



CASE REPORT

A multidisciplinary approach to engage VFR migrants in Madrid, Spain

Miriam Navarro*, Bárbara Navaza, Anne Guionnet, Rogelio López-Vélez

Tropical Medicine and Clinical Parasitology, Infectious Diseases Department, Ramón y Cajal Hospital, Ctra. de Colmenar, km 9.1, 28034 Madrid, Spain

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Summary VFRs are at a greater risk of contracting travel-related illnesses such as malaria, and their knowledge about travel health tends to be poor. Since 2009, community-based activities targeting potential and impending VFRs were performed by a multidisciplinary team in Madrid, Spain. The design and distribution of multilingual and culturally-sensitive material following a qualitative research, and intercultural mediators were key tools of the health education programme.

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Brief report

The term VFRs refers to those travellers visiting friends and relatives, who tend to be migrants. This population is at a higher risk for contracting travel-related illnesses when compared to other groups of travellers.^{1–3} The lack of risk perception by VFRs when travelling to their countries of origin and the consequent poor seeking for pre-travel health advice play a main role on it. In addition, their level of knowledge about travel health tends to be poor.⁴ To devise novel and adapted methods targeting

impending and potential VFRs seems crucial in order to engage them, basically for two reasons: 1) most of the travel-related diseases they may acquire are preventable, and 2) VFRs have specific characteristics (such as language and culture) that have to be taken into account in preventive activities.⁵

It has been demonstrated that innovative and specific methods are required to increase awareness of the need for pre-travel health advice among VFR travellers.^{5,6} Nevertheless there are rare community-based campaigns. Recently, Leder et al.⁷ presented innovative activities to engage VFRs in Australia, and they should be commended.

Spain received in the past ten years more migrants than any other country in the world, after the US.⁸ Currently, more than 5.7 million people in Spain (12.2% of the population) are foreigners, and in the region of Madrid this figure is even higher: 17%.⁹ Migrants who enter the country with no resident permit cannot get a round trip to their

* Corresponding author. Tel.: +34 91 3368108.

E-mail addresses: mnavarro.hrc@salud.madrid.org (M. Navarro), barbaranavaza@gmail.com (B. Navaza), saludinmigracion@gmail.com (A. Guionnet), rlopezvelez.hrc@salud.madrid.org (R. López-Vélez).

countries of origin to visit family and friends. Nonetheless, after living in Spain for some years, migrants have the opportunity to get this document. Thus, the number of VFRs is expected to increase in the following years.

The Tropical Medicine Unit of the Ramón y Cajal Hospital in Madrid, Spain, holds a pioneering health education programme adapted to migrants which also embraces activities aimed at VFRs. In this programme, called '*New citizens, new patients*', activities are community-based and culturally-sensitive. It is aimed at migrants living in Spain and run by a multidisciplinary team of physicians, translators, intercultural mediators and a psychologist. The main activities of this health education programme targeting VFRs take place in Madrid and are resumed in Fig. 1.

The programme was targeted at potential VFRs coming from Latin American and Sub Saharan African countries. We are specially focused on Sub Saharan African migrants. Although this population represents only 4.1% of documented migrants –migrants with residence permit–,⁹ they are more at risk for severe malaria while visiting their countries of origin. Several cases of complicated malaria among African VFRs (adults and their children) have been reported in Spain, mainly in patients from the Spanish ex-colony of Equatorial Guinea and other West Sub Saharan African countries such as Nigeria or Cameroon.^{10,11}

In an initial phase of the programme, we obtained background information on migrants' knowledge and beliefs about travel-related health. First, from September to November 2008, we carried out a qualitative research consisting of 15 in-depth interviews with migrants from Sub Saharan African and Latin American countries who were living in Madrid. The results of the qualitative research were very helpful for the creation of appropriate educational materials. It was observed that parents used to seek pre-travel advice for their children, so the importance of protecting children was highlighted in leaflets and posters and a mention to paediatricians was included. Other identified item was the VFR migrants' perception of Spanish medical staff: They were seen as professionals with poor

capabilities to treat tropical diseases. Thus, materials also included information about specific and specialised healthcare resources for seeking medical advice before and after their journey.

Once the qualitative research was concluded –in the first half of 2009–, we created multilingual, culturally tailored and fully illustrated leaflets and posters (Fig. 2). The materials were especially focused on Sub Saharan African population, but they were also used among Latin American migrants.

These materials were translated into French and English, the most common vehicular languages of the target population. They contain information about health risks when travelling to the tropics, preventative measures (before, while and after travelling) and contact information for seeking pre-travel advice and post-travel assistance, emphasizing advises about malaria prevention and early diagnosis. The materials were designed and adapted by healthcare staff and intercultural mediators. Before printing they had been tested with migrants coming from Sub Saharan and Latin American countries. This measure was adopted in order to assure the materials were fully comprehensible and will not hurt sensibilities. The most remarkable contribution of the intercultural mediators at this stage was in relation to the colours that should be used to represent the risk in the maps (warm colours as red or yellow). Mediators were also very helpful in the design of drawings as they explained which images could be mostly understood, disregarding the educational level of readers.

From the second half of 2009 up to now, two volunteer intercultural mediators from Sub Saharan Africa specifically trained for this purpose informed migrants individually and without giving any specific medical advice. In waiting room of the Tropical Medicine consultation mediators informed Sub Saharan African patients about travel-related health in and gave them the leaflets. Sixty-four impending and potential VFRs (43 men, 21 women) were informed in their own languages, in order to raise their awareness about the importance of seeking pre-travel medical advice. They

Distribution of multilingual and culturally tailored leaflets and delivering of information about travel health by trained intercultural mediators. Main scenarios:

* Waiting room of the Tropical Medicine consultation. Information was given individually to raise awareness about risks while travelling and the importance of seeking pre-travel advice: 64 people from Sub Saharan Africa informed and 64 leaflets distributed (2009-2011). NGO devoted to African population: 120 people informed about travel health and malaria prevention; 120 leaflets distributed (2011).

* Latin American migrants' social event (National Day of Bolivia): 75 leaflets distributed (2009).

* Embassies and consulates, businesses, healthcare centres with high percentage of migrant patients, NGOs and migrant's associations in Madrid. Two annual community-based campaigns (before summer and Christmas holidays): 1,260 leaflets and 60 posters distributed (2010 and 2011).

* Internet (www.saludentreculturas.es). Multilingual educational materials are freely available in this website. More than 245,000 visits (2010 and 2011).

Figure 1 VFR health education programme's main activities.

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