



Call for Papers
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The Health of Migrants

Eds.

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International migrations notoriously comprise mainly healthy individuals. However, along the migratory path their health is often impoverished due to exposure to multiple risk factors both during the journey and once they arrive in their country of destination. Existing studies show that migrant women and men are more vulnerable than natives to infectious diseases, work-related diseases and mental and reproductive health problems (Rechel et al. 2011). The causes of these health inequalities include poor living and working conditions, trauma related to migration (Beneduce 2010) and difficulties in accessing and using the health system (Quaranta, Ricca 2012; Terraneo, Tognetti Bordogna 2018). Multiple processes and social factors (poverty, racism, discrimination) come into play in the exposure to the disease and in the possibility of facing it.

Within this scenario, to understand the mechanisms that determine the unequal distribution of health (Diderichsen, Evans, Whitehead 2001), it is necessary to overcome the mere distinction between indigenous people and migrants, to investigate the problems affecting different social categories. Gender, age, employment and legal status are some of the axes around which social suffering takes shape (Kleinman, Das, Lock 1997) and health problems differently develop. These in fact enter into a different relationship with economic (structural adjustment programmes, deregulation of public health systems, dissemination of health markets), social, cultural and environmental macro-conditions. For example, recent studies examine how perceived health varies among migrants who are ageing in their countries of destination, assuming some determinants of these health differences (Lanari, Bussini 2012; Cela, Barbiano di Belgiojoso 2019).

An important aspect of the analysis also concerns the social consequences of the disease, that is, how health conditions in turn affect the social status of individuals by producing a link between their state of health and impoverishment. Identifying this link means recognising not only how the main risk factors are due to socio-economic processes related to income and education levels, but also highlighting that poor health conditions make individuals and their families even more vulnerable from the socio-economic point of view. The effects of this circle are the basis of the high probability that low-income groups are exposed simultaneously to more risk factors that reinforce each other.

In addition to the analysis of historical-political mechanisms that contribute to producing and reproducing inequalities in the distribution of health, another field of research concerns the relationship between social dynamics and symbolic processes, i.e. the ways in which the social experience of illness is culturally elaborated in the migrants' experience. The different definitions of well-being, malaise, body, mind, care and disease of which they are carriers inevitably undergo transformations during migration. The meaning that individuals attribute to their own malaise and the capacity for action that they exercise in their experience of the disease is of fundamental importance in the analysis of the way in which migrant women activate treatment paths or not, interpret therapeutic indications and negotiate meanings attributed to the disease in specific historical and power configurations.

This monographic issue intends to explore the various aspects of the relationship between migrations and health described here, through the collection of both empirical and theoretical contributions, mainly (but not exclusively) on the following topics:

- ✓ the relationship between the health problems of migrants and their living and working conditions in their countries of destination;
- ✓ the repercussions on health of traumas, violence and restrictions experienced in their country of origin, during the journey and in the destination context;
- ✓ access to and use of health services and more generally, initiatives to tackle illness (also transnationally);
- ✓ the mechanisms of unequal health distribution based on gender, age, class, linguistic-cultural belonging, "race" and legal status;
- ✓ the different paradigms of health, disease and therapy and in relation to them the production of the historical-social sense of this experience;
- ✓ the relationship between social determinants, living conditions, economic inequalities and health, from an international point of view.

Deadline

Interested parties are invited to send their original essays and a short biographical note **by 1st of March 2020**

How to send

The texts must be sent via the Migrant Worlds page on the website of the publisher Franco Angeli <http://www.francoangeli.it/riviste/sommario.asp?idRivista=149> ; follow the procedure indicated after entering the "propose an article" key. **All texts will be submitted for anonymous peer review**

The individual essays, including notes and bibliographical references, must not exceed **35,000 characters (including spaces)**, they may be written in Italian, English or French.

Only texts that comply with the editorial rules available at this address <http://www.francoangeli.it/riviste/NR/Mm-norme.pdf> will be accepted:

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