

Flight/Migration and health - A brief overview

Approaches to explaining the relationship between flight/migration and health

Selection effects

- "*Healthy migrant effect*": better health in refugees/migrants after flight/migration compared to population in destination country is based on selection before flight/migration, i.e., more healthy and risk-taking individuals migrate

Effects of the flight/migration process

- Critical life events (including traumatization) can have a negative impact on psychological and physical well-being (*migration-stress-hypothesis*)

Structural effects

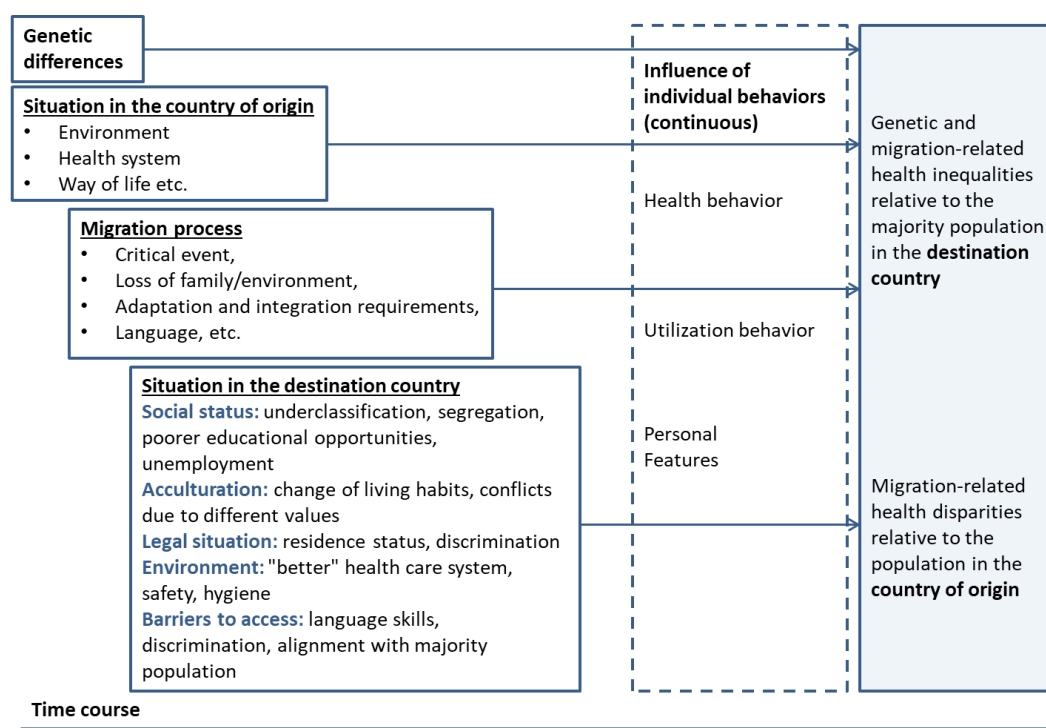
- Health risks include social disadvantages of refugees/migrants (lack of social integration and support, poor health behavior, deprivation in meeting needs)
- Life course influences development of chronic diseases, so that exposure before flight/migration can already determine diseases in the later life course

Possible causes of differences between persons with and without a flight/migration background

- health-related circumstances in country of origin and host country
- flight/migration experience
- social and legal situation in host country
- ethnicity
- barriers to accessing the health care system
- health behavior: habits, attitudes toward health
- resources (personal, familiar, and social)

(Kirkcaldy et al., 2006; Lohmann-Haislah, A., Mess, F., Dugandzic, D. & Woll, A., 2013; Razum et al., 2008; Razum, O. & Spallek, J., 2012; Stenzel, 2016; Walter et al., 2007; Wanner, 2018; Weber & Hörmann, 2011)

Factors influencing migrants health - a life course perspective (from Spallek & Razum, 2008; p. 283):



Health of refugees (Biddle et al., 2021)

Physical health	Mental health
<ul style="list-style-type: none"> - more than 80% of the refugees report a moderate, poor or very poor general health condition - 39% report a chronic illness, 17% complain of severe health limitations, 21% have severe to very severe pain (women tend to be more affected) 	<ul style="list-style-type: none"> - high general health burden of refugees (especially depression, anxiety disorders, PTSD), e.g., 44% of all refugees with depressive symptoms versus 10% of the German population
Health care	
<ul style="list-style-type: none"> - approximately 1/3 of all refugees reported unmet need for primary and specialty care, barriers to access: long wait times, rural housing 	

Used and further literature

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