

Migrant Health: a value for Public Health

PATRIZIA LAURENTI⁽¹⁾, STEFANIA BRUNO⁽¹⁾

(1) *Institute of Hygiene - Università Cattolica del Sacro Cuore, Rome, Italy*

CORRESPONDING AUTHOR: *Patrizia Laurenti, Institute of Hygiene - Università Cattolica del Sacro Cuore, Rome, Italy.*

Tel: 06 30154396. e-mail: plaurenti@rm.unicatt.it

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The health matters associated with migration are crucial public health challenges faced by both governments and societies. According to United Nations estimates, 120 million of the approximately 175 million migrants worldwide are migrant workers with their families (1). Legal and illegal workers have a different status and, therefore, varying levels of access to social and health services. The collective health needs and implications of this sizeable population are considerable, and different health determinants and levels of vulnerability could impact on their health (2). The main public health goal is to avoid disparities in health status and access to health services between migrants and the host population (3). The second, closely associated principle, is to ensure migrants' health rights, as stated during the 4th Conference on Migrant and Ethnic Minority Health in Europe which took place from 21st to 23rd June 2012 in Milan, where Migrants and ethnic minorities were confirmed as a benefit to the society (4).

This special issue of the Italian Journal of Public Health includes several themes related to the main migrant health concerns such as mental health, women and child health, infectious diseases and workers health and safety. Other important issues are represented by migrant healthcare policies and inequalities in the access to social and health services.

Marceca, Geraci and Baglio (5) from the Italian Society of Migration Medicine, present a review of political, institutional and social aspects regulating immigrants' health protection at international and Italian level, highlighting the importance of a cultural effort, even prior to the organizational one, for identifying instruments for equal policies for health without exclusions.

Domnich, Panatto, Gasparini and Amicizia (6), discuss about the existence of "healthy immigrant" effect in Europe and present contrasting experiences, underlining how the "healthy immigrant" effect diminishes as the time since immigration increases. In order to limit this decline, it is important to try to reduce socio-sanitary disparities (healthcare access, unprotected working conditions).

Falzon, Zignol, Migliori, Nunn and Raviglione (7) from the WHO discuss the main association between tuberculosis and migration based on data from recent publications on surveillance, policy and practice. Reports from different high-income countries with well-performing screening and treatment systems show that foreign-born TB patients do not contribute importantly to TB transmission in the native population.

Aragona, Pucci, Mazzetti and Geraci (8) focus on post-migration living difficulties that significantly increase the risk of post-traumatic stress disorder in primary care "ordinary" migrants. Their hypothesis is that there is a re-traumatizing effect on individuals who are already vulnerable and with a low capacity to handle resettlement stress due to their previous traumatic history.

Fransen and Colleagues (9) explore to what extent midwives experience barriers in providing information about prenatal screening for Down syndrome to women from diverse ethnic backgrounds, and to assess their competences to overcome these barriers. In order to enable all pregnant women to make an informed decision whether or not to participate in prenatal screening, they emphasize that midwives' competences to address language barriers should be increased.

Four contributions address then aspects relating to health protection in a very susceptible age group: children and adolescents.

Buchegger-Traxler and Sirsch (10) investigate how do adolescents cope with the consequences of living as migrants or refugees, how do they compare with their peers in the host country of refuge and if there are differences between males and females, in Austrian context. Their research leads to a better understanding of

factors determining the well-being of adolescents and contributes to finding new approaches to prevent or cope with mental health problems of young immigrants.

Valentini, Gargiullo, Ceccarelli and Ranno (11) present a "Health check-in" for internationally adopted children as a model for all immigrant children validate by National Working Group for Immigrant Children, to check internationally adopted children at their entry to Italy, in order to assess their health status, often poorly documented; they show the data resulting from their experience using this "ad hoc" protocol.

Pfarrwaller (12) presents a review aimed at identifying risk and protective factors serving as a base for health promotion of young recent migrants in primary care. Young migrants' health was considered good at arrival, but deteriorated with length of stay due to factors linked to migration. Social support and family cohesion were identified as protective factors.

Lastly, the commentary of Sisto, Gargiullo, Ranno and Valentini (13) discuss that despite of the existing laws and a favourable resolution emanated by the European Parliament in 2011, full recognition of irregularly immigrated minors rights is bound in Europe to each State and in Italy to the legislation of every Region, thus nowadays still separating health rights for regular immigrated minors and for irregular ones.

In their commentary, Di Pietro, Teleman and Faggioni (14) present the aspects related to classification, motivations and health consequences of the Female Genital Mutilation (FGM). The ethical aspects, the legislative measures and information campaigns brought forth by several organizations just obtained from the United Nations General Assembly the resolution that all forms of FGM have to be banned.

This issue, which collects the works of many Authors, offers to our readers some aspects of Migrant Health topics. The topics are all very complex and we thank the Authors for the effort and the clarity of their contributions, coming from their competence and experience.

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