Health needs of migrants

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Migration, even when it is voluntary and planned, is a stressful life event. Either as single persons or as families, migrants are exposed to a series of stresses not commonly experienced by sedentary families: separation from family and friends during the migration process, disruption of former networks of social support, and the need to adapt to a new set of cultural norms, roles and responsibilities. Although the move to a new society is often successful in the end, some migrants face difficulties in adapting to a new culture. Social and psychological problems frequently appear during this process, which may lead to poor health, and to problems in the family, at work and at school. Migrant women from developing countries are especially vulnerable. They tend to have little schooling at the time of their move. Lower education levels will restrict them to low-status jobs, and will limit the possibility for interaction with the host community. In addition, women must often move back and
forth between two cultures, and confront conflicts between family members with different levels of acculturation.

In many countries, it has been documented that immigrant communities fare worse than the native population according to several health indicators, even though they have been selected at entry for their good health and ability to work. A recent review in six European countries showed that perinatal and infant mortality rates of some immigrant groups are about twice as high as those of the native population.

Similarly, immigrant workers have a disproportionately higher rate of occupational accidents and disability, leading to early retirement or return to their countries of origin when they become too disabled or too sick to work. Concern has been expressed for other health conditions as well, such as mental disorders, drug abuse and domestic violence.

Several reasons explain the lower health status of immigrant groups in receiving societies. Most first and second generation migrants belong to low social strata, which is in itself a determinant of poor health. They often have inadequate access to health care, the most obvious obstacles being linguistic, cultural and economic barriers. Many face racism and discrimination within the health system, which in turn reduces their use of health services. Finally, some groups may also have reduced entitlements to services because of their legal status in the receiving country; the most extreme situation is that of irregular migrants, who have no access to any preventive or curative services, apart from emergency care.

Some receiving countries have acknowledged the special health needs of immigrant communities, and have taken steps to ensure that linguistic and cultural barriers are minimized. This is usually accomplished by arranging specific services for different ethnic groups, especially in metropolitan areas with a high concentration of immigrants, by making organizational changes within mainstream health services to meet the needs of a multi-ethnic clientele, or by a combination of these two measures. A preliminary study conducted in five European countries has shown that adopting a specific health policy for immigrants and ethnic minorities can remove many economic, administrative and linguistic barriers to access to health care.

Pregnancy outcome is a case in point. Over the last decade, Sweden paid considerable attention to understanding the cultural aspects of mother and child care for Turkish women and to providing culturally appropriate services. As a result, immigrant women have the same pregnancy outcome as Swedish women, even though perinatal mortality rates in their country of origin are very high. In other European countries, the rate of unfavourable pregnancy outcomes is still high for Turkish women.

The low health status of immigrant groups is one of the problems hampering the achievement of equity in health within countries, yet simple and relatively inexpensive changes within the health system may produce substantial improvements in the health of immigrants. Much effort is still needed in order to understand the health needs of migrant groups, and to provide appropriate preventive and curative services.

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