



«Self-care in refugees and asylum seekers: a multicentric observational study»

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Who are Vulnerable Migrants?



People who have left their country of origin due to a well-founded fear of persecution based on race, religion, nationality, membership in a particular social group, or political opinion. This persecution may be actual or feared.

Refugees and asylum seekers are legally recognized as such and are entitled to protection and assistance under international law, such as the 1951 Refugee Convention and its 1967 Protocol.

(Geneva Convention, Article 1A, 1951)

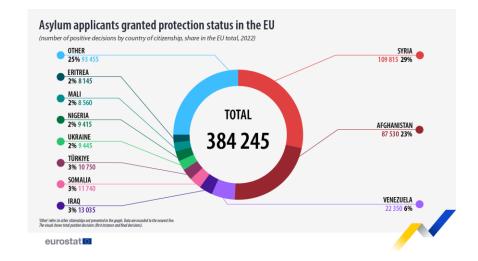


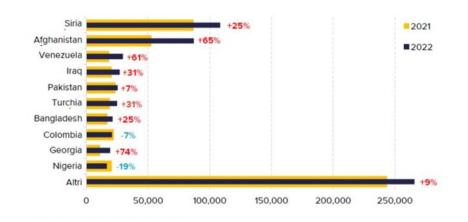


Some numbers

- From 2015: more than 2.5 million migrants in Europe. Over 30,200 have lost their lives in the Mare Nostrum, including children
- In 2023: 361,839 migrants, 53,738 minors and +30.000 unaccompanied from the Middle East and North Africa,
 Sub-Saharan Africa, Central and South Asia.
- This number marks a **significant increase** compared to 2022.









Immigration in Italy



Italy is the first country of arrival for refugees and migrants in Europe: over 157,600 arrivals in 2023, 26.800 minors of whom 17.300 were unaccompanied.

The highest number since 2017!

- Limited number of asylum places
- Complex and multi-level bureaucratic system



NEW EMERGING HEALTH NEEDS



The «Health migrant» effect



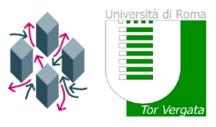
Although newly arrived migrants and refugees often exhibit health status equal to or better than the resident population, this tends to deteriorate due to:

- Post-migration trauma;
- Language, cultural, social, and financial barriers;
- Barriers to accessing healthcare;





What the needs of Migrants' landing Europe?



Public Health Nursing

Nursing and Health Policy Perspective

Physical and psychosocial healthcare needs of Mediterranean migrants, refugees and asylum seekers landing in Europe. A systematic review

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Factors influencing migrants' health

Traumatic Events

Residence permit and residency status

Acculturation, discrimination and ethnicity

Family status

Life conditions

Barriers in accessing health care

EMPIRICAL RESEARCH MIXED METHODS



Living in a multicultural context: Health and integration from the perspective of undocumented Mediterranean migrants, residents, and stakeholders in Italy. A qualitative-multimethod study

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Challenges for stakeholders

Fragmentation of services

Need for connection between professionals

Need for culturally competent care

Challenges for residents

Fragmentation of services

Need for targeted integration interventions



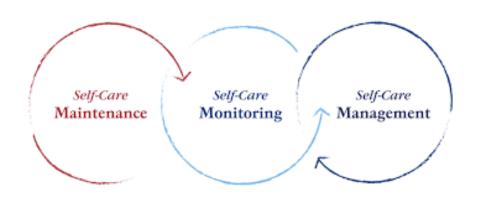
What about self-care?



«The process aimed at maintaining the best health conditions through health promotion practices and disease management» in order to:

- **Preserve** the stability of the illness (Self-Care Maintenance)
- Monitor signs and symptoms to recognize complications early (Self-Care Monitoring)
- Manage complications (Self-Care Management)

This process is influenced by various factors, including experience, motivation, and access to care (Riegel ei al., 2012).



It is essential for migrants to also engage in self-care to maintain their health and well-being at optimal levels



A new proposal



- Aim. To evaluate self-care behaviors among VM in Italy and assess their association with psychosocial health and quality of life.
- Method. Multicenter observational design
- Expected results. To understand the relationship between selfcare, predictors and health outcomes to implement tailored interventions



Implications

- Inform health promotion strategies, culturally competent care delivery, and policy interventions aimed at ensuring migrant well-being while reducing costs healthcare.
- Emphasizing self-care practices adapted to the specific needs of migrant populations
- Promote the community nurse specialized in cultural care







No mother would put her child on a boat in the middle of the sea if she didn't believe the sea is safer than the land she's leaving behind.





