



POLICY BRIEF

Maternal and Child Healthcare for Immigrant Populations

Co-funded by the European Commission, the Office of the Portuguese High Commissioner for Health and the International Organization for Migration (IOM), the “Assisting Migrants and Communities (AMAC): Analysis of Social Determinants of Health and Health Inequalities” IOM-managed project provides a platform for dialogue on migration health priorities and fosters engagement from policy-makers at all levels to tackle health inequalities in Europe.



Further information is available at: www.migrant-health-europe.org

This policy brief is based on the background paper ‘Maternal and Child Healthcare for Immigrant Populations’ elaborated within the framework of the AMAC project: www.migrant-health-europe.org/background-papers

Opinions expressed in this brief are those of the authors and do not necessarily reflect the views of the European Commission or the Office of the Portuguese High Commissioner.

Migration represents a great opportunity for the European Union. It counteracts the demographic ageing and enhances Europe’s economic potential by meeting the needs of an increasingly demanding labour market and by contributing to socio-cultural enrichment.

A holistic and sensitive policy framework needs to be developed in order to provide quality health care to migrant mothers and their children.

Why this topic?

Maternal and child health is a priority for several reasons. Caring for migrants’ health is first and foremost a matter of human rights and a matter of tackling unacceptable inequalities in health and health care.

Furthermore, motherhood and childhood constitute a unique period to reach families, to identify health problems and to encourage health promotion and disease prevention.

Lastly, health and health care play a salient role in the integration of migrant populations.

On the other hand, acknowledging the need to remove barriers in access to care can also represent an improvement for health systems which is beneficial to societies as a whole.

Topic in context

There is increasing awareness that migrants and especially women from low-income families suffer from several health problems including psychological and emotional distress that put their health and their families at risk.

Studies show that women who migrate are particularly vulnerable and that their reproductive health and especially maternal health often remains unaddressed.

Several studies show that perinatal, neonatal and child mortality rates have been consistently higher in foreign-born groups than in the national populations (Carballo & Nerukar, 2001; Schulpen, 1996).

In Portugal, a study on maternal health in a sample of newborns demonstrated a higher maternal morbidity among immigrants compared to Portuguese population (Machado et al., 2006).





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Good Practices

There is no consensus about what a good practice is, however in this field they can be defined as “activities that are innovative, can be shown positively to affect migrants’ health, are sustainable, and are replicable” following the IOM model (2000).

Good practices in relation to the health of migrants and ethnic minorities should aim at reducing health inequalities in a culturally appropriate way to maximise health output.

Venda Nova, holistic approach to inclusion, Portugal

This project is led by the local health centre, which is part of the national health system, and involves the participation of several actors and stakeholders, including within the community. Its key feature is provision of direct support to families (dissemination of information, health surveillance, contraception, vaccination, facilitating appointments with the health centre and home visits among other).

The project carried out annual evaluations to assess health improvements and to identify new problems that could have arisen.

Maternal-Child Programme and Maternal-Child Service, Spain

These socio-health resources of the municipality of Lleida are available for at-risk families (either for social or health reasons), with children between the ages of 0 to 3, that need specific support in child rearing and education. Special attention is paid to migrant families.

Recommendations for the European institutions

- Common European policies and strategies for health should be developed with full respect for the fundamental human rights of the most vulnerable populations.
- In the light of existing evidence in Europe on the health of migrant women and their children, especially those living in marginal or unsafe situations, these groups should be priority groups for policy concern.
- European Union institutions should promote evidence-based knowledge on migrants’ health and the corresponding social determinants, also on a comparative basis, and encourage dialogue with and between the various European agencies (public and private) concerned.

Recommendations for EU Member States

- Maternal and child health policies and practices that act upon access and quality of health prevention and care for migrants, should be formulated and evaluated regarding health as a fundamental human right and mother and child as special and vulnerable groups.
- Cultural competence is one fundamental aspect of health care for immigrant mother and children; adequate training should be offered to all professionals working with immigrants, including administrative staff. Cultural mediation and translation of materials may also be convenient.

Recommendations for national stakeholders

- Strong alliances and partnerships need to be built between actors from the public, private and the third sector in order to positively influence policymaking in the migration and health areas and put in place effective practices that are sustainable in the long term.
- An intimate collaboration with the migrant and minority communities needs to be developed in order to better assess their needs, improve their knowledge and information, denounce violation of rights and assess the way policies and regulations are being implemented.
- Practices and attitudes of key actors (i.e. doctors, nurses, psychologists, social workers, nutritionists etc) play an important role in influencing public debates; they may be important actors for a wider social acceptance of migrants’ access to health services.

Policy Background

Pregnant women, mothers and their children are considered special and priority groups in access to health:

- The Universal Declaration of Human Rights states that “Motherhood and childhood are entitled to special care and assistance.” (Article 25, no. 2).
- The Convention on the Rights of the Child clearly states that “States Party shall strive to ensure that no child is deprived of his or her right of access to health care services” (Article 24, no. 1) and shall “ensure appropriate pre-natal and post-natal care”.