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Editorial Brief

We have in the second volume of IJMGS articles that were peer reviewed by scholars in the field. All, but one, were presented at various times on virtual weekly webinar organized by the Centre. They were then revised and independently reviewed as part of intellectual rigour the Journal editorial is noted for. The coverage is multidisciplinary in contents, and trans-global in analyses. The current world discourse is predicated on three main issues: health and development in the midst of ravaging COVID-19 pandemic; climate change; and food security. The commonality with the three challenges, and scholar's interrogation, is the phenomenal transdisciplinary Migration and its global context. The articles in this volume are rich in contents, informative in analyses; and refreshing in evidence. They are useful in all parameters and will add value to finding solutions to some of the issues raised on all topics.

Hakeem I. Tijani
Editor

Migration on The Health of School-Age Children and Adolescents: The Pivotal Role of Health Education

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Abstract

There is no doubt migration impacts the health of individuals physically, mentally, and socially. Conditions surrounding the migration process can increase the vulnerability to ill health especially when the migration is involuntary, fleeing natural or man-made disasters. Children and adolescents are vulnerable group and conditions affecting health status increase migration risk of children. This paper is aimed at highlighting the impact of migration on the health of this vulnerable group as well as positioning health education as a tool to ameliorate the outcome of the health effect of migration on this group (children and adolescents). A comprehensive review of the literature was conducted on the associations between migration and health of school-age children and adolescents. Publications in standard outlets were examined using the following keywords: migration, vulnerable group in health, children migrants, adolescent migrants, health education for migrants, health impact on migrants in International Organization for Migration (IOM), PubMed, iSi, related base journals, some standard textbooks, as well as the researcher's observations on migrants between 2010 and 2020. These articles were critiqued to arrive at the analysis and recommendations of this review. The findings revealed that Child and adolescent migration appear to be on the increase despite the health impact of migration on this vulnerable group. Also, migrant children, are more prone to physical, mental, and social health conditions than non-migrant children. They also experience

respiratory infections, skin infections, and gastrointestinal illnesses because of poor living conditions, suboptimal hygiene, and deprivation during migration, and they lack access to proper health care. Creative health education was highlighted as a means of giving information, collaboration and advocacy that can help to bridge gaps in knowledge on health conditions experienced by this group of migrants and their families.

It is recommended that all countries should have active policies to bridge the gap of inequalities between migrants and non-migrants in different countries.

Keywords: Migration, children & adolescents' migration, health of children migrants, health education

Introduction

Migration may be defined as the movement of living beings (animals also migrate) from one location to another driven by economic (greener pasture), educational, safety (security) and natural disaster (WHO 2020) a. There are basically two types of migration: local (e.g., from one city to another, herdsmen in search of pasture in Nigeria) and international (from one country to another) (WHO 2020) b. Children and adolescent migration are intensifying globally and especially in the developing countries like Nigeria. Migration is an issue of global health importance that can have an immediate and lasting impact on an individual's health and well-being. This is a development that challenges the health of children and adolescents who are mostly at risk (Solbakk, 2015).

Migration may be driven by economic (greener pasture), educational, safety (security) and natural disaster. It is noteworthy to mention that migration has become a way of life due to technological progress and globalization, which have made distances to disappear, and shortened the time of travel. Despite

this development, the devastating effect on vulnerable individuals especially children and adolescents cannot be overemphasized.

Migration impacts all the aspects of health defined by World Health Organization in 1948 (Huber et al., 2011), that is physical, mental, and social wellbeing of individuals, thus increasing their vulnerability to illness. School-age children and adolescents' health are particularly affected by migration conditions. Indeed, they are usually referred to as at-risk group or vulnerable individuals. Children are generally referred to as a vulnerable population with respect to their health because of their relative inability to advocate for their own interests and to protect themselves from harm. Harm may result from an interaction between the resources available to individuals and communities and the life challenges they face. Other vulnerable individuals include women and girls, refugees, the elderly, HIV/AIDS patients, the homeless, the poor, migrants among others (Rukmana 2014; UNHCR, 2017). General conditions surrounding migration tend to have more devastating effect on children's health. Such conditions include: parental poverty, overcrowded or substandard living conditions, food insecurity, natural or man-made disasters, interrupted schooling, poor sanitation facilities, etc. children are especially prone to respiratory infections, skin infections, gastrointestinal illnesses because of poor living conditions, suboptimal hygiene, and deprivation during migration, and they require access to proper health care. Thus, the health of this group (school-age children and adolescents) is of particular concern to health educators and other healthcare workers (Solbakk, 2015).

The United Nations Population Funds (UNFPA 2019) defined school-age children as age-group 6 - 12 years old and adolescents as ages 10-19 years

old. This implies how young and immature this group of children are. In the same vein, reports reveal that migration in this age group appears to be on the increase despite the health impact of migration on this vulnerable group (United Nations migration report, 2019). The United Nations migration (2019) and UNICEF (2019) reported the need for closing the gap of data on child migrants and refugees. They also reported that in 2019, the number of international migrants reached 272 million; 33 million of them were children. This report exposes the very distressing situation of the large number of children migrants globally, especially unaccompanied minors and thus justifies why health education should be immediately employed to reduce or ameliorate the health implications of migration on children and adolescents (UNICEF 2019). This precarious situation is perceived to be connected to inadequate health education of people in the society, particularly children and adolescents on the expected health problems associated with migration. Therefore, this paper examined the impact of migration on the health of school-age children and adolescents with the pivotal role health education can play in ameliorating the situation.

Statement of the Problem

Convincing body of evidence reveal that inadequate access to health services and unfavorable conditions that many migrants live and work in, make them subject to a variety of health risks (UNICEF, 2020a). Lately, there have been reports indicating the increase in the migration of school-age children and adolescents from developing countries to more developed countries with the attendant health implications which appear more exaggerated among this

vulnerable group; school-age children and adolescents (United Nations Migration Report, 2019).

It appears that the role of health education in ameliorating the impact of migration on health implications of children and adolescents' migrants have not been fully positioned by many studies. Health education may be used to give health information for this group of people to make informed decision about their health as migrants.

Thus, this study highlighted the impact of migration on the health of children and adolescents and position the pivotal role of health education as a tool to ameliorate the health risks of migration on this vulnerable group (children and adolescents).

Conceptual/Theoretical Framework

This study is based on the two theoretical frameworks commonly used to explain the health status of immigrant populations: the cultural framework and the structural framework.

The cultural framework: literature provides evidence in support of an initial healthy effect and a subsequent decline in health of immigrants, although it is not fully understood why this is so (Constant et al., 2018). The cultural framework gives the most common explanation by viewing culture as the primary determinant of individual level health behaviours. According to the cultural view, culture impinges on health outcomes via influencing social networks and individual health behaviours (e.g., smoking, drinking, calorie-dense diet, and less physical activity). As the immigrants arrive in a new society, they abandon the cultural practices of their country of origin and quickly adapt to those from the host country, leading to a progressive

deterioration of their health status (Constant et al., 2018). Highly connected to cultural explanation, is the concept of acculturation in which immigrants take on the culture and habits of the mainstream population, to the extent that this process influences health risk behaviours; acculturation is negatively associated with health (Dina, 2019).

The structural framework: Structural factors refer to the broader political, economic, social, and environmental conditions and institutions at national, regional or international levels that either increase or decrease an individual's likelihood of experiencing violence, exploitation or abuse before, during or after migrating. These factors tend to negatively affect healthcare of migrants if not well situated. Acculturation tends to divert the attention from the structural factors, for example, access to healthcare and differences in labour markets, and obscures the role these factors play in the unequal distribution of health outcomes among the immigrants. However, a consistent shift has occurred to bring more emphasis to the structural framework. Health inequalities among the immigrants is so pronounced and requires attention. This framework tends to focus on access to healthcare or the barriers to accessing healthcare and on health outcomes causally linked to migration status or the living and working conditions of the immigrants. Hacker, et al (2015) reported that barriers to health care for undocumented immigrants go beyond policy and range from financial limitations to discrimination and fear of deportation. Access to healthcare has been the most common structural factor explored in the literature. Bousmah, Combes and Abu-Zaineh (2019) also reported that while the health of the native and foreign-born populations converges over time, there is substantial effect heterogeneity depending on the wealth of the countries of birth.

Hence, these two frameworks, form the basis to attempt to understand migration and its impact on the health of school-age children and adolescents; and position the pivotal role of health education.

Methods

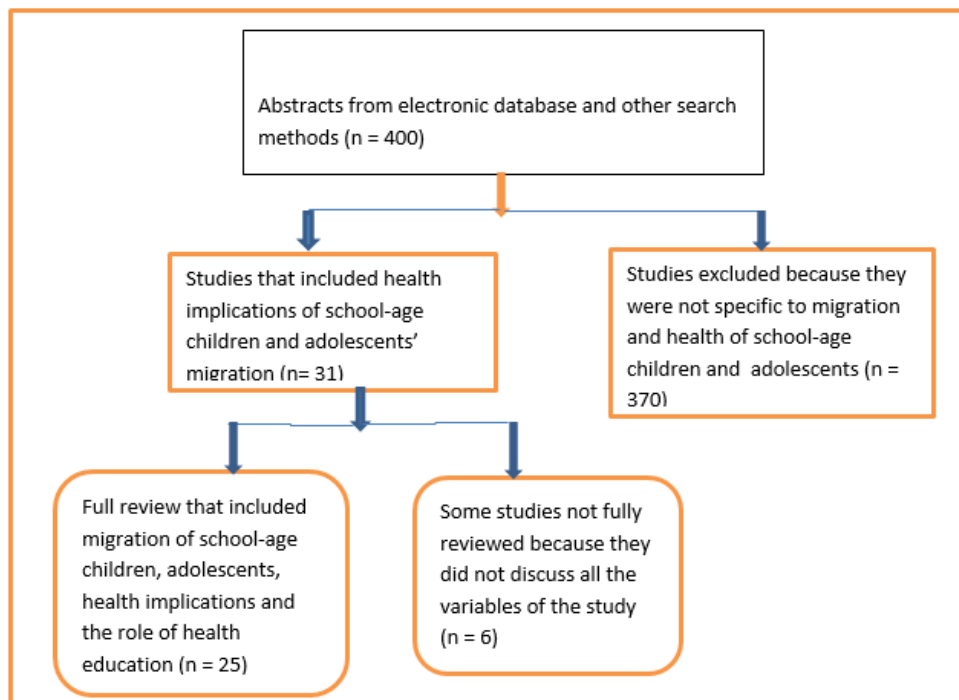
A comprehensive review of the literature was conducted on the associations between migration and health of school-age children and adolescents. This review aimed at highlighting the impact of migration on the health of school-age children and adolescents as well as positioning health education as a tool to ameliorate the outcome of the possible health effect of migration on this vulnerable group (children & adolescents).

Extant and grey literature and other web materials were also searched. Many publications in standard outlets were examined using the following keywords: migration, vulnerable group in health, children migrants, adolescent migrants, health education for migrants, health impact on migrants in International Organization for Migration (IOM), PubMed, iSi, related base journals, some standard textbooks, as well as the researcher's observations on migrants between 2010 and 2020. Articles were examined by title, and their abstracts were widely read. A narrative design was chosen to merge the empirical studies, theory, and policy. Particular attention was given to relevant articles that highlighted the health of children migrants, school-age children, and adolescent migrants. The number of relevant publications on the role of health education on the health of children migrants were relatively low; topic relevance as well as articles published before 2010 were used as exclusion criteria. These articles were critiqued to arrive at the analysis and

recommendations of this review. The shortcoming of this method was that all available articles with relevant topics may not have been examined.

Results

Figure 1: Results of articles found



The above method yielded 400 publications. A critical analysis of the publication titles reduced the number of potentially relevant publications to 40. This was further reduced to 31 which were fully reviewed based on abstract relevance to form the basis of this study. Approximately, 19% of 31 abstracts were not fully reviewed for the studies (6) because they did not

relate migration to all the variables (see figure 1). The remaining 81% of the reports (25) treated relevant themes: migration of school-age children and adolescents, health implications of migration (impact on physical health, mental health, and social health), and the role of health education.

Figure 2. shows the countries most migrated into globally

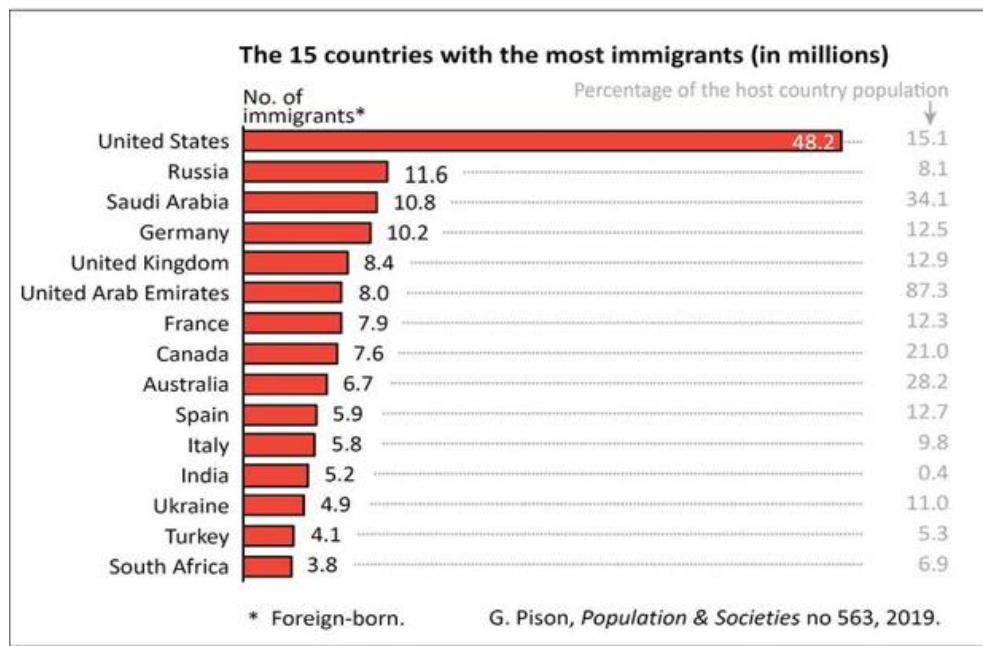
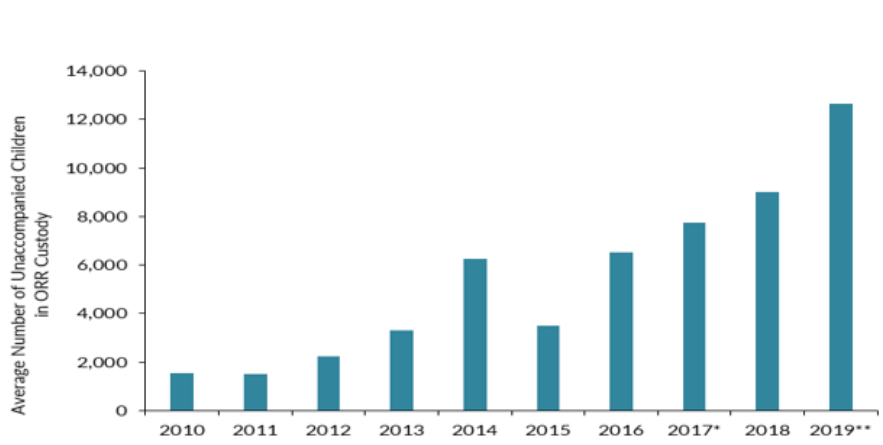


Figure 2 shows the countries with the most immigrants globally in 2019. United States of America has the highest (at least four times the number of migrants to other countries) migrants.

Many countries especially in the western world have a rise in the number of migrants in the last ten years. This is important to note as this figure may assist countries most migrated into, to make policies to improve immigrants'

access to healthcare. It could also change the legal status of large numbers of immigrants to have advocates, and analysts to review other policies concerning the status of immigrants in those countries, especially the United States.

Figure 3: Spike in Unaccompanied Child Arrivals at U.S.-Mexico Border



Source: U.S. Department of Health and Human Services (HHS), Office of Refugee Resettlement (ORR), “Annual ORR Reports to Congress” (several years), accessed June 25, 2019, available online; ORR, “Latest UAC Data – FY2018,” updated May 6, 2019, available online; ORR, “Latest UAC Data – FY2019,” updated May 30, 2019, available online (Chishti 2019).

Figure 3 shows that in 2015, there was a drop in the number of child migrants but from 2016 to 2019 there was an increasing rise in child migration in the United States – Mexico border.

The results on the physical, mental and social health of school-age children and adolescents include the underlisted among others:

The impact of migration on physical health includes violence, food insecurity/excess feeding, lack of shelter leading to more susceptibility to diseases for

example, skin infections, and other communicable and non-communicable diseases.

The mental health of school-age children and adolescents is negatively affected by migration by the presenting with more cases of anxiety and frustration, deprivation and insecurity, mood disorders, low self-esteem, suicidal ideation, substance abuse, injustice and hardship in the prisons resulting in depression.

The social health of the school-age children and adolescents is affected with more presentations of cases with marginalization and discrimination in the country of settlement, barriers to accessing social services, challenges to the rights to citizenship and identity, intimidation, insecurity, antisocial behaviour, school avoidance because of fear and insecurity.

Discussion

Migration is increasing globally, which has resulted in a growing number of children and adolescents also migrating in most cases for greener pasture. This migration is not without its impact on migrants' health. Despite increasing attention towards migrant health, the experiences of children and adolescents who migrate have been relatively overlooked in research to date (WHO, 2018). Not many studies have positioned health education as an important aspect to prevent the health implications of children and adolescent migrants. This study examined the impact of migration on the health of school-age children and adolescents and tried to reposition the pivotal role of health education in ameliorating and forestalling the negative effects of migration on their health. From the findings, many journal articles searched in this study did not specifically report on the impact of migration on school-age children and adolescents (figure 1). There is the need for more focus on the

health of this young migrants because they are the future of this generation. Fellmeth et al (2018) pointed out the need to focus on the healthcare of children and adolescents that are migrants or left-behind from migrant parents. This focus on the health of school-age children and adolescent migrants has become more necessary because of the increase in the migrant rate of this group of children from developing countries to developed countries in the last decade see Figure 2. (Pison, 2019). Apart from the increase observed in the number of children migrants, they are also unaccompanied compared to what used to happen in the past. International Organization for Migration (IOM) (2011) had reported the increase in unaccompanied children migrants globally. This was confirmed by Chishti et al. (2019) where they reported the steady increase in the number of unaccompanied children migrants. These children are on their own looking for survival. Figure 3 (Office of Refugee Resettlement (ORR) presents the graph of increase of children migrants in the United States and Mexico border. This development further endangers the health of these young migrants as they may not be able to adequately identify a deteriorating health condition or prevent circumstances that may lead to ill health. Thus, this study covers the migration impact on the physical, mental, and social health and the pivotal role of health education.

The implication of migration on the physical health of school-age children and adolescents:

Humans migrate and some carry diseases with them (e.g., infectious diseases) as they migrate to their new destinations. Health-related vulnerabilities can increase due to various factors such as the lack of access to health services, inadequate hygiene, and sanitation within densely populated living spaces;

the children tend to develop skin infections with this type of environment, inadequate nutrition, and violence (Fellmeth, 2018). The migrant children have suffered a lot of violence from different sources, especially in the new environment. The stress of travelling makes them susceptible to diseases because stress affects the immune response by lowering it, thus infectious diseases increase. However, some studies have reported that the health of migrants and non-migrants alike is influenced by determinants including genetics and biological factors, socioeconomic status, environmental exposure, and behaviour. Some diseases inherent in individuals may manifest in their migrant country, with worse presentations according to Barker since many diseases displayed in adulthood have their foundation in childhood (Olsen 2014). WHO (2018) also reported that migrant children suffer from violence related to maltreatment, community violence, bullying, physical fighting, physical assault to homicide, and sexual violence which can be more severe in adolescence, especially the female migrants.

Implication of migration on mental health of school-age children and adolescents

Migrant children are more at risk of more mental and psychological problems. Migration predisposes to developing mental health complications due to stress experienced by the migrants. Many migrant children stay a long time in detention and the length of detention has been associated with the severity of mental disorders and psychosocial issues. Detention of children destroys their mental health; they suffer a lot of injustice and hardship in the prisons, they are made to carry out hard labour beyond their age. Most become asylum victims and not able to care for themselves (Dogra et al., 2010). This should

be avoided especially when they are put with adults in the same prison, and some of the children develop mood disorders. Studies also reported the occurrence of the underlisted conditions at a much higher percentage (60-75%) in adolescent migrants compared to non-migrants: increased risk of depression, increased low self-esteem, increased risk of suicidal ideation, increased substance abuse and clubbing (Virupaksha, 2014).

Some migrant workers, especially those with low level skills, are employed in sectors often amongst the most dangerous, difficult, and demanding (3Ds), with low wages, hazardous and harsh working conditions, and a lack of status recognition, social protection, and occupational health rights (Dogra et al., 2010). These conditions make the young migrants develop stress and anxiety, leading to anti-social behaviour because they develop inferiority complex. The antisocial behaviour affects the social health of the migrant child negatively.

To alleviate mental health issues, the health educator must intensify health promotion and migration health assistance to make migration process easier and less complicated. The health educator must strive to provide information to prepare children migrants, collaborating with other healthcare providers to ensure that necessary health and public services are available to help prevent psychological distress.

Impact of migration on social health of school-age children and adolescents

Social health implications of children migration affect families, communities, and the children. Some parents are ignorant of the overwhelming social effects of migration and encourage their underage to migrate. The health educator has a strong role to play in orientating parents on the social health implications of migration. They need to better understand how migration

affects societies, families, and children in countries of origin and settlement. The antisocial behaviour of the migrant children is more marked because of their independence; the absence of protection and support from their families, and by the challenges of their new situations after migration. This behaviour is further manifested by withdrawal, temper tantrums, and irritability, among others, prolonged separation disrupts family bond and emotional stability (Zhao et al., 2018).

Marginalization and discrimination in the country of settlement also limit how much the children can adjust to their new environment, coupled with barriers to accessing social services, challenges to the rights to citizenship and identity (UNICEF, 2020b). Emotional and social development is a big issue in the migrant child (esp. LBC): children and adolescent migrants face intimidation (afraid and insecure; school avoidance is observed). Therefore, health educators must provide adequate information to enable families and children to make informed decisions about movement.

The pivotal role of health education on impact of migration and children's health

The role of health education in ameliorating the impact of migration on the health of children cannot be overemphasized. Health education is "any combination of learning experiences designed to help individuals and communities improve their health, by increasing their knowledge or influencing their attitudes" (WHO 2019). Health educators must rise to this global emergency (migration) and provide the necessary health information to assist individuals and the government in making informed decisions. The

health educator must prevent child migration and protect the migrant child. For successful prevention of child migration, health educators must employ screening in schools and communities to identify children who are most likely to migrate by their disposition, so that they can benefit from specific/targeted health education. The risks of migration must be explained to all. Schools can affect migrant children's health behavior and outcomes and can play an important role in reducing health disparities and improving health equality (Ji et al. 2016; Li, 2020). To achieve this, the health educator must carry out its preventive and protective role earnestly. It is important to be sensitive to some factors that may necessitate screening in school-age children; conflict, disaster (can lead to forced movement), children separated from family, past traumatic experiences such as maltreatment, death of parent(s) and extreme poverty, among others. Health information concerning health risks of migration must be communicated to them through health literacy, particularly after screening. Health Literacy (HL) is the ability to obtain, read, understand, and use healthcare information to make appropriate health decisions and follow instructions for treatment (Centre for Disease Control (CDC), 2020). Health literacy must be well grounded from school (primary and secondary schools). Health literacy must also be deliberately targeted to educating members of the communities about health issues and migration. It must be integrated using information process to access, understand, appraise, and apply the health information. Health literacy is critical to empowerment because it raises awareness of the determinants of health and encourages individual and collective actions which may lead to a modification of these determinants. With health literacy, health education is achieved through methods that go beyond information diffusion and entail interaction,

participation, and critical analysis. Thus, enabling effective community action, and contributing to the development of social capital.

For the less educated or illiterate migrants, there is need to mitigate effects of limited language proficiency through the provision of information in different languages. Also, there should be improved access to health information which may be organized through access to telehealth in rural areas, health educators should organize home visit to ensure support of available family members for the child. health talks, showing videos of children migrants with health issues. The direction for health education must be clearly mapped out to achieve the preventive role of hazardous health for children migrants. The health educator must use policy-based and more specific interventions to promote mental health and well-being of the migrant child. Health education must support the well-being of migrant children (Dogra et al, 2010; Virupaksha, 2014). Health educators must get involved in the use of well mapped out advocacy, inform policy makers of health issues and influence policies on migrant children's health. Appropriate health education responses are often premised on the building of children's knowledge, confidence, and skills to adapt to their new circumstances. Global and national policies are needed to consider the health needs of children. Health education should acknowledge, and successfully address, the socially located barriers to children's health-enhancing practices (including experiences of stigma, discrimination, and social exclusion) that may prove helpful in enhancing social integration and the well-being of young migrants (Dogra et al., 2010; Adhikari et al., 2011). Health educators must constantly carry out research to improve on managing migrant children's health.

In summary, the key points of direction for health education include the following:

- Act as an intermediary between children and their parents/guardians by establishing good rapport with the families.
- Provide information on the lack of access to health care and other essential services that are not available in the country the migrant child is going to; this must be made clear to the migrant child and family.
- Advocate for the need of children staying in school and make healthcare accessible in any country they find themselves.
- Advocacy for policies to prevent children from separating from their parents and other family members and to give children their legal status to prevent them from violence and discrimination
- Must join in the campaign to end the detention of migrant children by creating practical alternatives: foster care, supervised independent living, or other family or community-based living arrangements. Children should not be detained in adult facilities.
- Work with UNICEF to actualize its calls on local leaders, religious groups, non-governmental organizations, the media, and the private sector to combat xenophobia and nurture a greater understanding between uprooted children and families and their host communities (UNICEF 2020c).

Conclusion

School-age children and adolescents have been identified as vulnerable group, whose health and wellbeing must be safeguarded. This study highlighted the implications of migration on the health of school-age children and

adolescents. It discussed the health implications on this group under physical health, mental health, and social health. The study observed through reviewed literature that most children migrants flee their homes to escape conflict, persecution, and poverty, many of these children face danger, detention, deprivation, and discrimination which affect their health, and the world must stand up for them. Since migration for various reasons is inevitable, the study positioned the pivotal role of health education in ameliorating the effects of migration on the health of children migrants. Creative health education has a pivotal role in mitigating or addressing this national and international crisis, to avoid problem in adulthood and societal disharmony.

Recommendations

To comprehensively address the health problems of migration on school-age children and adolescents, health educators must be frontline members in ensuring that the following are addressed:

- National Board for Migrant Education and Health (NBMEH) must be activated and functional.
- Multisectoral collaboration is critically needed for sustainably improving the quality of life of migrant children.
- Inspectorate agency on migration is available in every local government area (LGA)
- Promote family and ward units on health education (on migration).

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Comment [b1]:

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