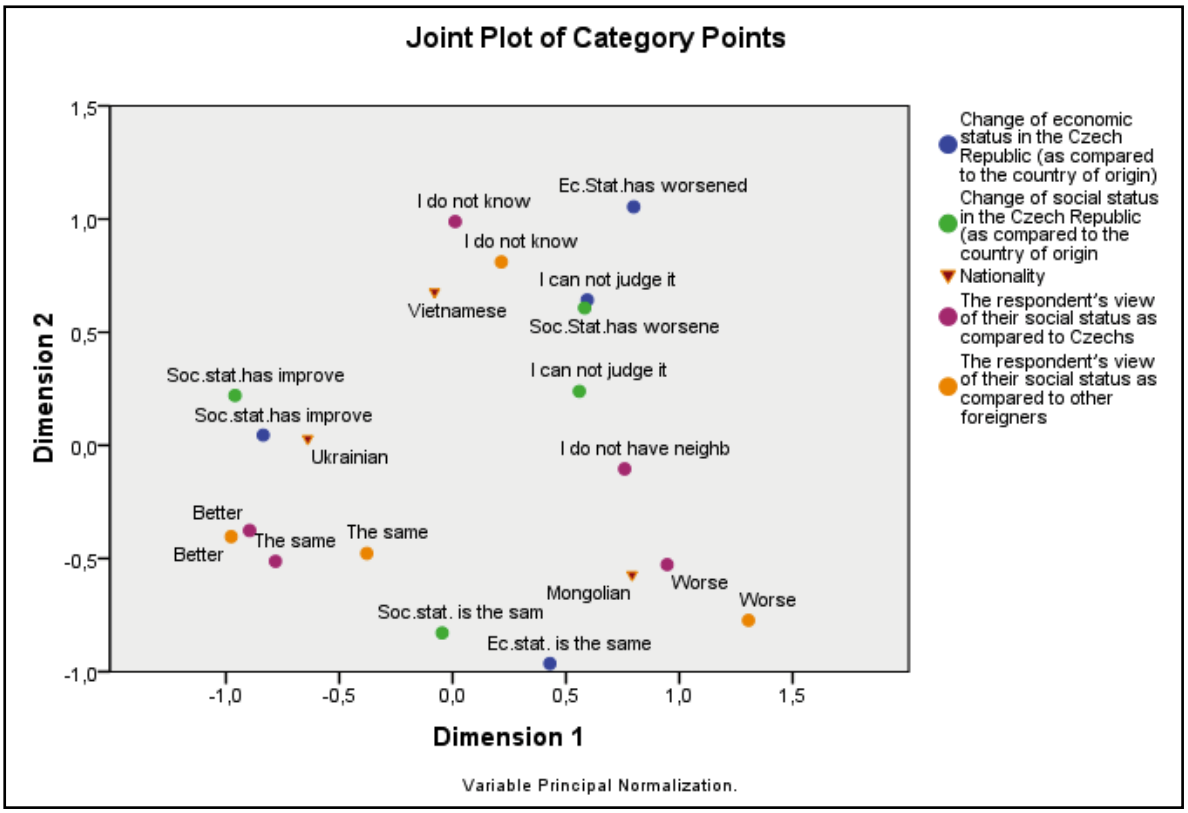

Fig. 1. Nationality in relation to select SSS characteristics (Correspondence analysis: the representation of variability in both dimensions is 77.3%). Source: COST Research (reg. no. OC 10031) entitled the "Health and Social Conditions of Immigrants and Asylum Seekers in the Czech Republic." Statistics completed using SPSS version 16.0. Abbreviations: soc. stat. = social status, ec. = economic, neighb. = neighborhoods, improve = improved, worsene = worsened.

or the same; the Vietnamese replied with "I do not know", "I cannot judge" or "economic and social status has declined". The Mongolians rated the select SSS characteristics as having declined or stayed the same. The x-axis (Dimension 1) represents the axis of the select SSS characteristics and the rating scale goes from left to right. (Thus, from "status has improved" to "it is the same" to "I cannot judge" to "status has declined.")

During the interview, respondents were asked to place themselves on an imaginary social status ladder with rungs ranking from 1 to 10. (See question: If you were placed on an imaginary social ladder with 1 to 10 rungs, whereupon the highest rung would be the highest status, and lowest rung would be, for example, homelessness, where would you place yourself?) The results clearly show (Table 3) that, of the 10 respondents, 8 ranked their status in the Czech Republic as having declined compared to their country of origin.

Respondents provided the following reasons for their position on the imaginary social ladder:

Mongolian respondents (bullets correspond to individual respondents):

- When I was in my country of origin, my parents helped me. Here in the Czech Republic, a charity development project helped me for 4 years, and now I am trying to take care of myself on my own. My work here is on a level beneath that of my education.
- No, I don't know; I've never thought about it before.
- In my country of origin, my work corresponded to my level of education.
- Our land, our family, home, mommy, daddy are in Mongolia. We had private housing there, but here we share housing with someone else. However, the work [situation] was worse in Mongolia – there isn't any work there, and we had to work as private contractors. We come from Ulan Bator; we hadn't thought about many of these issues before now.

Vietnamese respondents:

- At home, I spoke my own language; that is the difference between being in the Czech Republic and Vietnam.
- In my country of origin, my work corresponded to my education. Here, I don't work. I have 2 children and no husband. In my country of origin, I could easily find a husband.

Azerbaijani respondent (asylum seeker):

- The difference in social status is mainly due to language, because here I speak in a language that is not my own. At home, I wouldn't have any problems

understanding or speaking [the language]. The culture here is different.

Bosnia and Herzegovina respondents (asylum seekers, spouses):

- Our land, our home, is in Bosnia and Herzegovina. There, we had a big house that was built with our own hands – here, we live in a block of flats. We are already old, but we are grateful that the Czech Republic took care of us. We are, however, sad and ill.

The respondents' subjective testimonies are similar regarding the cause of their decline in social status in the Czech Republic, which pointed to: a language barrier; quality of housing (their own house vs. living in a block of flats, or with other people in what we assume to be a hostel); mismatched work and education levels relative to their country of origin; and lack of support from immediate family. These reasons confirm the link between social status and social exclusion, which may be exacerbated by housing conditions and language barriers (or lack of support from close family members).

Changes in social status are presented using a sign scheme, which was used for the quantitative part of the research (Table 4). It is obvious that only the Vietnamese reported improved social status (or, conversely, significantly worse). The Mongolians rarely reported "social status has improved" compared to "I cannot judge", which was significantly significant. With regard to the Ukrainians, none of the possible answers were prevalent. Declined social status was recorded by respondents in eight cases, and the results are shown using the sign scheme.

If we combine the selected SSS characteristics with language proficiency (the comprehension, speaking, and reading of Czech, i.e., respondents' subjective evaluations of their Czech language proficiency) and examine 1) how they influence each other and 2) whether they somehow differentiate the research sample, cluster analyzes (as well as the Chi-squared Automatic Interaction Detection (CHAID), through which each step seeks an independent variable/predictor) allowed us to determine which had the strongest relationship to the dependent variable. Using the chi-square test for the categorical dependent variable, and the F-test for the continuous variable, divides nationality at the first separation line according Czech language proficiency depending on whether respondents understood spoken Czech. **Understanding spoken Czech is, therefore, the most significant dividing factor and is at the top of the Czech comprehension evaluation, as this characteristic identifies whether the respondent reads or speaks Czech, or how they subjectively evaluated their Czech language proficiency** (Figure 2).

It is clear that the first line already differentiates nationality according to Czech language proficiency. Node 1 is the most typical for the Vietnamese, whose proficiency ranges from very poor to poor, and further is differentiated according to how they perceive their social status in comparison to Czechs. The most significant responses, however, were observed in the Mongolians, who deemed their status to be worse; or the Vietnamese, who (significantly) chose the answer "I do not know". The second node is typical for the Ukrainians, with spoken Czech proficiency ranging from very good to excellent. Furthermore, this cluster differentiates according to social status and its change in comparison to country of origin; the last line produces clusters according to how respondents rate their social status in comparison to Czechs (see nodes 11 and 12), and according to an evaluation of changes in economic status in the Czech Republic compared to country of origin. The Ukrainians provided positive responses ("it is better" or "it has improved") for all characteristics, which is well demonstrated by the correspondence analysis shown above (Chart 1). The third node is the most characteristic of Mongolians and Ukrainians, who assessed their proficiency of spoken Czech as being "good". Another differentiator of this cluster was an evaluation of economic status (comparing the Czech Republic to country of origin, which created nodes 9 and 10). The most typical response from Mongolians was that it had declined or remained the same; while Ukrainians reported that it had improved (see node

Tab. 3. Social status according to a 10 point scale (comparing the Czech Republic and country of origin); quantitative research (10 respondents in total).

Social status in the Czech Republic	7	7	4	5	8	3	6	2, 3	4, 5	3
Social status in the country of origin	7	7	8	9	10	8	9	4, 5	8, 9	8

Source: COST Research (reg. no. OC 10031) entitled the "Health and Social Status of Immigrants and Asylum Seekers in the Czech Republic". Qualitative part of the research.

Tab. 4. Sign scheme for nationality in relation to social status in the Czech Republic and country of origin

Nationality	Change in social status in the Czech Republic (as compared to country of origin)			
	Social status has declined	Social status is the same	Social status has improved	I cannot judge
Vietnamese	+	O	+	– – –
Ukrainian	O	O	O	O
Mongolian	O	O	– – –	++

Source: COST Research (reg. no. OC 10031) entitled the "Health and Social Status of Immigrants and Asylum Seekers in the Czech Republic." Statistics completed using SPSS version 16.0.
Legend: +/– (for level of significance $\alpha \leq 0.05$); ++/– – (for level of significance $\alpha \leq 0.01$); +++/– – – (for level of significance $\alpha \leq 0.001$).

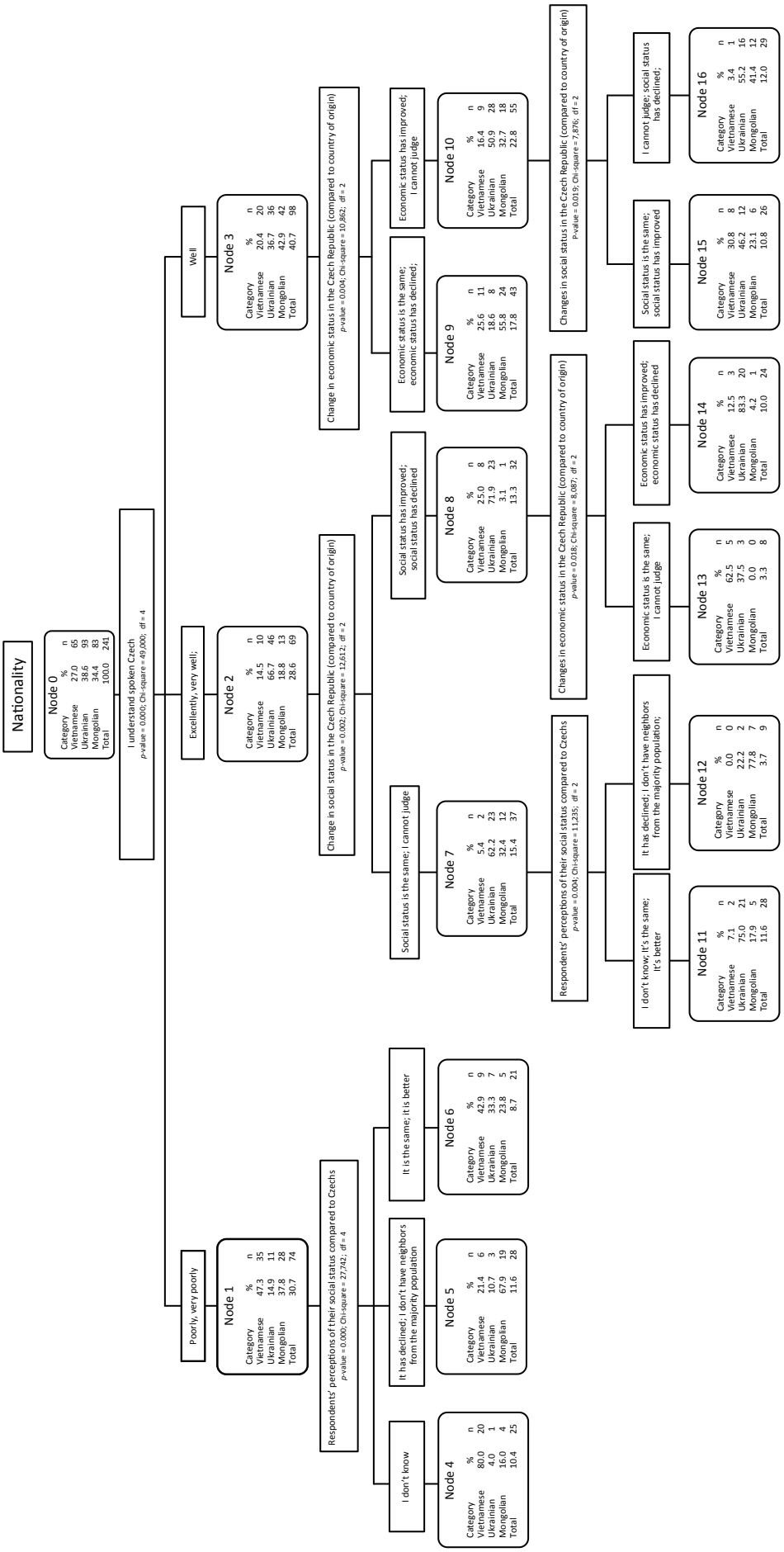

Fig. 2. Cluster analysis of the relation between SSS and Czech proficiency. Source: COST Research (reg. no. OC 10031) entitled the "Health and Social Status of Immigrants and Asylum Seekers in the Czech Republic". Statistics completed using SPSS version 16.0.

10). An additional sorting criterion for cluster analysis was an evaluation of social status (again, comparing the Czech Republic to country of origin).

The cluster analysis of the study sample thus confirms the testimony of those respondents who reported that language plays the largest role in SSS. It is obvious that proficiency of the majority population language constitutes the most significant sorting criterion in terms of subjectively perceived social status.

The cluster analysis (Figure 2) is most typical for the Ukrainians (74.2%), followed by the Mongolians (60.2%) and the Vietnamese (52.3%). Overall, we can presume (predict) these divisions for 63.5% of research sample respondents.

Subjective social status and satisfaction with standard of living

Subjective social status (SSS) is even further extended by respondent responses to questions regarding their standards of living, such as, "Are you satisfied with your standard of living in the Czech Republic? Why or why not?" **Listed below are answers from select respondents, which indicate factors deemed pertinent to standard of living, and which contribute to social status (e.g., income, occupation, education, housing, or familial connections) in a new country. This confirms the selection of criteria used in the examination of socio-economic status; interestingly, the role of family ties is noted, which was also identified in the context of SSS perception.**

Ukrainian respondents (bullets correspond to individual respondents):

- I'm not very satisfied with my standard of living in the Czech Republic; I would like it to be a little bit higher. At present, I earn a low wage.
- Right now, yes; it took a lot of work… and still does.

Azerbaijani respondent (asylum seeker):

- I'm not very satisfied. I'm working on it in order to feel more satisfied. Mainly, I need work.

Bosnia a Herzegovina respondents (asylum seekers, spouses):

- We are satisfied. We are not homeless. We are already old and have few needs.

Vietnamese respondents:

- I'm satisfied.
- I'm not, but I have children; hopefully they will have a better life.

Mongolian respondents:

- I'm not satisfied; I have yet to finish university, but I believe that I'll do well in the future.
- Yes, because it's better than it was in Mongolia.
- (Married couple) When compared to people from Mongolia, we fall somewhere in the middle; neither poor, nor rich. When compared to people from the Czech Republic, the Czechs are richer. But, we don't seem all that poor, either.
- I'm satisfied with my standard of living. I have a Czech husband, children, good housing, work and friends.

DISCUSSION

The research presented in this article focuses on subjective social status (i.e., an individual's own assessment of their status), which is one possible method of examining social status (in addition to objective measurements). According to some studies (Singh-Manoux *et al.* 2003), subjective measurements have a higher communicative value and relates to the self-construction of social stratification according to one's own choice of criteria. The stratification scale and its borders (defined by that which is highest and lowest with regard to one's own status) allows for the inclusion of assessment criteria that are very difficult to measure objectively (e.g., social recognition and respect; diversity of cultures and their stratification scales affected by other factors such as religion, etc.). Ethnicity is significantly linked to social status, which, in turn, impacts health (Kreidl 2008; Landsbergis *et al.* 2012).

One may ask the question of, "Why bother inquiring about immigrant social status?" Or, alternatively, "Why examine select characteristics connected to migration?" The reason was far more than that of personal interest on the part of researchers. In fact, the point was to examine the potential evolution of the Czech Republic and European populations, as well as other countries (e.g., the USA). According to population evolution, it is clear that the native majority population will, according to LaVeist (2005), reduce in number. This trend also corresponds to differences in native majority vs foreign minority birthrates in the western world (minority population birth rates exceed those of the majority population). This trend is not only typical of the beginning of the 21st century; it is clear that either national or ethnic diversity were (or became such, during the course of its history) the foundation of every country that ever existed. The first Czechoslovakian president TG Masaryk once said (Čapek 1937): "National and racial minorities have existed since the very beginning of mankind. A such, every European country has within itself a language minority. Small countries and nations are minorities among larger states, and even the largest states and nations are, after all, a minority in comparison to the human world. Therefore, correctly managing minority policy is a prerequisite for a better and more globally organized world."

In this respect, the issue of assessing social status is a highly significant topic, as it not only indicates the

important aspects of immigrant lives (e.g., employment), but also their subjective self-perception as it relates to members of the majority population.

When examining the SSS of select nationalities, differences in perception were observed. The correspondence analysis clearly showed that the Ukrainians had the best self-perception of their own social status (on select parameters). There may be various reasons for this finding; an obvious hypothesis to put forward would be the linguistic and cultural proximity of the Ukraine to the Czech Republic. This hypothesis was confirmed by the cluster analysis, which showed that one aspect of the subjective perception of social status pertained to the degree of Czech language proficiency (according to select criteria, such as whether the respondent could read or speak Czech, or how they evaluated their own comprehension of the language).

Language (and its pronunciation) is a significant criterion in the evaluation of self-perceived social status (in addition to clothing, customs and behavior, club membership, neighbors, etc.); Snibbe and Markus (2005) and Kraus and Keltner (2009) have all stated as much. According to Côté (2011), it can be assumed that subjective status is related to the status of the objective. Kraus (2011) defined social status as a cultural identity comprising two processes – objective and subjective.

Another presumed factor could be the type and length of residence (which, incidentally, this research has not shown); however, according to Vacková (2011) the trend is reversed. In other words, the self-perceived social status of foreigners with long-term residence is worse than that of the self-perceived social status of immigrants with temporary residence. This interesting paradox particularly pertains to the Vietnamese who have long-term (or permanent) residence in the Czech Republic, and evaluate their social status as being worse. The aforementioned discrepancy (refutation of the initial presumption) may also be due to the number of research respondents and their non-stratified sampling.

The Mongolians evaluated their social status as being worse, and, more frequently (as well as statistically significantly) live in communities isolated from the majority population. This characteristic corresponds to the information obtained about Mongolians living in the Czech Republic, whose numbers (according to the Czech Statistical Office 2014) have increased during the last few years. This growth is associated with low-paid employment opportunities with certain companies in the Czech Republic (which certainly explains the different ratio of men to women; the latter are more prevalent in this group. (According to the updated Policy of Foreigner Integration, 2011, 62.7% were women as of the end of 2012.) This differs from the male to female ratios of the Vietnamese and Ukrainian populations, which are in line with the overall immigration trend in the Czech Republic, and are predominantly male. It is therefore clear that Mongolians reside and live near their employers and mostly in hostels. According to Šíma (2008), most Mongolians can be found in Blansko (around seven hundred), where they work for the Apos company, and in Pardubice where they work for the Foxconn company (in approximately the same number). Large numbers of Mongolians also live and work in Havlíčkův Brod (around three hundred work at the Pleas and Futaba companies). Other Mongolian communities can be found in Zlín, Rumburk, Aš, Třebíč, Jablonec nad Orlicí, Svitavy, Šťáhlavy and dozens of other cities and towns. We can therefore assume that Mongolians in the Czech Republic will primarily have long-term residence status based on work permits (not permanent residence status, as with the Ukrainians and Vietnamese). A search for available information and research that includes Mongolians only highlights the fact that these immigrants remain off the radar with regard to research interests and, therefore, policy makers as well.

For select SSS criteria, the Vietnamese selected the answers of, "I do not know", "I cannot judge" or indicated declined economic and social statuses. They also assessed their Czech language skills as ranging from poor to very poor. This confirms the relationship between SSS and language proficiency. The finding also attest to the insular nature of the Vietnamese community (the first generation, to be precise), which enables members to reside in the Czech Republic without the need for linguistic or cultural integration (for example, the Sapa marketplace in Prague, which serves as a socio-cultural and business center for the Vietnamese and offers various representatives and translators who can be hired to handle all of their countrymen's needs). These findings correlate with research from Martinková (2008), which demonstrated that Vietnamese adults are not inclined to pursue improved Czech proficiency, but rather tend to create ethnically-based business and communication centers with a diverse selection of services focused exclusively on Vietnamese clients.

In addition, the subjective responses of select respondents confirm the relationship between SSS and i) language proficiency, ii) quality of housing, iii) level of education, and iv) support from immediate family members ("family background"); all of which confirm the interconnectedness of SSS and SES.

The SSS investigation clearly revealed some links typical for select nationalities living in the Czech Republic, and highlights risks in the context of integration (or their relation to social exclusion) as regards language proficiency (hence, select SSS criteria) in first-generation Vietnamese and select SSS characteristics in Mongolians. Although it appears as that Ukrainians, more or less, evaluated their SSS positively (compared to Czechs or their country of origin), we must not overlook those groups of Ukrainians who have recently arrived in the Czech Republic, or are currently migrating. It is possible to assume that such groups could have barriers that would be reflected in an SSS evaluation.

The results also clearly show that an examination of social status can be accomplished through a com-

bination of objective and subjective criteria, which later served as a research tool in the follow-up COST project entitled, "Social Determinants of Health and their Impact on the Health of Immigrants Living in the Czech Republic" (registration no. LD 13044 COST).

CONCLUSION

The significance of the abovementioned findings lies in their potential application in effective practices that reduce barriers to minority population integration in the Czech Republic. One of the greatest obstacles, reflected in the subjective perception of social status, is the language barrier. The acquisition of language skills occurs through intercultural communication (Dvořáková *et al.* 2008; Rothfusz and Horská 2008), which includes intercultural empathy. Language is, essentially, the basis for all areas of integration and this study has shown that it is also a significant criterion for the subjective assessment of social status. This comes as no surprise, as language goes hand in hand with the acquisition of skilled professions, which offer corresponding wages. Language is also the path to emancipation from dependence on various employment agencies and intermediaries, and can eventually result in immigrants no longer requiring such services.

Paulsen (2008) and Rothfusz *et al.* (2008) suggest that the Danes believe that employment is the key to successful integration; while we strongly agree with their assessment, we would slightly modify their definition to indicate that language is the key to successful integration (including meaningful employment) and higher social status.

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