

MIGRATION – HEALTH RISKS

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Abstract: According to the International Organization for Migration, a migrant is "any person who moves or has moved across an international border or within a country, regardless of their legal status (legal-illegal), the type of relocation (voluntary or involuntary) and the reasons for relocation (natural or other disasters or for economic reasons). Forced and voluntary migration entail different risk factors for the relocating population. The aim of this study was to identify the risk factors to which migrants are exposed at all stages of the migration process. For this work, the scientific papers published in databases such as PubMed, Scopus, Web of Science, which refer to the European area, were reviewed. The search was carried out using the keywords "migration", "risk factors", "health effects", "diseases". At all stages of the migration process, migrants are exposed to various factors that affect their physical and mental health. War-related migrations have a greater impact on health than voluntary migrations, as these migrants are under great stress and do not know what to expect during the journey or at their destination. Due to lack of health insurance, lack of language skills, various cultural barriers and lack of identity documents, migrants are denied access to healthcare and various health problems of migrants are often ignored. During their migration process, migrants often live in inadequate accommodation with poor hygienic and sanitary conditions, which favor the occurrence of various infectious diseases such as water- and food-borne diseases, respiratory and skin diseases. A particular problem in the refugee camps are migrant children, who often arrive in a poor physical and mental condition. Children are particularly at risk of falling ill or even dying, as overcrowding and poor hygiene and sanitary conditions encourage the occurrence of infectious diseases such as chickenpox, diarrhea, respiratory infections and malnutrition. Important risk factors are the lack of food and water and the preparation of meals from unhealthy foods. The mental health of migrants is often affected by various traumatic experiences, e.g. lack of essentials such as water, food and shelter, loss of family members, separation from family and friends, leading to symptoms of depression and post-traumatic syndrome. Migration is a major public health problem that requires systemic solutions to protect the health of migrants. It is necessary to take various preventive measures to minimize the risks to which migrants are exposed during their migration process.

Keywords: migration, risk factors, health effects

1. INTRODUCTION

According to the International Organization for Migration (IOM), a migrant is "any person who moves or has moved across an international border or within a country away from their usual place of residence, regardless of their legal status, their voluntariness, the reasons and methods of movement and the planned (or unplanned) duration of stay". According to this definition, migrants are divided into two broad categories: labor migrants (or economic migrants) as a category of voluntary migrants due to work, family reunification and forced migrants who are asylum seekers and refugees (Castelli, 2018). According to the United Nations, there were around 281 million international migrants worldwide, which corresponds to around 3.6% of the world's population. 84 million people were forcibly displaced, 35 million were children and one million were born as refugees (World Health Organization, 2022). There are currently more men than women among international migrants worldwide, and the growing gender gap has widened over the last 20 years (World Migration Report 2024).

2. CLASSIFICATION OF MIGRATION

As already mentioned, the basic classification of migration is based on the decision to migrate, i.e. there is voluntary and forced migration. Voluntary migrations are those in which people migrate of their own free will and for various reasons. Some people migrate with the intention of settling in a new area and starting a new life, while others migrate for economic reasons, with the intention of staying long enough to earn enough money before returning home. Labor or economic migrants plan their departure carefully, deciding when to go, where to go, who to go with and what to take. They choose the destination country and often mobilize their network of acquaintances in the

destination country. Voluntary migrants often go to a new place of residence with all the necessary documents and sometimes enter the host country without the appropriate documents or stay after their residence visa has expired (Segal, 2019). Forced migration is migration that is often the result of war conflicts, political oppression and other disasters. In the context of forced migration, it is important to distinguish between two categories of people: - Asylum seekers and refugees. An asylum seeker is a person who is seeking protection from persecution in another country and is awaiting a decision on the granting of refugee status. If an asylum application is rejected, the person must usually leave the country unless they are granted a residence permit on humanitarian grounds. A refugee is a person who leaves their country for fear of persecution due to their ethnicity, religion, nationality, membership of a particular social group or political opinion (Castelli, 2018). In addition to these categories, there are also internally displaced persons. These are people who have been forced to leave their homes due to armed conflict or fleeing the consequences of armed conflict in order to escape a situation of generalized violence, human rights violations or natural and man-made disasters within the country, but who have not crossed the international border (Lori and Boyle, 2015). This category is characterized by the fact that they are often forced to leave their homes to escape dangerous conditions. They leave involuntarily and quickly, with little or no planning, hastily taking what they think they need. Whole families may migrate, but often individual family members travel separately with people they do not know (Segal, 2019).

Voluntary migration is based on the economic situation of the individual, the future migrant, on the basis of which migrants decide on their movement. Forced migrations, on the other hand, occur due to external forces such as wars, natural or other disasters, where migrants have no control over the circumstances they encounter and due to which they migrate (Becker and Ferrara, 2019). Recently, forced migrations caused by various climate changes have become increasingly common, so much so that these spaces are referred to as "ecological refugees". These are people who are forced to leave their main place of residence temporarily or permanently due to environmental disturbances (natural and/or man-made) that threaten their livelihoods and/or seriously affect their quality of life. Due to deforestation, desertification, food shortages, unemployment, poverty, climate change and habitat growth, it is predicted that there will be around 150 million environmental refugees by 2050 (Berchin et al., 2017). The International Organization for Migration notes that a large proportion of people facing climate risks have not migrated. The main reasons for this are the lack of financial resources necessary for their movement and the conscious decision to stay (Mallick, 2023).

3. RISK FACTORS FOR THE HEALTH OF MIGRANTS

There are risk factors that can affect the health of migrants at all stages of the migration process. The most important are: denied access to health care, inadequate housing, lack of food and water and traumatic experiences.

Risks to migrants' health in the home country, before departure

The health status of migrants before departure usually reflects the health status in the country of origin (Matlin et al., 2018). Migrations due to war or flight from the law have a much greater negative impact on health, as well as a greater risk of contracting diseases, as migrants are under great stress and do not know what to expect during the journey or at their destination (Obradović, 2021). War and other forms of armed conflict in the country of origin cause high morbidity and mortality among the civilian population (Levy and Sidel, 2016). It is important to point out that future migrants often suffer from poor nutrition, poor housing conditions (overcrowding and overcrowded housing) and poor sanitary conditions, which are prerequisites for the outbreak of a variety of infectious diseases. The poor functioning of the health system due to the armed conflict in these areas affects immunization and other routine health services, often creating a sub-population of unvaccinated or inadequately vaccinated people who are vulnerable to disease outbreaks. Due to forced relocations across international borders, vaccine-preventable diseases can spread and lead to large epidemics in other countries, where germ carriers can also play a role in the spread of disease (Nnadi et al., 2017). In the pre-migration phase, the influence of many environmental factors can be linked to the development of mental disorders in the future. Witnessing the death of family members and lack of basic resources such as water, shelter and food can be linked to depression (Hameed, 2018).

Risks to the health of migrants during the travel phase

The travel phase is the time that elapses between the home country and the final destination. It varies in length, sometimes only a few hours when economic migrants travel by plane, and sometimes months or even years when it comes to the category of forced migrants, especially if the journey is illegal. are often overcrowded and walk at night and in bad weather on forest and mountain roads. Often illegal migrants have no identity documents because they have been destroyed (by war, natural disasters), and sometimes they are destroyed by the migrants themselves so that their identity is not revealed and possibly illegal activities are discovered. Due to the lack of identity documents, including a health card, their previous health status, including information on diseases and vaccinations, remains unknown (Obradović, 2021). Migrants are vulnerable to infectious and non-infectious diseases during the

journey because they do not have even the minimum requirements for a normal life (they have no food, drinking water, shelter, conditions for maintaining hygiene), then because of the inaccessibility of the health system, including immunization services in transit countries (Zimmerman, 2011). In addition, migrants are usually not well informed, they do not know enough about their rights, including the right to health care. For all these reasons, migrants, especially illegal ones, have a higher risk of contracting a variety of diseases. The risk of contracting diseases transmitted through contaminated food and water is particularly high. This is a consequence of eating unhealthy food and insufficient access to hygienically safe drinking water in sufficient quantities. There is also a significant risk of skin diseases due to inadequate personal and indoor hygiene in areas where migrants are temporarily staying (Obradović, 2021). Migrant children are at particularly high risk when traveling. The health of children on the journey is related to their health status before the journey, the conditions in transit and after arrival, and is influenced by trauma, the health of parents or guardians and the ability to access health care (Kadir, 2019). During migration, there are various stressors that can be associated with depression and anxiety. It is believed that parents accompanying their children during the travel phase of the migration process can be a protective factor that can reduce post-traumatic stress rates in some children (Hameed, 2018).

Risks to the health of migrants in the host country

The most common health problems migrants face on arrival in the host country are related to problems in their country of origin and the nature of their journey. Migrants, especially those whose migration is motivated by war, famine or disasters, face great difficulties in the host country, and the biggest challenge that is often neglected is access to healthcare (Holguin et al., 2017). Migrants often have limited access to healthcare in the host country because they do not have health insurance, do not speak the language, have various cultural barriers and do not have identity documents (Roman et al., 2018). An important problem is the unknown vaccination status of newly arrived migrants, which is often difficult to assess due to a lack of documentation. An intervention vaccination program with the most important vaccines is often carried out in the host country (Castelli and Sulis, 2017). However, if migrants have access to primary health care in the host country, this is not sufficient for the treatment of most chronic diseases such as cardiovascular diseases, diabetes and malignant diseases that require long-term and expensive treatment (Amara and Aljunid, 2014). It is believed that the stress of leaving home favors the development of many chronic diseases such as hypertension, diabetes and various types of malignancies (Naja et al., 2019). In the host country, migrants are often housed in camps where they stay for weeks or months. These are often accommodations in overcrowded former military camps, abandoned factories and other unused public buildings, reception centers with poor hygienic conditions, which carries the risk of contracting gastrointestinal, respiratory and various other infectious diseases (Greenaway and Castelli, 2019; Fotaki, 2019). Outbreaks of foodborne diseases are often associated with the consumption of unhygienic food in refugee camps (Garsow et al., 2021). A particular problem in refugee camps are migrant children, who often arrive in poor physical and mental health. Children are particularly at risk of becoming ill and even dying, as overcrowding and suboptimal sanitary conditions make it easier to contract infectious diseases such as chickenpox, diarrhea, respiratory infections and malnutrition (Williams et al., 2016). Migrant children are more likely to suffer from gingivitis, but are less likely to seek orthodontic treatment or counseling compared to other children (Lebano et al., 2020).

Environmental factors such as overcrowding, prolonged stay in poor housing conditions and lack of water, sanitation and basic hygiene conditions increase the risk of scabies and other skin diseases. The main barriers to the prevention, diagnosis and treatment of these diseases in migrants are the restrictions on access to primary and secondary healthcare services. In cases where health services are available, there are often other significant barriers such as insufficient knowledge of the host country language, lack of translators and differences in understanding of the disease and treatment methods (Bartovic et al., 2021). Refugee camps are vulnerable to extreme climatic events such as flooding due to their location outside of settlements (Bernhofen et al., 2023). Migrants in refugee camps are exposed to various stress factors on a daily basis, which can worsen mental health. The most common are: Lack of basic needs, restricted freedom of movement and constant concern for safety as refugee camps are only short-term solutions (Greenaway and Castelli, 2019).

4. CONCLUSION

Migration takes place all over the world and migrants make up a significant proportion of the total population, making migrant health an important public health issue. To protect the health of migrants, various preventive measures must be taken, such as the provision of shelter and basic sanitation, food and water. It is also important to ensure access to healthcare by removing language and financial barriers to facilitate migrants' access to healthcare services and enable them to receive appropriate treatment.

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