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Original Research

Structural violence and marginalisation. The sexual and reproductive health experiences of separated young people on the move. A rapid review with relevance to the European humanitarian crisis

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ABSTRACT

Objective: To explore the main sexual and reproductive health (SRH) issues for separated young migrants.

Study design: We conducted a rapid review.

Methods: The search for articles published between 2000 and June 2017 including peer-reviewed and ‘grey’ published literature from a range of databases including MEDLINE, AMED, Embase, ASSIA, Scopus, Web of Science and websites of international organisations (Missing Children Alliance, United Nations Population Fund (UNFPA), World Health Organization (WHO), United Nations Human Rights Council (UNHRC), Human Rights Watch, United Nations Children’s Fund (UNICEF) and FBX Centre for Health and Human Rights) took place over 4 months. Themes emerging from the included studies and articles were synthesised.

Results: We found 44 articles from a range of countries of which 64% were peer-reviewed and 36% were from ‘grey’ literature. Structural violence and marginalisation were the key analytical themes that emerged and included young people’s vulnerability to violence, unmet knowledge and service needs, barriers and stigma and poor SRH outcomes.

Conclusions: This is the first known review to summarise the key SRH issues for separated young migrants. As Europe hosts the greatest number of separated young people in recent history, their unique SRH concerns risk being overlooked. Public health practitioners and policy makers are encouraged to challenge the gaps that exist in their services.

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Introduction

A striking feature of the recent humanitarian crisis facing Europe is the large number of displaced migrant children and

young people either in transit, missing or settled in European countries. While some travel with their families, there are many who travel alone or with an unrelated adult¹ and can be defined as ‘separated children’.² Unaccompanied children are

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defined by the United Nations Human Rights Council (UNHRC) as a non-European Union (EU) national or stateless person younger than 18 years, who are ‘separated from both parents and are not being cared for by an adult who, by law or custom, is responsible to do so’, while those who have made an application for asylum in a host country are defined as ‘unaccompanied asylum-seeking minors (UASMs)’.³ However, the separated children alliance in Europe argues that the more inclusive term ‘separated children’ rather than ‘unaccompanied children’ better reflects the circumstances of young people who find themselves without guardianship and incorporates the social and psychological impact of separation.⁴ In this review, a range of terms will be used depending on the term used in the original report, but all will refer to the crisis for separated young people.

Unprecedented numbers of separated young people have recently arrived on European shores. The last few years have seen the number of separated children crossing the EU-Balkans border increase dramatically, with almost 90,000 ‘UASMs’ registered in the EU in 2015.⁵ While there was a slight reduction in 2016,⁶ a consistent proportion of applications continue to be made by children younger than 14 years.^{6,7} Whether travelling through forced displacement or through their own agency, separated children are both a global phenomenon and high-risk population, whose needs, especially their sexual and reproductive health (SRH) needs, are not being met.²

While the needs of separated children are a global public health concern, most data and commentaries on separated children relate to the current humanitarian crises faced by those in the European region.

Although it is known that adverse outcomes can be prevented with timely interventions of services during and after a humanitarian emergency,⁸ and that individuals have the right to information on SRH and to access services that contribute to well-being, free from discrimination,⁹ this does not appear to be happening. In emergency situations, in the face of immediate survival concerns, provision of food and shelter largely take precedence, with SRH needs commonly overlooked.¹⁰ Suboptimal services are provided around family planning (including access to short- and long-term contraceptive methods, as well as emergency contraception), prevention of sexually transmitted infections (STIs) and HIV, safe abortion services, antenatal care and the prevention and treatment of sexual and gender-based violence,⁸ leading to adverse health outcomes and poor quality of life.²

Adolescence is a continuum of substantial cognitive, behavioural, psychosocial and physical change. Throughout these stages, the presence of adults and social structures are crucial in guiding young people into early adulthood.¹¹ Adolescents are particularly vulnerable during an emergency situation. Developmental immaturity, estrangement from social structures, disruption of education and an imbalance in power relations place young people at a heightened risk for sexual exploitation, violence and abuse, STIs and HIV, unwanted pregnancy, unsafe abortions and engagement in exploitative labour.¹²

A review of the SRH needs of migrant young people, with particular reference to separated children, and the ways in which these may potentially be addressed was undertaken.

Methods

A rapid review was conducted over four months to explore the SRH needs of separated young people.¹³ Owing to the heterogeneous nature of the studies, the small number of empirical studies and importance of including reports from international organisations, this method was deemed to be the most appropriate.⁷ The process included defining the problem, searching for appropriate literature, screening and selecting articles using predetermined inclusion criteria, reviewing articles and extracting data, summarising findings and drawing conclusions.¹⁴

MEDLINE, AMED, Embase, ASSIA, Scopus, Web of Science and Google Scholar and websites of international organisations (Missing Children Alliance, United Nations Population Fund (UNFPA), World Health Organization (WHO), UNHRC, Human Rights Watch, United Nations Children’s Fund (UNICEF) and FBX Centre for Health and Human Rights) were searched for articles published between 2000 and June 2017 to identify relevant English language–published peer-reviewed and grey literature. References lists of retrieved articles were also searched to maximise the scope of the search.

Search terms including ‘adolescent’, ‘refugee’ and ‘asylum seeker’ were combined with terms to describe the phenomenon of interest, ‘sexual health’, ‘reproductive health’, ‘sexually transmitted infections’, ‘contraception’, ‘sexual exploitation’, ‘sexual abuse’ and ‘gender-based violence’. Medical Subject Headings keywords and free text terms were used when necessary. Titles and abstracts were screened and data, from the relevant full-text articles that fitted the inclusion criteria (SRH, separated young people), were extracted using predesigned data extraction forms. All study designs, other than case studies, were included. Studies were sourced worldwide due to the small number of studies related specifically to the recent European crisis. Included reports and articles were read and coded and then translated and synthesised, first into descriptive themes and subsequently into analytical themes.¹⁵

Results

Forty-four articles/reports were included, of which, 64% (28) were peer-reviewed and 36% (16) were grey literature (Fig. 1). Included studies/reports were largely qualitative studies, cross-sectional surveys and service assessments. Two main analytical themes emerged in relation to SRH and migration of young people, structural violence and marginalisation, which included four key descriptive themes. These can be seen in Table 1.

Structural violence

Violence and vulnerability

Vulnerability to violence was one of the most defining features faced by separated children.^{2,16} Separated children are at a heightened risk for sexual violence, exploitation and abuse due to the perilous nature of travel and subsequent risk of exposure to traffickers. A multitude of risk factors contribute to this,

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