

# International Journal of Health Science

ISSN 2764-0159

vol. 6, n. 2, 2026

## ●●● ARTICLE 10

Acceptance date: 04/02/2026

# HEALTH PROFILE OF IMMIGRANT POPULATIONS IN PRIMARY HEALTH CARE SETTINGS: A CROSS-SECTIONAL STUDY

## Helga Martins

Faculty of Health Sciences and Nursing, Universidade Católica Portuguesa.

## João Freitas

Algarve Local Health Unit – Faro Hospital.

## Nuno Andrade

Algarve Local Health Unit – Lauroé Family Health Unit.

## Paula Vaz Pinto

Algarve Local Health Unit – Faro Personalized Health Care Unit.



All content published in this journal is licensed under the Creative Commons Attribution 4.0 International License (CC BY 4.0).

**Abstract:** Globalization and increasing migratory flows have been transforming Portuguese society, presenting new challenges for public health, particularly in regions with a high concentration of immigrants, such as the Algarve. The municipality of São Brás de Alportel exhibits a significant proportion of foreign residents, highlighting the need for an in-depth characterization of their health status, lifestyle behaviors, and access to healthcare services. This study aimed to characterize the health status, risk behaviors, lifestyle habits, mental health, quality of life, and healthcare accessibility of the immigrant population residing in São Brás de Alportel, Portugal. A descriptive, cross-sectional study with a quantitative approach was conducted, including a sample of 89 immigrants recruited through snowball sampling. Data were collected using a questionnaire based on the SAIMI-2 instrument. Results indicate a predominance of individuals aged 60 years or older, mostly retired and originating from the United Kingdom. The most common health conditions were chronic diseases similar to those found in the Portuguese population, notably arterial hypertension, diabetes mellitus, and dyslipidemia. While participants generally reported good quality of life and positive mental health indicators, some risk behaviors were identified, including high alcohol consumption, smoking, and low vaccination adherence in specific groups. Language barriers and the absence of a designated family physician emerged as significant obstacles to accessing healthcare. In conclusion, although the overall health profile of the immigrant population is favorable, persistent vulnerabilities underscore the need for public health policies and culturally sensitive interventions that promote equity in healthcare access for immigrants.

**Keywords:** Community Health Planning; Health; Immigrants; Public Health; Social Determinants of Health; Vulnerable Populations.

## Introduction

Globalization and the increasing migratory flows worldwide have led to an intensification of human interactions across geographically distant spaces, which also contributes to the spatial convergence of diseases and poses emerging challenges for health systems. The sociocultural diversity of populations in countries that receive large numbers of immigrants may give rise to new and expanding health needs, requiring more specialized and culturally adapted responses from health services (Casquilho Martins & Ferreira, 2022). Portugal, within a European context of growing population mobility, has been adapting its health policies to address the needs of an increasingly multicultural population. Despite Portuguese legislation defining access to health services for immigrants, administrative, linguistic, and cultural barriers persist, limiting the full utilization of these services by this population (Health Regulation Authority, 2025).

Immigration in Portugal has increased significantly in recent decades, becoming a relevant demographic and social factor for the country and, in particular, for certain regions such as the Algarve. In 2024, more than 1.5 million foreign citizens were legally residing in Portugal, representing one of the highest proportions of immigrant population per capita in the European Union and highlighting the importance of addressing the social and public health issues associated with immigration (Agency for Integration, Migration and Asylum, 2025).

Within the municipality of São Brás de Alportel, an inland region of the Algarve, the presence of immigrants is also significant. Demographic data from 2022 indicate that approximately 16% of the resident population in the municipality is foreign, representing a substantial group whose health needs require particular attention in a local context characterized by limited public health services and specific challenges related to rural access (Urbistat/INE, 2022). This demographic context reinforces the importance of studying and understanding the specific health needs of this population at the municipal level, given that national and regional data on immigrant health remain scarce, especially in more inland areas such as São Brás de Alportel. The lack of detailed studies on immigrant health in this region further underscores the need for locally focused research.

Therefore, it is essential to comprehensively characterize the health status, risk behaviors, lifestyle habits, access to and utilization of health services, as well as mental health and quality of life among the immigrant population. The present study focuses on residents of São Brás de Alportel, Algarve, with the aim of providing evidence to support the development of public policies oriented toward promoting health equity and improving the care provided to this vulnerable population group.

## Methodology

This chapter systematically describes the study design, research variables, data collection instrument, population and sample, as well as the procedures adopted, ethical considerations, and data collection and analysis strategies.

## Study Design

This study was conducted within the framework of developing a community health needs assessment for the immigrant population assisted by the Community Care Unit - *Al Portellus*, located in the municipality of São Brás de Alportel, Algarve, Portugal. The Community Care Unit is part of the Portuguese primary health care system and its main objective is to provide personalized, community-oriented health care.

Considering the defined objectives, a descriptive, cross-sectional study with a quantitative approach was carried out. This type of study allows for the characterization of a population at a specific point in time, enabling the identification of health needs and the establishment of intervention priorities.

## Research Variables

The definition of variables is a fundamental step in the design of any research study. According to Polit and Beck (2024), variables correspond to qualities, properties, or characteristics of individuals, objects, or situations that may vary and can be measured.

In this study, the independent variables included age, gender, marital status, religion, educational attainment, employment status, place of birth, nationality, length of residence in Portugal, type of housing, housing infrastructure, number of rooms, and number of residents in the household.

The dependent variables comprised health status, lifestyle behaviors, oral health, access to health care services, mental health and general well-being, quality of life, and perceptions regarding one's own death.

## Population and Sample

The sampling process followed the snowball sampling technique, as described by Polit and Beck (2024). This technique involves the initial identification of one member of the target population, who is then asked to refer other participants with similar characteristics, resulting in a successive referral process.

This method is particularly suitable for studying hard-to-reach or difficult-to-identify populations, such as immigrant communities. Therefore, snowball sampling was considered the most appropriate approach for selecting the sample of immigrants residing in the municipality of São Brás de Alportel.

Nationality	Sample	
	N	%
United Kingdom	31	35
Ukraine	17	19,1
Germany	11	12,3
Brazil	10	11,2
Netherlands	5	5,6
Moldova	3	3,4
France	3	3,4
China	3	3,4
Romania	2	2,2
Belgium	2	2,2
Canada	1	1,1
Ireland	1	1,1
<b>Total</b>	<b>89</b>	<b>100</b>

**Table 1** Study Population: Immigrants by Nationality in the Municipality of São Brás de Alportel.

Following the application of the snowball sampling method, an attempt was made to obtain a sample size representative of the immigrant population residing in

the municipality, corresponding to approximately 10% of the total population. This procedure resulted in a sample comprising 89 participants, distributed in a balanced manner across the different nationalities identified.

## Data Collection Instrument

Among the various data collection techniques available, a self-administered questionnaire was selected. This approach enabled the collection of standardized information while simultaneously ensuring the confidentiality of participants' responses.

The questionnaire was based on the SAIMI-2 instrument, developed by the Epidemiology Unit of the Institute of Preventive Medicine and Public Health of the Faculty of Medicine, University of Lisbon, with the support of the Directorate-General of Health.

The final questionnaire was structured into eight domains:

- **A** – Sociodemographic characteristics;
- **B** – Housing context;
- **C** – Health status;
- **D** – Lifestyle behaviors;
- **E** – Oral health;
- **F** – Access to health care services;
- **G** – Mental health and general well-being;
- **H** – Perceptions regarding one's own death.

Prior to full implementation, a pilot test corresponding to 5% of the sample was conducted to assess the clarity, comprehensibility, and adequacy of the questionnaire

items. Given that the final sample consisted of 89 participants, the pilot test involved five individuals, whose responses were not included in the final analysis.

## Data Analysis

The quantitative data collected were subjected to statistical analysis, allowing for the description and interpretation of the results and their integration within a broader theoretical and conceptual framework. Statistical analysis was performed using the Statistical Package for the Social Sciences, version 24.

## Procedures and Ethical Considerations

Throughout the development of this study, ethical principles inherent to scientific research were strictly observed. Approval was obtained from the competent Ethics Committee, as well as authorization from the institutions involved in conducting the health needs assessment.

All participants were duly informed about the objectives of the study and provided written informed consent, indicating their voluntary agreement to participate. Anonymity and confidentiality of the collected data were ensured, and the information was used exclusively for scientific purposes. Prior to data collection, participants were also informed of their right to refuse or withdraw from the study at any time, without any penalty or adverse consequences.

# Results

## Sociodemographic Characteristics

The immigrant population represents a significant proportion of the community of São Brás de Alportel. For analytical purposes, age was grouped into three categories: 0–39 years, 40–59 years, and 60 years or older. It was observed that 42.7% of the sample was aged 60 years or older.

Regarding gender, males predominated (52.8%) compared to females (47.2%). Most participants were married (61.8%), followed by single individuals (16.9%).

In terms of educational attainment, 47.2% had completed secondary education and 29.2% held a university degree. Only 2.2% reported having no formal education. Concerning employment status, a high proportion of retirees was observed (48.3%). According to the National Classification of Occupations, the most representative category was service and sales workers (17%).

Many immigrants had already acquired Portuguese nationality, with French and Chinese nationals being the most represented (33.3% each), followed by Germans (27.3%). The most common length of residence in Portugal ranged between 5 and 9 years (27%). With regard to religion, Catholicism predominated (48.3%), followed by Orthodox Christianity (13.5%).

## Household Composition and Housing Conditions

Most immigrants resided in detached houses (44.9%). Immigrants originating from Northern Europe tended to present better housing conditions, with apartments (28.1%) and single-storey houses (24.7%) being particularly prominent.

Regarding housing typology, three-bedroom dwellings (T3) were the most common (50.6%), followed by four-bedroom (T4; 16.9%) and two-bedroom (T2; 14.6%) units.

## Health Status

This study sought to understand the lifestyle behaviors of the immigrant population, recognizing the influence of cultural habits from the country of origin on health status. Factors related to nutrition, alcohol, tobacco and drug consumption, physical activity, oral health, and sexually transmitted diseases were analyzed.

The majority of immigrants reported having chronic diseases, namely arterial hypertension, diabetes mellitus, and dyslipidemia (51.3%). This was followed by heart diseases (10.3%) and orthopedic and respiratory conditions (7.7%).

The most commonly used medications included antihypertensive drugs (30.3%), statins (18.2%), and analgesics (15.2%). Regarding changes in health status since immigration, 58.4% reported stability, 21.3% improvement, and 20.2% worsening.

In terms of vaccination, 69.7% had an up-to-date vaccination schedule. Notably, there was no adherence among Canadian and Irish communities, as well as reduced adherence among Dutch and Chinese participants. In contrast, Brazilian, French, Romanian, and Belgian participants showed full adherence (100%).

## Lifestyle Characteristics

**Nutrition:** Most participants reported consuming between one and three meals per day (71.9%), while 25.8% reported three to

five meals. Only 2.2% consumed more than five meals per day, all of whom were of Brazilian nationality.

**Body Mass Index:** 56.8% presented normal values, although 33% were classified as pre-obese.

**Alcohol Consumption:** Daily alcohol consumption was particularly high among Irish and Canadian participants (100%), followed by Dutch participants (80%) and individuals from the United Kingdom (35.5%).

**Tobacco Use:** The majority of participants did not smoke (66.3%). Among daily smokers, Romanian (100%) and Moldovan (66.7%) participants stood out. Brazilian, French, and Chinese participants reported never smoking.

**Drug Use:** The entire sample denied any use of illicit drugs.

**Physical Activity:** Approximately 37.1% reported practicing physical exercise several times per week, whereas 34.8% reported no physical activity. Only 14.6% reported daily exercise.

## Oral Health

Most immigrants (95.5%) had already visited a dentist in Portugal. Regarding oral hygiene practices, 68.5% reported brushing their teeth two or more times per day, 15.7% once per day, and 7.9% only occasionally. Notably, all Canadian participants and half of the Romanian participants reported performing oral hygiene only occasionally.

## Access to Health Care Services

Access to health care services is a central aspect of immigrant health. Language was identified as a barrier by all Chinese and

Irish participants, whereas Romanian and Canadian participants did not report this difficulty.

The primary strategy to overcome language barriers involved assistance from family members and friends (60.5%). Despite this, 80.8% stated that language barriers did not prevent access to health care services.

Refusal of care was mainly due to lack of registration with the National Health Service (50%), followed by economic difficulties and irregular legal status (12.5% each). Most participants (88.8%) reported no discrimination in access to health care.

Approximately 76.4% were registered at a health center, although 61.4% did not have an assigned family physician. Only 42.7% had health insurance, which was more frequent among Dutch, German, and British participants.

Physicians were the most frequently consulted health professionals (79.5%), followed by pharmacists (15.9%). None of the respondents reported consulting a nurse when ill.

Regarding financial difficulties, most participants (85.4%) reported no difficulties in accessing medication or diagnostic tests. Only 14.6% reported difficulties, particularly among Chinese, Romanian, and Canadian participants. Finally, only 10.1% were aware of organizations providing financial support, most frequently the parish and the Local Immigrant Support Center.

## Mental Health, Well-Being, and Quality of Life

Approximately 43.8% of participants perceived their quality of life as good and 27% as very good. Irish participants presen-

ted the poorest indicators, whereas British, German, Dutch, Belgian, and Canadian participants reported better quality of life.

Regarding anxiety, 46.1% reported occasional episodes, and only 5.6% reported constant anxiety. The majority (89.8%) stated they were rarely or never depressed. Only 4.5% reported never feeling happy, with the lowest levels of happiness observed among Brazilian, Moldovan, Ukrainian, and Romanian participants.

## Perceptions Regarding One's Own Death

Regarding preferred place of death, 42% preferred their country of origin, 38.6% preferred Portugal, and 19.3% reported no preference. Concerning organ donation, 46.6% expressed a favorable intention.

With respect to body repatriation after death, 42.5% wished for repatriation to their country of origin. Regarding costs, 49.3% believed these should be borne by the individual, and 19.7% by the spouse or partner.

## Discussion

According to data from the end of 2024, more than 1.5 million foreign citizens were living in Portugal, nearly four times the number recorded in 2017, according to the Agency for Integration, Migration and Asylum (2025). These figures represent the highest number of resident immigrants ever recorded in the country. It should also be noted that some foreign citizens were born in Portugal to foreign parents and have never experienced a migratory process; therefore, not all foreign citizens can be considered immigrants.

At the national level, the average age of the immigrant population is predominantly between 30 and 34 years, reinforcing the idea that immigration to Portugal mainly occurs during working age and is associated with the search for better employment opportunities and family formation.

In the municipality of São Brás de Alportel, a different reality emerges when compared to the national panorama, with a predominance of individuals aged 60 years or older (42.7%). The United Kingdom community stands out as the most representative, followed by Ukrainian and German communities. This age distribution may partly explain the high levels of educational attainment observed, generally equal to or higher than secondary education, with German and UK citizens presenting the highest academic levels. According to data from the Agency for Integration, Migration and Asylum (2025), several foreign communities stand out in Portugal in terms of population representation among foreign residents, with differences according to nationality and country of origin. Furthermore, European indicators point to high levels of educational attainment among migrants in several European Union countries (European Commission, 2025).

Immigration from the United Kingdom appears to be primarily associated with ease of social integration, higher purchasing power, and the pursuit of better quality of life. This is reflected in housing conditions, with a predominance of residence in detached houses (44.9%), followed by apartments and single-storey houses. Approximately half of the population lives in three-bedroom dwellings (T3), equipped with adequate basic infrastructure, which

may also be related to climatic factors characteristic of the Algarve region.

The occupational status of this population reflects the observed age profile, with a high proportion of retirees (48.3%). Single individuals account for only 16.9% of the sample. Regarding gender distribution, a slight predominance of males was observed, contrasting with national trends, which is unexpected given the higher life expectancy among women.

With respect to health status, the most prevalent conditions among the immigrant population are similar to those observed in the Portuguese and European populations, namely arterial hypertension, diabetes mellitus, and dyslipidemia. These findings are consistent with the study by Zaveri et al. (2020), which identified these chronic diseases as the most common among immigrant populations.

Adherence to the National Vaccination Program is a matter of concern in certain immigrant communities, particularly among Canadian and Irish populations. Vaccine hesitancy, influenced by cultural factors, individual beliefs, and risk perception related to vaccination, has been associated with the resurgence of vaccine-preventable diseases such as measles (World Health Organization [WHO], 2019, 2023). The WHO has repeatedly emphasized the need to maintain high vaccination coverage, recommending rates of at least 95% to ensure herd immunity and prevent outbreaks (WHO, 2023). In Portugal, the Directorate-General of Health sets a target vaccination coverage of 98%, recognizing the fundamental role of health professionals in promoting health literacy and trust in vaccines, particularly among vulnerable groups or those more resistant to vaccination (Directorate-General of Health, 2022).

Regarding dietary habits, no significant differences were observed between nationalities. Most participants reported consuming only one to three meals per day, below the recommendations of national nutritional guidelines (Directorate-General of Health, 2015–2016). Despite this, immigrants generally presented a more favorable health status than the Portuguese population, although they remain exposed to risks such as pre-obesity, alcohol misuse, and depression.

Recent data indicate that the prevalence of overweight increases with age and is more frequent among individuals with lower levels of education, reflecting socioeconomic inequalities associated with lifestyle and dietary behaviors (Directorate-General of Health, 2017; National Statistics Institute, 2023).

Concerning smoking habits, the proportion of smokers among the immigrant population (33%) exceeds the national average. These findings are consistent with Eurobarometer data, which identify Romania as one of the European Union countries with the highest prevalence of tobacco consumption (European Commission, 2021). Alcohol consumption also shows high levels, particularly among Canadian and Irish immigrants, reflecting cultural patterns from their countries of origin.

Illicit drug use was denied by the entire sample, which may reflect a genuine decline in consumption but may also be influenced by social desirability bias and the illegal nature of these substances, leading to underreporting in self-reported studies (European Monitoring Centre for Drugs and Drug Addiction, 2023; National Statistics Institute & Service for Intervention in Addictive Behaviors and Dependencies, 2022).

With regard to physical activity, immigrants present a more favorable profile than the Portuguese population overall, particularly among Northern European communities such as those from the Netherlands and the United Kingdom. These populations demonstrate higher levels of recreational and leisure-time physical activity, including walking, cycling, and outdoor sports, even at older ages (European Commission, 2022).

In the domain of sexual health, low condom use was observed, likely associated with the older age of the sample and the presence of stable partners. This finding is concerning, given that Portugal and Ukraine are among the European countries with higher HIV rates, reinforcing the need for targeted prevention strategies, continuous sexual education, and promotion of consistent condom use, particularly among adult and migrant populations (European Centre for Disease Prevention and Control, 2023; WHO, 2022).

Although oral health indicators were generally positive, with most immigrants reporting regular attendance at dental services, studies across Europe highlight considerable heterogeneity in oral health outcomes among adult migrant populations (Pabbla et al., 2021). While some research reports dental disease prevalence comparable to host populations, other studies indicate a higher burden of oral disease and less consistent use of preventive dental care. (Pabbla et al., 2021).

Language barriers emerged as one of the main obstacles to accessing health care, particularly among Chinese and Irish communities. However, this difficulty was often overcome with the support of family members and friends. Lack of registration with the National Health Service remains

the primary reason for refusal of health care. Additionally, insufficient cultural competence among health professionals constitutes a significant barrier to the provision of culturally congruent care capable of addressing the real needs of immigrant populations, highlighting the need for further efforts within the Portuguese health system (Martins, 2025).

Although 76.4% of respondents were registered at a health center, most did not have an assigned family physician, a proportion higher than the national average. This situation appears to be partially offset by the existence of private health insurance, particularly among UK citizens, reflecting disparities in access to and utilization of health services between migrants and the resident population (Casquilho-Martins & Ferreira, 2022).

Regarding quality of life, most immigrants reported good or very good quality of life, reflected in high levels of subjective well-being. Mental health indicators were generally positive; however, the Irish community showed higher levels of depression, consistent with European data indicating higher rates of depressive disorders among certain migrant groups and populations originating from specific European Union countries (Eurofound, 2020; WHO, 2022).

Concerning representations of death, a slight majority preferred to die in their country of origin, reflecting cultural, religious, and identity-related factors. Organ donation was accepted by nearly half of the sample, and post-mortem repatriation of the body was, in most cases, desired to the country of origin.

## Conclusion

Migratory flows in Portugal have been transforming society, increasing cultural diversity and posing new challenges to the health system. In this context, adapting health policies to ensure appropriate responses to the specific needs of immigrant populations is imperative.

Access to the National Health Service is a key priority in the integration process of immigrants. To reduce inequalities and promote healthier and more sustainable societies, it is essential to understand different cultural beliefs, values, and practices, while preventing discriminatory behaviors. Consequently, the relationship between health and immigration has gained increasing relevance in the concerns of policymakers.

The municipality of São Brás de Alportel reflects this national reality, with the immigrant population continuing to represent a significant proportion of the total population. Based on this premise, the present study was developed with the aim of collecting reliable data to support the development of a local health needs assessment.

The analysis of health characteristics of the immigrant population residing in Portugal reveals a multifaceted picture, with both positive aspects and areas of concern. Regarding health status, immigrants present a prevalence of chronic diseases—such as hypertension, diabetes mellitus, and dyslipidemia—similar to that observed in the Portuguese and European populations.

In summary, the immigrant population in Portugal exhibits a health profile comparable to that of the general population, but with specific determinants of vulnerability, including barriers to health care

access, vaccine hesitancy, risk behaviors related to tobacco use and sexual health, and differences in mental health across subgroups. These findings reinforce the need for public health policies and culturally sensitive intervention strategies that promote disease prevention, equitable access to health services, and physical and mental well-being among immigrant populations.

It is concluded that the general objective of the study was fully achieved, as the application and analysis of the questionnaires allowed for the identification of relevant gaps in health status, lifestyle behaviors, and access to health care among the immigrant population residing in the municipality.

The research team strongly believes that the results of this health needs assessment have practical applicability, serving as a fundamental basis for the adjustment and implementation of health policies and strategies that promote more equitable and effective access to health care for the immigrant population in the municipality of São Brás de Alportel.

## References

- Agency for Integration, Migration and Asylum/ Direção de Planeamento, Estudos e Estatística. (2025). *Relatório de migrações e asilo 2024* (S. Lopes, Coord.). AIMA I.P. <https://isbn.org/978-989-35625-8-1>
- CasquilhoMartins, I., & Ferreira, S. (2022). *Migrants' health policies and access to health care in Portugal within the European framework*. *Societies*, 12(2), 55. <https://doi.org/10.3390/soc12020055>
- Directorate-General of Health. (2015-2016). *Inquérito Alimentar Nacional e de Atividade Física (IAN-AF) 2015-2016* (dados de consumo alimentar e padrões de refeição). DGS.
- Directorate-General of Health. (2017). *Programa Nacional para a Promoção da Alimentação Saudável: Relatório anual*. Direção-Geral da Saúde
- Directorate-General of Health. (2022). *Programa Nacional de Vacinação 2022*. Direção-Geral da Saúde
- Eurofound. (2020). *Living, working and COVID-19: Mental health and well-being of migrants in the EU*. Publications Office of the European Union. <https://www.eurofound.europa.eu>
- European Centre for Disease Prevention and Control. (2023). *HIV/AIDS surveillance in Europe 2023*. ECDC. <https://www.ecdc.europa.eu/en/hiv-surveillance>
- European Commission, Directorate-General for Migration and Home Affairs. (2024, June 10). *Portugal saw highest number of resident migrants on record in 2023*. European Union.
- European Commission. (2021). *Special Eurobarometer 506: Attitudes of Europeans towards tobacco and electronic cigarettes*. Publications Office of the European Union.
- European Commission. (2022). *Special Eurobarometer 525: Sport and physical activity*. Publications Office of the European Union.
- European Monitoring Centre for Drugs and Drug Addiction. (2023). *Portugal: Country drug report 2023*. EMCDDA. [https://www.emcdda.europa.eu/countries/portugal\\_en](https://www.emcdda.europa.eu/countries/portugal_en)
- Health Regulatory Authority. (2025). *Estudo sobre acesso de imigrantes a cuidados de saúde primários* [Relatório].

Martins, H. T. (2025). *A journey across transcultural care and time: A letter to the editor on "Thirty-five years of knowledge in transcultural nursing: A bibliometric analysis of Journal of Transcultural Nursing"* (Yalcinkaya & Ünsal, 2025). *Journal of Transcultural Nursing*, 36(5), 478–479. <https://doi.org/10.1177/10436596251344420>

National Statistics Institute & Service for Intervention in Addictive Behaviors and Dependencies. (2022). *Inquérito Nacional a Substâncias Psicoativas 2022*. INE & SICAD. <https://www.sicad.pt>

National Statistics Institute. (2023). *Estado de saúde da população portuguesa: Inquérito Nacional de Saúde 2019*. INE.

Pabbla, A., Duijster, D., Grasveld, A., et al. (2021). Oral health status, oral health behaviours and oral health care utilisation among migrants residing in Europe: A systematic review. *Journal of Immigrant and Minority Health*, 23, 373–388. <https://doi.org/10.1007/s10903-020-01056-9>

Polit, D. F., & Beck, C. T. (2024). *Polit & Beck's nursing research: Generating and assessing evidence for nursing practice* (12th ed.). Wolters Kluwer.

Urbistat. (2022). *Foreign residents in Municipality of São Brás de Alportel*. Dados demográficos.

World Health Organization. (2019). *Ten threats to global health in 2019*. WHO.

World Health Organization. (2022). *Mental health and well-being of migrants*. WHO Regional Office for Europe. <https://www.euro.who.int/en/health-topics/health-determinants/migration>

World Health Organization. (2022). *Sexual health and HIV in Europe: Key facts*. WHO Regional Office for Europe. <https://www.euro.who.int/en/health-topics/communicable-diseases/hiv-aids>

World Health Organization. (2023). *Immunization agenda 2030: A global strategy to leave no one behind*. WHO.

Zaveri, et al. (2020). *The prevalence of chronic diseases in international immigrants: A systematic review*. *Journal of Immigrant and Minority Health*, 22(6), 1105–1115.