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INTERNATIONAL MIGRANTS' HEALTH

HEALTH DETERMINANTS: PSYCHOSOCIAL FACTORS, GENDER, AND SOCIO-CULTURAL INTEGRATION

SCIENTIFIC LITERATURE REVIEW SUMMARY SHEET

What will you find on this summary sheet?

This document summarizes the scientific literature regarding psychosocial factors, gender and socio-cultural integration that impact international migrants' health 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 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, a relevant number of articles addressed psychosocial factors, gender and socio-cultural integration that can impact health in the context 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 that are available and that touch upon more specific categories within these three major topics. More on psychosocial factors, gender and socio-cultural integration that impact health can also be found in the summary sheets regarding health systems.

MAIN FINDINGS

What can we learn from the scientific literature so far about psychosocial factors, gender, and socio-cultural integration as social determinants of health in the context of international immigrants?

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

- The World Health Organization defines social determinants of health (SDH) as "the circumstances in which people are born, grow up, work, live and age, including the broader set of forces and systems that influence the conditions of everyday life."(1) Intermediary determinants of health consider psychosocial factors, such as stressful living circumstances and lack of social support.

- Within psychosocial factors the literature regarding immigration touches upon acculturation and social integration. Acculturation is understood as the effort to maintain cultural heritage and the desire to assimilate into the host country, which can cause physical changes and alter physiological processes, increase maladaptive behaviors and lifestyle choices, and induce variations in subjective perceptions of physical symptoms (2).

- Social integration can be defined as a socio-structural process through which people who are minorities (ethnic, migrant, gender, sexual, or other) can actively participate in the social welfare of a country. To this end, if we consider the migratory experience, it will be necessary to ask ourselves what are the barriers that determine that the migrant population can access the social welfare of the receiving country (3,4). There is no doubt that behind the concept of social integration we find the need to build a fairer society based on the social recognition of all agents and eliminating social exclusion and fragmentation.

- Gender is also a key SDH and is conceptualized as a structural social determinant of health. Findings in this area are also included within this summary sheet as it is related to how psychosocial factors are experienced differently by individuals based upon gender and gender norms (5).

GENDER

- The literature generally demonstrated that migrant women are especially vulnerable with regards to their sexual and reproductive health.

- In the United States, the literature reports on the health of refugee women, especially those from countries highly influenced by dominant gender roles and expectations (6), who are exposed to practices that may pose health risks, especially for mental health and access to services (7). For example, genital mutilation in women may determine the prevalence of specific pathologies that the health system in the receiving countries may be unaware of. For this reason, situations are observed in which migrant women may hide certain experiences or health conditions, particularly in diseases related to gynecology (8).

- The literature reports on the experience of migrant women in Canada who carry out sex work as their main activity (6), among who the prevalence of sexually transmitted diseases is particularly noteworthy due to the low attendance of women at health care centers for preventive or routine check-ups. Language barriers were also found to be a determining factor in women's decision not to go to health care centers, noting the role of language difficulties as barriers from receiving better information on benefits, side effects, and recommendations for effective treatment (9).

- Studies in French Guyana have shown that migrant women are in a situation of sexual vulnerability (10). For example, the level of knowledge of the preventive effects of HIV antiretroviral therapies and PrEP is extremely low among migrant women in French Guyana (11).

- In Colombia, despite the efforts of institutions and international cooperation, Venezuelan migrant women in Barranquilla lack access to sexual and reproductive health services, including voluntary interruption of pregnancies (12).

SOCIAL INTEGRATION AND ACCULTURATION

- Social integration is a socio-structural process through which people who are minorities can actively participate in the social welfare of a country. In the context of Colombia, the literature reflects on how Venezuelan migrants who do not have a contracted health system find themselves in a complex situation in terms of public policies that impact their situation, since they are not considered nationals and do not appear in the records of the public health system. Undoubtedly, exclusion from public health system registries runs counter to policies that favor social integration (13).

- In the United States (14,15) and Brazil (16,17), high rates of post-traumatic stress disorder, anxiety, depression, suicidal ideation, and other mental health conditions have been found in international migrants and refugees, which is why the literature points to the need for social integration policies for migrants that recognize their migratory experience. Both for mental health as well as for oral health, which is indicated as not always considered within public health policies focused on migrants (3,18,19).

- Acculturation, perhaps the most powerful force in the migration experience, is affected by at least two expectations in the migrants' psyche: striving for the maintenance of cultural legacies and desiring to assimilate within the host country. Acculturative stress can cause physical changes and alter physiological processes, increase maladaptive behaviors and lifestyle choices, and induce variations in subjective perceptions of physical symptoms (2). The literature shows disadvantages of the acculturation process resulting in adverse psychosocial factors (e.g., chronic stress and depression) (20) as well as protective ones (e.g., social support and family cohesion) (21,22).

- The literature recognizes that differences in cultural norms related to eye contact, personal space, communication style, and displays of respect can lead to misunderstandings that ultimately contribute to gendered health and health care disparities (23). Likewise, understanding the cultural gender patterns of the country of origin (24) makes it necessary to study particularly domestic relations where aggressions and situations of violence occur (25).

DISCRIMINATION

- Discrimination has been conceptualized as a stressor that consists of a differential treatment or denial of opportunities based on membership in a particular group. Latino immigrants report that discrimination occurs in three domains of interaction: at work, in health care, and during interactions with immigration (26) and law enforcement authorities (27). The literature agrees that stigma and discrimination through implicit bias and structural racism in the healthcare system can contribute to psychological stress and increase the risk of poor treatment outcomes (28).

- In Mexico, the literature indicates that migrant women suffer various types of discrimination, based on personal, institutional, and internalized racial origin, the latter being the most complex since it is a perception of discrimination that may not have an effective basis but leads to a higher prevalence of mental health diagnoses (29,30). In the same vein, migrant women in Canada who experience pregnancy in transit and in the receiving country show a higher risk of perinatal mental disorders than the local population, particularly because of reported discrimination, low social support, minority ethnic group, low socioeconomic status, and lack of language proficiency in the host country (3).

- Discrimination also takes complex social forms, as is the case of violence at the borders. Literature in the Region has collected the experience of Mexican and Central American migrants in transit to the United States. Central American migrants report suffering more violence than Mexican migrants. Violence, in these cases, has a direct impact on migrant mental health (31) and even in the emergence of diseases such as diabetes, particularly in youth and young adults (32), or sleep disorders with serious impact on neurological health (33).

- The literature has also reported discrimination as a barrier to access to quality health care, for example, there is evidence to indicate that migrants of some particular ethnic backgrounds (e.g., Black/African American, Asian, Native American) have a higher perception of less empathy on the part of the medical team compared to Whites, and even direct discrimination (34). Indeed, the literature discusses the existence of acts of discrimination by health care providers, which are an important potential source of health care disparities due to conscious and unconscious biases toward some migrant minority groups (9).

- Literature in the United States recognizes that migrant physicians have a greater availability and interest in serving their communities or other underrepresented population groups, and that minority patients seek providers from similar backgrounds who speak their native language (35).

- Perceived discrimination has led to three situations that the literature particularly observes: (A) self-medication, the use of natural medications (36), and what the literature calls "transnational cultural capital", which includes access to informal domestic (37,38); (B) migrant self-organization (39); and (C) response by the health system through literacy (40–42), family mentoring (43) and health support programs (44), and psychology, mindfulness and health education programs that increase patient involvement (45), increase confidence in health care systems (46), better wellness and quality of life behaviors (47) and a commitment to long-term treatment (48).

- In Canada, a study found that discrimination and lack of cultural competence within healthcare systems determine inequitable access to health resource among migrant children (49).

- In the USA, discriminatory policies, such as anti-immigration enforcement and abortion restrictions were shown to negatively impact birth outcomes and mental health outcomes for affected Hispanic and Black populations (50).

- With regards to temporary migrant workers, a study found that exploitative employment practices, precarity, and racism contributed to the continued exclusion of temporary migrant workers (51).

- Biomedically, a study with the immigrant population in the USA found that discrimination is positively associated with increased risk of cardiometabolic disease and higher levels of cardiometabolic biomarkers (52).

Featured Article

Negative Consequences of Acculturation on Health Behavior, Social Support, and Stress Among Pregnant Southeast Asian Immigrant Women in Montreal: An Exploratory Study (53)

This study describes the role that acculturation plays in the relationship between migration and low birthweight (LBW), exploring psychosocial and behavioral risk factors through semi-structured interviews with 17 pregnant Southeast Asian (SEA) women, representing different levels of acculturation. The risk factors examined included:

Health behaviors: Interviewees perceived that the longer SEA women were in Canada, the more they became preoccupied about thinness, even throughout pregnancy.

> *"In my country, women ate well to have a healthy baby, but here, many women I know are on diets, even when they are pregnant, they don't eat a lot*". (27-year-old Vietnamese woman).

Stress: Findings show that more acculturated women were more likely to report experiencing a great deal of stress. Financial pressures were the most frequent source of stress, even though this group was better off economically, as researchers report.

> *"If somebody lives here a long time, more is necessary. When I came here, I didn't know about fashion and hair. I lived like I did in Vietnam. Now, when you know about that, you want to buy, you need a lot of money. People have more problems and worries when they want everything*". (34-year-old Vietnamese woman).

Social Support: Results show that women in the less acculturated group expressed fewer psychosocial concerns about social support and stress than women in the more acculturated group. This may have been because these women felt secure within their established social networks. Unlike the women in the more acculturated group, all of the less acculturated women lived in immigrant neighborhoods, in close proximity to other members of their ethnic community.

Researchers discuss that findings suggested acculturation had negative consequences for immigrant women and that higher levels of acculturation were associated with dieting, inadequate social support, and stress. Results have implications upon the organization of health and social services and future research. Contrary to what is frequently assumed - that new immigrants and refugees constitute a higher risk group – this study's findings imply it is not recentness of immigrant status that contributes to this risk.

Featured Article

Migration, Health and Gender: Health Providers' Approach in the Care of Bolivian Migrant Women in the Province of Mendoza, Argentina (54)

This study analyzes Argentinian health care team's opinions on Bolivian migrant women in the province of Mendoza with an exploratory and descriptive study through in-depth interviews and focus groups, to understand how health systems respond to the health care of migrant women.

Researchers report that, as suggested by the data, in Argentina, migrant women are perceived through imaginary and social stereotypes that, in the case of Bolivian women, are associated with submission, passivity, and docility with respect to men.

> "*They are questioned ... It is very common in this population to leave the child to go to work ... or take them along and have them in baskets... or leave them to be cared by others while she goes to work, or go to their relatives, with the older children. And there, they come into conflict with the institutions because as women, they work, they are not just mothers and therefore the prejudice of the institutions is that they have to be mothers*" (psychiatrist, focus group, May 2016).

Authors discuss that, from an intersectional perspective, the biomedical health system can impose its social stereotypes with particular emphasis in cases where there are higher layers of subordination, such as the case of Bolivian migrant women based on their gender, ethnic-racial, nationality, and social class status. From this perspective, intercultural health does not emanate only from a recognition of the culture of Bolivian women but from a collective approach to the health process that recovers labor and gender trajectories and proposes actions that aim to incorporate migrant women, their views, and practices in healthcare approaches.

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