

# MIGRANT BACKGROUND AND CHILDREN'S USE OF HEALTHCARE SERVICES IN IRELAND

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## INTRODUCTION

In the last two decades Ireland has witnessed a strong inward migration trend. This has led to greater diversification of the population in terms of nationalities, ethnicities, cultures, and religions. In 2018, Non-Irish nationals accounted for 12.2% of the total population of Ireland. For the first time in history, there is an emerging cohort of children of migrants living in Ireland. In order to understand and respond to their healthcare needs, and, to facilitate their families' integration and assimilation, there is a need to understand how frequently the children of these migrants encounter the healthcare system.

## DATA AND METHODS

The *Growing Up in Ireland* study provides data for two cohorts of children. The research focussed on the nationality of the primary caregiver, because the primary caregiver is likely to make the decision on behalf of the child whether the child attends healthcare services. The main outcomes compared were the number of visits a child had made to a General Practitioner (GP), the number of attendances at an Emergency Department (ED) and the number of nights spent in hospital in the previous 12 months. Other important influences such as medical card status of the family, mother's education, the ability of the mother to read and fill out forms in English and the health status of the child were controlled for in the analysis.

## RESULTS

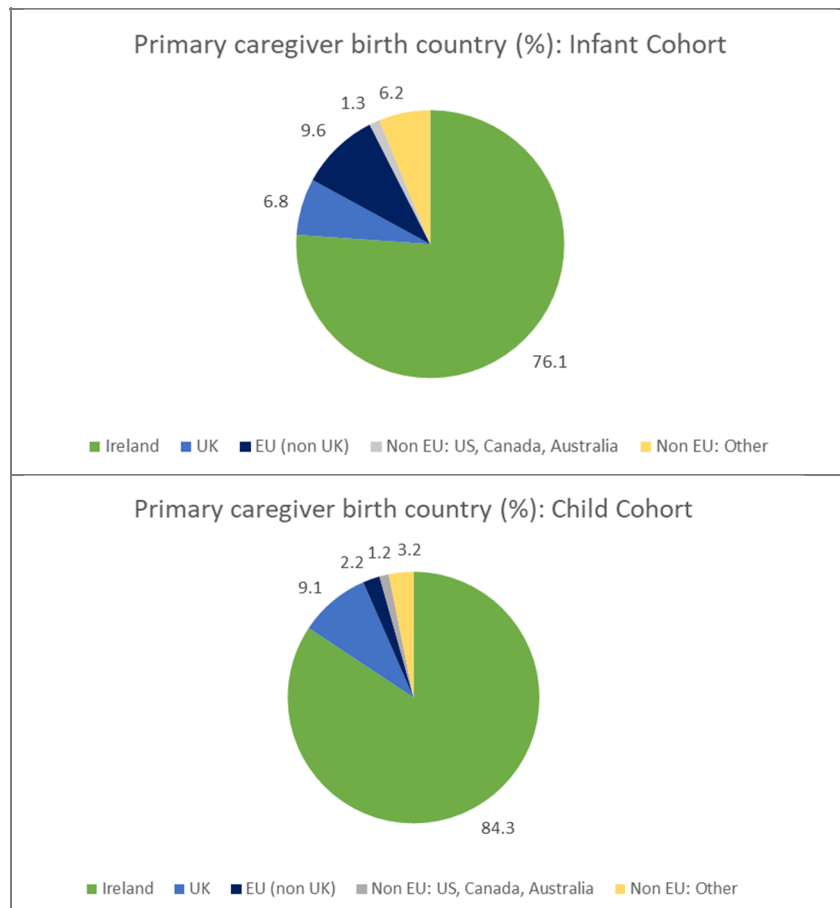
Differences in the origins of primary caregivers from the two cohorts are shown in Figure 1. For the younger Infant Cohort, born in 2008, there was a greater proportion of non-Irish born primary caregivers than for the older Child Cohort, born in 1998. The composition of the non-Irish born also differed between the two cohorts. The younger Infant Cohort had greater representation from both EU

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<sup>1</sup> This Bulletin summarizes the findings from: Mohan, G., "The influence of caregiver's migration status on child's use of healthcare services: evidence from Ireland", *Sociology of Health and Illness*, Available online: <https://doi.org/10.1111/1467-9566.13239>

(excluding UK) and Non-EU: 'Other' countries. This latter group contains countries outside the EU that are not English-speaking e.g. African, Asian and Latin American nations.

**FIGURE 1** Origin of primary caregiver of Growing Up in Ireland study child: Infant and Child Cohorts' wave one



For both the Infant and Child cohorts, children born to primary caregivers from countries in the Non-EU: 'Other' group were less likely to use GP services than children of Irish-born primary caregivers. There were also differences in the use of hospital services across the migrant groups for the two cohorts. For the Infant Cohort, children for whom the primary caregiver was from an EU (non-UK) background were less likely to go to an Emergency Department (ED) or spend a night in hospital as an in-patient. For the Child Cohort, those in the non-EU: 'Other' group were less likely to go to an Emergency Department (ED) or spend a night in hospital.

## CONCLUSIONS

Children of immigrant families represent a growing, diverse demographic in Ireland. This investigation shows that some children of migrants are less likely to use healthcare services. The finding arises despite the Health Service Executive's publication of an *Intercultural Health Strategy* in 2008, updated in 2019, which

outlines objectives to promote and facilitate equitable access to healthcare for migrants.

In the context of the current COVID-19 pandemic, while children have been spared the health burden, concerns have been expressed for migrant families, who may be excluded from public health information, and are likely to be more vulnerable to the economic fallout of the global health crisis. Facilitating equitable access to, and use of, health services for children of immigrants throughout their childhood, adolescence and adult life is an important investment in health and wellbeing of future generations.

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