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Migration: A social determinant of migrants' health

Anita A. Davies, Anna Basten and Chiara Frattini

Summary: Migrants are affected by social inequalities and are exposed to several experiences during the migration process which put their physical, mental and social well-being at risk. Migrants' health is also to a large extent determined by the availability, accessibility, acceptability and quality of services in the host community or country. This article discusses how the migration process and legal status are determinants of migrants' health. It raises the issue that good public health practice should promote access to health and social services for all migrants, irrespective of their legal status, for the common good of all of society.

Keywords: migration, social determinants, health, inequality

The migration process and health outcomes

What is migrant health?

Migration is a process of moving, either across an international border, or within a state. It is a population movement, encompassing any kind of movement of people, whatever its length, composition and cause.¹ Migration health addresses the state of physical, mental and social well-being of migrants and mobile populations. The structural inequalities experienced by many migrants have a significant impact on overall health and well-being. Migration health thus goes beyond the traditional management of diseases among mobile

populations and is intrinsically linked with the broader social determinants of health and unequal distribution of such determinants.

Conditions during the migration process create or increase vulnerabilities to ill health. Different migrant groups face different health challenges and have different levels of access to health and social services. This compounds social and economic inequalities. Lower socioeconomic position and irregular migration status increase these challenges. Even migrants with legal documents and in a more comfortable socio-economic position may experience particular challenges and limits

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to accessing services due to language and cultural differences as well as institutional and structural obstacles.

The migration process and the health of migrants

The mode of travel and legal status of the migrant are two factors that determine a migrant's health status at various stages of the migration cycle.

Migrants are exposed to various experiences that influence their health during all stages of the migration process. The physical and socio-economic environment at the migrants' place of origin (the pre-migration phase) determine many of the pre-conditions with which people migrate. The migratory journey itself (the movement phase) can affect the health of migrants in a negative way, especially when migrants travel in a clandestine manner using inappropriate means of transportation.

Migrants who have legal travel documents have much better access to safe travel and access to health care during their migration journey. On the contrary, those who migrate without legal documents tend to undergo long and dangerous journeys. Travel conditions often include long days hidden in a truck or cramped in a small space on a boat or under moving trains.² Irregular migrants who fall ill during the transit journey or at the final destination often do not have access to health services. This will have detrimental effects on their physical and mental health, both in the short and the long term, if diseases remain undetected and/or untreated at any stage of their journey.

Social factors influencing migrants' health in destination countries

Migrants are often affected by poverty and social exclusion in destination countries. As such, they often do not have the autonomy, empowerment and freedom to lead their lives based on their social and cultural norms. Lacking control over various factors influencing health, migrants' opportunities to make healthy choices in life may already be limited.

The Commission on Social Determinants of Health illustrated the complexity of inequalities related to various factors including gender, age and ethnic identity.³ To the extent that migrants often find themselves in the lower social strata they are also especially affected by poor housing conditions. In addition, migrants are vulnerable to discrimination, stigmatisation

and xenophobia. These factors interact with social inequalities and can both result in, and be a result of, social exclusion which has also been recognised as a social determinant of health.

Migrants often work in environments that expose them to risk factors for both communicable and non-communicable diseases. Unskilled migrant workers tend to have a higher risk of work-related injuries and long-term occupational related illnesses. Separation from their families and from familiar social norms, as well as feelings of loneliness, poverty and exploitative working conditions including sexual abuse, all increase the risk of infection with sexually transmitted diseases. At the same time, these same factors may cause mental illnesses such as depression and anxiety disorders.

Many female migrants also face the risk of sexual abuse and exploitation. This has a negative impact on their mental health state. Female domestic workers and trafficked persons are particularly vulnerable to sexual exploitation and abuse due to their 'invisibility' and suffer from physical and mental health problems as a result. Moreover, migrants who have experienced sexual abuse are frequently confronted with major obstacles related to their right to reproductive health (sexually transmitted diseases, including infection with HIV, unwanted pregnancies, unsafe abortions).

Challenges to accessing health and social services

The availability, accessibility, acceptability and quality of services depends on multiple influences, including legal status as well as social, cultural, structural, linguistic, gender, financial and geographical factors. Different beliefs and knowledge about health and ill health deter migrants from using national health services. Mental ill-health may sometimes be misunderstood due to differences in culture and in the understanding of the aetiology of disease, as well as fear of stigma if mental health services are used.

Moreover, health literacy in the sense of awareness of entitlements to care and availability of services may pose a barrier to the use of services. This is true for all migrants regardless of their socioeconomic or legal status. The very nature of mobility makes it difficult to identify available health care service providers. Seasonal and temporary workers who have legal status may prefer to delay health care until they return to

their places of origin as they cannot afford to miss a day's work.

Mobility itself makes follow-up treatment and long-term care difficult. As a result of travelling and lacking access to care, migrants may be unable to complete a course of treatment, which in the case of tuberculosis may lead them to develop multidrug-resistant tuberculosis. Similar risks exist in respect of HIV and malaria.

In addition, many migrants face various communication problems when seeking care. This can be caused by cultural and language differences which prevent migrants from understanding the bureaucracies of health systems and from expressing their needs. This is further exacerbated by a second level of communication barrier, due to different perceptions and understandings of illness, disease and responses to them. As a result, some migrants prefer to seek help from informal health care providers in their social networks.

Cultural and ethnic reproductive and sexual health practices and norms of behaviour among certain migrant groups, such as female genital mutilation and the use of contraception, may challenge or conflict with those in the host community. Cultural norms may prevent women from accepting care from male practitioners, or vice versa. Recognition and management of reproductive and sexual health issues requires cultural competence in health care providers.

Migrants should be provided with information on the health services that are available for their use. Often migrants are neither included in the development of migrant services nor asked for feedback on these services. Thus, many services are not used because they are not culturally acceptable to migrants. Studies in Switzerland and Italy have shown that the migrants' lack of awareness of health care and preventive services has been a main reason why these services are underutilised by migrants. They identified a need for culturally and linguistically appropriate education on contraception, family planning and cancer screening.⁴

Acculturation and migrants' health

Depending on the cultures of countries of origin and destination, acculturation can have positive and negative effects on health. Rural to urban migration, as well as migration to different countries and cultural contexts, may lead to changes in life

style, notably adopting more Western dietary habits and activity patterns. This may lead to an increased risk of obesity, diabetes and cardiovascular disease. In addition to dietary changes and low levels of exercise, financial constraints, employment problems and the lack of a network of social support also significantly affect migrants' health.

Acculturation has both positive and negative effects on migrants' mental health. While acculturation to a different cultural setting can support healthy development and a healthy mental state, there is also the risk of an ethnic identity crisis, especially in young adolescents who lack a network of social support.

Realising Migrants' Health

Migrants and the human right to health: the institutional framework

An adequate approach to addressing migrants' health and well-being needs to be set in a human rights framework. Migrants, as all human beings, are entitled to basic human rights, including the right to health.

A framework for considering migrants' right to health from a human rights perspective exists; however, it needs to be turned into a reality for migrants. The right to health is recognised in the International Covenant on Economic, Social and Cultural Rights. According to the interpretation given by the Committee on Economic, Social and Cultural Rights, the right to health not only encompasses the right to health care, but also the right to the underlying determinants of health.⁵

The International Convention on the Protection of the Rights of All Migrant Workers and members of their Families explicitly identifies the right to health for migrants in regular and irregular status.⁶ The World Health Assembly Resolution 61.17, endorsed by the Sixty-First World Health Assembly in May 2008 urged Member States and WHO to promote the inclusion of migrants' health in health strategies. The European Social Charter and the European Convention for the Promotion of Human Rights and Fundamental Freedoms and its protocols equally recognise the right to health.

Migrants face specific difficulties in relation to the right to health. In some states there is no specific legislation on access to health care for undocumented migrants.⁷ In several countries, irregular migrants are granted 'essential care' or

'emergency health care' only. Due to the absence of a uniform interpretation of these concepts there is a lack of clarity on migrants' entitlements, which may spawn discriminatory practices. As a result, undocumented migrants may seek medical care only when they are severely ill.⁸

Medical pluralism and migrant friendly health systems

European health systems are for the most part based on Western medical knowledge and practices. Health policies implicitly assume that migrants will adopt the health practices and beliefs of the host society. However, access to and usage of health services can be obstructed by differences in health beliefs and knowledge. In order to become more migrant friendly, national health services need to invest in overcoming the language barrier and training health service providers to ensure accessibility and acceptability of all services to migrants. Health service providers need to be informed about the cultural background and particular barriers that different types of migrants in different situations may face.

Migrants as health professionals and service users have skills to contribute to a pluralist medical system. Migrants' participation in health service provision will improve the accessibility of these services for migrant communities. The understanding of different medical traditions will enhance the cultural appropriateness of health and social services.

Conclusion

The specific health challenges which migrants' experience, both throughout the migration process as well as in the country of destination, illustrate why migration itself should be considered a social determinant of health. The management of migrants' health goes beyond the traditional management of diseases among mobile populations and is intrinsically linked with the broader social-determinants of health and unequal distribution of health and social services. It is for this reason that multi-disciplinary and multi-sector stakeholders should work in partnership to avoid social exclusion and improve the health of all people including migrants.

The health of migrants is a public health issue that takes social equity and development into account. Evidence-based policies need to address disparities within and between different populations. Further research is needed on the influences of

social and economic factors, as well as migrants' epidemiological profiles, health seeking behaviours and performance of health systems in countries of origin, transit and destination. The benefits of including migrants in public health strategies have been seen in Thailand where the Ministry of Public Health, in partnership with the International Organization for Migration, has introduced the concept of migrant-friendliness in health service delivery with an overarching theme of 'Healthy Migrants, Healthy Thailand'. This helps to improve the health literacy of migrants and thus their access to basic public health services.⁹

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