
Health risks of migrants and refugees

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Abstract

The topic of migration is more relevant than ever because of the current political situation in the world. In the context of a comprehensive refugee policy, the health risks of refugees and migrants, as well as the possible risk of harm to the population of the host country, cannot be forgotten.

Key words: risk, migration, health, world.

Introduction

People are moving in larger numbers faster and further than at any other time in history. There are 89.3 million people in the world today who are fleeing persecution, conflict and violence. Children make up more than a third (36.5%) of all refugees (Responding to the Challenge of Non-communicable Diseases). Refugees and migrants have a variety of different physical and mental health needs, shaped by experiences in their country of origin, their migration journey, their host country's entry and integration policies, and living and working conditions. These experiences can increase the vulnerability of refugees and migrants to chronic and infectious diseases.

Migration is not a new phenomenon, of course. Early hunting and gathering societies migrated constantly, and nomadic herdsman in many parts of the world still move routinely. The United States, Canada, and Australia were built on migration, and most European countries were saved by being able to send millions of people to other places when confronted with massive agricultural, political, or economic crises (Carballo, M., & Nerukar, A., 2001; Pareek, M., Watson, J. P., Ormerod, L. P., Kon, O. M., Woltmann, G., White, P. J., Lalvani, A., 2011).

Result and Discussion

Migrants, refugees and asylum seekers

Asylum seekers are people crossing into another country to formally apply for and receive legal and material assistance and international protection because they are in danger in their own country. Currently, people from outside the EU have to apply for protection in the first EU country they enter. By applying, they become asylum seekers. They will only be granted refugee status or another form of international protection after a positive decision by the national authorities. Refugees, on the other hand, are persons whose application for asylum has been recognised on the grounds that they are at risk of persecution in their country on the grounds of race, religion, nationality, political opinion or membership of a particular social group (World Health Organization, 2010).

"Migrants" refers to individuals or groups of people who relocate from one place to another, typically crossing geographical, political, or cultural boundaries. This movement can occur within a country (internal migration) or between countries (international migration). Migrants can undertake such journeys for various reasons, including seeking better economic opportunities, escaping

conflict or persecution, reuniting with family members, pursuing education, or other personal motivations.

The International Organization for Migration (IOM) defines a migrant as any person who is moving or has moved across an international border or within a State away from his/her habitual place of residence, regardless of (a) the person's legal status, (b) whether the movement is voluntary or involuntary, (c) what the causes for the movement are or (d) what the length of the stay is (World Health Organization, November 7, 2021; Yanar, B., Kosny, A., & Smith, P. M., 2018).

It's important to note that the term "migrants" is broad and can encompass various categories of movement, such as economic migrants, refugees, asylum seekers, and internally displaced persons. The reasons for migration can be diverse and complex, and they may involve a mix of push factors (difficult circumstances in the origin location) and pull factors (attractions of the destination location) (World Health Organization, November 7, 2021).

Vulnerabilities of refugees and migrants

It is important to be aware of the vulnerability of this group of people to certain specific conditions. Different migratory phases are associated with distinct physical health issues, influenced by the type, duration and methods of migration (Who is a migrant? International Organization for Migration 2017; World Health Organization, 2010). Behavioral, environmental, genetic, biological, socio- economic and cultural factors can influence the manifestation of physical illnesses in migrating individuals and populations, and can be compounded by migration-specific factors (World Health Organization, November 7, 2021). Those experiencing complex emergencies, such as conflict-related displacement, are often especially vulnerable, for example, to increased risk of infectious diseases due to lack of access to clean water, sanitation, nutrition, shelter and health care (Yanar, B., Kosny, A., & Smith, P. M., 2018). Children and elderly people who have been forced to migrate are especially vulnerable to malnutrition and related illnesses, and may have come from settings where immunisation programmes were sub-optimal. Migrants from those middle- income countries afflicted by conflict have benefited from functioning health systems that have allowed them to survive with chronic conditions such as heart disease, chronic respiratory diseases and diabetes but are now vulnerable to lack of life-sustaining medicines – particularly older people. Women who lack of access to essential reproductive health services are at risk for unwanted pregnancies, maternal and infant mortality, and sexually transmitted infections. Women and children are also extremely vulnerable to sexual abuse, physical abuse, slavery, and other assorted forms of violence (World Health Organization, November 7, 2021).

Individuals may be especially vulnerable to mental disorders during certain phases of migration, and when engaged in certain types of migration, each of which may exacerbate existing vulnerabilities. Mental disorders come in many forms among migrants, with different types of disorder, range of symptoms and time to symptom manifestation since the flight phase. Several characteristics are associated with greater vulnerability to mental disorders in migrant populations. These include: female gender, older age, widowed/divorced marital status, lower education, lower socio-economic status, living conditions, cumulative trauma exposure and type of trauma, duration of forced migration, post-migratory detention and asylum processes, fluency in the required foreign languages, occupation, family and household factors, and support systems. Psychological adaptive mechanisms, resources that are available or utilised, and degree of individual adjustment can influence resilience all influence mental health outcomes (Schlaudt, V. A., Bosson, R., Williams, M. T., German, B., Hooper, L. M., Frazier, V., Ramirez, J., 2020). Migrants may face challenges in accessing healthcare services, especially if they are undocumented or have uncertain legal status. This lack of access could lead to delayed or inadequate medical treatment for both acute and chronic conditions.

The most common diseases of migrants and refugees

1. Infectious Diseases

Some subpopulations of migrants to Europe are generally healthier than the population of the country of settlement, but they are at increased risk of key infectious diseases, including tuberculosis, HIV, and viral hepatitis, as well as under-immunisation. The risk of infection can occur especially during transport as well as in the final country due to the weakened immune system of the migrant. The increased risk of infections in refugee camps due to the high concentration of people cannot be overlooked. Migrants are also more likely to be under-immunised and face greater disease burden, disability, and deaths from vaccine-preventable diseases than the host population in countries of settlement. Low vaccination coverage has consequences for the individual and for public health. As vaccination coverage falls below herd immunity, migrants and the wider community are at higher risk of infection. Despite widespread assumptions to the contrary, according to WHO, there is a very low risk of refugees and migrants transmitting communicable diseases to host populations (De Vito, E., Parente, P., De Waure, C., Poscia, A., & Ricciardi, W., 2017; European Centre for Disease Prevention and Control, 2018).

Before the COVID-19 pandemic, migrants to the EU or EEA comprised a third of all tuberculosis cases in the region in 2019. Reactivation of latent tuberculosis infection among migrants is an important determinant of tuberculosis epidemiology in Europe 35,36. 44% of people diagnosed with HIV in Europe in 2019 were migrants (Tseng W., 2001). ECDC estimates that hepatitis B virus prevalence in the general population in EU or EEA countries is 0–7.5% (Pareek, M., Watson, J. P., Ormerod, L. P., Kon, O. M., Woltmann, G., White, P. J., Lalvani, A., 2011)

Hepatitis B virus prevalence for first-generation migrants to EU is 0–5.6% among migrants from the east Mediterranean region, 0–5.0% from south Asia, 0.3–20.0% from southeast Asia, 0–11.7% from eastern Europe, 0–5.6% from Latin America, and 0–22.2% among migrants from sub-Saharan Africa. Hepatitis C virus prevalence in the general population in EU or EEA countries is 0–27.6% Hepatitis C virus prevalence for first-generation migrants is 0–3.0% among migrants from the east Mediterranean region, 0–9.6% from south Asia, 0.6–1.6% from southeast Asia, 3.1–9.3% from eastern Europe, 0–10.0% from Latin America, and 0–19.2% among migrants from sub-Saharan Africa (De Vito, E., Parente, P., De Waure, C., Poscia, A., & Ricciardi, W., 2017).

Migrants might be exposed to new infectious diseases in their destination country, which their immune systems might not be prepared for (Mipatrini, D., Stefanelli, P., Severoni, S., & Rezza, G., 2017). Additionally, the crowded and often unsanitary conditions in migration camps or detention centers can facilitate the spread of diseases like tuberculosis, respiratory infections, and gastrointestinal illnesses.

2. Mental Health

Migrants and refugees often face unique and complex challenges that can significantly impact their mental health and well-being. These challenges stem from factors such as forced displacement, loss of home and community, acculturation stress, language barriers, discrimination, and uncertain legal statuses. Here are some key points to consider regarding the mental health of migrants and refugees:

Pre-Migration Trauma: Many migrants and refugees flee their home countries due to conflict, violence, persecution, or other traumatic events. These experiences can lead to psychological distress before they even embark on their journey (Gewirtz, A. H., Muldrew, L., & Sigmarsdottir, M., 2022).

Post-Migration Stressors: Once migrants and refugees arrive in their host countries, they often face a new set of stressors. These include adapting to a new culture, language, and social norms; dealing with discrimination and xenophobia; and navigating the challenges of obtaining legal status, finding employment, and accessing healthcare and education.

Cultural and Social Isolation: Migrants and refugees may feel isolated from their communities of origin as well as from the host community due to language barriers and cultural differences (Pumariega, A. J., Rothe, E., & Pumariega, J. B., 2005). This isolation can contribute to feelings of loneliness, depression, and anxiety (Tseng W., 2001).

Loss and Grief: Many migrants and refugees experience profound losses, including the loss of their homes, possessions, and sometimes even family members. These losses can lead to complex grief and feelings of helplessness (Barnes, D. M., Harrison, C., & Heneghan, R., 2004).

Trauma and PTSD: Those who have experienced traumatic events, such as conflict, violence, or persecution, are at an increased risk of developing post-traumatic stress disorder (PTSD) and other trauma-related mental health issues.

Acculturation Stress: The process of adapting to a new culture can be stressful, as individuals navigate different social norms, values, and expectations. This process can lead to identity struggles and a sense of not belonging.

Language Barriers: Difficulty in communicating due to language barriers can hinder access to essential services, social interactions, and employment opportunities. This can lead to frustration and isolation (Siriwardhana C, Ali S, Roberts B, Stewart R., 2014).

Barriers to Healthcare: Migrants and refugees may face challenges in accessing appropriate and culturally sensitive healthcare services. This can result in unmet physical and mental health needs (Pumariega, A. J., Rothe, E., & Pumariega, J. B., 2005; Schlaudt, V. A., Bosson, R., Williams, M. T., German, B., Hooper, L. M., Frazier, V., Ramirez, J., 2020).

Addressing the mental health needs of migrants and refugees requires a holistic approach that considers their diverse experiences and the various challenges they face throughout their migration journey. It involves collaboration between mental health professionals, community organizations, policymakers, and society as a whole (Yanar, B., Kosny, A., & Smith, P. M., 2018).

3. Malnutrition

Refugees and displaced people are particularly vulnerable to malnutrition and undernutrition. Displaced from their homes, they may be sheltering in areas with limited food or markets, have lost their jobs or livelihoods and have limited access to national support systems. All of these often result in food insecurity and undernutrition. Poor quality diets and vitamin and mineral deficiencies can also weaken the immune system, leaving individuals at risk of succumbing to other diseases (World Health Organization, November 7, 2021). It also contributes to delayed childhood development, which can cause irreparable long-term damage (World Health Organization, 2018). Children, pregnant women and people with chronic illnesses are often among the most vulnerable.

4. Occupational Health and safety Among Immigrants

Migrants tend to take jobs that are temporary, require few skills, and are largely unattractive to local labor forces. Many jobs that are available, such as those in mining, construction, heavy manufacturing, industry, and agriculture, often involve poor environmental conditions and lack of safety. Because temporary labor markets are often seen as too short-term to justify major investments in training, employers tend not to require instruction and careful supervision. Language obstacles, poor communication, lack of familiarity with some of the technology used, and different attitudes to work safety all contribute to work-related risks (Yanar, B., Kosny, A., & Smith, P. M., 2018).

- **Physical Injuries:** The migration journey, especially if undertaken through irregular or dangerous routes, can expose migrants to physical risks, including injuries from accidents, violence, or exploitation.

- **Sexual and Reproductive Health:** Female migrants, especially those in vulnerable situations, might face challenges in accessing reproductive health services, including prenatal care, safe childbirth, and family planning.
- **Social Determinants of Health:** Migrants often face social and economic challenges, including discrimination, language barriers, limited job opportunities, and lack of social support networks. These factors can have a significant impact on their overall health and well-being (Carballo, M., & Nerukar, A., 2001).

It's important to note that the health risks faced by migrants are complex and multifaceted. Providing appropriate healthcare, social support, and legal protections for migrants is essential to address these risks and ensure their well-being. Many organizations, governments, and non-governmental organizations work to address these challenges and provide assistance to migrants in need.

5. Maternal and child health

Maternal and child health among refugees refers to the healthcare and well-being of pregnant women, mothers, and their children who have been forcibly displaced from their home countries due to conflict, persecution, or other crises. These women have also had different experiences and varying levels of knowledge concerning medical procedures and use of healthcare services, and also have different cultural beliefs (Acharya G., 2016). They may face challenges in accessing maternity services, including long waiting times at the health facility on the day of their appointment and difficulties accessing public transport. Besides, it may be challenging for a woman to attend medical appointments due to a lack of child care. Some women may also have a poor understanding of their healthcare entitlements and the costs involved in their care (Carballo, M., & Nerukar, A., 2001). Refugee women may also face barriers in accessing health services as a result of their limited English language skills, low health literacy and a reluctance to seek help from professionals that they are unfamiliar with (Acharya G., 2016). They may also face challenges in obtaining interpreting services due to the limited availability of appropriate interpreters at the primary care level and in the hospital after birth.

6. Noncommunicable disease

Noncommunicable diseases, such as cardiovascular disease, cancers, diabetes, chronic respiratory disease and mental health conditions, are the greatest source of preventable illness, disability and mortality worldwide (Navarro, M., Perez-Ayala, A., Guionnet, A., Perez-Molina, J. A., Navaza, B., Estevez, L., Lopez-Velez, R., 2011). In the country of origin, prior to flight, refugees may have limited access to health care, including due to a disrupted health care system. Consequently, they may have undiagnosed or poorly controlled noncommunicable diseases. During flight, refugees may face harsh conditions and lack of continuity of care which may exacerbate noncommunicable diseases. Apart from the health risks associated with the forced migration, access to comprehensive healthcare may be limited for refugees. Key barriers to healthcare access may include language and cultural differences; protection issues resulting from a lack of legal status; and an inability to afford healthcare due to inadequate livelihoods (Who is a migrant? International Organization for Migration 2017).

Conclusions

In addition to the political dimension, the issue of refugees and immigrants also has an important health dimension. Refugees arrive with diseases specific to their country, are exposed to health risks during their journey and also to health risks after arrival due to adaptation and weakened. They are at a higher risk for contracting certain diseases or having other health problems due to factors such as poor nutrition, poor sanitation and lack of adequate medical care. Refugees and migrants may also be at risk of poor mental health because of traumatic or stressful experiences. Monitoring the

health risks of refugees and migrants, not only for the group itself but also for the inhabitants of the country where they arrive, live and work, is very important due to the threat to the health security of the local population.

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