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TEDDY LUNKUSE, PIUS KORIR

HOW IMMIGRATION AFFECTS HEALTHCARE

Healthcare Provision in Multicultural Environment

TURUN AMMATTIKORKEAKOULU
TURKU UNIVERSITY OF APPLIED SCIENCES

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Instructor(s) Leino Irmeli and Heikki Ellilä

TEDDY LUNKUSE and PIUS KORIR

HOW IMMIGRATION AFFECTS HEALTH

Abstract

This thesis describes the health problems faced by immigrates and healthcare providers. The project defines the relationship between these two parties, further reveals the consequences and possible difficulties. This study aims to examine different challenging factors between the health care providers and immigrant patients

The project inspiration is due to the increasing number of immigrant patients in health services with relation to the potential influence of health workers' cultural and clinical competence. This project portrays a significant proportion of migrants experiencing delays, complications, or denial of medically necessary treatment while accessing the healthcare system especially due to cultural difference and ignorance.

This study based on seven research articles; result is a PowerPoint presentation that provides recommendation and guidelines to health care professionals working in multicultural healthcare systems.

Discussion; this part explains the different challenges for both immigrates and healthcare workers all portrayed from the articles used for the study. Includes related solutions about the PowerPoint presentation knowledge and material searched from additional different sources. (All included in the reference list).

Conclusion: Cultural competence training is a necessity in modern day nursing. While effective communication is compulsory in provision of care, re-assurance, compassion, comfort, should be implemented by caregivers in process of assisting the immigrants, after all, they are usually traumatized, fearful, and are trying to cope with new environment. Whereas, lacking support from family and other support systems. Immigration is a progressive trend, research on medical, social, cultural and religious practises is a necessity for cultural competence. Further research on pre-migratory stressors and factors contributing to barriers in communication is necessary in the process of creating a better service delivery system to ethnically isolated immigrants.

KEYWORDS:

Migration, Health, and Environment

TABLE OF CONTENTS

Tables in article

Table 1. List of Abbreviations (OR) Symbols

UN	The United Nations
UNEP	United Nations Environmental Program
WHO	World Health Organization
OECD	Organization for Economic Co-operation and Development
PI	Personal interviews
FG	Interviews in Focus Groups
ISQ	In situ Questionnaires
e.g.	For example

1. INTRODUCTION

Immigrant is a person that travels to a country for permanent residence (Charles and Yung-mei 2001). Immigrants create challenges for health care providers concerning knowledge on the health and variations hence threatening the maintenance of good health (Chaumba 2001). However, two broad, interrelated considerations are important about migrants' health. Firstly, the determinants of migrants' health and secondly, the scope within which the health of migrants consideres, including the entire migration process. (Zimmerman et al. 2011.)

According to WHO (2015), refugees and migrants health problems are same as rest of the population, but sometimes may have higher prevalence. For example, immigrant children in each racial and ethnic group have a lower prevalence of depression and behavioral problems than native-born children however health risks increase markedly about mothers' duration of residence in the country (Singh, Yu &Michael 2013).

According to Zimmerman et al. 2011, factors affecting the health status, health behavior and access to healthcare include demography (sex, age) at migration and life cycle stage. Also, the social support provided by co-ethnics in the locality. In collaboration with the immigration and integration policies, for example, rules governing entry, access to health and other services. Furthermore, the economic and social opportunities which impact on health, ethnic and cultural background including religion, languages, and health-related practices.

Migrants face specific difficulties on their right to health. The health care services inefficiently covered by healthcare rograms and expensive health insurances, cultural barriers, lack of availability to healthcare systems. Undocumented migrants in particular are denied access to public health services or are reluctant to use available services for fear of deportation. Even

migrants with legal rights to health care face various obstacles to utilizing these services. (Manfred H et al. 2008.)

2. BACKGROUND

2.1 ENVIRONMENT

Eniroment is the human living and development areawhere we live in attempting to improve our lot within that abode, the two are inseparable (WHO 2007). Environmental degradation comprises the hopes of meeting even the most basic human needs. One person in five lacks access to save water in developing countries; 1.0 billion people live in dry lands soil degradation causes damage, 1.2 billion facing the effects of degraded natural environment and live on less than $1 a day. The environment comprises a diversity of ecosystems from forests, grasslands, and agro ecosystems to freshwater systems and coral reefs. Each provides a suite of provisioning (goods), regulating, cultural, and supporting services all of which contribute to human health, well-being, and livelihood (M. Falkenmark 2003).

Increasing scarcity of natural resources needed to sustain livelihoods can increase competition between user groups. Social responses to rising competition can include migration, technological innovation, cooperation and violent conflict (UNEP 2012).

2.2 IMMIGRATION

Oxford dictionary defines immigration as the process of moving from one's home country (country of birth) to live in another country. Some 232 million international migrants are living in the world today. Since 1990, the number of international migrants in the global North increased by around 53 million (65%), while the migrant population in the global South grew by around 24 million (34%). Today, about six out of every ten international migrants reside in the developed regions.

Table 2 Source: United Nations (2013), Trends in International Migrant Stock.

	1990	2000	2010	2013
World	154.2	174.5	220.7	231.5
Developed regions	82.3	103.4	129.7	135.6
Developing regions	71.9	71.1	91	95.6
Africa	15.6	15.6	17.1	18.6
Asia	49.9	50.4	67.8	70.8
Europe	49	56.2	69.2	72.4
Latin America and the Caribbean	7.1	5.5	8.1	8.5
Northern America	27.8	40.4	51.2	53.1
Oceania	4.7	5.4	7.3	7.9

Migrants from Latin America and the Caribbean and Asia together make up half of all migrants in OECD countries. In the past decade, the number of international migrants from Asia and Latin America and the Caribbean grew by 44% and 36% respectively. One in every three international migrant aged 15 and above has limited education. The number of international migrants with no more than lower secondary education in OECD countries increased by 12% in the past ten years. The economic crisis has hard hit migrant workers. In 2010/11, there were 7.1 million unemployed foreign-born over the age of 15 in the OECD corresponding to an average unemployment rate of 11.6%. Migrants originating from Africa saw their unemployment rate increase by 4.3 percentage points in the past five years to reach 20% in 2010/11. The increase was also

sizeable for Latin American migrants (+3.4 percentage points) although their unemployment rate remains below 12% (UN 2013).

2.3. HEALTH

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (WHO 1967). However, a new definition of health as the ability to adapt and self-manage in the face of social, physical, and emotional challenges (Fiona G 2011). Over the past 20 years, the United States has experienced one of the largest waves of immigration in its history. Understanding the health status and needs of immigrants is important because of their growing numbers and their contribution to the health of the nation. It is challenging because of gaps in national databases, the heterogeneity of immigrant populations, and uncertainty about how migration affects health. Healthy People 2010 outlines the nation's public health objectives for the current decade. It includes ten leading health indicators (LHIs) chosen because of their importance as public health issues, their ability to motivate action, and the availability of data to measure their progress (Kandula, Kersey and Lurie 2004).

3. TASKS AND AIMS OF PROJECT.

The project deals with providing information to immigrants on how to handle themselves while migrating and settling in new environments and preparations for oncoming challenges ahead.

Secondly, the project provides information to professionals and healthcare professionals on how to recognize stressors that motivate immigrant to settle in new environments. Additionally, provide knowledge to professionals that accommodate immigrants on ways to support the person adapt to their new homes and live a healthy life while they integrate into their countries system.

MOTIVATION

Absence of integration systems in Finland that assist foreigners integrate to the Finnish system when they arrive. Most systems exist for asylum seekers but are not adaptable to high levels.

AIMS

To rule out the most common health challenges faced by immigrates and healthcare workers. While provide information to both parties and how to maintain healthy lifestyle and overcome day to day health challenges.

To provide information to professionals and healthcare facilities on how to handle immigrants in different circumstances

4. EMPRICAL IMPLICATIONS

Literature review initial idea was to find seven articles discussing about how immigration affects health around the world. The articles were easily accessible and available from different databases. Some articles available discuss about immigrants living in in different parts of the world and applicable to the study question satisfactorily.

The process of finding these selected articles described in table three, in a manner, that the search is repeated in the future if needed. The search for the articles took place in April 2014. Articles searched from one databases, Academic Search Elite (Ebsco host), through the library web pages of Turku University of Applied Sciences. This database chosen has proven to be easy to use in the past and provides cost free full-text articles, a factor which was also considered beneficial. The articles were all researched and written in English language.

For the finding of the research articles which would fulfil the inclusion and exclusion criteria and also broadly provide a response to the research aim, combinations of search terms used. Inclusion criteria for the accepted research articles were the article had to relate within the concept of our research that is health, immigrants and environment. The research articles published in a scientific journal between the years 2001- 2014. Exclusion criteria for the research articles were study focuses specifically on only the areas outside health and immigrants and the research articles published from the year >2000.

To start finding research articles which would fulfil the inclusion and exclusion criteria and broadly provide an answer to the research question, combinations of search terms were used. Many hits in every database came when the used the term ‘health’, so other search terms were required to reduce that number. Since the topic of this literature review was accessing immigrants’ health. A search into the health of foreigners living in different areas for better service provision, the terms “health” and “immigrants” were often put together and then some additional word was added to that to bring the potential research articles.

“Health” and “immigrants” were combined with terms such as “climate,” “environment,” “Exile” and “conditions.” Also, terms that relate to immigration and would bring suitable articles, like “language barrier,” “traditional practices” were used together with “health” and “immigrants.”

After the analysis, a table was drawn to show the results in a more precise and usable form. Seven out of the 38 articles which focused on health challenges of immigrates and challenges faced by healthcare workers. Furthermore, one described how immigrates children were affected this showed how immigrate parents’ perception affects child coping in school. The other articles mainly describe health challenges.

Table 3: Showing articles extracted from EBSCO Host

EBSCO Host	**Title**	**Abstract**	**Text**
	Health$	Immigrants	Climate$
	96,893	321	38

5. ARTICLES REVIEW

5.1. Article one: Svenberg Kristain, Mattsson Bengt and Skott Carola 2009. 'A person of two countries.' Life and health in exile: Somali refugees in Sweden

The project bases on a person of two countries'. Life and health in exile: Somali refugees in Sweden. The project involved five women and eight men and thirteen interviews with Somalis and conducted in the informant's homes the objective of the study was to discover the experiences and thoughts regarding health and illness among Somali refugees living in Sweden and insights in their lives. Their thoughts about health seemed to connect with their experiences from a life in exile.

A hermeneutic-phenomenological approach used in the analysis. The findings revealed an essential theme, a life in exile that permeated every subject discussed. Expressed in the following aspects as longing for the homeland, pain that is a companion in exile, prejudice, and discrimination, family concerning comfort and trouble, religion and beliefs in Jinns.

Possessing of jinns to the Somalis is regarded as supernatural while in the western societies is referred to as mental disorder with the explanation of mental symptoms, for example, inner conflicts or dissociative disturbances. However, a psychiatric discourse in the context of Western interpretation is not sufficient to understand Somali refugees' interpretations of their needs, perceptions, and experiences of mental health.

According to many of the informants, bodily pain, headache, and dizziness were uncommon in pre-war Somalia and seem to increase during a life as a refugee. The clear skies, the clean air, the limpid sea water and the fresh food in the homeland were all emphasized by the informants. Descriptions of symptoms and chronic pains that diminished and even vanished during a temporary return to the homeland were common. Just as evident was the recurrence of these symptoms upon returning to Sweden.

However, the researchers are not informed about the effects involved in the subjective experience of being exiled and alienated. Research is still far from explaining the way in which the cultural values that are assumed and communicated impact upon biology and perception.

Refuses feel existentially threatened. A number are unable to confront their traumatic experiences or to endure working through painful memories and traumatic loss. Through observation, it is important to provide a flatform to for refugees to communicate their life story and testimony. They benefit psychologically and can cope with the difficult present. Also, it is important to try together to understand the catastrophe which they experienced, to enable refugees to respond appropriately in crisis situations.

5.2. Article two: Pere Torán-Monserrat et al. 2013. Level of distress, somatization, and beliefs on health-disease in newly arrived immigrant patients attended in primary care centres in Catalonia and definition of professional competences for their most effective management.

The article focuses on the level of distress, somatization and beliefs on health-disease in newly arrived immigrant patients in primary care centers in Catalonia and definition of professional competences for their most effective management. The article furthermore discusses how newly arrived immigrant patients that frequently use primary health care resources, experience difficulties in verbal communication. Also, migrates possess a system of beliefs related to health and disease that leads to difficulty for health care professionals. This hindering reason for consultation especially when consulting for somatic manifestations.

The project conducted in two phases, Phase I involved Somatization and beliefs study Transversal, multicenter qualitative and quantitative observational study, of the immigrant population residing in Catalonia. Study setting was in a primary healthcare centers at Maresme, Barcelonès and Vallès Oriental counties with a high percentage (around 20%) of immigrant population within their reference population. Study subjects were immigrants that always visited the Primary

Care Centers (PCC), over the age of 18 and less than 80 years of age and arrived in Europe within the last ten years.

For the qualitative part of Phase I, a semi structured questionnaire that provided a free narrative book of the informants, their perceptions relating to important preoccupations, disturbances, and diseases including the system of beliefs linked to health and disease. This part of the interview was taped and later transcribed for content analysis. The analysis of the narrative of the informants was carried out based on the fundamentals of the Grounded Theory related to qualitative methodology.

Phase II involved professional competences study where the guidelines for the qualitative investigation of Phase II designed from the data obtained in Phase I. It focused on the professional competences necessary for correct care to immigrants facing different situations of distress. Techniques used; Personal Interviews (PI), Interviews in Focus Groups (FG) and analysis of the content of the conversation and the In situ questionnaires (ISQ). Involving answering the questionnaires generated from the information produced through the two previous techniques. A narrative analysis of the content and comprehensive material of the PI, FG and ISQ was performed with the participation of the internal and external investigators.

The following interventions established to improve the immigrants' stay and situation. Firstly the establishment of risk profiles based on the characteristics of the migratory population studied. Resulting in tools for healthcare planning to facilitate the identification of target groups in which active surveillance is required to prevent these situations of psychic suffering. Secondly, elaboration of a map of risks an important element in the planning of services and for the assignment of resources to each territory. Thirdly, analysis of barriers and facilitators in care to immigrants this based on real experiences lived by the immigrants that provide the elements to carry out an analysis of barriers and facilitators to thereby render better health care and social care. Also, establishment of plans of improvement in the quality of care to the immigrant

from the primary care centers. Improvement on the efficiency of care provided and Improvement on professional competences based on the management of difficult situations in the consultation.

The Healing Community supports the individual, family, and global community by creating opportunities, disciplines and best practice for those searching for remedies. For example the real world's disappointments, injuries, injustices, fears, insecurities, illness, lack, failures, addictions, blaming, guilt, struggles, anger, violence, dishonor, disrespect, and devaluation of life. (Mickens and Patch ell 2005). As more immigrants arrive from different countries lacking sophisticated medical care, may have little or few prior experience with the other countries' medicine. War, conflict, and political barriers also impact an immigrants' access to routine medical care.

5.3. Article three: Hamilton Hayley A, Marshall Lysandra, Rummens Joanna A, Fenta Haile and Simich Laura 2011. Immigrant Parents' Perceptions of School Environment and Children's Mental Health and Behaviour

The project concerns Immigrant Parents' Perceptions of School Environment and Children's Mental Health and Behavior, with particular emphasis on its relationship with academic outcomes and child adjustment. This research indicates the relationship between caring and healthy school environments with mental health. However, suggests that negative parental perception of schools impair children's mental health. Parental involvement is discovered to associate positively with mental health while parental perception of school environment is a particular importance to immigrants because schools are an important aspect of family adaptation.

A study of children of immigrants in Canada with a survey covering a wide range of immigration and settlement experiences related to family, school, work, and peers, as well as health and behavior outcomes. The Children were either born outside of Canada or into families in which at least one parent had immigrated to Canada within the 10-year period before entry into this study. Children belonged to 1 of 2 age cohorts at the time of the first survey, 4-6 or 11-

13 years of age interviewed. This study of parental perception of school environment focuses on a subsample of Hong Kong Chinese, Filipino, and Mainland Chinese in the Greater Toronto Area. The inclusion of these three groups in the larger study based on analyses of Citizenship and Immigration Canada's 1999 data on immigrant landings

Several instruments used during data collection. However, child Emotional Distress and Parental Depression instrument showcased the health situation. Child Emotional Distress measures based on parental responses to eight questionnaire items derived from those used to form an Emotional Disorder/Anxiety Scale and Parental Depression measured depressive symptoms in parents were assessed using a 16-item index measure.

The project showed physical aggression results for emotional problems in children. Moreover, indicating no significant association with parental perception of school environment after controlling parental ethnicity. The results indicated that parental perception of school environment significantly and negatively associated with physical aggression in children. This association of higher school perception among parents with less physical aggression among children remained significant even after controlling for select characteristics of the children, parents, and family.

However, the project portrayed limitations, for example, the analysis based on cross-sectional data. Influencing child emotional health and physical aggression or vice versa. Need for further research to determine how the relationship occurs may be required. Secondly, measures of emotional distress and physical aggression used in analyses only based on parental reports whereas subjects like teachers and children are a priority in this situation.

Regardless of whether one or both parents migrate, children experience the effects in their health, education, and overall well-being. Regarding education, poor school attendance, and dropout rates emerge as important consequences for children when either parent migrates. Concerning psychological outcomes, psychological difficulties for both younger and older adolescents regarding

attempts to cope with their parents' migration and distress is associated with family disruption. (Dillon and Walsh 2012)

5.4. Article four: Julius N. Ade, Jim Rohrer, and Nancy K. Rea 2010. Immigration, Income, Drinking and Obesity in African American Adults.

The study investigated the relationship between immigration status, income, drinking, overweight and obesity in African American adults residing in the United States using an internet web based survey. Data on 303 adult African American immigrants and nonimmigrants was collected using a self-administered web based survey; though the length of stay was not found to be a determinant for obesity, age, and frequency of alcohol consumption per month (more than five alcoholic beverages) consumed were significant risk factors for obesity.

Diet and exercise were previously the main factors associated with immigrants becoming obese in the US. Overweight is prevalent in African American communities. Risk factors affecting overweight and health promotion in African American immigrants could be limited to alcohol consumption. Blacks who frequently drink have high risk of obesity.

5.5. Article five: Gudiño, Omar G, Nadeem, Erum, Kataoka, Sheryl & Lau, Anna S -2011 Relative impact of violence exposure and immigrant stressors on Latino youth psychopathology

Research shows the effect of exposure to negative environment has on the mental health of Latino youth who live in low income areas and exposed to violence caused by high prevalence of violence in their residential areas. Due to factors like poverty, search for education and attempt to find low violence areas to live in have led this youth to opt to migrate to new areas, in this case, United States of America in search of a better life. While this youth progress their movement to the United States, they are exposed to violence in many forms:

separation from their parents, robbery, physical and sexual assault by human traffickers when they travel illegally to the States. Nonetheless, when this migrants attempt to settle in the new environments, they are exposed to living in poor conditions due to crowding in attempts to hide from immigration police. Stress caused by attempts to live, work and speak English language.

Information gathered through assessment, questionnaires with yes or no answers, self-reporting, and collection of data from schools. The aim of the research violence exposure based on immigrant status and location of exposure. Determine the incidence and frequency of exposure to new violence within a 6-month period. Research investigated the effect of the following factors affects psychotherapy. Separation from parents, Demographic variables, stress arising from English language proficiency. Acculturation/ enculturation, acculturation stress, exposure to violence.

Research concludes that future planning and settling of migrant youth should consider their background and provide a suitable environment preferably a person environment that's fits their previous living conditions. For example placing children from low income areas in Mexico to live in the same low income area in the United States so as to lower acculturative stress and increase the rate of adjustability to new environments.

5.6. **Article six:** Carolyn Tobinand Jo-murphy lawless 2014. Irish midwives' experiences while providing maternity care for non-Irish women seeking asylum. International journal for women's health. In depth, unstructured interviews and one open ended question. Interviews were recorded then later transcribed verbatim. Purposive sample of ten midwives drawn from two sites, five from a large urban inner city hospital, and five from a smaller more rural maternity hospital.

Women coming from other countries to seek asylum in Ireland have a particular set of individualized needs requiring a maternity service that offers an approach to women that is caring, competent, individualized, and culturally sensitive. However, this kind of service remains extremely limited in the current system. This research investigates the challenges midwives in Ireland undergo while

they assist asylum seekers in giving birth and general care of their patients. Research conducted in urban setting and rural setting.

The aims of this study were to explore midwives' perceptions and experiences of providing care to women in the asylum process and to gain insight into how midwives can be equipped and supported to provide more effective care to this group in the future.

The major findings trained interpreters is clearly untenable and requires immediate attention, whereby this service becomes embedded within hospital policy as a mandatory minimum requirement. The need for continued high quality in-service education in cultural competency is also a basic minimum requirement that is essential to the provision of safe and effective care to non-Irish women. Community-based services that provide the possibility of continuity of care make access to care easier for women, and provide the possibility of good midwife/client relationships and trust building. Revision of the government policy of forced dispersal for women in the asylum process who are pregnant or in the early postpartum period is urgently needed

5.7. Article seven: Wicherts IS, Boeke AJ, van der Meer IM, van Schoor NM, Knol DL, Lips P: 2010. Sunlight exposure or vitamin D supplementation for vitamin D-deficient non-western immigrants: a randomized clinical trial

This study is meant to investigate the need for vitamin D supplements by non-immigrants in Netherlands. A randomised clinical trial in 11 general practises was used to conduct this study. Non-western immigrants between ages of 18-65 were randomly selected to receive a daily dose of 800 IU or 1000 IU for three months or advised to expose themselves to sunlight between March and September. Blood samples were collected at the baseline then after three months, six months and a follow up after 12 months.

The study designed as a randomized controlled trial, comparing the effect of supplementation with vitamin D3, either a daily dose or an equivalent dose once every three months, with the effect of direct sunlight exposure for at least one half hour per day. The active study treatment was administered during six months, between March and September, as these are the months where sunlight results in vitamin D synthesis in the skin. After eligibility was verified, written informed consent was obtained. The study approved by the Medical Ethics Committee of the VU University Medical Centre.

211 persons (53 men and 158 women) for serum 25(OH) D and PTH, serum, was kept frozen at −20°C until analysis at the university laboratory. All samples from one person analysed in the same run to minimize variation.

Table 4: Progressive vitamin sample result.

	baseline	3 months	6 months	12 months
800iu/day	22.5		53	
1000iu/day	22.5		50.5	
sunlight exposure	22.5		29.1	

Sunlight exposure is the natural way to increase serum 25(OH) D concentrations. Effects depend on the season and the area of exposed skin, for effective supplementation a high percentage <15 % of skin exposed to sunlight with unfortunately causes a side effect of skin itching after sunlight exposure without visible changes.

The Norwegian Institute for Air Research recent findings is it takes 2.4 times longer for persons with dark skin (skin type 5) to synthesize the same amount of

vitamin D than for persons with skin type 2. Considering this fact supplementation of vitamin D will be more efficient on persons with skin type 5.

Non-western immigrants usually expose themselves less to sunshine than born Dutch people due to cultural and religious habits. In fact, a poor vitamin D status can be seen in the progressive change in skin pigment on these immigrant persons even in regions with abundant sunshine.

Headache episodes decreased significantly among participants in the 800-IU intervention and reported pain in upper legs improved significantly in the 100,000-IU intervention compared to the advised sunlight intervention, therefore, efficient supply of vitamin D, which considers a person's lifestyle and other risk factors in best established to supress vitamin D deficiency.

Obese person's vitamin D production on the skin surface is impaired, after exposure to sunlight obese persons have half of the concentration of serum compared non obese persons. Fat accumulation on the subcutaneous layer of the skin hampers the passage of vitamin D from the skin into the blood stream. Secondly, obese persons have lower surface area to volume ratio compared to thin persons. Advice to obese persons to access sunlight as a means to produce vitamin D from their skin will not be effective intervention.

Non-western immigrant exposed to multiple risk factors (aging, lifestyle habits, and skin pigmentation). Vitamin D deficiency has a negative influence on health; effort spent in assessing, and early detection and treatment of people with deficiency of vitamin D. Supplementation is much effective since immigrant expose themselves to less sunlight due to cultural and religious beliefs. Higher doses needed in persons with higher BMI.

6. DISCUSSION

Clinicians need to understand immigrants' experiences as encompassing an effort to fit between cultural frameworks for cultural competence. According to

article two suggests establishment of risk profiles based on the characteristics of the migratory population studies. Appropriate multicultural assessment is required to arrive at an accurate, sound, and comprehensive description of the client's psychological presentation by gathering data on historical, familial, economic, social, and community issues.

Clinicians benefit by using multiple sources of evidence when assessing immigrant clients and identifying culture-specific expressions of wellbeing and distress. For example article three, the project portrayed limitations when the analysis based on cross-sectional data. Influences child emotional health and physical aggression or vice versa leading to the need for further research to determine how the relationship occurs. Secondly, measures of emotional distress and physical aggression used in analyses only based on parental reports whereas subjects like teachers and children are a priority in this situation.

According to article one, possessing of jinns to the Somalis is regarded as supernatural while in the western societies is referred to as mental disorder. With the explanation of mental symptoms, for example, inner conflicts or dissociative disturbances. In this case, health care workers should consult with colleagues and supervisors who may be more familiar with the client's sociocultural context, the specific diagnostic tests considered, and culture-bound syndromes and who may be able to provide support throughout the assessment process

Treating curable conditions of migrants before resorting to their expulsion is important. Reducing the burden of stigmatization, ostracism and broken hopes for the migrants and their families. For example article, one suggests that it is important to provide a flatform for refugees to communicate their life story and testimony. They benefit psychologically and can cope with the difficult present. Also, it is important to try together to understand the catastrophe which they experienced, to enable refugees to respond appropriately in crisis situations

Supplements treat vitamin D deficiency due to many factors highlighted in article seven for non-western immigrants. They do not expose themselves to sufficient amount of sunlight due to their cultural and religious beliefs. Skin pigmentation especially dark skin type five takes 2.4 more time and skin type six takes four times more time to process the same amount of vitamin D processed by skin type two at single time. Obese persons have low surface area to volume ratio than normal weight people. Secondly, their skin high in subcutaneous fat hampers the passage of processed vitamin D from skin to blood stream.

Article six concerning childbirth in exile findings shows a lack of connection, communication, and cultural understanding by caregivers that impacts health hinders service delivery leaving patients feeling alienated, lonely and isolated. Inadequate or poorly organized maternity services complicated by lack of training in cultural understanding and access of interpreter services compromised the efficient service delivery to persons already under stress from trauma and pre and post migratory stressors. A disorganized birthing environment created a feeling of isolation, fear, and vulnerability. Lack of understanding, language barrier and failure to listen contribute to poor state of patient mental illness.

Migrants can learn to research more about the area they are going to settle. For their person benefit, according to article two as more migrants arrive from different countries lacking sophisticated medical care, may have little or few

prior experience with the other countries' medicine. War, conflict, and political barriers also impact a migrants' access to routine medical care.

Cultural competence training is a necessity among health care workers. Effective communication is compulsory in provision of care, re-assurance, compassion, comfort, should be implemented by caregivers in process of assisting the immigrants since they may be traumatized, fearful, and are trying to cope with new environment. According to article six, there is a need for continued high quality in-service education in cultural competency, a basic minimum requirement that is essential to the provision of safe and effective care to immigrants.

Empirical information

Furthermore, gathered more information a proposal for healthcare workers professionals' working with immigrates. Presented in a PowerPoint presentation that includes less than fifteen slides with references (sources). This information includes guidelines, recommendations and similar or previous situation that have been encountered by professionals while dealing with immigrates. Information will be placed in the terveysportti for professional healthcare workers to access. Find the icon below, guidelines and recommendations for the professional health care workers.

thesis presentation (5).pptx

Images placed on the PowerPoint are all downloaded from *classroomclipart.com*. At the time of downloading this images and writing of this thesis, all these picture were offered free of charge by the website. Under terms of use of images from this website, images can be used for education purposes without seeking permission. Under clause 1 of terms and conditions of use students and teachers can use the images, parents in print, multimedia, and video productions for personal and educational purposes free of charge. Educational uses include school projects, web pages, newsletters, bulletin

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7. RELIABILITY AND VALIDITY

In the beginning of the study, there were a few challenges and limitations. At every stage of the study, much effort was made as much as possible to avoid errors. In the first instance, use of academic database to retrieve articles to be more close to reality, because all the articles in the academic database must have underwent a critical test before certified to be fit for research works. Literature review analyzed this study to gain control over the large volume of data involved. Step by step approach makes the data to be well controlled and managed to generate more accurate results. Year of publications is another important factor, all the articles are recent and published in the year 2000 and after. Makes the used articles to be recent enough for the study.

Furthermore, all the studies involved real life studies, which involve direct contacts with the concerned immigrants or in other way persons that get in contact with them, by sharing out questioners for them to fill and express their feelings about certain questions. Including use of child Emotional Distress and Parental Depression instrument to analyze the data. Use of contact studies in this particular research work indicates that decisions made are more close to accurate.

There is no way to minimize limitations to zero, in this study, limitations were: There are some conflicts of ideas from various authors simply because, the issue is all about the different personal encounters and feelings, These differences in nature lead to generation of conflicting ideas, Ideas are critically viewed to bring out more reliable points from the pool of ideas. Nevertheless, justification of such conflicts cannot be fully free of errors.

According to Shaun 2012, when good research is valid and reliable provides the reader an honest account of events or issues under investigation. All research practice requires an awareness of ethical issues. A code of ethics is a set of moral principles about how people should conduct themselves and give clear

guidance on the appropriate way that people should behave or act. Validity is the rigor of the description and the credibility of the explanation in qualitative research while in quantitative research it is technical (Boje 2000).

8. CONCLUSION

Migration is a process of social change during which a person moves from one cultural setting to another to settle for a longer period or permanently. Reasons for migration are divided into push factors (driving the individual out of the country of origin) and pull factors (attracting the individual towards the recipient country). Push factors include war, poverty, and hunger while pull factors include employment opportunities and political and religious freedom. These factors affect both the nature of the migration and the migrants' health. (Maria K et al. 2007.)

Migrants are exposed to health risks before, during and after leaving their countries of origin. Before and during the journey, migrants experience wars, torture, imprisonment, loss of relatives, long stays in refugee camps, socioeconomic hardship. Some of the risks experienced after arriving in the recipient country include imprisonment, long-lasting asylum seeking processes, language barriers, and lack of knowledge about health services in the new social context, discrimination, and marginalization. (Maria K et al. 2007.)

Additionally, long periods in refugee camps in the recipient country cause existential insecurity, leading to stress reactions with negative health impacts. These impacts happen directly through a higher stress response resulting in, for example, higher blood pressure, or indirectly through unhealthy behaviors, e.g. drug abuse, lack of resources for prevention of diseases and provision of health care when needed, or poorer adherence to medical advice (Syed and Vangen 2003.)

9. SOURCE MATERIAL

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Articles	Methods used	Number of people involved	Problems/findings/results	Results/Conclusion
Article 1 A person of two countries'. Life and health in exile: Somali refugees in Sweden.	Thirteen interviews with Somalis and conducted in the informant's homes. A hermeneutic-phenomenological approach used in the analysis	five women and eight men	Longing for the homeland pain Prejudice and discrimination Family concerning comfort and trouble religion and beliefs in Jinn's. Loss of language and a deficiency of social and cultural anchorage	Possessing of jinn's to the Somalis is regarded as supernatural while in the western societies is referred to as mental disorder Bodily pain, headache, and dizziness were uncommon in pre-war Somalia and increase during a life as a refugee Descriptions of symptoms and chronic pains that diminished and even vanished during a temporary return to the homeland were common
Article 2 Level of distress, somatization and beliefs on health-disease in newly arrived immigrant patients attended in primary care centres in Catalonia and definition of professional competences for their most effective management: PROMISE Project	Conducted in two phases: Phase 1: Multicentre qualitative and quantitative observational s, a semi structured questionnaire study interview was taped and later transcribed for content analysis Phase II: Professional competences study where the guidelines for the qualitative investigation of Phase II designed from the data obtained in Phase I. Techniques used: Personal Interviews (PI), Interviews in Focus Groups (FG) and analysis of the content of the conversation and the In situ questionnaires (ISQ).	Health care centre. (between immigrants of ages 18-80 years)	Disagreement between patients and physicians about the causes, when the patient comes from another culture. Lack of cross cultural knowledge of service providers Somatizations have a strong cultural component and differs in each origin Somatization disorders ar prevalent among immigrant population	To improve the immigrants' stay and situation: Establishment of risk profiles based on the characteristics of the migratory population studies. Elaboration of a map of risks, an important element in the planning of services and for the assignment of resources to each territory Analysis of barriers and facilitators in care to immigrants based on real experiences lived by the immigrants render better health care and social care Improvement on the efficiency of care, professional competences based on the management of difficult situations in the consultation.
Article 3 Immigrant Parents' Perceptions of School Environment and Children's Mental Health and Behaviour	Interviews conducted child Emotional Distress and Parental Depression instrument for the health situation to collect data	Children born outside Canada or to families' parent had immigrated to Canada within the 10-year period before entry into this study. Children belonged to 1 of 2 age cohorts at the time of the first survey and 4-6 or 11-13 years of age	Immigrant parents are less involved in schools. Negative perception (not welcome and appreciated) Stress concerning their children's adaptation	Parental perception of school environment significantly and negatively associated with physical aggression in children
Article 4 Immigration, Income, Drinking and Obesity in African American Adults	Cross/section quantitative self/administered web based survey was used to collect primary data	303 adult African American immigrants and non-immigrants residing in the United States	Immigrants exercised about one day per week and consumed less fruits and vegetables. Nearly 29% avoided using medical care due to cost. Alcohol consumption was identified to be higher in immigrants than non-immigrants	Black adults requently drinking appear to face elevated risk of obesity. Immigrant status and income level were not identified to affect this trend. --Screening for alcohol consumption and health education indicated for adult black immigrant patients.

Article 5 Relative impact of violence exposure and immigrant stressors on Latino youth psychopathology	Assessment, questionnaires with yes/no answers, self-reporting, collection of data from schools.	Phase one then second phase after six months. Latino students (N=164) aged 11 to 13 years (mean [M] 511.35, standard deviation [SD] 5.54) recruited from a large middle school in Southern California. The sample included 56.1% girls and 35.4% immigrant youth residing in the United States	Research investigated the effect of the following factors affects psychotherapy. Separation from parents, Demographic variables, English language proficiency. Acculturation/ enculturation, acculturation stress, exposure to violence. Internalizing and externalizing symptoms.	Research concludes that future planning and settling of migrant youth should consider their background. Providing a suitable environment, preferably an environment same as their previous living conditions .e.g. placing children from low income areas in Mexico to live in the same low income area in the United States so as to lower acculturative stress and increase the rate of adjustability to new environments.
Article 6 Irish midwives experiences of providing maternity care for non-Irish women seeking asylum	In depth, unstructured interviews and one open ended question. Interviews were recorded then later transcribed verbatim.	Purposive sample of ten midwives drawn from two sites, five from a large urban inner city hospital, and five from a smaller more rural maternity hospital.	Language barrier was considered a significant challenge in provision of effective care. Lack of or un-availability of translators and interpreters became a cause for frustration to nurses.	Trained interpreters is clearly untenable and requires immediate attention, whereby this service becomes embedded within hospital policy as a mandatory minimum requirement. The need for continued high quality in-service education in cultural competency is also a basic minimum requirement that is essential to the provision of safe and effective care to non-Irish women. Community-based services that provide the possibility of continuity of care make access to care easier for women, and provide the possibility of good midwife/client relationships and trust building. Revision of the government policy of forced dispersal for women in the asylum process who are pregnant or in the early postpartum period.