

ACCESSIBILITY, SEARCH AND USE OF HEALTH SERVICES BY CHILDREN OF MIGRANTS IN PORTUGAL: INTEGRATIVE LITERATURE REVIEW

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Abstract: Introduction: Portugal has been asserting itself as a destination country for migrants of different origins (Instituto Nacional de Estatística, 2012), having therefore developed several policies focused on their integration. The migrant population is considered a vulnerable group in the health area for socioeconomic, educational and legal reasons. This vulnerability translates into limitations to health promotion and disease prevention services and goods and increasing difficulties with regard to their access, demand and use (Ramos, 2009). **Goal:** To know the scientific evidence regarding the accessibility, demand and use of health services by the children of migrants. **Methodology: The research for this integrative review was carried out in the B-On, RCAAP and CIÊNCIA – IUL databases.** Through the descriptors “Accessibility”, “Health” and “Migrants”, and the inclusion criteria: research articles and articles in scientific journals published between 2009 and 2019, and after exclusion by title and abstract, 7 articles. **Results:** When compared to the non-migrant population, the migrant population has less accessibility to health services, despite being offered the means to enjoy primary health care (Estrela, 2009; Padilla, et al, 2013; Matos, et al., 2015). In addition, they are a group that makes little use of health services, making use mainly of the Emergency Department (Estrela, 2009; Ramos, 2009; Topa et al., 2013; Jordão et al., 2018). **Conclusion:** Differences in accessibility, demand and use of health services in the migrant population are explained by the fear of being extradited, by the scarcity of health and legal information. It is up to the health professional to train these groups of people, as well as acquire skills that allow them to provide adequate care to the child born to migrants. It is important to mention that these conclusions may not represent the current reality, since

the information consulted is scarce and the studies developed in this area are few.

Keywords: Accessibility; Health; migrants.

INTRODUCTION

Over the last few decades, Portugal has increasingly established itself as a destination country for migrants of different origins, having developed, this way, several policies focused on the integration of all immigrants, aspects that position us second at the international level with regard to better migrant integration policies (Huddleston et al., 2015 cited in Padilla, 2017).

As a result of the aforementioned, and according to the National Statistics Institute (2019), in 2018, Portugal permanently housed a total of 43,170 immigrants, of which 6,583 were children.

Being the immigrant population, a population in which the majority have low levels of education and professional qualification, low salary remuneration, and in which many of the immigrants are in an irregular situation and, therefore, lacking a social protection system (Ramos, 2009). These conditions, according to Ramos (2009), make this group of individuals a vulnerable group, especially with regard to the health area.

This vulnerability can condition the accessibility and use of health services, thus limiting the reach of health promotion and disease prevention actions (Ramos, 2009). The effects of these constraints on the migrant population are reflected in the high number and severity of health situations, due to late diagnosis and treatment (Lazarus, & Strol, 1995 cited in Ramos, 2009).

Thus, the main objective of this integrative review was to know the current scientific evidence regarding the accessibility, demand and use of health services by the children of migrants.

METHODOLOGY

In order to answer the starting question, “Are there differences in the demand, access and use of health services by children of migrants of pediatric age compared to the non-migrant population?”, this integrative review was carried out, which aims to synthesize, through a detailed, comprehensive plan and with scientific rigor, all the information available on the topic to be addressed.

Inclusion criteria for this review were defined as articles in academic and scientific journals, published between 2009 and 2019 (inclusive), with free accessibility, in full text, in Portuguese and English. As exclusion criteria, all duplicate articles and those that do not meet the inclusion criteria.

B-On, RCAAP and CIÊNCIA – IUL databases using the descriptors “accessibility”, “health” and “migrants”, conjugated through the Boolean operator “and”, and consulted on the online platform “Descriptors in Sciences. of Health” (DeCS).

The process of research and selection of articles was based on the PRISMA flowchart. In the B-On database, 74 results were obtained, of which 71 were excluded by title. After a careful reading of the abstracts, it was found that only 3 of the documents presented had a direct relationship with the theme of the integrative review. In the RCAAP database, 12 results were obtained, of which 9 were excluded by title. Finally, and adding to the inclusion criteria the search by author “Beatriz Padilla” (researcher integrated in the Center for Research and Studies of Sociology), in the database of the University of Lisbon (CIÊNCIA – IUL), 39 results were obtained, from the of which 38 were excluded by title, leaving 1 for analysis. Thus, in the end, 7 articles were selected that met the previously established criteria.

Ethical issues were respected, as the authors consulted are identified throughout the text,

as provided for in Law number of March 14, which deals with the Code of Copyright and Related Rights.

RESULTS

The Convention on the Rights of the Child defines, under articles 2 and 24, that all children who are subject to its jurisdiction, irrespective of their national origin, have the right to enjoy and benefit from medical services, namely preventive medical care., diagnosis and treatment and access to information (National Commission for the Promotion of Rights and Protection of Children and Youth, 1990). The Declaration of the Rights of the Child also determines that every child will enjoy the rights set out by it, regardless of their national origin, with emphasis on principle 4, which defines that all children have the right to enjoy good health and as a they must be provided with adequate medical care (United Nations General Assembly, 1959). However, it must be noted that in cases of illegality, migrants only have access to health services in urgent/emergency situations, moments of vaccination, child health surveillance and treatment of infectious diseases that pose a risk to public health (Estrela, 2009).

In 2009, Estrela stated that, in general, migrants have great difficulty in accessing and using the available health services. Padilla, et al (2013) and Matos et al., (2015), corroborate the authors previously and believe that the migrant population, when compared to the non-migrant, has less accessibility to health services

Of the seven articles analyzed, three list the main factors that explain this reality:

- Estrela (2009): lack of knowledge of bureaucratic formalities on the part of parents, difficulty in understanding and using the language of the host country, lack of linguistic mediators to improve communication with health technicians,

lack of habit of using health services related to the conditions of the country of origin, difficulty in establishing an interpersonal relationship with health professionals.

- Dias et al. (2010): economic difficulties that prevent parents from bearing the costs associated with health care, irregularities in the bureaucratic situation of the parents or the child, fear of resorting to health services, lack of knowledge of the legislation that regulates access to services, difficulties with communication and relationship, feeling of lack of sensitivity to cultural differences.
- Matos et al. (2015): less time of residence in Portugal, illegal residence, migrants whose country of origin is African, male.

Despite the little use of health services, it appears that the migrant population is also one of the most in need of health care. This has higher levels of *stress* and vulnerability that affect their physical and mental health, namely children and young people from second and third generations of migrants. Conditions such as school failure, problems with social adaptation, tending to be inserted in sectors of social precariousness, precarious housing, little socio-economic support when buying food or medicines, the high number of the household and nutritional deficits related to inadequate food are decisive for this situation. This way, these children more often have serious illnesses and health risk behaviors, leading to late diagnosis and treatment, especially infectious diseases, respiratory and parasitic infections and nutritional problems (Estrela, 2009; Ramos, 2009; Jordão et al. al. 2018).

In the studies analyzed, differences are also observed in the typology of services to which the migrant population, with a special focus

on children and their families, uses and the regularity with which they do so. At the level of health systems, Padilla, et al. (2013) revealed that the inequalities felt in terms of access to a family doctor were still serious, a determining condition when choosing which health service to go to. On the other hand, studies carried out by Matos et al. (2015) to 305 children of Bangladeshi, Indian and Pakistani origin who lived in Portugal for approximately four years, reveals that the rate of attribution of a family doctor is high, with values above 91.6%: Bangladeshi children register a rate of 100 %, Indian children 91.6% and Pakistani children 94.3%. Regarding enrollment in a health centre, the results are similar as they point to values above 96.2%: 100% of Bangladeshi children, 96.2% of Indian children and 98.9% of Pakistani children.

However, with regard to child care related to health promotion and disease prevention, such as vaccination, adherence is lower when compared to the demand for health services in an emergency or illness in advanced stage (Topa et al. 2013; Jordão et al. 2018).

Table 1 presents the title, year, authors, type of study, sample, results and conclusions of the selected articles.

DISCUSSION OF RESULTS

The constant entry of migrants into our country requires analyzing the capacity of the national health service (NHS) to respond to their needs (Jordão, et al., 2018). Currently, the SNS guarantees the entire population residing in Portugal, regardless of their origin, the health care necessary for their well-being. However, in unprotected and weak populations, this care is often not provided. Such omission is generally due to the poor accessibility of these groups to available health care, caused by a set of factors (Ribeiro, 2011). The studies analyzed are unanimous in presenting a range of factors that point to the

poor accessibility of the migrant population, namely the child population, to health care provided by the state. Thus, in order to obtain an appropriate response to the needs of migrant populations, both recipients and health care providers, “would need to learn to integrate cultural factors in the definition of health and disease states, as these strongly condition the attitudes and behaviors of migrant individuals” (Estrela, 2009, p.45), ensuring an interconnection as well as proactivity between the child and their families and the multidisciplinary team (Jordão, et al., 2018). At the beginning of the 21st century, Portugal became a choice for migrants, leading to the development of policies that allowed their integration. However, it is in the field of health that national development remains behind in terms of support for migrants (Padilla, 2017). It was also found that the rates of attribution of family doctors and enrollment in health centers present high percentage values. However, the demand for health services in an emergency situation or in an advanced stage of illness proves to be higher than the demand for health promotion and disease prevention care (Topa, et al., 2013; Jordão, et al., 2018). Children and young people of the 2nd and 3rd generations of migrants reveal themselves as a population at risk for the development of physical and/or mental pathology, due to factors such as school failure, social inadaptation, precarious economic conditions and inadequate food. However, they are also a group that makes little use of health services, especially health promotion and disease prevention (Estrela, 2009; Ramos, 2009; Topa, Neves, & Nogueira, 2013; Jordão, Freitas, & Ramirez, 2018)

Thus, the question is highlighted: if the migrant population is provided with the means to enjoy primary health care, why do they use the emergency service more frequently? According to Soares (2003 *cit. in* Estrela,

Title, year of article and authors	Kind of study	Sample	Results and conclusions
SAIMI Study – Health and access to health services for immigrants from the Indian subcontinent in Lisbon: What recommendations for equitable and culturally adapted health care? (2015). Matos, Alarcão, Lopes, Oiko, & Carreira.	Quantitative study	1011 migrant individuals, of which 305 children	The rate of attribution of family doctor of the studied children presents values above 91.6% and the rate of enrollment in the Health Center presents values above 96.2%. Despite these conditions, the migrant population, when compared to the non-migrant population, has less access to health services. The main factors that explain it are less time of residence in Portugal, illegal residence, migrants whose country of origin is African, male.
Citizenship and diversity in health: needs and strategies to promote equity in care. (2013). Padilla, Hernández- Plaza, Freitas, Masanet, Santinho, & Ortiz.	Literature revision	---	The migrant population, when compared to the non-migrant population, has less access to health services. In terms of health systems, there are still serious inequalities in terms of access to family doctors, a determining condition when choosing the health service.
Health, migration and human rights. (2009). branches.	Literature revision	---	Migrants more often have more serious pathologies, due to greater exposure to risk factors and late diagnosis and treatment. These occur due to greater limitations in access to health-promoting services and goods.
Immigration and health: the (in) accessibility of immigrant women to health care. (2013). Topa, Neves, & Nogueira.	Literature revision	---	Migrants, especially those in an irregular situation, avoid health services, resorting mainly when the disease is in an advanced stage.
Effects of the economic crisis and austerity policies on the health and access to health care of the migrant population in southern European countries: a <i>scoping review</i> . (2018). Jordan, Freitas, & Ramírez.	<i>scoping review</i>	---	Adherence to primary health care, such as vaccination, or care with food becomes secondary for migrant families, due to precarious economic conditions.
The health of immigrants in Portugal. (2009). Star.	Literature revision	---	Migrants have great difficulty in accessing and using available health services, due to factors such as language and bureaucratic barriers and lack of habits in using these services. Children of migrants are more vulnerable in physical and mental health and, as such, are at greater risk of becoming ill and adopting risky health behaviors.
Care-seeking and access to health services in immigrant communities: a study with immigrants and health professionals. (2010). Dias, Rodrigues, Silva, Horta, & Cargaleiro.	Study qualitative	20 immigrants and 32 health professionals	Migrants mostly resort to emergency services and do not consider the adoption of preventive practices as a priority. The main reasons for this behavior were identified as economic and communication difficulties, fear and ignorance of the legislation.

Table 1 - Title, year, authors, type of study, sample, results and conclusions.

2009), primary health care professionals, as they represent the whole, continuity and proximity to the population that enjoys their care, reveal themselves as privileged in what is the relationship with the migrant population. Resistance in the use of health services is due, in part, to the fear of being banished from the host country, caused by the lack of information and training of migrants about the rights that are provided to them. It is up to health professionals to clarify these situations in order to promote the use of health services (Topa, et al., 2013). As the Portuguese SNS is a novelty for migrant families when they arrive in the country, it is essential not only to think about adapting it to these populations, but also to expand the cultural skills of health professionals, thus ensuring easier access to services. health services by migrants (Jordão, et al., 2018).

CONCLUSION

After analyzing the selected articles, we concluded that the migrant population has less accessibility to health care than the non-migrant population and resorts more frequently to the emergency service to the detriment of primary health services. This is due to the fear of being extradited, given the scarcity of information and reduced training of migrants about their rights. Therefore, it is up to the health professional to train these groups of people, as well as acquire skills that allow them to provide adequate care to the child born to migrants. Having said that, it is important to mention that these conclusions may not represent the current reality, since the information consulted is scarce and the studies developed in this area are few.

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