

Immigration and Adolescents' Behavior

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Abstract

Keywords

immigration,
adolescent,
behavior,
migrant

Migration has been seen to be an essential, inevitable, and potentially advantageous element in the economic and social life of every nation and region. In the same manner migration has resulted to immigrants experiencing noncommunicable diseases and poor mental health than natives. The purpose of this literature review was to examine the influence of immigration on the adolescents' behavior. Several empirical studies have found that immigration has had significant impact on the behavior of the adolescents. Adolescent immigrants have been reported to experience more behavioral issues than the native adolescents. Behavioral concerns such as the risk of poor health outcomes such as posttraumatic stress disorder (PTSD), anxiety, depression, sleep disorders, exacerbated attention-deficit/hyperactivity disorder (ADHD) and asthma symptomology, and somatic complaints were evident among the migrant adolescents. Overcrowding and sexual exploitation are common challenges experienced by the adolescent immigrant. To lessen any potential negative psychological effects of immigration, it is critical for educators, mental health professionals, and policymakers to recognize the special needs of immigrant adolescents and offer targeted support.

Introduction and Background

Migration of people is a significant phenomenon in the growth of human societies and it is defined as the process whereby an individual legally or illegally moves to a new country or region with the aim of staying or settling there (United Nation migration, 2022). According to United Nations Migration (2022), it is estimated that there were around 281 million immigrants around the world which equates to 3.6% of the world population.

Persons who are undertaking the immigration are known as the immigrants. There are several reasons why people move to other countries but they could be categorized as voluntary or involuntary migration. Voluntary migration is where an individual migrates to the other country out of their own desires while involuntary a person is compelled to migrate because of external factors such as war, flee from oppression, violence, and economic hardship among others (Madan, 2023; Mendoza et al., 2018).

Alegría et al. (2017) argued that migration has been seen to be an essential, inevitable, and potentially advantageous element in the economic and social life of every nation and region. On the contrary other previous studies have established that immigrants are likely to be vulnerable to noncommunicable diseases and poor mental health than natives (Ahmed et al., 2018; Gualdi-Russo et al. 2016). As reported by United nation children's fund (UNICEF, 2023) out of the total population of migrants, 36 million were children and adolescents in 2020 of which 11% were individuals aged between 15 and 24 years old. This suggests that there was a huge number of adolescents who are affected by migration.

Adolescence is a critical developmental stage that is marked by changes in behavior, identity, and social interactions. As define by World health organization (2021), an adolescent is a human being between the ages of 10 and 19 years old. It is estimated that there are 1.3 billion adolescents in the world making an approximately 16% of the global population (UNICEF, 2023). Hence, an immigrant between the ages of 10 and 19 years old is referred to as immigrant adolescent. It should be considered that adolescent is a very important period in human development because it is a stage where great physical, emotional and psychological changes take place in the human developmental cycle called puberty. Therefore, adolescent who are experiencing migration could be at high risk of other behavioral, cognitive, physical and emotional challenges which may result from both the migration process and the human development and growth. The migration-related factors that most negatively impacted children's mental health were experiences such as discrimination, loss of access to governmental and educational resources, premigration trauma, loss of community, cultural distance and acculturation, the burden on the family unit, and socioeconomic difficulties (Andrade et al., 2023).

Literature Review

Several empirical studies have indicated that Children experiencing migration are likely to be

exposed to traumatic moments which make them at risk of poor health outcomes such as posttraumatic stress disorder (PTSD), anxiety, depression, sleep disorders, exacerbated attention-deficit/hyperactivity disorder (ADHD) and asthma symptomology, and somatic complaints and distress (Betancourt et al., 2012; Jimenez et al., 2017; Oh et al., 2018). Adolescents with migration status showed a higher prevalence of anxiety symptoms (53.5% vs. 46%) and insomnia than their counterparts without migration background (Pieh, et al., 2022). Adolescents with migration backgrounds, whether first or second generation, are at a higher risk of experiencing psychological symptoms and suicidal thoughts compared to those without migration backgrounds. These mental health challenges arise from the stress and potential trauma experienced in their home countries, the migration process, and difficulties in adapting to a new country. Leaving behind familiar surroundings, customs, and adjusting to a new cultural environment with different norms, values, and language can lead to psychological distress (Shi et al., 2019).

Previous studies have reported varying results in relation to immigrant adolescents' behaviors. A study done to understand the immigration, citizenship, and the mental health of 749 adolescents in the US found that there was prevalence of emotional difficulty exhibited by immigrant adolescents aged between 10-17 years old (Filion et al., 2018). In North America, Belhadj Kouider (2015) found that there no variance in behavior pattern between the locals and the immigrant adolescent apart from the Asian immigrants who were more at higher risk of development mental health problem than locals. In articles review on Children's emotional and behavioral response following a migration, Andrade et al. (2023) revealed that most children had postmigratory environmental factors that included fear of deportation, language barriers, difficult relationship with caseworkers, challenges accessing the host country government healthcare system, and parentification due to taking care of the parents. The study further indicated that there

were emotional and behavioral response that were as result of mental health challenge. Most of the children were found to be at risk of PTSD, OCD, suicide attempts, anxiety, emotional distress and dissociation. Additionally, there were feelings of powerlessness, low self-esteem, behavioral problems, feeling unsafe, low levels of life satisfaction, and loneliness.

Duinholff et al. (2020) in a cross-sectional study with 1054 adolescents from non-western and Dutch population established that immigrant adolescents were more vulnerable to conduct problems and peer relationship as compared to their Western counterparts. The difference could only be explained in very small portion by the family affluence and educational level. A study done in Europe among 2962 adolescents in Brussel Belgium reported that various immigrant behaviors were closely related to their home culture and in relation to the country of origin (Meroc et al., 2019). The researchers revealed that immigrant adolescents were less likely to engage in weekly alcohol consumption, whereas they were more likely to report unhealthy dietary, physical activity and sleep habits. In another study carried out among 3569 adolescents from Turkish immigrants, Dutch natives showed that Turkish immigrants had more behavioral issues than the native Dutch adolescents (Janssen et al., 2004). The study had used Child Behavior Checklist to measure the behavior of the adolescents. The study indicated that the dissimilarities in behavioral patterns were because of different patterns of parent-child interaction, family values, and a delay in the acquisition of Dutch language skills.

In China, Fang et al. (2020) did a study to examine the children and adolescents' ecological migration survey on mental health among 4805 adolescents aged between 12 and 16 years old using Eysenck Personality Questionnaire. The study revealed that adolescent migrants were much more likely than host adolescents (28.04%) to experience behavioral issues (21.59%). Another study done among 447 Chinese children aged between 6 and 16 years old found that the prevalence of behavioral problems was 18.80%

and 13.59% for left-behind children and migrant children, respectively, both of which were higher than that of local children (Hu e L., 2018). A study done in Chile among 292 children and adolescents aged between 8 and 18 years established a positive relationship between cultural distance and levels of depression (Caqueo-Urizar et al., 2021). The result implied that the more an adolescent was finding it difficult to adjust to the new culture of the host country, the high the vulnerability of depression.

Immigration in Africa is not a new concept although most research studies are focused on the west and to exclude the uniqueness of cross-border immigration within Africa. Another unique factor about immigration to and within Africa is the lack of official policies in handling immigration (Norman, 2021). Unlike most western countries, African countries do not have stringent laws that govern immigration or if they do, they are hardly adhered to. This makes the topic of immigration in Africa scary, decreasing the amount of research done in the area. According to International organization for migration (2020) it was estimated that there were about 39.5 million African migrants whereby about 18.5 million moved outside Africa and 21 million were migrants within the African countries. UNICEF (2019) reported that half of the migrants in Africa are children and adolescents. By 2017, the largest migrant children in Africa were coming from South Sudan, followed by Somalia, Sudan, the Democratic Republic of the Congo and Central African Republic. The common trend among these countries is that they have been experiencing political instability which has resulted to war and famine. Considering that majority of the migrate within Africa are labor immigrants, there has been growing research on the political and cultural response of countries such as South Africa and Botswana in the increase of xenophobia towards immigrants. In regions where ethnic loyalties hold more significance than national identities, the arrival of immigrants in a culturally diverse environment exacerbates pre-existing tensions and foster a heightened sense of rivalry. Previous studies have reported that this phenomenon is

evident in numerous African nations, where the treatment of outsiders coincides with intricate internal discussions among various ethnic groups regarding citizenship rights (Geschiere & Jackson, 2014; Duyvendak et al., 2016). Within such contexts, immigrants are frequently perceived as an additional faction competing for acknowledgment and access to resources.

Immigration has been increasing in Africa and throughout the world, bringing effects to the physical, mental, social and financial well-being of the immigrants and their families. A comprehensive analysis of 51 studies involving 224,197 participants revealed that immigrant children and youth experience notably poorer mental health outcomes compared to non-immigrant children and youth (Dimitrova et al., 2016). A study to assess the economic roots of anti-immigrant prejudice in the global south among 1088 respondents in South Africa found that there was high prejudice towards immigrants especially among the unemployed migrants (Harris et al., 2018). This prejudice is not only project to the adults but also to the adolescents which great fear, depression and insecurity among this population. Similarly, uncertainty that comes with venturing into new environments where the social and economic dynamics are not well known to adolescents, in most cases these individuals are exposed to vulnerable situations of violence, exploitation and limited access to opportunities (Save the children, 2018). In a review study carried out among African immigrant articles, Kwankye et al. (2021) found presence of overcrowding and sexual exploitation of adolescents and children within refugee migrants camps. They further reported of language barriers as major obstacles towards adolescent migrants seeking sexual and reproductive health (SRH) information. This was because most the SRH information were delivered in the local dialects which was alien to migrants.

In Kenya, it is estimated that migrants make up 2% of the total Kenyan population by 2020 and 47% of the migrants were refugees. (International migrants, 2021). Children and adolescent comprise of 31% of the migrants with 64% being

individual aged between 20 and 64 years whilst 5% are the elderly who are above 64 years old. In relation to other African countries, most of the migrants 44% in Kenya are from Somalia, 30% from Uganda, and 13% from South Sudan. Although little research has been done into the social, economic, and mental wellbeing of immigrants, there are trends in Kenyan immigration research that are worth exploring. For instance, the growing rate of prostitution and the increase of HIV/AIDS amongst immigrant youth and adolescents. This of cause is also fueled by other factors including misconceptions about HIV/AIDS, financial factors, social integration among other, but research has shown a notable effect of prostitution from independent immigrant youth and mothers (Brockerhoff & Biddlecom, 1999). Other factors include exposure to terrorism and terror on the borders, which these youth are highly exposed to.

Conclusion

Immigration has been a major challenge across the globe. The movement of people from their country of origin to the host countries is usually accompanied by various challenging factors. Children and adolescent always experience huge challenges in their behaviors and general health. Several previous studies have shown that adolescent immigrants experience more behavioral issues than the native adolescents. Behavioral concerns such as the risk of poor health outcomes such as posttraumatic stress disorder (PTSD), anxiety, depression, sleep disorders, exacerbated attention-deficit/hyperactivity disorder (ADHD) and asthma symptomology, and somatic complaints were evident among the migrant adolescents. Additional challenges included overcrowding and sexual exploitation. Another studies found a positive relationship between cultural distance and levels of depression whereby when the adolescent migrant does not connect with their cultural practice they were likely to exhibit some mental health disorder.

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	Website: www.ijarm.com
	Subject: Public Health
Quick Response Code	
DOI: 10.22192/ijarmr.2024.11.07.003	

How to cite this article:

Kedemi Wawira Victoria, Amin Nuru. (2024). Immigration and Adolescents' Behavior. *Int. J. Adv. Multidiscip. Res.* 11(7): 24-29.

DOI: <http://dx.doi.org/10.22192/ijarmr.2024.11.07.003>