

Background

- International migration represents a global phenomenon that has reached relevance in Chile¹.
- Studies in the adult population suggest that there are gaps in access to healthcare services between immigrants and locals¹⁻⁴.
- Equity in health is a fundamental value of health systems⁵. This concept includes equity in access, with potential access (or healthcare coverage) being its main indicator⁵.
- Equity gaps in access to health services in immigrant versus Chilean children in Chile have not been measured yet.

Methods

- Secondary analysis of Socioeconomic Characterization Surveys (CASENs) 2009, 2011, 2013 and 2015, for population under 18 years.
- Dependent variable was having healthcare provision (yes/no) and the main exposure variable was migration status (immigrant/local). Independent variables were age, sex, sex of the head of household, income poverty, multidimensional poverty and reporting any health problem in the last 3 months.
- All variables were parent-reported. Crude and adjusted gaps in access to healthcare between immigrant and local children were measured through weighted descriptive and multivariate logistic regressions in Stata 14.

Results

- The population of immigrant children that reports having no healthcare provision was between 3 and 14 times larger than the population of Chilean children in the same condition (2009: 2.25% v/s 8.4%; 2011: 1.23% v/s 20.1%, 2013: 1.25% v/s 11.95% and 2015: 1.57% v/s 22.27%). (Table 1, Figures 1, 2)
- Crude and adjusted analysis showed that the possibility of not having a healthcare provision was at least 10% higher in immigrant versus local children ($p < 0.01$ in years 2011, 2013 and 2015). (Figure 3)
- Multidimensional poverty was the factor that was associated most strongly with having no healthcare provision for all the years of the survey analyzed (OR between 2.90 [95% CI 2.08-4.07] and 3.96 [95% CI 2.90-5.36]). (Table 2)

Table 1: Population distribution (CASEN survey 2009-2015)

Year	Total (weighted population)	Total <18 years old (weighted population)	<18 years old migrant (weighted population And real observations)	Proportion
2009	16.977.395	4.604.662	36.555 (N=320)	0,79%
2011	16.962.515	4.423.910	44.807 (N=497)	1,01%
2013	17.273.117	4.414.927	59.266 (N=554)	1,34%
2015	17.552.505	4.369.035	76.814 (N=806)	1,76%

Figure 1: Sociodemographic characteristics of migrants children in Chile, 2015.

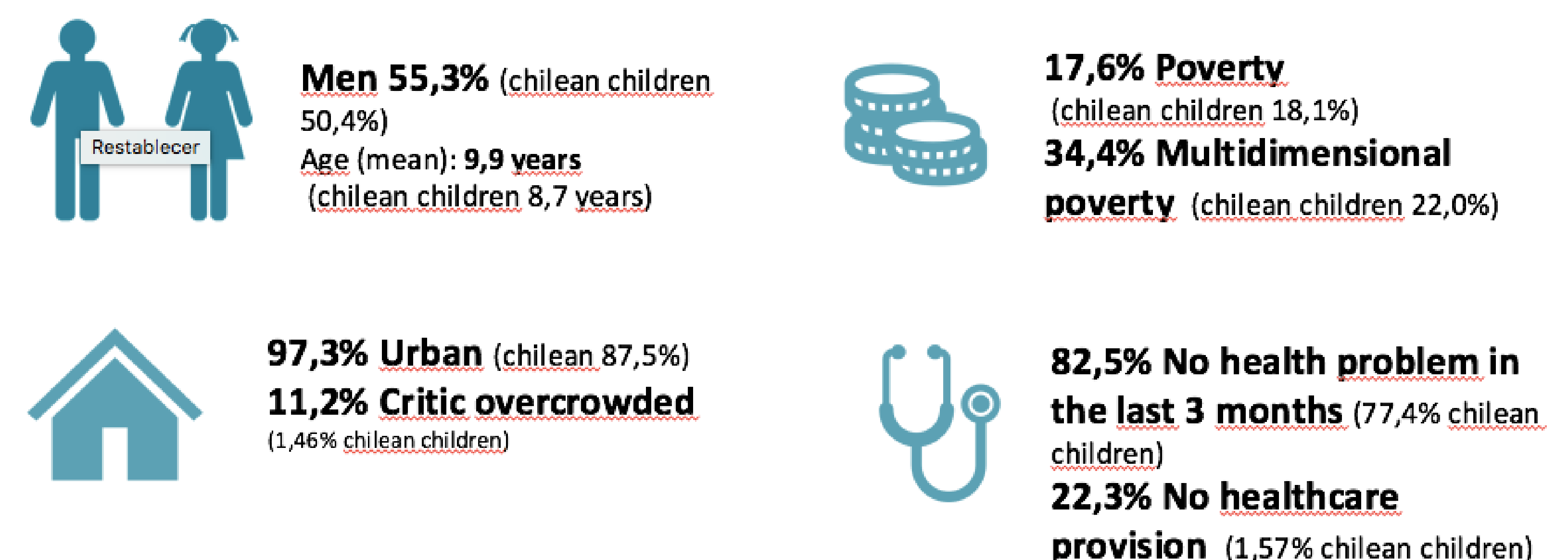


Figure 2: Proportion of Chilean and migrant children with no healthcare provision status (CASEN survey 2009-2015)

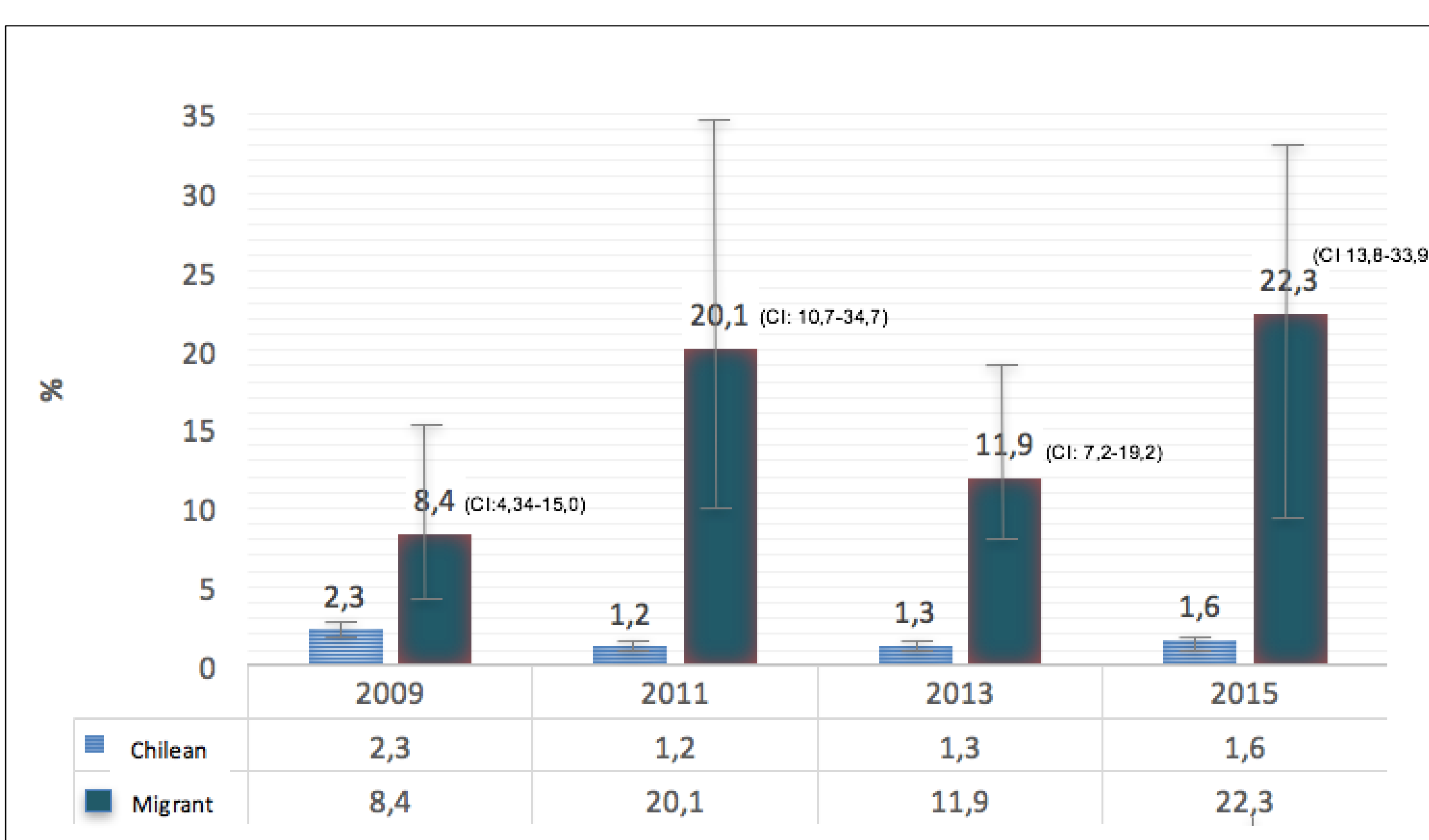


Figure 3: Odds ratio (OR) of no health care provision status and migrant condition. Crude analysis (CASEN survey 2009-2015)

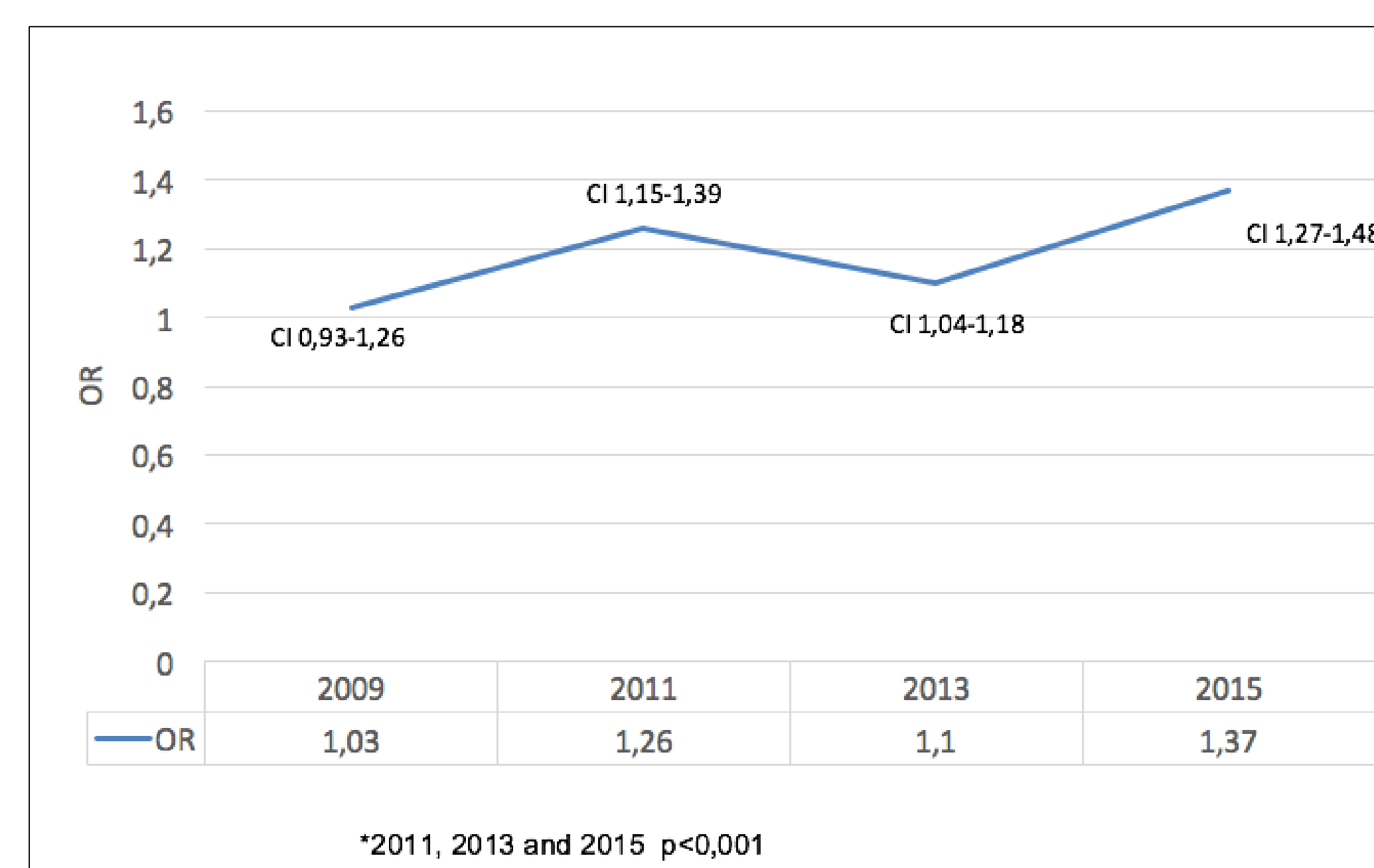


Table 2: Odds ratio (OR) of no health care provision status and migrant condition. Adjusted analysis (CASEN survey 2009-2015)

	2009			2011			2013			2015		
	OR	CI	p value	OR	CI	p value	OR	CI	p value	OR	CI	p value
Migrant 1= Migrant	1,05	0,93-1,18	0,442	1,25	1,11-1,40	0,000*	1,12	1,05-1,19	0,001*	1,40	1,29-1,52	0,000*
Multidimensional poverty (1=poor)	2,90	2,09-4,05	0,000*	3,96	2,77-5,63	0,000*	3,07	2,35-4,02	0,000*	3,93	2,95-5,2	0,000*
Income Poverty (1=poor)	0,92	0,58-1,45	0,717	0,61	0,4-0,97	0,039*	0,84	0,6-1,3	0,400	0,66	0,48-0,90	0,009*
Health problem in the last 3 months (ref. "no")												
Yes	0,58	0,39-0,86	0,006*	0,9	0,6-1,4	0,60	0,6	0,4-0,8	0,010*	0,9	0,6-1,2	0,331
Don't know/Do not remember	2,50	0,89-6,96	0,081	0,3	0,6-1,4	0,13	1,45	0,8-2,5	0,181	1,3	0,7-2,3	0,403

Conclusions

Despite descriptions of descriptions in Chile to favor access to the health system, there is **still a gap between the international immigrant population and natives**. Several reasons will be involved in the permanence of this gap, especially living in multidimensional poverty. This situation represents a crossroads of vital circumstances that denote a greater vulnerability: to be a child, to be poor and to be an international migrant.

Main messages

What is already known?

Adult international migrants population in Chile face different health challenges compared with the local population, especially in health access. This matter in children is not sufficiently studied yet.

What does this study add?

From 2009 to 2015 there is a gap between the international population of immigrant children and natives, despite the initiatives of access to health generated in Chile in that period. Children living in multidimensional poverty are the most disadvantaged group.

Implications for policy and practice

Addressing the health needs of migrant children in Chile should be an ethical and moral imperative. It is necessary to develop strategies to understand the maintenance of access gaps still existing

References