

HEALTH OF MINORITY CHILDREN IN EUROPE



EUROPEAN PUBLIC HEALTH CONFERENCE

WORKSHOP

DATE: NOVEMBER 12TH 2016

TIME: 11.10 – 12.40

ROOM M1

VIENNA, AUSTRIA



Organized by EUPHA section Migrant and ethnic minority health and EUPHA section Child and Adolescent Public Health

Objectives

We live in an era of unprecedented human migration recorded in history, with the total number of international migrants currently estimated at 244 million in 2015, up from 173 million in 2000. High-income countries host more than two thirds of all international migrants. In Europe, according to Eurostat, there were 53.1 million foreign-born residents in the European Union (EU), about 10% of the total population in 2014. EU Member States are faced with a pressing need to address the resulting public health consequences of migration.

Migrant children are a particularly vulnerable both in terms of psychological well-being and physical health. Many of these children have suffered multiple traumas such as the horrors of war, violence and bereavement. The risk of poverty is also much higher among migrant children than among nationals. Eurostat 2014 estimates, for example, show that while the at-risk-of-poverty rate for children of EU nationals was 19.0 % in 2014, the corresponding rate for children with migratory background stood at 36.4 %. Evidence suggests that a stable family environment contributes to healthy development among children. Migration can disrupt family environment with an adverse effect on the health migrant children.

Addressing the health needs of vulnerable groups of children is highly relevant as inaction will have a long-term negative effect on their health and contribution to society as a whole. So far, the attention on health care needs of ethnic minority and migrant children in Europe is mostly fragmented.

In an effort to address this pertinent issue, EUPHA section on Child and Adolescent Public Health (CAPH) and the section on Migrant and Ethnic Minority Health have joined forces.

The main aim of this workshop is to discuss the current health burden and challenges among ethnic minority and migrant children in Europe; and the policy response to addressing the health needs of vulnerable migrant children in Europe.

The themes of workshop include the health situation of current Syrian migrant children in Europe, birth outcomes of migrant children, overweight and obesity and approaches to improved nutrition practices among ethnic minority and migrant children.

The last part of the workshop will be focused on panel discussion of policy response to health needs of ethnic minority and migrant children in Europe. The panelists include high ranking policy experts from WHO-Europe (Dr Santino Severoni), Doctors of the World International Network (Dr Nathalie Simonnot) and International Organization of Migration (Dr Roumyana Petrova-Benedict) and academia (Prof. Raj Bhopal, Prof. Karien Stronks & Dr. Marie Norredam,).

MAIN MESSAGES

- ✘ Current health burden and challenges among ethnic minority and migrant children in Europe will be highlighted.
- ✘ Policy response and gaps in addressing the health needs of the vulnerable minority children in Europe will be identified.

CHAIRPERSONS FOR THE WORKSHOP



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PROGRAM

Introduction 11.10 – 11.15

Presentation 1 11.15 – 11.30: A refugee camp in the centre of Europe: clinical characteristics of asylum seekers in Brussels in September 2015

Presentation 2 11.30 – 11.45: Are all immigrant mothers really at risk of low birth weight and perinatal mortality? The crucial role of socio-economic status.

Presentation 3 11.45 – 12.00: A participatory approach to improved infant nutrition and complimentary feeding practices in British Bangladeshi families

Presentation 4 12.00 – 12.15: Overweight and obesity among Kurdish and Somali origin adolescents in Finland.

Discussion and closing 12.15 – 12.40

PRESENTATION 1: 11.15 – 11.30

A REFUGEE CAMP IN THE CENTRE OF EUROPE: CLINICAL CHARACTERISTICS OF ASYLUM SEEKERS IN BRUSSELS IN SEPTEMBER 2015



Presenting author: Gerlant van Berlaer¹²

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Authors

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3 Department of Public Health, Biostatistics and Medical Informatics Research Group, Vrije Universiteit Brussel, Brussels, Belgium.

Objectives: In the summer of 2015, the exodus of Syrian war refugees and saturation of refugee camps in neighbouring countries led to the influx of many asylum-seekers in some European countries, including Belgium. This study aims to describe the demographic and clinical characteristics of this migrant and ethnic population, with children and adolescents as a particular vulnerable subgroup. Hypothesis is that among asylum-seekers in a huddled refugee camp – even in a well-developed country with all medical facilities – respiratory, digestive and other medical problems typical of refugee camps will emerge soon.

Methods: Using a descriptive cross-sectional study design, physicians of Médecins du Monde (MdM) prospectively registered age, gender, origin, medical complaints and diagnoses of all patients presenting to an erected Field Hospital in Brussels in September 2015. Diagnoses were post-hoc categorised according to the International Classification of Diseases.

Results: Of 4037 patients examined in the Field Hospital, 3907 were included and analysed for this study. Over 11% of patients suffered from injuries, but these were outnumbered by the proportion of patients with respiratory (36%), dental (9%), skin (9%) and digestive (8%) diagnoses. More than 49% had features of infections at the time of the consultation.

Conclusions: Asylum seekers arriving in a refugee camp in Brussels after a long and hazardous journey, suffer mostly from respiratory, dental, skin and digestive diseases. Still one of seven suffers from injury. These findings – consistent with other reports – should be anticipated when composing Emergency Medical Teams and Interagency Emergency Health or similar Kits to be used in a Field Hospital, even in a Western European country.

Main messages

- ✗ Asylum-seekers sheltering in Brussels soon develop respiratory, digestive and other diseases typical of refugee camps worldwide.
- ✗ Over 11% suffers from injuries after the long hazardous journey.

PRESENTATION 2: 11.30 – 11.45

ARE ALL IMMIGRANT MOTHERS REALLY AT RISK OF LOW BIRTH WEIGHT AND PERINATAL MORTALITY? THE CRUCIAL ROLE OF SOCIO-ECONOMIC STATUS.

Presenting author: Judith Racape¹

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Authors

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3. School of Public Health, Université de Montréal, Québec, Canada.

Background: Increasing studies show that immigrants have different perinatal health outcomes compared to native women. Nevertheless, we lack a systematic examination of the combined effects of immigrant status and socioeconomic factors on perinatal outcomes. Our objectives were to analyse national Belgian data to determine 1) whether socioeconomic status (SES) modifies the association between maternal nationality and perinatal outcomes (low birth weight and perinatal mortality); 2) the effect of adopting the Belgian nationality on the association between maternal foreign nationality and perinatal outcomes.

Methods: Data are related to all singleton births between 1998 and 2010 whose mothers were living in Belgium (n= 1,363,621). Perinatal mortality and low birth weight (LBW) were estimated by SES (maternal education and parental employment status) and by maternal nationality. We used logistic regression to estimate the odds ratios for the associations between nationality and perinatal outcomes after adjusting for and stratifying by SES.

Results: Compared to Belgians, we observed an increased risk of perinatal mortality in all migrant groups ($p < 0.0001$), despite lower rates of LBW in some nationalities. Immigrant mothers with the Belgian nationality had similar rates of perinatal mortality to women of Belgian origin and maintained their protection against LBW ($p < 0.0001$). After adjustment, the excess risk of perinatal mortality among immigrant groups was mostly explained by maternal education. After stratification by SES, we have uncovered a significant protective effect of immigration against LBW and perinatal mortality for women with low SES but not for high SES.

Conclusions: Our results show a protective effect of migration against perinatal mortality and LBW among low SES. Hence, this study underlines the crucial role of the socioeconomic status to analyze the association between migration and perinatal health outcomes.

PRESENTATION 3: 11.45 – 12.00

A PARTICIPATORY APPROACH TO IMPROVED INFANT NUTRITION AND COMPLIMENTARY FEEDING PRACTICES IN BRITISH BANGLADESHI FAMILIES

Presenting author: Lorna Benton¹

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Authors

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Background: The UK Bangladeshi population is one of the fastest growing, yet socio-economically disadvantaged ethnic groups in the UK. Nutrition in infancy determines child development and adult health. Complimentary Feeding (CF) establishes early nutritional intake and self-regulatory behaviours. However, practices are complex and influenced by culture, environment and acculturation following migration. 12.5% of British-Bangladeshi children aged 4-5 years are obese, increasing to 23.7% by 10-11 years. In adulthood, South Asians are 2-4 more likely to develop type II diabetes in the UK.

Methods: We are working in partnership with the Bangladeshi community in Tower Hamlets to identify CF practices that affect the healthy nutrition of infant's aged 6 to 24 months. We conducted 5 systematic literature reviews of CF practices in South Asian communities. We are now conducting 10 Focus Group Discussions and 82 interviews with community members and professionals in Tower Hamlets under a socio-ecological framework. Results will inform the adaptation and acceptability of female facilitator-led women's groups with Participatory Learning and Action cycle (PLA), successful in Bangladeshi, Nepal and India.

Results: A systematic review noted different CF practices between South Asian groups. Greater acculturation encouraged formula feeding in the UK; formula milk was seen as better for the child and sweetened food were preferred as the 'first food'. Energy dense rice-based dishes and hand feeding were common. Preliminary qualitative findings confirm these practices in the UK.

Conclusion: We identified a need for more studies exploring CF practices in Bangladeshi communities and tailored advice for Bangladeshi families around diet and responsive feeding.

Main message

- ✘ Cultural practices influence infant nutrition, child development and long-term health.
- ✘ Community mobilization approaches help to inform culturally adapted support for healthy nutrition in minority populations.

PRESENTATION 4: 12.00 – 12.15

OVERWEIGHT AND OBESITY AMONG KURDISH AND SOMALI ORIGIN ADOLESCENTS IN FINLAND.

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Authors

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Background: Childhood obesity is significantly associated with increased cardiovascular risk and type 2 diabetes in adulthood. Overweight among adolescents is an increasing public health challenge in Finland. Approximately a quarter of adolescent boys and a fifth of girls are overweight. Overweight among migrant-origin adolescents has not been previously examined in Finland.

Methods: Cross-sectional data on 343 Somali and Kurdish origin 13-16 year-old participants of the Health and Wellbeing of migrant-origin adolescents Study (2011-2012) was used. Participation rate was 44% for Somali and 63% for Kurdish origin adolescents. Weight and height were measured during a health examination. Information on physical activity and dietary intake was collected with a questionnaire. Statistical analysis was performed with SAS 9.3.

Results: According to our findings, 4% of Somali boys, 26% of Somali girls, 16% of Kurdish boys, and 14% of Kurdish girls were overweight (BMI 25-29.9 kg/m²). Respective prevalence of obesity (BMI ≥ 30 kg/m²) was 6%, 7%, 10%, and 7%. Prevalence of daily physical activity was notably higher among boys than girls (8% vs. 3% among Somali and 11% vs. 5% among Kurdish boys and girls respectively). Eating snacks between-meals daily was common (33% among Somali and 26% among Kurdish adolescents), as well as daily use of sweetened beverages (35% among Somali and 20% among Kurdish adolescents).

Conclusions: Prevalence of overweight and obesity varied significantly by migrant group and sex. Further research will focus on examining the contribution of life-style factors to these differences.

Main messages:

- ✘ Significant differences in the prevalence of overweight and obesity were observed among migrant origin adolescents.
- ✘ Overweight and obesity was particularly high among Somali origin girls.