

**Panel:  
"HUMAN RIGHTS AND BOY, GIRL AND TEENAGE MIGRANTS."**

**"RISKS AND IMPACT ON THE HEALTH OF GIRL, BOY AND  
TEENAGE MIGRANTS".**

**Corina A. García Piña**  
Pediatrician Specialist in Child Abuse  
National Institute of Pediatrics

Mexico is a country of origin, transit and destination for Mexicans to the United States. Transit migration has increased over the last decade. It is currently estimated that one in four households in Mexico, receive income from the U.S. According to studies made by the Coordinating Committee of the National Institutes of Health and Highly Specialized Hospitals (in 2009), there are more than 12 million Mexicans living in the U.S., and approximately three million are undocumented.

The migratory flow and the context in which Mexican migrants live pose a significant risk to their health and their families' health.

During the transit of illegal immigrants, health problems associated with drowning, accidents, heatstroke, dehydration, hypothermia and violence are reported. Among Mexican migrants, there are high rates of substance use and abuse (alcohol, tobacco and drugs). Dietary changes also result in cardiovascular problems, hypertension, diabetes and obesity.

Migration leads to an increase in risky sexual behavior that increases the vulnerability of sexually transmitted diseases like human papillomavirus, HIV and AIDS, as well as tuberculosis, infectious diseases, parasitosis and other conditions like chronic degenerative diseases: obesity, malnutrition, diabetes and hypertension.

Another concern is limited access to medical care and lack of information and prevention of diseases.

This is why the greatest boost to health should aim, via institutional support and health education, to achieve that the same environmental and social determinants of these foreign families be matched to their country of origin.

We shall consider the repercussions from a medical point of view on the impact on migrant children and adolescents.

They face innumerable risks from the start, from where they begin to transit, until they reach their destination. There is a risk of physical and emotional violence, as well as assaults. They are constantly at risk for injuries, sometimes even death by animal attacks or insect bites, drowning when crossing rivers, or suffocation when moved in trucks without adequate ventilation.

If the child or adolescent transits with a deteriorating nutritional status, with varying degrees of malnutrition and/or obesity, which does not indicate a proper nutrition level, it is certain that this will flare up during the trip.

During the trip, migrants are often subjected to adverse weather conditions that cause acute dehydration and electrolyte imbalances. They may have clinical manifestations, such as decreased body fluids and, at a more advanced stage, may have central nervous system disorders that may begin with drowsiness, convulsions, or bleeding, when electrolyte imbalance is more severe. When nutrition is deficient during the trip, there could also be decreased caloric intake, and apart from the dehydration, this could also lead to hypoglycemia, and the symptoms already present due to dehydration, can become much more severe due to hypoglycemia.

We tend to believe that children cannot suffer from diabetes or hypertension. We have seen that this is not true. We have children ages 11- 12, who already have hyperinsulinism. This means they have a high risk of developing type two diabetes mellitus, which has to do with their eating habits, and some genetic factors.

They can be trapped in sexual exploitation networks, but may be also be subjected to labor exploitation. Labor exploitation is another risk. The type of labor and hard work sessions to which they are subjected to, are often very long with very limited breaks, and this as well can harm them significantly.

There are many risks in the workplace. These include musculoskeletal injuries, deformities, or growth imbalances. When subjected to hard manual work that requires use of force beyond their means, this often leads to bone deformities and short stature, because the growth functions are subjected to stress which does not allow for proper bone growth.

They are also exposed to adverse weather conditions in their workplaces, heat stroke or sudden changes in temperature.

In relation to the risks of infectious diseases to which girls, boys and youth migrants may be subjected to, the more common ones are intestinal diseases, upper or lower respiratory infections, and those related to sexually transmitted diseases.

In a study undertaken in the National Institutes of Health, it was found that the most common infections in migrant children are intestinal amoebiasis. Giardiasis is another type of intestinal infection, which is also common in children and Ascariasis that are nematodes. These types of worms can damage the intestine, but also the respiratory tract, when the larva passes through the respiratory system.

In relation to respiratory infections, as we mentioned, they are exposed to extreme climatic conditions. The most frequent infections are the upper respiratory tract infections, asthma attacks and in some cases, lower respiratory infections such as pneumonia, though not as frequently. They also suffer from vaccine-preventable infections. We know that the migrant population here in Mexico is generally from different provinces, where vaccination is not always complete. The most frequent infections are tuberculosis, chickenpox and pneumococcal disease, which should have been covered in the national vaccination program for these viruses.

The risks that have to do with sexually transmitted diseases are plenty. First sexual abuse, which is one of the most significant risks, and often the reason why a child,

usually a teen, leaves home, is precisely because of this kind of abuse. In many cases, children and teens suffer sexual abuse, as well as physical abuse of all kinds, within the family, which drives them to leave home, and they often end up on the streets or decide to migrate to the United States alone.

Another reason may be that they get involved in commercial sexual exploitation networks from the beginning of their trip or during transit. There is an apparent freedom in these networks, because there is no one to set any sort of limits, unlike if they had gone with their families and spent the days working long hours. So this makes them fall into these networks, having unsafe sex with high-risk populations, such as having multiple sexual partners, or as prostitutes, which places all this population at a high risk level.

The types of sexual risks are related to many of the infections, with teenage pregnancies, which we also have to keep in mind because of the risks at stake for the teenage mother, as well as for the baby at a developing stage, and all the clandestine abortions that take place.

Among the most frequent infections found, according to studies performed in the National Institutes of Health, was the infection caused by the human papilloma virus and this has to do first of all with individual susceptibility. Not everyone is susceptible to developing the human papilloma virus, this depends on individual characteristics, and on the nutritional status, which we have seen is not always optimal for our young female migrants, so the risk factor is considerable.

We have seen that addictions are a risk factor for developing any type of sexually transmitted infection, such as the human papilloma virus. We know that there is a high risk, as we have seen that adolescents with addictions, with promiscuity, may develop a high-risk virus from an early age that could develop into cervical cancer.

What we have seen in some studies in relation to AIDS, is that children and adolescents who are involved in the commercial sexual exploitation of children or have lived on the streets, or perhaps suffered some abuse from before, are more likely to develop biological characteristics for acquiring this type of infection. Children are more susceptible to acquiring this type of infection, especially and most

commonly when there is a violent act of sex. Therefore the risk of transmission of Human Immunodeficiency Virus (HIV) will increase significantly due to injuries in the genital or anal area. Children have a highly vascularized genital mucosa. Generally this type of vascularization causes the infection to spread faster than in adults, as the mucus is very immature in populations of children under 18 years of age, because there are no immune defenses as there are in adults, and so this also increases the risk of acquiring the virus.

There are other infections that have been detected in these children, in the lab tests that have been carried out on migrants. Such infections are *Neisseria gonorrhoeae*, Chlamydia, and syphilis, which were not so frequent, but there has been an increase in these infections recently.

In conclusion, I would also like to comment on addictions. We have seen that addictions are basically an adaptive mechanism that increases the risk of addiction in children and youth migrants. For example, if the child or adolescent is away from his/her family, away from the place they are used to, away from a certain lifestyle, their situation changes and then they often fall into an addiction more easily. I mention children due to the fact that the ages have now decreased for becoming addicted to tobacco, alcohol and drugs. Being away from family, social isolation, perhaps social discrimination, situations of conflict as they are living away, all increase the risk of addiction.

Finally, I want to mention that the government and other institutions have developed some programs related to health care for girl, boy and teenage migrants and their families. They have established networks to offer guidance, care and also talks on how to prevent or detect a disease.

Nevertheless, I think our scope is still very limited. I believe that within the rights that we have already mentioned, one of the most important rights, and the one we should all keep in mind, is that we must strive to make the rights of girl and boy migrants equal to those of the country of destination. I know this is very difficult, like a dream, perhaps, but it would be the ideal. There is no need for discrimination. There should be equal health services for migrant families. So, I would like to leave you with this thought in mind. It is important that the initiatives that have been

proposed be taken seriously into account and worked on in order to accomplish them, so that migrants are equally treated in the country of their destination.

On behalf of the National Institute of Pediatrics and the Comprehensive Care Clinic for Abused Children, I would like to thank you for your attention.