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Review Article

Living Conditions and Health Problems of Immigrants

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Abstract

Introduction: Immigration creates problems in host countries, as there is no basic health control of the refugees in the country to which they are migrating.

Purpose: The purpose of this article is to investigate the impact of migration on the health of refugees and their contraction from various diseases.

Methodology: The manuscript consists of a scrutinized review carried out through scientific articles, books and electronic databases such as PubMed, Google Scholar and Scopus using the key words: migrants, refugees, migrant health problems.

Results: The large number of refugees, combined with inadequate infrastructure in their host countries, places refugees in a high-risk group in jeopardy for their physical and mental health. Their poor living conditions, inadequate nutrition and prolonged stress are responsible for most of their health problems. Children's refugees are also at greater risk, especially when they are unaccompanied. They are the subject of all kinds of exploitation, they are experiencing stress and are forced to take an adult role.

Conclusions: Implementing preventative programs, providing psychological support, informing and educating adult refugees and integrating refugee children into school will contribute to their emotional development and socialization.

Introduction

According to the International Organization for Migration, migration is defined as the process of changing the place of residence of a person or group of people either through international borders or within a state or group of people or across international borders or within a state for a period of time more than one year and regardless of causes and means used by people to migrate, voluntary or involuntary, either legal or illegal [1]. The history of migration follows the historical path of mankind and it is as old as the existence of humankind. People's migration has and will always have an impact on the new place of settlement and the life of host society [2]. In the course of global history, massive population migration is commonplace. These mass movements are due to common causes owing to the migration of various tribes to search for food or fertile soil, and even migrations after the Second World War. These are social, political and economic immigration causes, but there are also reasons such as disasters, wars, educational needs associated with temporary or long-term migration [3].

In the modern history, namely after the end of the Second World War, immigration is divided into two time periods [4]: The first time period begins immediately after the Second World War and lasts until the early 1980s. Its cause is the need of western states for cheap labor, as they had already been in a phase of rapid growth with the expansion of their industrial activities [5]. This has led to the creation of an impressive wave of mass immigration into European countries such as Germany, Belgium, Switzerland, the Netherlands, Sweden, France, and transatlantic countries such as the US, Canada and Australia. As regards migration to the West during 60s and 70s, poor countries, such as Greece, found a way out of their internal economic and social post-war problems [6,7]. The second time period began in the early 1990s, with the fall of the Eastern Bloc and wars in the Balkans and the Middle East. Its causes are primarily economic and political ones. The main characteristic of this wave is intense illegal immigration [8]. Greece in this phase is altered its role as it, then, became a host country for migrants, deriving not only from Eastern Europe but also from Asian states [9].

Especially for Greece, the reasons that lead immigrants to choose migration vary. The easy access, given the geophysical peculiarity of the Greek borders-it consists mainly of sea and mountain-seems to play an important role. Moreover, Greece is considered a passage in other western European countries since it is at the crossroads of three continents. An important parameter is also the phenomenon of "chain migration", in which the initial settlement of migrants in an area functions as a pole of attraction for their conational [10]. Demand for low-skilled work is also a key factor in migratory flows in the country [7]. This is accompanied by the isolation that society enforces immigrants, as they easily become victims of discrimination and exploitation [11,12]. The purpose of this review is the assessment of the migration effects on the immigrants' health and, particularly, from various types of diseases.

Methodology

This manuscript is a bibliographic review. Electronic databases such as Pub Med, Scopus, Google Scholar, and Medline were used. The search included scientific books, bibliographic reviews and research papers published in Greek and English. The key words used are migrants, refugees, migrant health problems.

Immigrants' living conditions and nutrition as well as the health impact

First, the main problem with negative health effects faced by immigrants is their living conditions. They live in makeshift refugee camps. The number of immigrants is much higher than the initial plan [13]. Sewerage infrastructure and hygiene conditions are virtually non-existent, causing outbreaks of infections and the immigrants are exposed to pathogenic microorganisms, as well as to the increased risk of transmission of zoonoses such as diseases transmitted by mice [13,14]. Thus, many refugees of all ages, from children to adults, suffer from both physical and mental health problems [15]. In Greece, and especially in the Samos camp, there have been reports of panic attacks, aggressive behavior, self-injury and suicidal tendencies [16]. In Italy again, in Roma camps, the most children suffered from diarrhea, cough and respiratory infections [13].

Therefore, in England, the Housing and Safety Rating System (HHSRS) was set up to record housing conditions that affect the health of the individuals living in them. These conditions include most low or high temperature, humidity, mold and carbon monoxide. In addition, poor household hygiene, non-existent food safety and contaminated water are only some of the further issues those people must deal with [17]. In winter, the situation gets worse while immigrants burn anything inside their tent in their attempts to warm themselves. As a result, there seem to be not only in the risk of fire but also the possibility of respiratory illnesses is constantly on the increase [18]. In the Moria campsite, on the island of Lesbos, according to UNHCR, carbon monoxide poisoning was recorded twice in such a tent; one out of the two cases resulted in the death of the injured person [19].

Especially, the water and sewerage network, access to clean water and the storage and distribution of food are to blame for diarrhea syndromes suffered by refugees and especially by children [20]. Thus, UNHCR has recommended the creation of toilet soap stations as a disease prevention measure. Therefore, it was observed that in the refuges' households in camps, when using soap after toilet use, the risk factor of diarrhea cases decreased. Antithetically refugees who did not use soap were at much higher risk [21]. Concerning refugees' diet, they are a particularly vulnerable group because the emergency situations they are continually experiencing tend to change the quality and frequency of their meals. In addition, poor water quality, poor hygiene conditions and the lack of health infrastructure, conditions that vary according to the area and the camp, can aggravate their nutritional status [22]. What is more, they are forced to consume food of low nutritional value, which can cause from malnutrition to obesity because these foods are high in calories, such as sugar and junk food [23].

Problems Related to Immigrants' Health

The living conditions, as mentioned, exacerbate the health status of immigrants and contribute to the emergence of new diseases. The most common health problems faced by refugees are those of oral hygiene. The use of bottled water instead of water fluoridation network in refugee camps favors the development of dental problems such as Dental caries. According to a survey conducted in Australia, poor information and education of refugees is also a contributory factor for they even use soft drinks to quench [24]. Thus, people's migrations, poor dietary choices, non-use of health services are amongst the reasons for bad oral hygiene and dental problems faced by refugees [25]. According to a survey carried out in North America, refugee children are at an even greater risk, as 75% of them seem to suffer from neglected Dental caries [26].

Refugee dietary changes in the country of settlement and limited physical exercise may increase the incidence of obesity and cardiovascular diseases. In addition, refugees are difficult to get early diagnosis and treatment due to inequalities concerning the access to health services [22,27]. Another disease with increased frequency in refugees is diabetes mellitus. The psychological stress experienced by refugees both during their travel and upon arriving in the host country affects their glycemic Index (GI). Also, unhealthy living conditions and difficult social conditions in their new environment contribute to the development of diabetes mellitus [28]. Nevertheless, the disease, which put not only refugees but also for those who come into daily contact with them at risk, is tuberculosis. Tuberculosis is included in the 10 most serious causes that cause death worldwide [29]. Immigration can make a significant contribution to the transmission of tuberculosis even in countries with low rates of disease, according to a study conducted in Canada, a

country with low rates of disease, in which two-thirds of new cases of tuberculosis are recorded among immigrants [30].

According to World Health Organization (WHO), the arrival of many refugees can affect the outbreak of tuberculosis in host countries, especially if refugees come from countries with high rates of disease. At the same time, poor living conditions and overcrowding in refugee settlements increase the risk of tuberculosis infection [31]. Refugees are also classified as a high-risk group for Sexually Transmitted Diseases (STD). This also contributes to the fact that immigrants come from countries with high rates of sexually transmitted diseases as well as their poor financial situation which is linked to sexual exploitation as well as sexual violence and abuse [32]. Therefore, their interaction with the local population in their host country may cause an increase in sexually transmitted diseases and, as a result, a public health issue [33].

The factors responsible for the spread of sexually transmitted diseases in refugee camps, including HIV, are: the age (25-49 years), non-consensual sex, their prevalence in the host country, the range of interaction between the two populations, sexual rape, commercial sex and the level of health services [34,35]. Therefore, attention should be given to their host country, unaccompanied minors, women who report sexual violence, drug users and the level of knowledge about sexually transmitted diseases and the use of a condom [34]. Refugees still belong to the high-risk group of mental disorders, as the process of migration is quite stressful and can affect their mental health [36]. Therefore, they are at a higher risk than the general population of their host country [37].

On the other hand, refugees from countries with ongoing conflicts are more likely to develop mental illness than other refugees. Post-traumatic stress disorder (PTSD) ranges from 16% to 38% [38]. While a Swedish study classifies refugees as a high-risk group for attempted suicides [39]. As far as refugee children are concerned, an increased incidence of mental and behavioral disorders has been found to be between 30% and 50%. The most frequent disorders include depression and anxiety accompanied by sleep disturbances. Symptoms are much more intense when there is the child's separation from his family or torture of a familiar person of his [40,41]. A very important factor for children's mental health is the school environment, which provides knowledge, identity formation and development of emotional intelligence, as well as the ability to integrate into the host society [40].

Conclusions

Massive population migration in combination with inadequate infrastructures ranks refugees into a high-risk group that is at greater risk regarding their physical and mental health than the native population. Their poor living conditions, inadequate nutrition and prolonged stress are responsible for most of their health problems [42]. In addition, refugees due to their fear of a deportation order seek health services only in emergencies. The longer the time they stay in the camps, the higher the risk of their morbidity. It should be noted that refugee children are more at risk, especially when they are unaccompanied [43]. They are the subject of all kinds of exploitation while they are constantly experiencing stress because they are forced to take an adult role. The implementation of preventive programs, the provision of psychological support, information and education of adult refugees and the integration of refugee children into school will contribute to their emotional development and socialization.

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