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Review Paper

Migrant children within Europe: a systematic review of children's perspectives on their health experiences

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ABSTRACT

Objectives: To review the extant literature to explore what is known about children's own perspectives on their health experiences, focussing on children and young people who have migrated into, and within, Europe.

Study design: A systematic review with narrative synthesis.

Methods: A review of English language articles was performed in June 2016 using the following databases: MEDLINE, CINAHL, Cochrane and Web of Science. Included articles had to report data generated directly with children, up to 18 years of age, who had migrated across national borders into, or within, Europe during their own lifetimes. Extraction from articles was undertaken by all authors, and quality assessment of included reviews was performed using the Mixed Methods Appraisal Tool.

Results: The articles in the final data set included research based on four broad areas: alcohol, smoking and substance use; diet, eating disorders and overweight; emotional, psychological and mental health issues; and children's views and experiences of health and health services. Most studies were cross-sectional analytic or incidence or prevalence studies.

Conclusion: There is a general lack of clarity in the literature regarding the reporting of children's own migration status. Children's voices are often subsumed within those of their adult parents or carers. There is a need to promote more child-focussed research which gives voice to migrant children to better understand the complex and multidimensional factors that contribute to their (ill)health.

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Introduction

International migration over recent decades has been characterised by the diversification of migrants from non-European backgrounds, concentrated in a ‘shrinking pool of prime destination countries’, particularly within Europe and the Americas¹(p.238). Migration to Europe has been steadily increasing and, indeed, the European Union (EU) has been described as a ‘global migration magnet’¹(p.294). In the last decade, in what has been labelled a ‘migration crisis’, the EU has received unparalleled numbers of migrants, refugees and asylum seekers. In 2014, 1.9 million people migrated into the EU from non-member countries with a further 1.8 million migrating between member states.² While migration is increasing across Europe, this trend has been particularly marked in Western Europe, where nations have also experienced what has been referred to as a ‘surge’ of inward migration from Eastern Europe over recent years.¹

The 10th European Forum on the rights of the child defines children in migration as those

‘in search of survival, security, improved standards of living, education, economic opportunities, protection from exploitation and abuse, family reunification or a combination of these factors. They may travel with their family or independently (unaccompanied child) or with an extended family or a non-family member (separated child)’³(p.4).

The population of child migrants is therefore highly diverse, and while the United Nations Children’s Fund (UNICEF) suggested, in 2016, that there were 5.4 million child migrants in Europe,⁴ it is difficult to establish the number of children who enter Europe for reasons other than to seek asylum. UNICEF notes that across the globe, 50 million children have migrated, over half of whom have been forcibly displaced because of conflict.⁴ Within the EU, just under one-third of first-time asylum seekers in 2015 were children, aged younger than 18 years.² Given this ‘crisis’⁴ for children, it is not surprising that child migrants’ health has been the subject of increasing concern. In 2008, the World Health Organisation drew attention to the need to promote the health of all migrants,⁵ and the particular needs of vulnerable groups, including children, within migrant populations have been further highlighted.^{4,6} In this article, focussing on children and young people who have migrated into and within Europe, we therefore review the extant literature to answer the following question: ‘What is known about children’s own perspectives on their health experiences?’

Methods

A systematic review with narrative synthesis was undertaken as defined by Grant and Booth.⁷

Data sources

A systematic literature search was conducted using the following databases: MEDLINE, CINAHL, Cochrane and Web of

Science. A defined search strategy was devised for electronic databases covering all main terms associated with definitions of child migrants (child*, young, adolescent, teenage, migra*, emigra*, immigra*, transcient, refugee, asylum seek*) and health (including ‘health care’, ‘quality of life’, ‘health promotion’, ‘mental health’, ‘sexual health’, tobacco, drug and alcohol use, ‘dental health’, diet and nutrition). A time span of January 2007 (when Bulgaria and Romania joined the EU) to 2016 (June) was selected. Electronic database searching was supplemented by reference checking. The bibliographies of literature reviews were reviewed to ensure that all relevant empirical studies had been identified and included.

Study selection

The articles included in the review had to meet three criteria. They were (1) literature reviews or empirical studies reporting data generated directly with children aged up to 18 years; (2) articles reporting data on the health experiences of first-generation migrant children, who had migrated across national borders into or within Europe¹ (defined as the EU, Scandinavian countries and Switzerland) during their own lifetimes; and (3) articles published in English. All authors were involved in the screening of studies, scanning for relevance and assessing full texts against eligibility criteria. Where there was disagreement, articles were discussed until consensus was reached.

Search results

The search identified 1304 articles. After scanning of titles and abstracts for relevance, 327 full articles were retrieved and reviewed in detail. Most excluded articles were rejected because they either conflated children’s migration status with their parents’ migration status or because it was not possible to differentiate findings relating to children who had migrated in their own lifetimes from children whose parents had migrated before their birth. After application of all inclusion and exclusion criteria, 47 articles were retained and subjected to critical appraisal.

Quality assessment

An assessment of the methodological quality of the studies that met all inclusion criteria was carried out by P.C. and verified by J.T. using the Mixed Method Appraisal Tool (MMAT).⁸ This provides method-specific assessment questions, which can then be scored, allowing concomitant appraisal of quantitative, qualitative and mixed methods empirical studies. MMAT scores range from 1* (weak) to 4*

ⁱ The authors acknowledge that there are ambiguities in the assignation of generational status. Urquia and Gagnon argue that only those who migrate should be termed ‘first generation,’ while “‘second generation’ refers to persons born inside the receiving country with at least one parent born in another country”.⁷¹ The authors have, therefore, used the term ‘first-generation’ migrant to characterise children and young people who have migrated across national borders during their own life time. The authors do, however, recognise that other terms (such as the 1.5 generation^{72,73}) are also evident in the literature.

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