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Promoting the health of children and young people who migrate: reflections from four regional reviews.

Introduction

Whilst migration is not a new phenomenon, over the last decade there have been significant shifts in the types and patterns of migration across the globe (1). Recent estimates suggest that 36 million children, including refugee and asylum seeking children and young people live outside their country of birth (2, 3). International migration presents new challenges and opportunities for health promotion, with evidence suggesting both positive and negative influences on health (1, 4). The 'healthy migrant effect', for example, reflects the health advantage that *some* migrants have over the native-born population (5). Other evidence points to negative impacts, including poorer mental health and higher prevalence of certain infectious diseases (6). Migration is thus a key social determinant of health with implications for global health promotion. Indeed, a recent World Health Organisation report underscores the need to promote the health of all migrants, including children and young people (7). In order to do so, there is a need to deepen our understanding of the particular health priorities and experiences of migrant populations, and crucially from the perspectives of children and young people themselves (8).

Against this background, in 2016/17 we undertook four regional systematic reviews (Europe, Africa, Americas, Western Pacific) to examine the extant evidence-base on the health experiences of children and young people who migrate. Developing knowledge of children's own migration and health experiences is imperative to global health promotion efforts and in line with the UN Convention on the Rights of the Child (9). Migrant children reflect a diverse

population group and the reasons for their migration (economic/forced, [un]accompanied) are likely to shape their health experiences and outcomes in different ways. In this commentary, we share the insights and challenges found in our reviews, including the limits to the current international evidence-base. These shortcomings signpost some important implications for the advancement of global health promotion research and practice.

Overview of the reviews

Four systematic reviews were conducted across the following geographical regions: Europe, Western Pacific, the Americas and Africa. The primary aim of each review was to explore the extant evidence-base on the health experiences of young migrants from their own perspectives. Review methods are reported in full elsewhere (10). Each review focused on peer-reviewed journal articles published in English that reported data generated directly with children (up to 18 years) who had migrated across national borders during their own lifetimes. Searches were conducted between June 2016 and March 2017. Titles and abstracts and then full texts were screened by the same team of researchers to ensure consistency. Quality of full texts was assessed using the Mixed Methods Appraisal Tool (11). In total we identified 46 qualifying papers from the European Region, 10 from the African region, 52 from the Americas and 11 from the Western Pacific region.. The majority of papers were quantitative with some qualitative or mixed methods studies. Due to the different health outcomes and different measures drawn on within the quantitative papers, we did not meta-analyse the results, choosing instead to place more emphasis on the narrative synthesis. More detail on the specific findings of the narrative synthesis can be found elsewhere (10)

Key themes across the four regions

In the following section, we share insights into the reviewed literature to highlight overarching themes and to identify potential knowledge gaps for future global health research.

Children's migration status and reasons for migration

During initial scoping of the literature, we noted consistent under-reporting of children's migration status, which was a primary reason for rejecting papers during the review process. Children's migration status was most often proxied by the status of their parents or guardians. Indeed, migration research has traditionally obscured children's experiences and the key factors shaping their experiences throughout migration (10, 12). However, recent work demonstrates the importance of research 'with children and from a child's perspective' (13) and the recognition of children as 'active agents' (14), both to better understand their experiences and to create more evidence-driven solutions for these young populations. Together, this highlights the imperative to design research which opens up opportunities for children to share their experiences and understandings.

There was also significant variance in the classification of first-generation migrant children, with some studies identifying first-generation children as those born outside of their host country, while other studies reported on those born in the host country, but with foreign-born parents. Nearly all studies focused on older children (e.g. adolescents), exposing gaps in research with younger migrant children. For example, 32 of the 47 articles in the European review reported on data generated with children aged between 10 and 18 years. The differential definitions and classifications of children's migration status and ages thus made it difficult to draw comparisons across studies and the four regions.

Among the included studies, unsurprisingly, the four regions differed in terms of who the migrant children were and the reasons for their migration. In the European and Western

Pacific reviews, most studies were concerned with refugee and asylum-seekers. Within the Americas, the focus was on first-generation migrants, recently arrived temporary migrants, and refugees. In contrast, the African studies largely focused on children based in camps for Internally Displaced People. Again, these different migration patterns and contexts presented difficulties for synthesising findings and understanding the impacts of different forms of migration on children's experiences.

Health experiences

Across all four regions, most studies adopted a biomedical approach to migrant children's health, with a particular focus on risk factors and negative health outcomes.. European and Western Pacific studies focused on key public health priorities including diet and obesity, alcohol, smoking and substance misuse, with an additional focus on sexual health. Studies from all regions explored children's mental health extensively. In line with the biomedical approach, children were largely constructed as being at risk of negative health outcomes (particularly depression, anxiety and behavioural problems). In fact, there was a general tendency to overlook protective factors and possibilities for understanding children's strengths and resilience. Just one European (17) and one African study (18) focused on children's resilience. In the Americas, only three papers specifically examined protective factors (19, 21, 25) while two Western Pacific studies highlighted children's agency and assets (22, 23) By framing the work from a health-enhancing, salutogenic perspective (24), this research could have strong implications for health promotion efforts with migrant children

Another common descriptor of young migrants' health experiences was the process of acculturation (26). Studies from the Americas strongly focused on the expectation that

migrant children would 'acculturate' by adjusting their behaviour to the norms of North American and Canadian societies (27).. Whereas acculturation was viewed as contributing to migrant children's wellbeing and a necessary part of the migratory process in the Americas, studies focusing on acculturation within the European context focused on the 'healthy migrant' paradox and how children's health status diminished the longer they had spent in their host country (28). Western Pacific studies provided further evidence of the negative effects of acculturation and significantly, the impacts that social exclusion and lack of integration can have on young migrants' wellbeing. These latter studies highlighted the importance of place in addressing forms of stigma and discrimination and supporting young people's sense of belonging in new contexts.

Concluding thoughts

In this commentary, we have sought to share some key insights drawn from four regional systematic reviews on the health experiences of migrant children. Each review has limitations, including the possibilities for missing relevant evidence because of the inclusion criteria (e.g. studies only published in English). Significant difficulties were encountered with the narrative synthesis of the evidence because individual studies used different definitions and classifications of migration status, children and young people, and understandings of health. Furthermore, our quality assessment of the papers revealed significant shortcomings in the methodological approach of many of the studies.

Yet these limitations also provide important insights about the status of the international evidence-base. A consistent feature across the research is the tendency to view children and their migration status as an appendage to their parent or guardian (12) and to frame migrant

children's health from a largely biomedical, risk-based perspective. The lack of research that engages directly with children currently limits our understandings of their own health perspectives and experiences – including the ways their migration trajectories have shaped their health both positively and negatively. Research that considers migrant children's agency and assets would be a valuable contribution to the current discourse. Our reviews reveal the urgency of addressing this gap in order to develop effective and appropriate health promotion responses.

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