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Title	Promoting the health of children and young people who migrate: reflections from four regional reviews
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Promoting the health of children and young people who migrate: reflections from four regional reviews.

Introduction

Whilst migration is not a new phenomenon, over the last decade there have been significant shifts in the types and patterns of migration across the globe (1). Recent estimates suggest that 36 million children, including refugee and asylum seeking children and young people live outside their country of birth (2, 3). International migration presents new challenges and opportunities for health promotion, with evidence suggesting both positive and negative influences on health (1, 4) The 'healthy migrant effect', for example, reflects the health advantage that *some* migrants have over the native-born population (5). Other evidence points to negative impacts, including poorer mental health and higher prevalence of certain infectious diseases (6). Migration is thus a key social determinant of health with implications for global health promotion. Indeed, a recent World Health Organisation report underscores the need to promote the health of all migrants, including children and young people (7) . In order to do so, there is a need to deepen our understanding of the particular health priorities and experiences of migrant populations, and crucially from the perspectives of children and young people themselves (8).

Against this background, in 2016/17 we undertook four regional systematic reviews (Europe, Africa, Americas, Western Pacific) to examine the extant evidence-base on the health experiences of children and young people who migrate. Developing knowledge of children's own migration and health experiences is imperative to global health promotion efforts and in line with the UN Convention on the Rights of the Child (9) . Migrant children reflect a diverse

population group and the reasons for their migration (economic/forced, [un]accompanied) are likely to shape their health experiences and outcomes in different ways. In this commentary, we share the insights and challenges found in our reviews, including the limits to the current international evidence-base. These shortcomings signpost some important implications for the advancement of global health promotion research and practice.

Overview of the reviews

Four systematic reviews were conducted across the following geographical regions: Europe, Western Pacific, the Americas and Africa. The primary aim of each review was to explore the extant evidence-base on the health experiences of young migrants from their own perspectives. Review methods are reported in full elsewhere (10). Each review focused on peer-reviewed journal articles published in English that reported data generated directly with children (up to 18 years) who had migrated across national borders during their own lifetimes. Searches were conducted between June 2016 and March 2017. Titles and abstracts and then full texts were screened by the same team of researchers to ensure consistency. Quality of full texts was assessed using the Mixed Methods Appraisal Tool (11). In total we identified 46 qualifying papers from the European Region, 10 from the African region, 52 from the Americas and 11 from the Western Pacific region.. The majority of papers were quantitative with some qualitative or mixed methods studies. Due to the different health outcomes and different measures drawn on within the quantitative papers, we did not meta-analyse the results, choosing instead to place more emphasis on the narrative synthesis. More detail on the specific findings of the narrative synthesis can be found elsewhere (10)

Key themes across the four regions

In the following section, we share insights into the reviewed literature to highlight overarching themes and to identify potential knowledge gaps for future global health research.

Children's migration status and reasons for migration

During initial scoping of the literature, we noted consistent under-reporting of children's migration status, which was a primary reason for rejecting papers during the review process. Children's migration status was most often proxied by the status of their parents or guardians. Indeed, migration research has traditionally obscured children's experiences and the key factors shaping their experiences throughout migration (10, 12). However, recent work demonstrates the importance of research 'with children and from a child's perspective' (13) and the recognition of children as 'active agents' (14), both to better understand their experiences and to create more evidence-driven solutions for these young populations. Together, this highlights the imperative to design research which opens up opportunities for children to share their experiences and understandings.

There was also significant variance in the classification of first-generation migrant children, with some studies identifying first-generation children as those born outside of their host country, while other studies reported on those born in the host country, but with foreign-born parents. Nearly all studies focused on older children (e.g. adolescents), exposing gaps in research with younger migrant children. For example, 32 of the 47 articles in the European review reported on data generated with children aged between 10 and 18 years. The differential definitions and classifications of children's migration status and ages thus made it difficult to draw comparisons across studies and the four regions.

Among the included studies, unsurprisingly, the four regions differed in terms of who the migrant children were and the reasons for their migration. In the European and Western

Pacific reviews, most studies were concerned with refugee and asylum-seekers. Within the Americas, the focus was on first-generation migrants, recently arrived temporary migrants, and refugees. In contrast, the African studies largely focused on children based in camps for Internally Displaced People. Again, these different migration patterns and contexts presented difficulties for synthesising findings and understanding the impacts of different forms of migration on children's experiences.

Health experiences

Across all four regions, most studies adopted a biomedical approach to migrant children's health, with a particular focus on risk factors and negative health outcomes.. European and Western Pacific studies focused on key public health priorities including diet and obesity, alcohol, smoking and substance misuse, with an additional focus on sexual health. Studies from all regions explored children's mental health extensively. In line with the biomedical approach, children were largely constructed as being at risk of negative health outcomes (particularly depression, anxiety and behavioural problems). In fact, there was a general tendency to overlook protective factors and possibilities for understanding children's strengths and resilience. Just one European (17) and one African study (18) focused on children's resilience. In the Americas, only three papers specifically examined protective factors (19, 21, 25) while two Western Pacific studies highlighted children's agency and assets (22, 23) By framing the work from a health-enhancing, salutogenic perspective (24), this research could have strong implications for health promotion efforts with migrant children

Another common descriptor of young migrants' health experiences was the process of acculturation (26). Studies from the Americas strongly focused on the expectation that

migrant children would 'acculturate' by adjusting their behaviour to the norms of North American and Canadian societies (27).. Whereas acculturation was viewed as contributing to migrant children's wellbeing and a necessary part of the migratory process in the Americas, studies focusing on acculturation within the European context focused on the 'healthy migrant' paradox and how children's health status diminished the longer they had spent in their host country (28). Western Pacific studies provided further evidence of the negative effects of acculturation and significantly, the impacts that social exclusion and lack of integration can have on young migrants' wellbeing. These latter studies highlighted the importance of place in addressing forms of stigma and discrimination and supporting young people's sense of belonging in new contexts.

Concluding thoughts

In this commentary, we have sought to share some key insights drawn from four regional systematic reviews on the health experiences of migrant children. Each review has limitations, including the possibilities for missing relevant evidence because of the inclusion criteria (e.g. studies only published in English). Significant difficulties were encountered with the narrative synthesis of the evidence because individual studies used different definitions and classifications of migration status, children and young people, and understandings of health. Furthermore, our quality assessment of the papers revealed significant shortcomings in the methodological approach of many of the studies.

Yet these limitations also provide important insights about the status of the international evidence-base. A consistent feature across the research is the tendency to view children and their migration status as an appendage to their parent or guardian (12) and to frame migrant

children's health from a largely biomedical, risk-based perspective. The lack of research that engages directly with children currently limits our understandings of their own health perspectives and experiences – including the ways their migration trajectories have shaped their health both positively and negatively . Research that considers migrant children's agency and assets would be a valuable contribution to the current discourse. Our reviews reveal the urgency of addressing this gap in order to develop effective and appropriate health promotion responses.

References

1. Thomas F. Handbook of Migration and Health. Cheltenham: Edward Elgar Publishing Ltd.; 2016.
2. Garin E, Beise J, Hug L, You D. Uprooted:The growing crisis for refugee and migrant children.2016.
3. Portal MD. Child and Young Migrants 2019 [Available from: https://migrationdataportal.org/themes/child-and-young-migrants.
4. Castaneda H, Holmes S, Madrigal D, de Trinidad Young M, Beyeler N, Quesada J. Immigration as a social determinant of health. Annual review of public health. 2015;18(36):375-92.
5. Hamilton TG. The healthy immigrant (migrant) effect: In search of a better native-born comparison group. Social science research. 2015;54:353-65.
6. Renton Z, Hamblin E, Clements KJNCsB. Delivering the Healthy Child Programme for young refugee and migrant children. 2016.
7. WHO. Promoting the health of refugees and migrants 2017 [Available from: http://www.who.int/migrants/about/framework_refugees-migrants.pdf?ua=1.
8. Sime D. Migrant children and young people's 'voice'in healthcare. Handbook of Migration and Health: Edward Elgar Publishing; 2016.
9. UN. Convention on the Rights of the Child. United Nations, Treaty Series. 1989;1577(3).
10. Curtis P, Thompson J, Fairbrother H. Migrant children within Europe: a systematic review of children's perspectives on their health experiences. Public Health. 2018;158:71-85.
11. Hong QN, PLUYE P, FÀBREGUES S, BARTLETT G, BOARDMAN F, CARGO M, et al. Mixed methods appraisal tool (MMAT), version 2018. 2018.
12. Vathi Z, Duci V. Making other dreams: The impact of migration on the psychosocial wellbeing of Albanian-origin children and young people upon their families' return to Albania. 2016;23(1):53-68.
13. Fairbrother H, Curtis P, Goyder E. Making health information meaningful: Children's health literacy practices. SSM-population health. 2016;2:476-84.
14. Brady G, Lowe P, Lauritzen SO. Children, health and well-being: Policy debates and lived experience: John Wiley & Sons; 2015.
15. Spallek J, Zeeb H, Razum OJEtie. What do we have to know from migrants' past exposures to understand their health status? a life course approach. 2011;8(1):6.

16. Montreuil M, Carnevale FA. A concept analysis of children's agency within the health literature. Journal of Child Health Care. 2016;20(4):503-11.
17. Hodes M, Jagdev D, Chandra N, Cunniff A. Risk and resilience for psychological distress amongst unaccompanied asylum seeking adolescents. Journal of child psychology and psychiatry, and allied disciplines. 2008;49(7):723-32.
18. Haroz EE, Murray LK, Bolton P, Betancourt T, Bass JK. Adolescent resilience in Northern Uganda: The role of social support and prosocial behavior in reducing mental health problems. Journal of Research on Adolescence. 2013;23(1):138-48.
19. Perreira KM, Ornelas I. Painful Passages: Traumatic Experiences and Post-Traumatic Stress among Immigrant Latino Adolescents and their Primary Caregivers. The International migration review. 2013;47(4).
20. Smokowski PR, Chapman MV, Bacallao ML. Acculturation risk and protective factors and mental health symptoms in immigrant Latino adolescents. Journal of Human Behavior in the Social Environment. 2007;16(3):33-55.
21. Sotomayor-Peterson M, Montiel-Carbajal M. Psychological and Family Well-Being of Unaccompanied Mexican Child Migrants Sent Back From the U.S. Border Region of Sonora-Arizona. Hispanic Journal of Behavioral Sciences. 2014;36(2):111-23.
22. Correa-Velez I, Gifford SM, Barnett AG. Longing to belong: Social inclusion and wellbeing among youth with refugee backgrounds in the first three years in Melbourne, Australia. Social Science & Medicine. 2010;71(8):1399-408.
23. Sampson R, Gifford SM. Place-making, settlement and well-being: The therapeutic landscapes of recently arrived youth with refugee backgrounds. Health & Place. 2010;16(1):116-31.
24. Antonovsky A. The salutogenic model as a theory to guide health promotion1. Health Promotion International. 1996;11(1):11-8.
25. Smokowski PR, Chapman MV, Bacallao MLJJoHBitSE. Acculturation risk and protective factors and mental health symptoms in immigrant Latino adolescents. 2007;16(3):33-55.
26. Gorman BK, Novoa C, Kimbro RT. Migration Decisions, Acculturation, and Overweight among Asian and Latino Immigrant Adults in the United States. 2016;50(3):728-57.
27. Abubakar A, van de Vijver FJR, Mazrui L, Murugami M, Arasa J. Connectedness and psychological well-being among adolescents of immigrant background in Kenya. Global perspectives on well-being in immigrant families. 2014:95-111.
28. Esteban-Gonzalo L, Veiga OL, Regidor E, Martínez D, Marcos A, Calle MEJJoi, et al. Immigrant status, acculturation and risk of overweight and obesity in adolescents living in Madrid (Spain): the AFINOS study. 2015;17(2):367-74.