
MIGRATION & CHILD DEVELOPMENT



* *Immigration*

Is The Physical Relocation Of A Person (And Is Typically Thought Of As Relocation To Another Country).

People Who Have Experienced International Relocation Are Typically Referred To As Immigrants Or International Migrants.



* *Acculturation*

Refers To The Psychological Adjustment Of The Individual Who Has Experienced Relocation. The Percentage Of The World's Population That Are Immigrants (International Migrants) Has Increased Steadily Over The Past 40 Years And Is Projected To Continue Increasing

In 2020, The Number Of International Migrants Reached 281 Million; 36 Million Of Them Were Children Among The World's Migrants Are Nearly 34 Million Refugees And Asylum Seekers Who Have Been Forcibly Displaced From Their Own Countries – Half Of Them Children.

The United States Has The Largest Number Of Immigrants In Absolute Terms But Other Countries Such As Canada Have A Large Proportion Of Immigrants (More Than 1 In 5 Residents Are Foreign-born)

Individuals Migrate For A Variety Of Reasons,
Including Employment Or Educational
Opportunities, Family Reunification, Natural
Disasters, Persecution, Or Political Instability.

Children Overwhelmingly Migrate With A Parent (Or To Join Parents) And Thus Have Little Choice About Their Migration.

Immigration And Acculturation Are Critical To A Full Understanding Of Child Development And Alter Children's Development In Significant Ways.



Children Of Immigrants May Have Higher Neurodevelopmental Risks Than Those Of Non-immigrant Populations.

Despite Their Large And Growing Numbers, We Know Relatively Little About How Immigration And Acculturation Influence Children's Development Even Though, Because They Are Transformative Experiences, We Expect Them To Shape Children's Development In Fundamental Ways.

Major Problems With The Body Of Research On Immigration And Acculturation In Childhood Include:(meta Analysis 2023)

The Overwhelming Majority Of Research On Children's Development Has Been Conducted With North American And European Middle-class Children, And As A Result, We Know Little About How Immigrant Children's Development Varies In Different Cultural Contexts.

⇒ It Has Focused On Problem Behaviors And Not On How Immigrant Children Experience Normative Developmental Events.

⇒ The Bulk Of Research On Immigrant Children Focuses On Adolescents And Not Young Children.



* *Communication*

Communication Is An Important Aspect That Is Affected By Immigration.

Some Of The Key Communication Aspects Influenced By Immigration Among Children Include Language Development, Language Fluency, And Parent-child Communication, All Of Which Are Essential In Children's Communication And Social Interaction. In Immigrant Status, Children Are Forced To Learn The Language Of The Host Community.

This Is Not An Easy Task Because Language Development Requires A Synergistic Interaction With The Environment.

In Most Cases, Dual Language Development Occurs During Early School Years. Therefore, It Is Explicit That Transition To School Holds Paramount Significance In Dual Language Learning Among Immigrant Children.

Children Attempt To Cope With Cultural Changes By Developing Communication Strategies That Will Promote Their Survival. One Of These Strategies Is Learning The Language Of The Host Society.

From A Critical Perspective, Language
Competencies Among Immigrant Children
Depend On The Environment.



In This Context, Both Home Linguistic And School Linguistic Environments Are Essential For Dual Language Development.

For Immigrant Children To Exhibit Effective Communication, They Are Required To Develop Dual Language Competencies. This Occurs In Home Linguistic And School Linguistic Environments.

In The Home Linguistic Environment, Children's Language Development Is Determined By Language Exposure Within The Family Settings Where Siblings And Parents Play Key Roles In Enhancing Children's Communication.

Social Interaction



* *Social Interaction*

Social Interaction Is The Second Issue That Is Associated With Immigration.

Evidence indicates that immigrant children experience problems in social interactions .

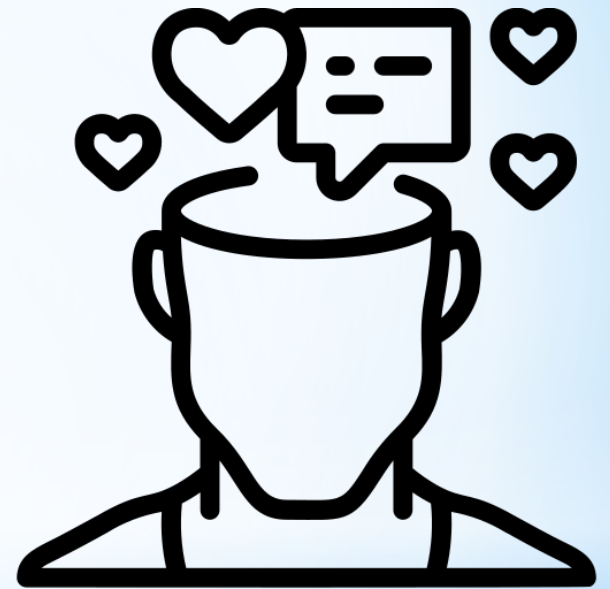
This Social Interaction Issues Among Immigrant Children Are Usually Attributable To Cultural Differences, Which Impair Their Social Competence, Parental Warmth, Peer Interaction, And Parent-child Communication.

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In Native Cultures, Parents Adopt Socialization Goals And Childrearing Practices Based On Their Cultural Values. Ordinarily, Culture Influences The Interpretation Of A Child's Social Behavior, An Aspect That Underlies Social Interactions. Therefore, It Is Apparent That Raising Children Different Cultural Backgrounds Affects Their Social Competence.

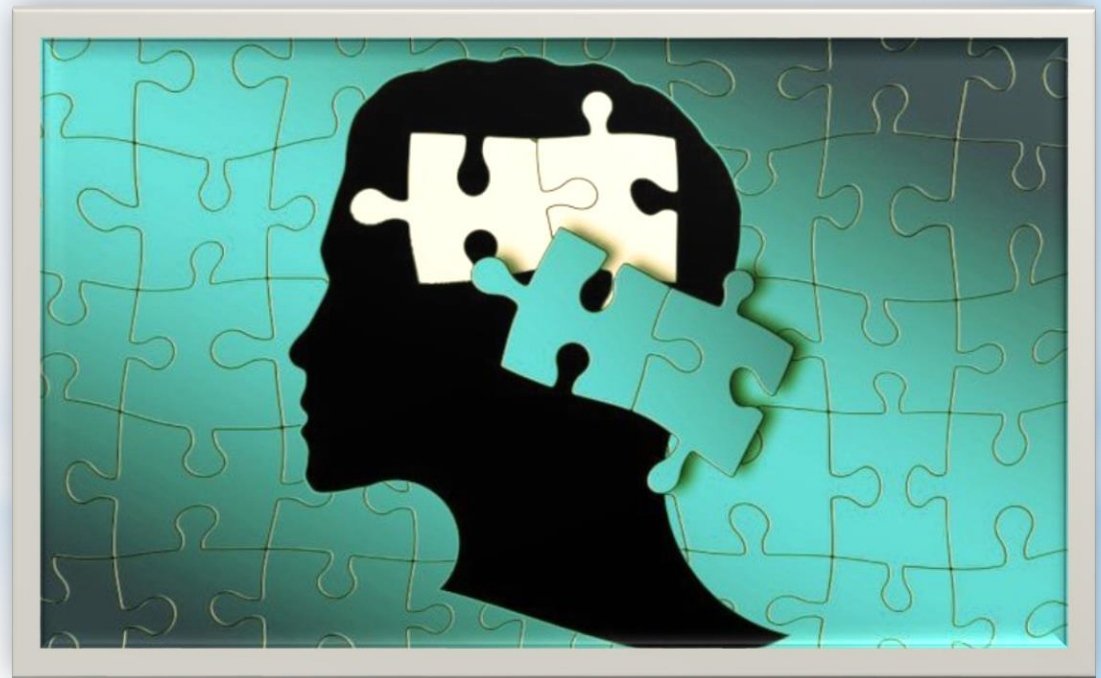
For Instance, Chinese Immigrant Children Who Are Raised In The US Exhibit Varying Degrees Of Social Competence Compared To Those Brought Up In Chinese Native Culture , Children Who Are Raised In Asian Societies Exhibit A High Level Of Socialization With Their Peers And This Is Characterized By Self-control, Cooperation And Self-restrain. In Contrast, Children Who Are Growing Up In Western Societies Exhibit Assertive And Self-directive Social Relationships.

Immigration has also been found to affect peer-peer interaction and parent-child relationship.



It Is Believed That Peer-oriented Extracurricular Activities Influences Child's Interaction With Their Peers. In The Case For Immigrant Children, Their Parents Are Likely To Engage Them In Structured Extracurricular Activities Based On Their Native Culture. For Instance, An American Chinese Parent May Engage His Or Her Child In Extracurricular Activities Based On Chinese Culture. On The Other Hand, Native Americans Engage Their Children In Extracurricular Activities Based On The Western .

* Neurodevelopmental Disorders





There is increasing evidence based on literature reviews that children of immigrants are at higher risk of neurodevelopmental disorders, particularly autism spectrum disorder (ASD)

Neurodevelopmental Disorders, Such As Attention Deficit Hyperactivity Disorder (ADHD), Intellectual Disability, And Specific Learning Disabilities, Have Been Studied Less Frequently And Results Are Less Consistent, With Some Studies Reporting Higher Risks And Others Reporting Lower Or Equal Risks.



Particularly maternal immigrant status has been reported as an environmental risk factor for ASD

Parental Immigrant Status Seems To Be Mainly Associated With Low-functioning ASD And Other ASD Phenotypes Characterized By Intellectual Disability And Communication Disorders .

Indeed, Studies Reported Generally Lower Risks
Of High-functioning ASD And Asperger's
Syndrome .



* *ADHD*

When considering ADHD, divergent results have been found, partially due to differences in informants, as well as in the accessibility of mental healthcare across countries.

In Finland, Lehti et al. found higher odds of ADHD in children of immigrants in a case-control study

Similarly, in Germany, immigrant parents reported more ADHD symptoms in their children and stronger increases in symptoms over time

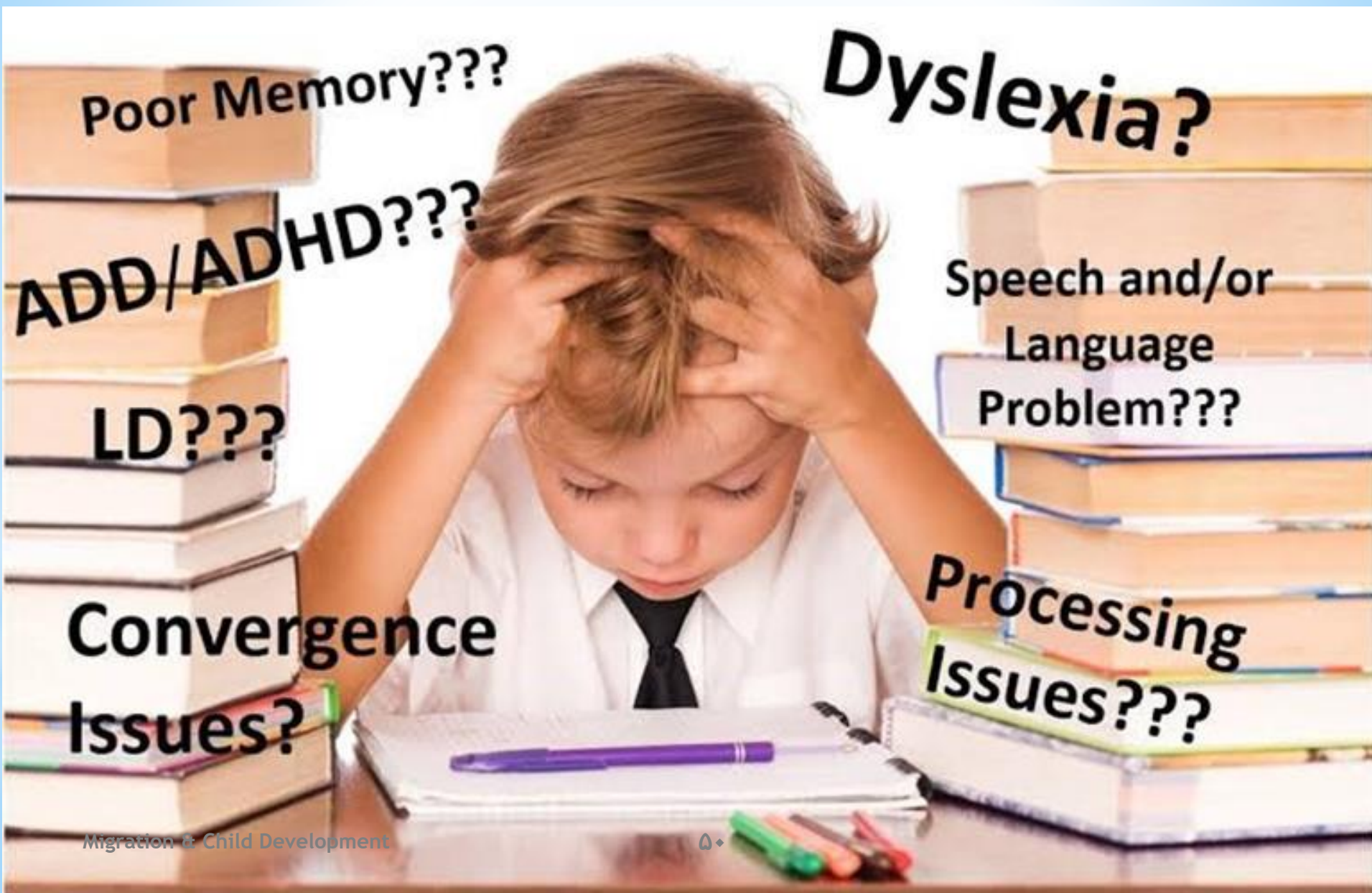


In Sweden, Only Non-european Immigrants
Reported More Symptoms Of ADHD In Their
Children .

In Denmark, Teachers Reported Similar
Numbers Of ADHD Symptoms In Children Of
Immigrants And Non-immigrants,

In the Netherlands, Zwirs et al. found lower prevalence estimates of ADHD in children of immigrants, as compared to those of the native Dutch .

In the USA, several population-based studies found lower risks of receiving an ADHD diagnosis in ethnic minority groups, including Hispanic Americans .



* *ID and LD*

Also when considering intellectual and learning disabilities, divergent results were observed.

In Australia, Abdullahi et al. found higher prevalence rates of cerebral palsy with ID in children of mothers born in upper-middle-income countries only.

In Australia, Abdullahi et al. found higher prevalence rates of cerebral palsy with ID in children of mothers born in upper-middle-income countries only.

In two other Australian studies, mothers born abroad had no significant differences in their risk of having a child with severe ID,

A British study found lower prevalence rates of intellectual disabilities in children of immigrants,

Pakistani descent who had higher odds of
profound multiple and severe learning
difficulties,

In France, the prevalence of severe ID was higher in areas with a high proportion of immigrants .

* *Neurodevelopmental Risk Factors*



Several explanations have been suggested
pre-, peri-, and post-natal risk factors for
neurodevelopmental disorders:

such as obesity ,and low socioeconomic status,
as well as associated risk factors, such as
inadequate housing and poor nutrition.

Immigrant mothers may face language and cultural barriers, as well as discrimination when accessing prenatal care , which could lead to deferred treatment of pregnancy complications, which are a known risk factor of neurodevelopmental problem



environmental pollutants, such as dioxin, PCBs, traffic-related air pollution, or heavy metals.

cultural habits involving the use of contaminated goods, such as imported lead-releasing ceramic cookware, herbs, or cosmetics, such as surma or kohl,

psychosocial stress experienced during the premigration, migration, or post-migration periods:

which may adversely impact neural development of the fetus, for example through epigenetic mechanisms .

Immigrants sometimes flee from armed conflict or severe economic insecurity in their countries of origin, and may have high levels of exposure to combat, poverty and sexual violence .Common post-migration psychosocial stressors include acculturative stress and discrimination.

Another common, yet controversial, hypothesis is that elevations in neurodevelopmental risk might be due to increased risks of vitamin D deficiency in darker skinned populations.

** Barriers to the Detection
of Neurodevelopmental
Disorders, Health Care
Access, and Treatment
Retention*

some evidence suggests that this group may receive late diagnosis, and therefore miss beneficial early interventions.



Potential barriers to diagnosis , include:
both structural/socioeconomic factors (e.g., financial barriers, underinsurance, problems with transportation, fragmented services, and language barriers) and social/cultural factors (e.g., lack of social support, stigma and discrimination, insufficient understanding of the host country's health system, low health literacy, and differences in values and expectations between health service providers and parents)

Likewise, there might be cultural differences in parents' likelihood of perceiving or reporting first developmental concerns to clinicians.

Population-based standardized screening may play an important role in addressing ethnic inequalities in the age at diagnosis, although further research focusing on cross-cultural use is necessary.

clinicians may rely on culturally sensitive procedures
(translation services, cultural mediators) to increase the
accessibility of interventions and improve adherence
among immigrant families

This article reviews (2022) the effects of various prevention measures such as early education programmes, cognitive and language training or parent and teacher training on child and adolescent developmental outcomes in immigration samples.

A cross-tabulation of prevention approach/programme type by different outcome domains revealed several important results such as high effects of child cognitive and language training programmes on child academic and language outcomes and relatively low effects of all programmes on child socioemotional outcomes.

In addition, individualised and culturally tailored programmes seems to be more effective. However, generalised effects on more distal educational outcomes (e.g., school degrees) were generally weak. Hence, it remains questionable whether individual psychosocial and educational programmes are able to counterbalance the multifaceted risks of immigration.

» به امید روزی که هیچ کس دلی در حق
محبور به ترک خانه و کاشانه