Health and Nutrition of Migrant Youth: A Place to Call Home

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A Place To Call Home

“They have no idea what it’s like to lose home at the risk of never finding home again to have your entire life split between two lands and become the bridge between two countries” Immigrant – Rupi Kaur

The principle of a multicultural society is constantly under attack. By confining individuals and disassociating them from ourselves, we forget to see them as people and begin to neglect their needs. Today, a group of neglected individuals is the refugee youth.

The world is currently experiencing the highest numbers of displaced persons with one person being forcibly displaced every 2 seconds, according to the United Nations High Commission for Refugees [1]. Over half of these individuals are under the age of 18 years. Often times, when hearing about the growing number of displaced persons, we are confronted with the drivers that cause those people to leave. It is essential to bring attention not only to the core issues of displacement but also the health and mental state of the refugee youth once they arrive to the United States to resettle.

By neglecting to promote proper nutritional practices and ensure supportive communities, we encourage a detrimental and costly future for the growing youth and the United States as non-communicable diseases take hold. The importance of mental and nutritional health must be emphasized while the youth are acculturating into the United States.

In comparison to other migrants, refugees are different because they forcefully fled their home country to escape war, political violence, and/or persecution. As a resettlement country, it is important for the United States to discuss its role as it receives individuals who have gone through a tumultuous process and have yet another final step of acculturation. It is vital to keep family units together and instill a supportive community [1,4]. Moreover, unaccompanied youth are often at a greater risk of developing psychological health issues. Being a refugee does not mean the child will have mental health issues but not properly processing the persecution they were fleeing from can hinder their ability to acculturate while retaining their identity.

The process a refugee must go through is exhausting and encompasses three transition periods: loss of their home country; transition into a host country; adaptation and acculturation into their new home country. In cases before refugees reach the host country, it is observed that acute malnutrition is often associated with areas of conflict. In analyzing situations in different refugee camps, it is evident that not all refugees suffer from one singular debilitation. At Za’atri refugee camp in Jordan, there is a prevalence of anemia, diarrhea, and decrease in breastfeeding [4]. In four refugee camps in Northern Greece, it was concluded that there was a high prevalence of stunting [5]. With limited resources available for these refugee camps, it was detrimental to assess the individuals to ensure the resources are prioritized accordingly.

Refugee youth have little control over their situation. Throughout their experience as a refugee, their diets are most affected. Prior to leaving their homeland, these youth are living in areas of conflict where food and water shortages are experienced along with limited access to healthcare services. While in refugee camps, food is provided by humanitarian assistance and is rationed resulting in reduction of the diversity of food received as well as a reduction in meal frequency [4].

Once the refugees arrive in their new home country, they will have to readjust their food and begin the process of acculturation. During acculturation, the younger generation experiences a variety of health and nutrition issues, including overweight and obesity, which lead to other long term health risks in adulthood, including hypertension, diabetes, liver...
and gallbladder disease, cancers and depression \(^6\). Chronic diseases attributed to high calories, fat, sugar, and salt are not well-recognized in the refugee community. A study that followed newly-arrived refugees for two years showed that with time, the percentage of healthy weight individuals will decrease while the percentage of overweight or obese will increase. As a result, the percentage of the group that had non-communicable diseases also increased \(^7\). In North Carolina, individuals providing services were interviewed according to their perception of the environment, nutrition and health barrier needs of the refugees in Guilford County. Housing was observed to be in poor condition with transportation barriers. In regards to diets, it was observed that refugees had difficulty budgeting and maintaining food assistance, hoarding food, high consumption of sodas and sweets, misperceptions regarding U.S. products and limited health knowledge. Most refugees preferred “fresh” foods and had strong agricultural skills but lacked green space \(^8\).

Food desert is the inaccessibility to fresh foods and greatly affects those living in poverty in the United States. Recipients of the Supplemental Nutrition Assistance Program (SNAP) will consume more fruits and vegetables given the opportunity to do so according to a study in Philadelphia \(^9\). A bonus incentive was given to farmers markets that accepted SNAP and found consumption more than doubled in the first two years. Hence, programs that incentivize interaction between farmer markets and refugees will allow refugees to become informed on how to properly prepare foods that are not native to them.

Our society has made major progress in regards to mental health awareness. Unfortunately, in comparison to non-migrant children, refugee children are least likely to utilize mental health services \(^10\). Barriers that prevent refugee youth from using mental health services are: distrust of authority and/or systems; stigma of mental health services; linguistic and cultural barriers; primacy and prioritization of resettlement stressors. The best way to approach distrust for authority is to create a program that engages the community and allows parents to hold positions of authority \(^10\).

There are many variables in considering whether a child will develop PTSD and how well they are able to cope with other mental conditions such as depression, anxiety, and other behavioral problems. Even though the process of post-migration and acculturation strains the family units, it is vital to keep them together and highlight the importance of parent-child relationship.

Unaccompanied minors who have had experiences in detention are at a higher risk of developing mental health problems because they are most likely to have traumatic experiences \(^11\). Acceptance into the host community, discrimination, educational difficulties, and cohesion of family units are a few factors that affect how youth cope with their trauma.

Mental health is not addressed until basic needs are met within the family. Therefore, integration of programs that allow for horizontal communication will ensure all needs have been met along with mental health evaluations. The Transcultural Psychiatry Team at Montreal Children’s Hospital exhibits how highly effective such a program can be and reported that once a family attended the first appointment, 74% remained in treatment \(^10\). Because youth are not able to actively seek mental health services, it is of most importance to ensure the integrated programs include parents, teacher, community, and primary care physicians.

Refugee youth arrive to the United States having lost their home. Acculturation is a long process that is difficult as a person whose identity is challenged when rhetoric from the current administration poses you as a threat. The young children who come to this country are a vulnerable population that requires more awareness according to their nutritional and mental wellbeing. Health Professionals should become more involved in creating and implementing policy regarding the influx of refugees and asylum seekers. Thus far, progress has been made and should continue with the implementation of SNAP electronic transactions at farmers markets. Technological innovation has led to the creation of an app, RefAid, which provides a simple interface directed toward providing refugees with the necessary information to help them map the services around them.

It is difficult to fathom the alienation felt when forcefully fleeing your home to escape violence to only arrive on foreign land and feel even more alienated. Psychologically, the host country’s policies on immigration and asylum affect whether the refugees feel included or secluded within their society. “When multicultural identities are problematized, it becomes a problem for anyone growing up in a multicultural environment” \(^12\). There is limited research on the refugee youth and some mention the increase in drug and alcohol abuse especially in unaccompanied youth \(^12\). In order to alleviate the difficulty that vulnerable youth experience during acculturation, it is vital to create effective policies and programs that promote access to fresh nutritious foods and mental health services. Additionally, as citizens, it is vital for us to build a supportive environment to ensure inclusion for a multicultural society.
Raising awareness for the refugee youth is not suggesting to neglect the citizens who are also in very much need of accessibility to services, but rather to include refugee youth. There is limited research regarding how resources should be allocated and more should be done. In the same way integration of services must be provided to refugees to ensure mental and nutritional health is not neglected, organizations and programs within the United States should also collaborate and integrate services to ensure access to mental and nutritional wellbeing is not limited to only those with the means to obtain. Awareness and accessibility should not be a privilege, especially for those who are most vulnerable and can greatly benefit.


