

INTERNATIONAL MIGRANTS' HEALTH

HEALTH STATUS: MATERNAL, SEXUAL AND REPRODUCTIVE

SCIENTIFIC LITERATURE REVIEW SUMMARY SHEET

What will you find on this summary sheet?

This document summarizes the scientific literature regarding maternal, sexual, and reproductive health of international migrants within the Region of the Americas. The information provided here is based on a broader scoping review of the published scientific literature regarding international migrants' health in the Region of the Americas between January 2016 and March 2023.

This summary sheet is a narrative and descriptive synthesis of several main topics related to the field, with a focus on international migration and health in the Region. It does not fully represent the heterogeneity of information available internationally in terms of type of migrants, countries of origin, and study designs; however, it provides a description of general patterns often found in this literature. In this scoping review, 41 articles addressed maternal, sexual, and reproductive health of international migrants.

The results presented in the following scientific literature review summary sheet are based on selected articles from the review and are not intended to be an exhaustive review of all current literature. You can find all references in the interactive dashboard located within PAHO's Information Platform on Health and Migration.

[Access the PAHO Information Platform on Health and Migration](#)

Are there other similar scientific literature summary sheets on international migrants' health available?

The scoping review on international migrants' health included a total of 837 academic articles categorized within three broad themes: health outcomes, health systems and health determinants. All these articles are described and presented in an interactive dashboard along with 11 other similar summary sheets are available that touch upon more specific categories within these three major themes. If you want to learn more about maternal, sexual, and reproductive rights, you can find more information regarding access to services on the summary sheet on Health Care Access.

MAIN FINDINGS

What can we learn from the scientific literature so far about International Migrants' Maternal, Sexual, and Reproductive Health?

Studies retrieved from the published scientific literature suggest some of the following findings:

SEXUAL AND REPRODUCTIVE HEALTH

- A study conducted among migrants in French Guiana shows that sexual risk taking was higher among the migrant population, and that some risk-taking behavior in this group include having multiple sexual partners and transactional sex, which is seen mostly in men. Interestingly, women were more likely to show poor awareness as well as unprotected sex and not be tested for HIV (1).



- A qualitative study concluded that sex workers throughout their migration process experience isolation, limiting their access to health-related information (2).
- Women have also shown to have limited sources for screening for HIV (2), and most women living with HIV were diagnosed after their migration process. It is frequent that following disclosure of diagnosis, women face intimate partner violence along with stigma (3).
- A study found that most pregnancies among migrant women living in Colombia were unintended (57.2%) (4). Women declare they would have wanted to use contraceptive methods (4), and while condom use was understood as a preventive practice regarding sexually transmitted infections, they were unaware of its use for preventing pregnancy (5).

- Unmet needs for contraceptive methods also respond to barriers in women's access to health services access and their unavailability at healthcare centers (4).
- Studies also show that often, women do not have autonomy to decide the amount and frequency of having children, whereas their husbands hold such authority. Given this situation it is common that women use contraceptives without informing their partners (6).
- In Canada, migrants face barriers to access sexual and reproductive health services. A study found that these include difficulties navigating the health system, negative experiences with healthcare workers, culture and language differences, and gender and power asymmetries (7).
- In the USA, immigration status and limited English proficiency limit PrEP and healthcare access for Hispanic, Latinx and Black immigrant communities (8). A cross-sectional survey of Asian and Latinx undocumented immigrants in California revealed low rates of contraceptive use and about 80% reported that documentation status affects how they access care for sexual/reproductive health at least a little (9).
- A study among people in transit in the Darien region in Panama found high recent sexual activity, low condom use with casual partners, and a need for increased HIV and syphilis testing and treatment (10). In French Guiana, the level of knowledge of the preventive effects of HIV antiretroviral therapies and PrEP is extremely low among migrant women (11).

MATERNAL AND PERINATAL HEALTH

Other studies exploring maternal and perinatal health have reported some of the following findings:

- A study from Chile shows that pregnancy, birth, and puerperium are one of the major causes for hospital discharges in migrants, and that migrant women had a higher rate of pregnancy-related discharges than local women (12).
- In Chile, it was found that migrants had better birth outcomes as preterm birth, low birthweight, and surgical delivery (13).
- Findings from a systematic review also suggest that Latin, Asian, and Afro-descendant migrant women with longer length of residence in the host country had poorer pregnancy outcomes (14).
- Risk factors of poor pregnancy outcomes in migrant Afro-descendent women included stress, which was associated with gestational age, birthweight, spontaneous preterm birth, and late preterm birth (15).
- A study reports that acculturation levels contribute to adverse pregnancy outcomes (preeclampsia, preterm birth, spontaneous preterm birth) (16).
- Cardiovascular risk factors such as pre-gestational diabetes, hypertension, obesity, smoking habits, were more common in acculturated women (16).
- Depression symptoms in Hispanic women living in the United States of America (USA) ranged between 18% to 59%, and in 32% of pregnant migrants in Chile, along with an increased psychosocial risk as compared to their native counterparts (17).
- Migrant women face multiple common risk factors for depression in addition to risk factors that are specific to the migration process such as length of residence, legal status, and language skills (18). Acculturation was also found, in a systematic review, to be associated with depressive symptoms (17).
- Once facing perinatal depression, a study found that migrant women had limited knowledge to

distinguish between normal mood fluctuations and depression, opting to deal with these difficulties within the family and traditional culture, partly because of fear of stigma (19).

- Maternal mortality rates in the US are high. Regarding migrants, a review found that this is exacerbated because of low rates of health insurance coverage, higher rates of poverty and for undocumented migrants, lack of access to publicly funded programs (20).
- A systematic review on perinatal mental health among migrant women found that one in 4 women who are migrants and who are pregnant, or postpartum, experience perinatal depression, one in 5 perinatal anxiety, and one in 11 perinatal PTSD (21).

CHILDREN'S HEALTH

Research on migrant children's health from the scientific literature explores their health status as compared with local children. Main findings from these studies include the following:

- Migrant children in Chile, specifically, reported less health problems and better nutritional status than local children overtime. However, among migrants, malnutrition prevalence increased from 14.2% in 2009 to 17.6% in 2015 (22).
- In Canada, recent migrant and refugee children from Asia, the Middle East, and Africa, had different health outcomes, suggesting a disadvantage in refugees for growth indicators and blood cholesterol. However, a large proportion of migrant children were either overweight or obese and more likely to have an increased waist circumference. Risk of obesity was higher in older children, those with poor dietary habits and parents with more education (23).
- Refugee children's health was found in a study to differ by country of origin. Those who recently migrated to the USA from Bhutan, Burma via Thailand, Burma via Malaysia, Democratic Republic of the Congo, Ethiopia, Iraq, and Somalia had diverse health conditions. Among them, children from Burma via Thailand had the

highest prevalence of blood lead levels (1.9%), anemia (22.8%) and hepatitis B (4.6%), mainly those under 2 years and 5 years (24).

- Tuberculosis was more prevalent (28.5%), but inactive, in children from Somalia among refugee children who recently migrated from various countries to the USA. In the case of strongyloides serology, Iraqi children showed the highest rate (8.3%). Differential distribution of these diseases was not only restricted to country of origin, distinctions by gender and age were also found (24).
- Another study, mostly comprised by migrant children from industrialized and non-industrialized countries living in Canada, reported that prevalence of iron deficiency and iron deficiency anemia was 10.4% and 1.9%, respectively. Nonetheless, there were no associations between migration status and iron deficiency indicators (25).
- Different health conditions are reported by age group in hospital discharge data, as analyzed by a study in Chile. Infants were predominantly affected by perinatal problems (54.9%), those aged 1 to 6 years were admitted by external causes (23%); while those from 7 to 14 years had higher rate of neoplasm and congenital malformations by 12.1% and 9.3%, respectively (12).
- Adherence to asthma medication in Latino migrant children from Mexico and Puerto Rico living in the USA was reported in a study to be low, lower in those from Puerto Rico. These differential patterns highlight suboptimal adherence and suggest the potential influence on disease control and health disparities among migrant children (26).
- Latino migrant children face higher risk of childhood obesity; thus, findings suggest that sedentary behaviors and physical inactivity are a risk that must be controlled (27).
- A study performed on Latino children and their parents, described a correlation between physical activity and time spent either indoors or outdoors. Spending time outdoors resulted in higher odds of moderate to vigorous physical activity. Nonetheless, overall time of preschoolers was mainly spent indoors (27).

Featured Article

The Efficacy of Using Peer Mentors to Improve Maternal and Infant Health Outcomes in Hispanic Families: Findings from a Randomized Clinical Trial (28)

An effective strategy was implemented in the USA to foster breastfeeding in migrants from Costa Rica, El Salvador, Guatemala, Honduras, Mexico, and Peru. The intervention, Maternal Infant Health Outreach Worker (MIHOW) program, consists of peer mentor outreach undertaken by women that are part of the same target community (same race, culture, and language). Peer mentors receive training to provide health education, social support, and connection to community resources. As a result, there was a positive impact on breastfeeding at short term and 6-months follow up. Breastfeeding also reduced parenting stress, and children received stimulation for their development.

Featured Article

Effects of Maternal Traumatic Distress on Family Functioning and Child Mental Health: An Examination of Southeast Asian Refugee Families in the U.S (29)

While traumatic psychological effects in adult and child refugees are well-documented, less is known about intergenerational transmission of trauma. This study explores the longitudinal effects of maternal traumatic distress on family functioning and child mental health, in a sample of Southeast Asian refugee women and adolescents. Results indicate that maternal traumatic distress is indirectly associated to child mental health. In foreign-born children, maternal traumatic distress was related to weakened family functioning within a year, and this in turn was associated with school problems within two years. Maternal traumatic distress was also indirectly associated with depressive symptoms and antisocial and delinquent behavior. These findings provide new knowledge suggesting that refugee parents' trauma can negatively affect family functioning and children's mental health.

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HEALTH AND MIGRATION

MAPPING OF SCIENTIFIC
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