

## MIGRATION AND ITS IMPACT ON HEALTH

**Jirom Dawit**

*University of Library Studies and Information Technologies*

**Abstract:** *The systematic review examines the health status of migrant populations, with a specific focus on Eritreans, as documented in international academic literature. The studies reviewed reveal that the health outcomes of migrants vary significantly depending on geographical origin, socioeconomic status, and the nature of their migration experiences. Migrants from Sub-Saharan Africa, the Middle East, as well as South and Southeast Asia are frequently the focus of research. However, the health status of Eritrean migrants—a group often underrepresented in research—remains insufficiently explored. The findings underscore that migration exerts detrimental effects on both mental and physical health, attributed to factors such as socioeconomic instability, traumatic migration experiences, and limited access to culturally competent healthcare services. Barriers related to language, cultural differences, and mistrust of healthcare systems in host countries lead many migrants to rely predominantly on informal support networks within their communities, which are often inadequate in addressing their complex health needs. The “Healthy Migrant Effect”, which posits that migrants initially present with better health than the native population, tends to diminish over time due to stress, substandard living conditions, and restricted healthcare access. This phenomenon emphasizes the necessity for targeted health interventions. The review calls for more nuanced research into the health needs of diverse migrant populations, with particular attention to Eritreans, considering their distinct migration trajectories, health beliefs, and sociocultural contexts. Such insights are critical for informing the development of inclusive health policies and interventions that promote equitable healthcare outcomes for all migrant groups.*

**Keywords:** *Migration, Health, Psychosocial*

### INTRODUCTION

From 2005 to 2019, the number of people with a migration background in Germany increased by 47% (Statistisches Bundesamt 2021a). Migrants vary in terms of country of origin, migration experience, refugee status, length of stay, and social integration (Statistisches Bundesamt 2021b). The WHO defines health as “a state of complete physical, mental, and social well-being” and considers the highest attainable standard of health as a fundamental human right (WHO 1948 cited in WHO 2020). Migration can lead to psychosocial stress (Borde & Blümel 2020). The “Healthy Migrant Effect” suggests that younger and healthier individuals migrate; these advantages often diminish over time due to barriers in the healthcare system of the receiving country (Weitof et al. 1999; Metzging et al. 2020). In older age, the health deteriorates, and their mental health is below the average (Metzging et al. 2020). The “Migration Stress Hypothesis” posits that migration can be pathogenic depending on individual resources (Schenk & Pepler 2018). The theory of unfulfilled status aspirations, unmet migration goals lead to increased psychological and psychosomatic complaints (Schenk 2007). Social disadvantage poses health risks for migrants. High prevalences of depression, anxiety disorders, and PTSD among refugees and labor migrants arise (Lindert et al. 2009; Winkler et al., 2019; Hassan et al. 2021; Mesa-Vieira et al. 2022). Schizophrenia is more frequently diagnosed in migrants than substance use disorders (Koch et al. 2007).

## RESEARCH METHODOLOGY

A systematic review condenses current research on interventions, diagnostic tests, and prognostic factors, despite the expanding volume of healthcare literature (Posadzki & Ernst 2019).

The central question posed was: “What is known about the health of migrants, particularly Eritreans, in international literature?” Due to limited research, there was no time constraint on the literature search, conducted from December 2022 to July 2023. PICO criteria was used: Population (Eritreans/migrants in Germany), Intervention (information brochure), Comparison (psychosocial care of Eritreans/migrants), Outcome (evaluation of psychosocial support). Synonyms such as emigration, immigration, health care, public health care, treatment, migrants, refugee, immigrants, psychosocial care, psychosocial support, and mental health care were used. Study selection was based on title and abstract screening, followed by full-text screening. As the health of Eritreans has been researched to a limited extent, the effects of migration on health in general were examined.

## RESULTS

2000 studies were identified. Titles and abstracts were screened, 1389 studies not-matching studies were excluded. Norway contributed the most studies (n=8), followed by Germany (n=4), the USA (n=3), and other countries. The studies focus mainly on migrants from Sub-Saharan Africa, the Middle East, South Asia, and Southeast Asia. Eritreans are represented in three of the 43 studies. Themes included physical (n=2) and mental well-being (n=12), combined physical and mental well-being (n=13), health service utilization (n=1), and access barriers (n=1). Most studies have examined the impact of various risk factors, such as stress, discrimination, language barriers, and asylum procedures, on the development of mental disorders or illnesses among migrants. The studies also addressed the coping strategies utilized by migrants, the application of culturally sensitive diagnostic instruments, and the aspects of psychiatric care tailored to migrants.

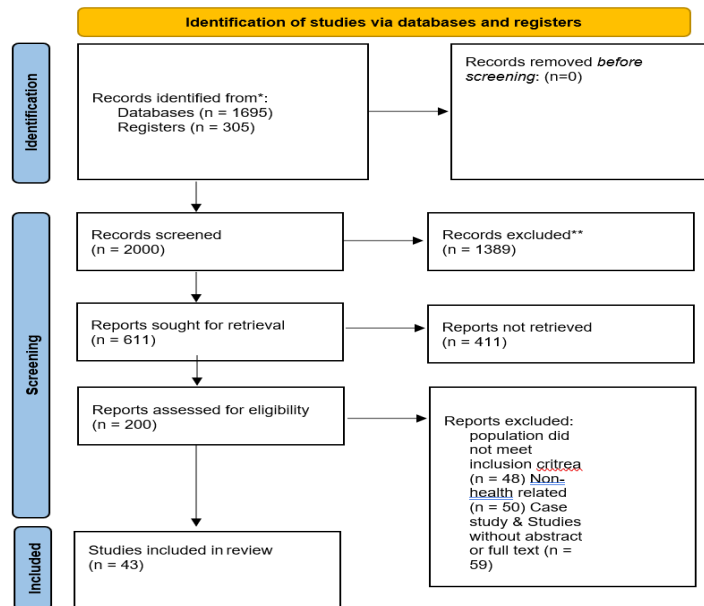


Fig. 1. PRISMA-Diagramm

Migration exerts a profound influence on health, primarily through stress, discrimination, language barriers, and the challenges associated with asylum procedures. These factors significantly contribute to the development of mental disorders among migrant populations. The situation is further complicated by a lack of understanding and disregard for cultural differences within healthcare systems, which pose significant barriers to accessing appropriate care. These barriers are often exacerbated by a lack of intercultural competence among healthcare providers, as highlighted by Palmer and Ward (2007). Several

studies have pointed out that migrants tend to use emergency care services more frequently than other forms of treatment. This trend may be attributed to a lack of understanding of mental health issues within migrant communities, which remains a persistent problem (Haj-Younes et al. 2021; Akhtar et al. 2022; Devkota et al. 2021). Gender differences in mental health outcomes have also been observed among migrants. Women generally report lower subjective mental health compared to men, although they tend to lead healthier lifestyles. In contrast, men are more likely to suffer from depression but are less inclined to seek treatment for their mental health issues (Igel, Brähler & Grande 2010; Straiton et al. 2014).

Focusing specifically on Eritrean migrants, research reveals that they experience significant mental distress but demonstrate low utilization of professional mental health services. Instead, they often rely on support from within their community. Cultural and religious beliefs play a crucial role in shaping their perceptions of health and illness, as discussed by Torensma et al. (2018). For instance, Eritrean migrants have reported that preventive health measures that conflict with their faith and cultural practices are particularly challenging for them to follow. Furthermore, the poor living conditions that many migrants encounter in host countries can exacerbate existing mental health issues, including psychotic symptoms (Tarricone et al. 2009).

The attitudes of migrants toward healthcare and mental health services can change over time. Weigl and Gaiswinkler (2019) illustrate this by examining how perceptions of psychotherapy among Turkish-origin migrants in Austria have evolved, reflecting a broader shift in attitudes toward mental health care in migrant communities.

The “Healthy Migrant Effect”, which posits that migrants often arrive in a new country with better health outcomes than the native population, has been substantiated by a longitudinal study conducted by Bacong et al. (2022). However, the mental health of migrant workers remains a topic of debate. While some research, such as the study by Sawa et al. (2021), suggests that migrant workers experience similar levels of mental stress as native-born workers and are not at a higher risk for mental health issues, this assumption is contested by other studies. For instance, research by Devkota, Bhandari, and Adhikary (2021) challenges this notion, indicating that the mental health of migrant workers may indeed be more precarious than previously assumed.

## **DISCUSSION**

The aim of the review was to identify the impact of migration on health. The results indicate that migration has long-term consequences on physical and mental well-being, supported by the “Migration Stress Hypothesis” which emphasizes that migration plays a significant role in the development of mental and physical illnesses (Ghimire & Bhandari 2020; Schenk & Pepler 2018). One study within the review critically examines the notion that refugees experience an improvement in mental health after resettlement, often referred to as the “honeymoon phase”. However, this study raises concerns regarding the sustainability of this improvement, noting that there is insufficient evidence to determine how long this phase lasts (Strømme et al. 2020a). This finding suggests that the initial relief and optimism following resettlement may diminish over time, potentially giving way to more severe mental health challenges as the reality of long-term adaptation sets in. In comparison to non-migrants, migrants face an increased risk of various diseases, including diabetes, ulcers, abdominal pain, headaches, obesity, and hypertension (Gualdi-Russo et al. 2009; Devkota et al. 2021). Additionally, migrants often report a range of somatic complaints, further complicating their health profile (Strømme et al. 2020a & 2020b; Strømme et al. 2021). The heightened susceptibility of migrants to mental health disorders is particularly concerning, with higher incidences of depression, anxiety disorders, and post-traumatic stress disorder (PTSD) reported among this population, as noted by Fuhr et al. (2020). Furthermore, recent research indicates that migrants are at a greater risk of suicide, adding a critical dimension to the mental health challenges they face (Tham et al. 2023). A particularly alarming finding from the study is that migrants are often discharged from acute psychiatric care without adequate follow-up. This lack of continuity in care can have detrimental effects on their mental health and overall well-being. The authors of this study emphasize the importance of implementing a carefully structured and phased discharge process, which could act as a preventative measure to reduce the risk of relapse and other negative outcomes following

psychiatric treatment. Discrimination and bias from healthcare professionals are significant factors that adversely affect the mental health of migrants and lead to a reduced utilization of healthcare services (Igel et al. 2010; Liu et al. 2014; Nguyen et al. 2021; Gautier et al. 2020). These biases can manifest in various ways, from subtle forms of discrimination to overt prejudice, all of which contribute to an environment where migrants may feel unwelcome or misunderstood within the healthcare system.

One of the notable trends observed in the review is the frequent use of emergency services by migrants, which is significantly higher than their use of specialized treatments. This reliance on emergency care is often attributed to the low referral rates for specialized services, which can be hindered by language barriers and differing expectations of how the healthcare system should function (Haj-Younes et al. 2021). These barriers highlight the critical need for healthcare systems to adapt to the linguistic and cultural needs of migrant populations. To address the high access barriers associated with cultural and linguistic differences, some healthcare organizations have implemented interpreter services to assist migrants in navigating the system. However, despite these efforts, significant challenges persist. Many migrants remain skeptical of interpreters, often due to concerns about the accuracy and confidentiality of the information being conveyed (Salinas et al. 2021; King et al. 2019). Additionally, the asylum status of migrants can further complicate access to healthcare services. Some migrants fear that revealing mental health issues might harm their asylum process. Moreover, the low uptake of healthcare services among migrants living in England has been attributed to their generally better health and younger age compared to the native population, as suggested by Saunders et al. (2021). The authors propose that these factors contribute to a reduced need for medical attention, which in turn leads to lower utilization of healthcare services by migrants. This observation, however, does not negate the significant health challenges that many migrants face, particularly in the context of mental health and chronic conditions.

For psychosocial problems, migrants often rely on support from family and community networks, which are facilitated by shared cultural backgrounds and similar life experiences. Research by King et al. (2019), Abraham et al. (2018), Liu et al. (2014), and Nguyen et al. (2021) highlights the crucial role these social networks play in providing emotional support and practical assistance. These networks help migrants navigate their challenges more effectively by offering guidance that aligns with their cultural values and norms. The familiarity within these networks can also help mitigate feelings of isolation and provide a sense of belonging, which is essential for mental well-being. Additionally, migrants often minimize their physical and psychological burdens as a coping mechanism for dealing with traumatic experiences (Abraham et al. 2018; Fuhr et al. 2020). While this coping strategy can be protective in certain ways, it may also hinder migrants from seeking the necessary care and support. Notably, migrant women perceive their health more negatively than their male counterparts and exhibit higher prevalences of depression and anxiety disorders. This gender disparity in mental health outcomes among migrants is emphasized in the research by Haj-Younes et al. (2020), indicating the need for gender-sensitive approaches in addressing the health needs of migrant populations.

A broad range of studies indicates that migration affects health, highlighting the need for culturally sensitive specialists in psychiatric facilities. Female refugees and migrants generally report poorer health compared to their male counterparts and native populations, suggesting that gender significantly impacts mental health. Migrants overall rate their health more negatively than natives, pointing to widespread health disparities.

To improve access to mental health services, it is essential to address cultural differences between migrants' countries of origin and host countries. Ignoring these differences can hinder effective care. Additionally, migrant workers are particularly focused on maintaining their health due to its direct impact on their employment and financial stability. This connection between health and economic necessity further complicates their access to care.

## **CONCLUSION**

Migration is associated with a higher prevalence of chronic diseases such as diabetes and hypertension, as well as mental health disorders like depression and anxiety. Migrants frequently depend on community support systems for managing these conditions, which underscores the influence of cultural factors on



health outcomes. To effectively address the health challenges faced by migrant populations, it is imperative to employ culturally competent healthcare strategies. Such strategies are vital for overcoming barriers to healthcare access and utilization. By integrating cultural sensitivity into healthcare practices, systems can reduce health disparities, improve the quality of care, and ensure that migrants receive appropriate and effective medical services. This approach not only enhances healthcare utilization but also contributes to better health outcomes and reduced inequalities within migrant communities.

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#### List of illustration

Figure 1: Page M. J., McKenzie J. E., Bossuyt P. M., Boutron I, Hoffmann T. C., Mulrow C. D. et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *BMJ* 2021, 372:n71. Doi: 10.1136/bmj.n71.

## МИГРАЦИЯТА И НЕЙНОТО ВЪЗДЕЙСТВИЕ ВЪРХУ ЗДРАВЕТО

**Резюме:** Систематичният анализ разглежда здравния статус на мигрантите с особен акцент върху еритрейците, както е документирано в международната научна литература. Разгледаните проучвания разкриват, че здравните резултати на мигрантите се различават значително в зависимост от географския произход, социално-икономическия статус и естеството на миграционния им опит. Мигрантите от Африка на юг от Сахара, Близкия изток, както и от Южна и Югоизточна Азия често са във фокуса на изследванията. Въпреки това здравният статус на мигрантите от Еритрея – група, която често е слабо представена в изследванията – остава недостатъчно проучен. Констатациите подчертават, че миграцията оказва вредно въздействие както върху психичното, така и върху физическото здраве, което се дължи на фактори като социално-икономическа нестабилност, травматични миграционни преживявания и ограничен достъп до културно компетентни здравни услуги. Барьерите, свързани с езика, културните различия и недоверието към здравните системи в приемащите страни, карат много мигранти да разчитат предимно на неформални мрежи за подкрепа в рамките на своите общности, които често са неадекватни за посрещане на сложните им здравни нужди. Ефектът на „здравия мигрант“, според който мигрантите първоначално са с по-добро здраве в сравнение с местното население, има тенденция да се влошава с течение на времето поради стреса, нестандартните условия на живот и ограничения достъп до здравни грижи. Това явление подчертава необходимостта от целенасочени здравни интервенции. Прегледът призовава за по-нюансирани изследвания на здравните нужди на различните групи мигранти, като се обръща специално внимание на еритрейците предвид техните различни миграционни тенденции, здравни убеждения и социокултурен контекст. Подобни прозрения са от решаващо значение за разработването на приобщаващи здравни политики и интервенции, които насърчават справедливи здравни резултати за всички групи мигранти.

**Ключови думи:** миграция, здраве, психосоциални проблеми

Джиром Дауит, докторант

Университет по библиотекознание и информационни технологии

E-mail: dawitjirom@gmail.com