



Immigration and use of public spaces and food stores in a large city: A qualitative study on urban health inequalities

Jesús Rivera-Navarro^{a,*}, Elisa Brey^b, Manuel Franco^{c,d,e}

^a *Sociology and Communication Department, Social Sciences Faculty, Universidad de Salamanca, Salamanca, Spain*

^b *Applied Sociology Department, Universidad Complutense de Madrid, Madrid, Spain*

^c *Public Health and Epidemiology Research Group, School of Medicine and Health Sciences, Universidad de Alcalá, Alcalá de Henares, Madrid, Spain*

^d *Surgery and Medical and Social Sciences Department, School of Medicine and Health Sciences, Universidad de Alcalá, Alcalá de Henares, Madrid, Spain*

^e *Department of Epidemiology, Johns Hopkins Bloomberg School of Public Health, Baltimore, MD, United States*

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ABSTRACT

The analysis of urban health transformations must include the study of how neighbourhoods are influenced by demographic changes such as immigration. The objective of this study was to analyse how the relationship between native and immigrant residents in neighbourhoods with different socio-economic levels influenced the use of urban health assets, such as public spaces and food stores. Three Madrid neighbourhoods of different socio-economic levels were selected and studied by conducting 37 semi-structured interviews and 29 focus groups. Data analysis was based on qualitative sequential discourse.

The main finding was that the presence of immigrants in Madrid neighbourhoods, especially with low and medium socio-economic levels, was perceived negatively, affecting the use of public spaces and food stores. This negative perception unfolded in three dimensions: (1) difficulties for natives and immigrants to live together; (2) limitations on using public spaces caused by a feeling of insecurity; (3) criticism of immigrant food stores, especially Chinese-run food stores. Our findings showed a worrisome lack of social contact between immigrants and native residents, which affected the use of urban health assets, such as public spaces and food stores.

Introduction

At the beginning of the 21st century, Spanish population survey data portrayed Spain as a quite tolerant country towards immigration, compared with other international contexts (*The German Marshall Fund of the USA 2014*). Nevertheless, the latest surveys show that Spain has become less and less tolerant in recent years (*Cea D'Ancona, 2016*). This negative evolution could be influenced by multiple factors. Numerous empirical studies have used different theories to explain both negative and positive perceptions toward immigrants. In this study, we will use the defended neighbourhood hypothesis and the group threat theory to analyse the perception toward immigrants in Madrid (Spain).

Among theories related to residential areas, the defended neighbourhood hypothesis (*Van Heerden and Ruedin, 2019*) is linked to urban geography and urban sociology. It states that in an area with very few immigrants, the arrival of new immigrants has a large negative impact on attitudes. By contrast, in areas where there is already a significant number of immigrants, the arrival of additional immigrants does not affect attitudes much. In the Spanish context, the defended neighbourhood

hypothesis could explain the reaction of old and long-term inhabitants to the arrival of new immigrants.

Among theories related to social psychology (both at the aggregate and individual level), group threat theory is the most accepted theoretical framework to analyse attitudes toward immigrants and immigration in Europe (*Blinder and Lundgren, 2018, Herda, 2015*). This theory suggests that competition over scarce resources (material or cultural) strengthens in-group identification and supports out-group aversion (*Ceobanu and Escandell, 2010, Escandell and Ceobanu, 2009*). This second framework could help to explain some behaviours related to competition for labour and public services.

Since the economic crisis, the most vulnerable Spanish citizens have become impoverished and they must compete for relatively scarce public support. This phenomenon has also happened in other European countries (*Mühlau, 2014*). In this manuscript, we discuss how natives and immigrants compete for the use of public spaces and food stores, these two urban features are included in the health promotion literature as health assets (*Alvarez-Dardet et al., 2015*). Health assets have been defined as “any factor or resource which enhances the ability of individuals, communities and populations to maintain and sustain health

* Corresponding author.

E-mail addresses: jrivera@usal.es (J. Rivera-Navarro), ebrey@ucm.es (E. Brey), manuel.franco@uah.es (M. Franco).

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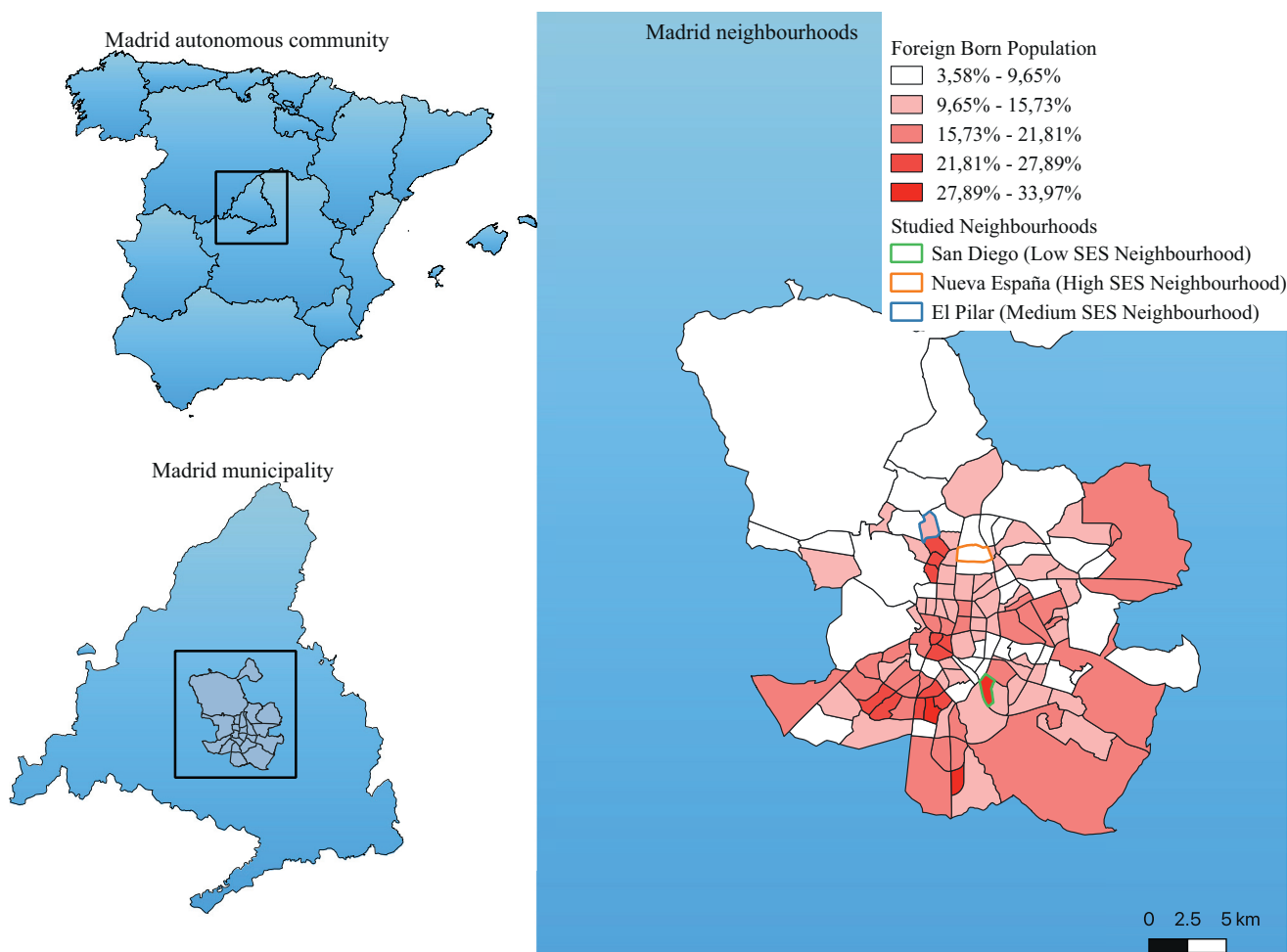


Fig. 1.

and wellbeing and to help reduce health inequalities” (Morgan and Ziglio, 2007). As examples of urban health assets in our study, participants highlighted the existence and use of public spaces and food stores.

The contribution of this study to the literature on attitudes towards immigration is twofold. Firstly, although there are a great number of publications on public attitudes towards immigrants in general or specific groups, we currently know little about how these attitudes can influence the use of urban health assets as public spaces and food stores. The relationship between these two dimensions –attitudes and perception of using of public spaces and food stores – might be relevant for addressing urban health inequalities.

Secondly, many empirical studies have used diverse theories to explain the different factors influencing attitudes towards immigrants (Van Heerden and Ruedin, 2019, Ceobanu and Escandell, 2010, Pettigrew and Tropp, 2006, Sides and Citrin, 2007). However, none of these theories have been related to urban health or its determinants.

The objective of this study was to analyse how attitude towards immigration in Madrid neighbourhoods influenced the perceptions that neighbourhoods’ residents had on their use of public spaces and food stores.

Methods

Design and setting

This research is part of the Heart Healthy Hoods (HHH) qualitative project, an ancillary study of the HHH project (Rivera et al., 2019). The original HHH project was funded by the European Research Coun-

cil (ERC) with the aim of understanding the physical and social urban environments in relation to cardiovascular health (Franco et al., 2015, Bilal et al., 2016). The HHH qualitative project analyses the four main urban domains related to the risk of cardiovascular and chronic diseases – physical activity, diet, harmful alcohol consumption, and smoking- approaching urban health inequalities with qualitative methods (Rivera et al., 2019).

In this qualitative study, we used semi-structured interviews (SSIs) and focus groups (FGs) as complementary qualitative techniques (Shih, 1998). We chose SSIs to analyse the way individual residents perceived their physical and social environment and urban health assets in relation to different dimensions, such as dietary behaviour and use of public spaces. We used FGs to gather collective discourses on health-related behaviours in each neighbourhood. In this manuscript we focus on perceptions related to immigration and use of urban health assets.

After a selection process that looked at all 128 neighbourhoods in Madrid, three neighbourhoods with different socioeconomic status (SES) were chosen: San Diego (low-SES) -immigrants forming 28.9% of the population-, El Pilar (middle-SES) - immigrants forming 11.4% of the population - and Nueva España (high-SES) immigrants forming 9.1% of the population (Base de datos del ayuntamiento de Madrid, 2019). A more detailed explanation of the selection process can be found here (Rivera et al., 2019). Fig. 1 shows the location of the selected neighbourhoods in Madrid City.

The low-SES neighbourhood, San Diego, is a Spanish-working class neighbourhood that recently received large numbers of under-skilled low-income immigrants. The middle-SES neighbourhood, El Pilar, is characterised by its heterogeneity, meaning the people living in the

Table 1
Residents (n=31) sociodemographic characteristics included in the semi-structured interviews.

		Neighbourhood		
		Low-SES (n = 10)	Middle-SES (n = 10)	High-SES (n = 11)
Sex	Men	50.0 (5)	40.0 (4)	45.4 (5)
	Women	50.0 (5)	60.0 (6)	54.6 (6)
Age	40–49	40.0 (4)	30.0 (3)	36.4 (4)
	50–59	-	20.0 (2)	27.3 (3)
	60–69	10.0 (1)	40.0 (4)	27.3 (3)
	≥ 70	50.0 (5)	10.0 (1)	9.0 (1)
Educational level	Primary school or less	90.0 (9)	20.0 (2)	-
	Secondary school	10.0 (1)	60.0 (6)	18.2 (2)
	Tertiary school	-	20.0 (2)	81.8 (9)
Employment status	Working (full-time or part-time)	30.0 (3)	50.0 (5)	63.7 (7)
	Unemployed	10.0 (1)	-	-
	Retired	60.0 (6)	40.0 (4)	27.3 (3)
	Home duties	-	10.0 (1)	-
Country of origin	Spain	60.0 (6)	100.0 (10)	100.0 (11)
	Other	40.0 (4)	-	-
Living arrangement	Living alone	10.0 (1)	40.0 (4)	18.2 (2)
	Cohabiting	90.0 (9)	60.0 (6)	81.8 (9)

neighbourhood have different socio-economic levels. The high-SES neighbourhood, Nueva España, is a neighbourhood comprised of professionals and people with high incomes ([Base de datos del ayuntamiento de Madrid, 2019](#)).

Participants

To conduct the SSIs and FGs, we profiled and selected participants based on the following criteria: sex, age, education level, number of children, employment status, income, family responsibilities related to children or grandchildren, years of residence in the neighbourhood and country of origin. A professional market research agency recruited participants, who were contacted via telephone. The response rate was high; 92% of contacted residents enrolled in the project. Participants received a financial compensation of 25€ and a bottle of extra virgin olive oil after finishing the interview or focus group session.

We conducted 37 SSIs and 29 FGs. In the SSIs, we interviewed 31 residents and six key informants. The over-arching qualitative project recruited adults aged between 40–85 years old because we wanted participants who would be more likely to be embedded in their neighbourhoods and who were of an age at which it is more likely to suffer from cardiovascular disease. The reasons for this criterion were related to the design of the HHH project. Key informants were school principals and directors of healthcare centres who helped explain the dynamics related to aspects of our study in each neighbourhood. Four immigrants were interviewed. [Table 1](#) shows the assignment of the SSIs in the three neighbourhoods studied.

For the focus groups, we conducted 14 in the low-SES, 11 in the middle-SES, and 4 in the high-SES neighbourhood. In total, 182 residents participated in the focus groups, 44 of whom were immigrants, 28 in the low-SES neighbourhood and 16 in the middle-SES neighbourhood ([Table 2](#)).

Data collection

We conducted the SSIs between 2016 and 2018, which lasted approximately 60 min each. Six co-authors conducted the interviews, which were set at the workplace for the key informants, in a cultural centre and a church in the low-SES area, and in a quiet cafeteria both in the middle- and high-SES areas.

FGs took place between 2018 and 2019, lasted approximately 90 min each, and were conducted in rented co-working rooms in each neighbourhood. The number of participants within each FG ranged from 5 to 8.

For both SSIs and FGs, we scheduled interviews and groups based on the availability of participants during morning, afternoon or evening

hours. Also, we phoned all participants one day before to give them instructions.

We started each SSI and FG session by asking participants how they would describe their neighbourhood. This opening question was similar for each SSI and FG and aimed at helping participants to talk about health and the factors that influence it in their neighbourhoods. The SSIs and FGs questions were not asked in any particular order. The exact wording of the SSI and FG questions was not predetermined (although the interviewers and FG coordinators had a set of questions that they intended to ask at some point). The SSIs and FGs and topic guides used in the HHH qualitative project are included in the supplementary material (S1). The guides include questions about the general physical and social environment of the neighbourhoods and other specific questions on food, tobacco, alcohol and physical activity.

The SSI and FG guide did not have any questions specifically related to perception of immigration. This dimension was not considered in the design of the study because we thought it would not influence how residents perceived the studied dimensions. In the course of the study we realised that how natives perceived immigrants in the low- and middle-SES neighbourhoods was essential to understand some results. We could consider this dimension as an emerging category which is important enough to be analysed in detail.

In the SSIs and FGs formed by immigrants and natives or only by immigrants, their discourses were also considered because sometimes they commented on issues related to coexistence in the neighbourhood and its influence on health.

Data analysis

A qualified audio-typist transcribed all recordings from each SSI and FG. Then, four researchers checked these transcriptions. The quotations shown below are literal statements (cited following neighbourhood and type of SSI and FG; e.g., low-SES neighbourhood, retired male or middle-SES neighbourhood, older housewives). The direct SSIs or FGs quotes that appear in the text were translated from Spanish to English with alterations made to the literal translation to preserve the intended meaning. The translation of these quotes consisted firstly of a translation from Spanish to English by a native English speaker who is highly familiar with the Spanish language. Subsequently, a bilingual native Spanish speaker translated the text from English back to Spanish, after which another native English speaker translated the text back to English again. This text was then compared to the original text from the SSIs or FGs, and differences were noted among the three translators. Translators then discussed discrepancies and made modifications where it was deemed necessary. This procedure was based on the recommendations of experts for the transcultural translation of tests ([Biering-Sørensen et al., 2011](#)).

Table 2

Residents (n=182) sociodemographic characteristics included in the 29 focus groups; 14 in the low-SES neighbourhood, 11 in the middle-SES, and 4 in the high-SES.

		Neighbourhood		
		Low-SES (n = 90)	Middle-SES (n= 65)	High-SES (n = 27)
Sex	Men	42.2 (38)	64.6 (21)	44.4 (12)
	Women	57.8 (52)	35.4 (44)	55.6 (15)
Age	40–49	25.5 (23)	27.7 (18)	7.4 (2)
	50–59	40.0 (36)	36.9 (24)	40.7 (11)
	60–69	27.7 (25)	18.5 (12)	18.5 (5)
	≥ 70	6.8 (6)	16.9 (11)	33.4 (9)
Educational level	Primary school or less	22.2 (20)	10.7 (7)	7.4 (2)
	Secondary school	36.7 (33)	41.6 (27)	7.4 (2)
	Tertiary school	41.1 (37)	47.7 (31)	85.2 (23)
Employment status	Working (full-time or part-time)	66.7 (60)	60.0 (39)	66.7 (18)
	Unemployed	10.0 (9)	10.7 (7)	-
	Retired	18.9 (17)	27.7 (18)	29.7 (8)
	Home duties	4.4 (4)	1.6 (1)	3.6 (1)
Country of origin	Spain	68.9 (62)	75.4 (49)	100.0 (27)
	Other	31.1 (28)	24.6 (16)	-
Living arrangement	Living alone	27.7 (25)	18.5 (12)	18.5 (5)
	Cohabiting	72.3 (65)	81.5 (53)	81.5 (22)

As the SSIs and FGs were conducted, there came a point when the information started to become repetitive, there was no new core themes and issues in participant answers or discussions (i.e., data saturation). At that point, we concluded both SSIs and FGs (Axelsson et al., 2015). That is, in each neighbourhood, the authors examined the content of each FG and SSI, in the case there had been themes insufficiently analyzed, the authors would have increased the number of FGs or SSIs. As it was not the case, there was no need to conduct more FGs or SSIs. We might have reached saturation in the high SES neighbourhood before the other two neighbourhoods because of the homogeneity of the resident profiles (mainly high-skilled workers and high-income residents).

We used the qualitative sequential discourse method for data analysis (Simons et al., 2008) and included the complete dataset in this analysis (e.g., entire transcripts of all 37 SSIs and 29 FGs). The primary purpose of the analysis was to understand the different ways of perceiving the influence of the presence of the immigrants in the use of urban health assets (parks and food stores mainly) according to the neighbourhood's socio-economic status.

The standard procedure for conducting this qualitative analysis (Coffey and Atkinson, 1996) consisted in identifying categories and applying them to the data. The lead researcher and three members of the HHH qualitative project systematically and separately read all the transcripts and made a list of codes, sub-categories and categories, highlighting all the main categories in the text. These categories sometimes, although not always, matched the core topics previously determined by the researchers, i.e., feeling unsafe and annoyed by the presence of immigrants. Then, we refined categories into broader themes to detect conceptual similarities, refine differences between categories, and discover discourse patterns.

We used ATLAS.ti-8 software to manage the analytical process. Four team members with different backgrounds (social science and public health) worked together in all the analyses of the transcriptions. These four team members compared codes as well as the resultant categories, ensuring the criteria of credibility (reliability/validity) (Dahlgren et al., 2004). Hence, there were few differences between the resultant categories and those that did arise were resolved by agreement among the team members.

Ethical concerns

This study was conducted in accordance with the Declaration of Helsinki and was approved by the ethics committee at the University of Alcalá (CEI/HU/2017/18). All participants provided written informed

consent to participate. The names of the participants in the SSIs and FGs were kept anonymous.

Results

All the data related to neighbourhoods and immigration were extracted from the answers to the questions related to the perception of the neighbourhood in relation to physical activity, opinions on alcohol consumption and finally to answers related to food stores in the neighbourhood and the different ways of buying food. We hypothesised that the presence of immigrants in the neighbourhoods could influence the health perceptions of the local population. This phenomenon meant that there was a 'new' topic worthy of analysis. We found four categories extracted from the SSI and FG data. These categories have been developed according to how interviewees connected their perception of immigration and resources related to health assets available in their neighbourhoods, such as public spaces and food stores.

Therefore, we highlight three main categories: (1) Coexistence between immigrants and natives; (2) Use of public space; (3) Immigrant food stores.

Coexistence between immigrants and natives

Some of the natives interviewed did not consider immigrants as part of their neighbourhoods, and when speaking about neighbourhood identity, immigrants were not considered. In addition, in the low- and middle-SES neighbourhoods, immigrants were accused of worsening of neighbourhood conditions and promoting undesired changes.

'There are many immigrants, many Colombians, they are less civilised than us. They urinate everywhere, you walk down my street, and there is a pub there, and you walk close to the pub and it smells of piss... They are even less civilised than us, yes...' (SSI7, housewife, 70 years old, low-SES neighbourhood).

In the low- and middle-SES neighbourhoods the difficult coexistence with immigrants was explained by parties in their houses until late at night, barbecues on their balconies, the overcrowding in their houses and their tendency to drink in the street. Even in some FGs formed only by immigrants, it was acknowledged they had parties until very late.

'...The other day I went to a friend's house, in some building there were some immigrants having a barbecue on the balcony... And with the awning down, I said they are going to burn down the house' (FG14, housewives older than 65 years old, low-SES neighbourhood).

However, not all interviewees nor participants in FGs thought the same way, in some FGs the adaptability of the immigrants or the advantage of multiculturalism were emphasised.

‘...One of the things I have noticed it is the enormous effort and adaptation a person who comes from outside has to do...They have to deal not only with customs but accept that their children are going to be raised in a different culture’(FG24, males and females from 45 to 55 years old, permanent workers, middle-SES neighbourhood).

As far as the perceptions of the immigrants related the neighbourhood and health are considered, some immigrants felt rejected by some of the Spanish residents. This rejection was related to the elderly, it was perceived that it was harder for older adults to understand the immigrant’s way of life. These perceptions must also be considered in our analysis.

‘They are very good people but some are very resistant to immigrants. There are many people who are flexible and others who totally reject the immigrant issue...As they are older, I think their culture, their way of thinking is different and it is difficult to change their opinion...’ (FG26, males and females from 40 to 55 years old, unemployed and workers, immigrants, middle-SES neighbourhood).

Use of public spaces

Some of the interviewees and participants in FGs identified the immigrants who lived in their neighbourhood as a threat. Especially when they spoke about the use of public spaces; specifically, in the parks they said the immigrants who stayed there, drank and acted in a way which dissuaded the rest of the residents from visiting these spaces (in the FGs from the low- and middle- SES neighbourhood, the Latin American citizens were accused of drinking often in the parks and in the street). To use this public space implied inconveniences caused by occasional noise until the early morning, aggressive behaviour toward other neighbours (including the Spanish residents), and the use of parks and basketball courts to eat and drink. In San Diego, the low-SES neighbourhood, some Latin American gangs demanded money from those who wanted to use the parks or basketball courts, and the feeling of insecurity was one of the main reasons for not using public spaces in the low- and middle- SES neighbourhood. In the high-SES neighbourhood, insecurity was not perceived although the presence of immigrants in the parks was evaluated as uncomfortable.

‘The basketball courts belonging to the neighbourhood have been taken over by Latin Americans gangs, who demand money to use them or even simply to be close to the basketball courts’ (SS12, retired male, 75 years old, low-SES neighbourhood,).

In the FGs made up of immigrants some people said that they could not go to the parks either, consequently it can be considered a general problem for every resident of the neighbourhood and not only for the natives.

‘...Yes, taking drugs and everything...and they take over the place and prevail over the rest of neighbours, so you cannot be there’ (FG20, immigrants from 40 and 55 years old, workers and unemployed, low-SES neighbourhood).

Immigrant stores

In the three neighbourhoods, participants criticised the growth of food stores and restaurants managed by immigrants in Madrid. In particular, we found opinions about the fruit and vegetable stores run by Latino and Chinese immigrants. It was said that food stores belonging to immigrants had lower quality products than other store types. Moreover, Latino and Chinese food stores were blamed for the disappearance of *lifelong stores* or small traditional stores, which were very highly valued in all neighbourhoods. In fact, in the SSIs and FGs foreign-run stores

were constantly compared to small traditional stores. This comparison emphasised the familiarity and trust relationships with the shopkeepers of small traditional food stores because they gave advice based on confidence and related to the food: the best fruit, the appropriate food for a specific celebration, recipes, etc. The personal relationship with the shopkeeper was considered very important in the three neighbourhoods. This kind of relationship was not mentioned in the case of immigrant shopkeepers.

In both FGs and SSIs, some participants purchased in immigrant-run stores for practical reasons, they went to these stores depending on their needs, their time, their money and their availability. In addition, some participants of our study even spoke of food enrichment with the massive arrival of immigrants due to their cultural influences.

‘...Yes, about that, trusting people, I prefer to do my shopping where I think the storekeeper will not cheat me, do you understand? For that reason, I don’t go to any store owned or run by immigrants’ (FG8, housewives older than 65 years old, middle-SES neighbourhood).

‘The food variety has increased, in the sense that people who have enriched this variety have come because we have Latin American food which before we did not see’ (FG17, males and females, from 45 to 55 years old, permanent workers, low-SES neighbourhood).

There was a great deal of criticism of Chinese stores in SSIs and FGs. In all neighbourhoods, the participants in the study said that the Chinese citizens controlled the neighbourhood trade and were accused of having low quality products and doing illegal things, such as selling alcohol to minors and being open at improper hours, selling cigarettes individually (not in packages) or buying sale products in big supermarkets and then selling them at a higher price in their stores. In addition, in the SSIs and FGs it was repeatedly commented that the Chinese citizens didn’t pay taxes on their stores.

‘—The Chinese sell alcohol at all hours, and it is forbidden ...To sell to the kids is forbidden and they go on selling it’ (FG19, males from 65 to 75 years old, retired, low-SES neighbourhood).

‘...The Chinese don’t pay taxes...of course, they pay nothing (FG18, males, from 45 to 55 years old, some immigrant persons, low-SES neighbourhood).

Discussion

In this study we analysed the connection between the attitude towards immigration by the residents of different socioeconomic level neighbourhoods and the use of public spaces, food stores and the access to social resources. These results may add relevant knowledge to the research fields of Health Sociology and Public Health.

In Spain, during the 60s, 70s and 80s, how people living in the big cities identified with their neighbourhood was very important (Embid, 2016). Many people came from rural areas and the middle- and the low-level SES neighbourhood residents tried to recover the social bonds that they once had in the rural areas (Sorando and Ardura, 2016). The arrival of immigrants meant a period of upheaval in the composition of the population and in the use of the public resources of these neighbourhoods (Domínguez and Brey, 2010). This increase of the foreign population in Spain had an impact on the image Spanish people had of immigrants. In addition, as shown by the “defended neighbourhood hypothesis” (Hopkins, 2010), in countries such as Spain where there were few existing immigrants, the arrival of new immigrants could have a large impact on attitudes (Van Heerden and Ruedin, 2019, Igartua et al., 2011), especially as they are more concentrated in specific urban areas (Echazarra, 2010). This impact may be expressed through the reproduction of negative perceptions of immigrants as: No considering them part of the neighbourhoods, generating insecurity, drunkenness, living in bad housing conditions, occupying public spaces, etc., as observed

during our field work. However, some studies show that as time passes the rejection of immigrants decreases greatly (Cea D'Ancona, 2016). In the Spanish case, to understand the increasing rejection of immigrants, we must also use group threat theory (Blinder and Lundgren, 2018). Vermeulen et al. (2012) analysed the effect of ethnic diversity on social capital in neighbourhoods. That study showed how ethnic diversity could lead to social polarisation, especially in specific types of social capital such as leisure and hobby associations (Vermeulen et al., 2012). Those results might have some similarities to ours.

The perception of international immigrants (Aysa-Lastra and Cachón, 2012) can be analysed in relation to the urban history of cities. The way citizens identify with their neighbourhoods in Spain was a specific element of the cities between 1960 and 1990. This identity, this sense of belonging, has declined in the last few years for different reasons: an increase in individuality, changes in the labour market and consequently in social values, the migration of young adults out of the medium and low socio-economic neighbourhoods (moving to higher socio-economic neighbourhoods) and the aging of neighbourhood residents, gentrification and the arrival of immigrants (Sorando and Ardura, 2016). We can consider the presence of immigrants in the analysed neighbourhoods to be a factor in the way people identify with their neighbourhood as shown in the pilot study that we conducted between January 2014 and January 2015 in a different middle-low socioeconomic level neighbourhood in Madrid (Conde et al., 2018). And this has a direct consequence on the perception of public spaces and food stores.

According to the discourses of our interviewees and participants in FGs, we could think they did not consider immigrants as part of the neighbourhood, that is, we could suppose that there was certain neighbourhood segmentation (Leal and Sorando, 2016); in addition, immigrants were blamed for promoting negative changes due to their way of life (Conde et al., 2018). Other studies have shown how these perceptions complicate integrating immigrants into society and how this indirectly affects their health (Viruell-Fuentes, 2007, Viruell-Fuentes et al., 2012), as poor integration into the receiving society could lead to isolation, stress and general discomfort.

Nevertheless, not all those interviewees thought in the same way and there were some who praised the attitude of immigrants and the advantages of multiculturalism. This tendency has been described in qualitative studies on urban health in Spain (Díez et al., 2017, Gravina et al., 2020) and on coexistence and immigration (Cachón, 2008), showing the heterogeneity related to the perception of natives about immigrants. In a study carried out in Australia, demographic characteristics that determined attitudes towards multiculturalism were highlighted. Among these characteristics, we point out age, sex, education and place of birth (Dandy and Pe-Pua, 2010). These data coincide with ours since in our study, in the low and middle-SES neighbourhoods there were more attitudes of rejection of multiculturalism than high-SES neighbourhood. These results might be explained by the group threat theory (Blinder and Lundgren, 2018, Herda, 2015), since competition for resources in these neighbourhoods has increased since 12 years ago (approximately since 2008, the beginning of economic crisis). On the other hand, in the high-SES neighbourhood, this type of competition hardly occurred.

In the SSIs and FGs made up of immigrants, the perceived rejection by natives was commented, in particular for cultural reasons related to age, i.e. older Spanish people were the ones who had negative behaviours towards immigrants. This tendency has been pointed out elsewhere (Cachón, 2008, Dandy and Pe-Pua, 2010, Álvarez-Miranda, 2012). This tendency might be due to the defended neighbourhood hypothesis (Van Heerden and Ruedin, 2019), since older adults had not lived normally with immigrants and their arrival could cause attitudes of rejection towards them.

How immigrants used public places such as parks or streets caused fear and insecurity in how natives perceived the neighbourhood, even in other immigrants. Problematic situations such as using basketball courts by Latin American gangs to demand money were described. Fur-

thermore, in SSIs and FGs there were complaints about noise and loud music in flats where immigrants lived. In our pilot study, some of the interviewees expressed this sentiment (Conde et al., 2018). The perception of these kinds of problems in the coexistence between immigrants and natives could affect wellbeing and health, for example, by making it difficult for residents to rest at night or take part in physical activities due to the threatening presence of immigrants in public spaces. Nevertheless, the perception of immigrants as criminals is precisely one of the basic aspects explaining the construction of stereotypes (Calavita, 2004, Wacquant, 2008). Regarding this issue, Lancee and Dronkers (2011) connected ethnic, religious and economic diversity in Dutch neighbourhoods with the lack of trust of the natives and a worse quality of social contact with neighbours. Those results could partially explain ours. Moreover, a study carried out in South Korea showed the relationship between threat perception of immigration and concerns about public safety was more important than the relationship between threat perception of immigration and economic or social concerns (Haa and Jang, 2015).

Food stores run by immigrants is another determinant factor to consider social inclusion and social exclusion at the local level (Body-Gendrot and Martiniello, 2016). Regarding food stores run by immigrants, we must consider that in the last twenty years, the number of these kinds of food stores has increased. Some of them stock special food items, such as yucca or mango sold in Latin American stores (Langreo, 2005); yet others, Chinese-run small corner stores, for example, sell national products at a lower cost (Sáiz, 2005). In general terms, our interviewees expressed mistrust of foreign or immigrant-owned stores, and of the products sold in them, which were regarded as inferior in quality and of uncertain origin. In addition, it was said that neither trust nor familiarity were to be found in the immigrant-run food stores, in contrast to the small traditional food stores managed by natives. In spite of these statements, the immigrant-run food stores were used by many native people. This frequent use is attributed to their opening hours, offering far more flexibility than those of small traditional food stores or supermarkets (Sandín et al., 2019). The reasons to justify this use were their flexible opening hours and affordable prices (Buckley, 1998). Aramburu (2002) showed how suspicion of immigrant-run stores was rife, mainly among small traditional food store owners, while those who lived in neighbourhoods where such stores had been established viewed them as revitalising the area. In this same vein, a study using photovoice in two underserved neighbourhoods of Madrid (Díez et al., 2017) residents highlighted cultural diversity in the food stores as a positive characteristic of the urban food environment. Our research cannot confirm the findings of Aramburu (2002) in connection with the attitudes of small traditional food store owners because they were not interviewed. The perception that immigrant-run stores revitalise neighbourhoods, as reported by Aramburu (2002), was not reflected in any of the remarks made by our interviewees, although some interviewees used these stores because they were convenient for them, in other words for practical reasons. Besides this, our data did not correspond with the photovoice study from Madrid (Díez et al., 2017) as our interviewees did not generally consider cultural diversity to be beneficial.

The criticisms of Chinese stores was very frequent in SSIs and FGs and was based on some behaviours observed by neighbourhood residents and some myths such as the tax exemption (Villarino, 2012). This negative behaviour has been analysed, arguing that it is caused by globalisation and the fear of China's political ascendancy (Beltrán, 2018). A study carried out in New Zealand analysed how behaviours of rejection of Chinese immigration or trade with China occurred (Satherly and Sibley, 2016).

The contribution of group threat theory (Blinder and Lundgren, 2018) can frame the attitudes of rejection to immigrants in a competitive context over scarce resources (material or cultural) (Ceobanu and Escandell, 2010). We must take into account that the discourses of our interviewees and participants in FGs were still very much

determined 2008's economic crisis (in Spain its effects hit later than in other European countries) (Domínguez-Mujica et al., 2014).

It is also important to point out the influence of mass media in people's attitudes toward immigrants. These influences tend to be negative (Cea D'Ancona and Valles, 2008, Eberl et al., 2018, Farris et al., 2018, Méndez et al., 2013), although in some cases positive aspects are pointed out (Bos et al., 2016). This influence, together with the economic crisis, has led to a change in public discourse. In the past, people thought immigrants came to Spain to do jobs that Spanish people did not want to do. In the last ten years, there have been discourses which show the labor competition between local working class native residents and immigrants (Moldes et al., 2018, Rinken et al., 2011). From of this point view, group threat theory might explain these results since most of the immigrants live in the same areas as the Spanish population with a very similar vulnerable socioeconomic background, in a social context with welfare regime (especially in terms of social benefits).

According to the study results, improving the relationship between immigrants and natives residents might increase the use of public spaces and food stores consequently improving their health. A list of possible actions might include: educational work including immigrant adolescents; work with immigrants in social services on adoption of national norms; empowerment and improvement of immigrant-run food stores; and promote a more realistic view of immigrants by the mass media.

We acknowledge several limitations in this study. We think it would have also been interesting to interview younger residents as done elsewhere (Rousseau et al., 2009) as well as to do FGs with younger citizens. The second limitation to take into consideration is that the guides used in the SSIs and FGs did not ask the natives specifically about their perception of immigration, nevertheless, immigrants were constantly mentioned in our interviews and FGs, so this topic became an important emergent category (Chapman et al., 2015). The third limitation is related to not having taken into account the differences in the perception of immigrants between male and female. The design of our study does not allow us to analyse these differences which have been well studied elsewhere (Valentova and Alieva, 2014). The last limitation is not having included food stores owners, small traditional food store owners or immigrant store owners in the SSIs and FGs. We think that the views of these groups would have clarified the perception of food stores related to immigrants as shown in another Madrid publication from the HHH project (Sandín et al., 2019). In spite of these limitations, we highlight the following strengths: (1) the data was gathered from a large number of SSIs and FGs; (2) the combination of SSIs and FGs greatly enriches the analysis; (3) the study of different SES neighbourhoods provides an integral view of urban health inequalities; (4) to analyse urban health studying the relationship between immigrants and natives is an innovative approach.

Conclusion

In this study, several urban social phenomena were confirmed: (1) the tendency of older native residents to disapprove of immigrant behaviours; (2) the perception of neighbourhood residents of limitations in their ability to use public spaces, especially parks; (3) the rejection of immigrant-run food stores and demand for small traditional food stores; These phenomena could lead to a further distancing between immigrants and natives at the local level. This lack of social contact can be harmful for both collectives (immigrants and native residents) as they negatively influence each other in the use of urban health promoting resources such as food stores and public spaces. Furthermore, attitudes towards immigrants might become more hostile in the current COVID 19 crisis, due to the pressure on public resources and the risk for vulnerable migrants to become (at least partly) scapegoats for the sanitary and subsequent economic crisis.

However, we must not ignore positive attitudes towards immigrants detected in our study, such as the appreciation of dietary diversity and

the recognition of the effort of the immigrants in their adaptation to a new country.

A fundamental implication of these results for public health practice is that the promotion of social contact and social cohesion with immigrants can have an impact on the health of residents, both immigrants and natives. Strategies for immigrants and natives to coexist in health-related public spaces without conflict should be considered as relevant public health interventions.

Declaration of Competing Interest

None.

Supplementary materials

Supplementary material associated with this article can be found, in the online version, at doi:10.1016/j.jmh.2020.100019.

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