



Training packages for health professionals to improve access and quality of health services for migrants and ethnic minorities, including the Roma

ADDITIONAL MODULE 1: TARGET GROUPS

Unit 4: VULNERABLE GROUPS

Sub-Unit Children's Health



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Children's health

- Migrant children and children born into migrant and ethnic minorities families are at increased risk of several adverse health outcomes:
 - ✓ Stress of migration and seeking asylum can result in early development of mental and psychosocial illnesses
 - ✓ Increased risk of death throughout childhood
 - ✓ Low birth weight and short gestational age
 - ✓ Communicable diseases (TB)
 - ✓ Chronic physical illness and disorders of growth related to poor nutrition (such as stunting, underweight and obesity)
 - ✓ Accidents and injuries
 - ✓ Higher blood lead levels
- They are more likely to live in poverty and therefore exposed to a range of risks to their health



Unaccompanied migrant children

- *“Unaccompanied migrant children are some of the most vulnerable in Europe, subject to detention and brutality, unable to access their rights to education, health care, or to seek asylum, and left without adequate legal protections in domestic legal systems throughout the continent”*
- In all EU countries they receive at least basic medical care, normally provided as part of the provision of accommodation. Some Member States also provide further physiological assessments and care
- Access to health care is also affected by administrative procedures related to identification and age determining



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Migrant children and bullying

- Bullying is considered an international public health problem.
- According to Italian HBSC study, immigrant students seem to be more victimized by bullying behavior than natives.
- In Finland immigrant children are in higher risk of being isolated and thus being alone in difficult situations such as bullying as well.
- In Ireland, black children were identified as particularly vulnerable to racist incidents in schools or colleges.
- The reasons for conflict among adolescents in school do not markedly differ when the protagonists include migrant children.



*FRA. European Union Agency for Fundamental Rights. Data in Focus n° 06. Minorities as Victims of Crime.
EU_MIDIS: European Union Minorities and Discrimination Survey. Vienna: FRA, 2012.
Kane J. Violence and School. Daphne Booklets. Brussels: European Commission, DG Justice, Freedom and Security, Daphne Programme, 2008.
McKenzie M. Racial discrimination and mental health. Psychiatry November 2006; 5, 11: 383–387.*

Migrant children vaccination

- Immunization of migrants is a high priority issue for the EU health program within the context of encompassing hard to reach populations.
- In order to promote more immunizations among child migrant populations in Europe, it's important to take account of different cultures and attitudes towards immunizations, and the vaccination coverage in countries of migrant origin.
- In many cases, documentation of previous immunizations may be lacking or suspect, and most developing countries follow the World Health Organization's Expanded Programme¹ on Immunization Plus.
- Country-specific vaccine-preventable disease statistics and immunization schedules can be found on the World Health Organization's Web site.

Karnaki, P. PROMOVAX: Promote vaccinations among migrant populations in Europe. In: Childhood Immunization, Progress, challenges & priorities for further action Luxembourg, 16 & 17 October 2012. Available at: http://ec.europa.eu/health/vaccination/events/ev_20121016_en.htm

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Specific risk due to circular migration or trips back home

- Due to the nature of their trip, young migrant travellers returning home to visit friends or relatives travellers are less likely to seek travel-related medical care and adhere to recommended medications and travel precautions.
- Many studies associate this behaviour with their low perception of personal risk for disease. Factors involved:
 - ✓ Access to care;
 - ✓ Language barriers;
 - ✓ Distrust of western medicine
 - ✓ Lack of awareness of pre-travel services
 - ✓ Fear of authorities from the immigration services
 - ✓ A perception that they are relatively immune to or not at risk of acquiring specific illnesses

Specific risk due to circular migration or trips back home

- High-risk illnesses in VFR travellers include childhood vaccine-preventable illnesses; hepatitis A and B; tuberculosis; malaria; typhoid fever; traveller's diarrhea; animal bites and rabies; and injuries.
- Recommendations will be made in accordance with the destination involved and the characteristics of the trip (length of stay, rural/non-rural setting, housing, etc.).



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Sonia Y. Angell, MD, MPH, DTM&H; and Martin S. Cetron, MD. Health Disparities among Travelers Visiting Friends and Relatives Abroad. Ann Intern Med. 2005; 142(1): 67-72.

Physical activity and healthy diet –local and imported behaviours

- Children from migrant origin are at higher risk for overweight and obesity.
- Some factors are linked to acculturation in the host society and others are maintained from the country of origin. Key factors:
 - ✓ Limited physical activity, sedentary way of life
 - ✓ Westernization of eating habits
 - ✓ Adverse dietary patterns
 - ✓ Body image perception
 - ✓ Socioeconomic and cultural factors



Labree W, Lötters F, van de Mheen D, Rutten F, Rivera Cavaría A, Neve M, Rodenburg G, Machielsen H, Koopmans G & Foets M. Physical activity differences between children from migrant and native origin. BMC Public Health 2014, 14:819
Gualdi-Russo E, Zaccagni L, Manzon VS, Masotti S, Rinaldo N, & Khyatti M. Obesity and physical activity in children of immigrants. European Journal of Public Health 2014, Vol. 24, Supplement 1, 40–46.

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Substance misuse

- Foreign-born children in Greece were more likely to report a history of drunkenness than natives. Denmark or Wales immigrant children were less likely to report a history of drunkenness.
- In Sweden, adolescents from non-European countries were less likely to use alcohol than native adolescents, mainly because of relatively low use by girls from non-European countries.
- In Spain, Latin American immigrant youth were less at risk than native youth on their reported actual substance use than native-born youth.
- Worrying trends identified in Roma adolescents are the early onset of tobacco consumption, underestimation of the consequences of many drugs (especially cannabis), and presence of injecting drug use of heroin in specific contexts.

Svensson M & Hagquist C. Adolescent Alcohol- and Illicit Drug-Use in First and Second Generation Immigrants in Sweden. Working Paper 2009, No 8. Örebro University, Swedish Business School.

Marsiglia F, Kulis S, Luengo MA, Nieri T & Villar P. Immigrant advantage? Substance use among Latin American immigrant and native-born youth in Spain. Ethn Health 2008, 13(2): 149–170.

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Sexual health promotion

- Migrants' sexual and reproductive health interventions should stem from a holistic and positive approach and also address sexual health promotion in adolescents.
- Evidence about unintended teenage pregnancy in migrant young women is scarce.
- An analysis of national surveillance data in the Netherlands suggests high teenage pregnancy and abortion rates among female asylum seekers, especially among adolescent girls of African, Central and South-eastern Asian origin.
- In poorer neighbourhoods, "compared with Portuguese adolescents, African migrant teens reported initial sexual intercourse at earlier ages, less frequent condom use, and less frequent and less comfortable communications with parents about sexual issues

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Goosen S, Uitenbroek D, Wijsen C, Stronks K. Induced abortions and teenage births among asylum seekers in The Netherlands: analysis of national surveillance data.

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Pfarrwaller E, & Suris J-C. Determinants of health in recently arrived young migrants and refugees: a review of the literature.

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Gaspar de Matos M, Gaspar T, Simons-Morton B, Reis M, and Ramiro L. Communication and Information About "Safer Sex": Intervention Issues Within Communities of African Migrants Living in Poorer Neighbourhoods in Portugal. J Poverty. 2008; 12(3): 333–350.

Descendants of migrants

- Migrant offspring, tends to be invisible in statistics on health: either by excluding them from studies of migrants, or by lumping together migrants and their offspring born in the host country. Some findings:

- ✓ Experiences of racism had a negative effect on mental health in all ethnicities
- ✓ Rates of risky behaviour in the second generation do not always converge towards the rates found in the majority population.
- ✓ Male descendants who reported to be daily smokers were slightly higher than migrants overall, , and significantly higher compared to the majority population.
- ✓ Adolescent boys from ethnic minorities tended to report better mental health despite coming from poorer families and neighbourhoods. Positive factors identified were caring parents, doing things together as a family and having friends from different ethnic groups.

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Singhammer, J. et al. Etniske minoriteteters sundhed. Partnerskabet for undersøgelse av etniske minoriteteters sundhed Center for Folkesundhed; 2008. Available at: <http://dash.sphsu.mrc.ac.uk>

FGM prevention

- Female genital mutilation or cutting (FGM) procedures include the partial or total removal of the external genital organs for cultural or other non-therapeutic reasons.
- The practice has severe short- and long-term physical and psychological consequences for the victims.
- Thousands of girls in Europe live with the effects of FGM or face the risk of undergoing the procedure in a European country or in Africa or the Middle East.
- Research has linked FGM with an increased risk in complications during childbirth, e.g. prolonged labour, obstetric lacerations, obstetric haemorrhage, and difficult delivery.

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Berg, R.C. et al. An Updated Systematic Review and Meta-Analysis of the Obstetric Consequences of Female Genital Mutilation/Cutting. Obstetrics and Gynecology International, Volume 2014.

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Thank you and questions ...

*Pictures: Andalusian Childhood Observatory (OIA, Observatorio de la Infancia de Andalucía) 2014;
Josefa Marín Vega 2014; Redlsir 2014; Morguefile 2014.*

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Migrants & Ethnic Minorities
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