The health of migrants

Giuseppa Triolo,[1] Cecilia Politi,[2] Valeria Pignatelli[2]

[1]Internal Medicine, Hospital "Ospedali Riuniti Villa Sofia-Cervello", Palermo; [2]Gender Group, Federation of Associations of Hospital Internists, Rome, Italy

Dear Editor,

In Europe, more and more people of different nationalities are sharing spaces, services, and needs in a great mixture of traditions, habits, and languages.

Correspondence: Giuseppa Triolo, Internal Medicine, Hospital "Ospedali Riuniti Villa Sofia-Cervello", Via del Carabiniere n. 32, 90146, Palermo, Italy.
Tel.: +39 3385704433.
E-mail: giusitriolo@libero.it

Key words: health migrants, gender differences, health system.

Contributions: all the authors made a substantial intellectual contribution, read and approved the final version of the manuscript, and agreed to be accountable for all aspects of the work.

Conflict of interest: the authors declare that they have no competing interests.

Ethics approval and consent to participate: not applicable, no human participants involved.

Informed consent: not applicable; the manuscript only includes aggregate data.

Patient consent for publication: not applicable; the manuscript only includes aggregate data.

Availability of data and materials: the data used during this study can be found on the ISTAT website at the following link: dati ISTAT.

Funding: none.

Received: 27 March 2025.
Accepted: 1 April 2025.
Early view: 26 August 2025.

Publisher's note: all claims expressed in this article are solely those of the authors and do not necessarily represent those of their affiliated organizations, or those of the publisher, the editors and the reviewers. Any product that may be evaluated in this article or claim that may be made by its manufacturer is not guaranteed or endorsed by the publisher.

©Copyright: the Author(s), 2025
Licensee PAGEPress, Italy
Italian Journal of Medicine 2025; 19:1994
doi:10.4081/itjm.2025.1994

This work is licensed under a Creative Commons Attribution NonCommercial 4.0 License (CC BY-NC 4.0).

As of January 1, 2024, there are officially 5,307,598 foreign residents in Italy, representing 9% of the total population. More than 70% are non-EU citizens.

From 2011 to 2023, there has been an increase of about 1 million foreign residents in Italy, particularly belonging to the Asian population (+23%), followed by the African population, while Central and Eastern Europeans declined by 6.5%.

Africans and Asians both exceed 1 million residents, while the EU residents' number about 1.39 million, with the predominance of Eastern countries' nationals. In 2023, Romanians still led the presence, with 1.82 million residents, followed by Albanians, Moroccans, Chinese, and Ukrainians. Ten other groups exceed 100 thousand, including Bangladeshis, Indians, Filipinos, Egyptians, Pakistanis, and Senegalese.

The most pronounced growth in the last 5 years is recorded for Bangladeshi nationals (+32.8%). Egypt and Pakistan showed very positive changes too (over 23%), followed by India and Tunisia. That of the Indian subcontinent is a relatively new presence that has been showing rapid growth in recent years. The Egyptian and especially the Tunisian communities, on the other hand, are long-standing collectives in Italy that continue to renew themselves. This is not the case for other groups of "historical" presence on our territory, such as the Romanians and Albanians, who have decreased in the last 5 years, as already indicated above (-5.4% and -1.5% respectively). Overall, the share of women and minors has declined.

These trends reflect not only migration flows, but also factors such as community stabilization and propensity to naturalization.[1] Of the communities residing in Italy, the Albanian, Moroccan, and Indian communities have the highest rate of naturalization (Figure 1).[2]

The largest age group is those aged 30-44, with an incidence of 30.9 %. In general, nearly 2 out of 5 non-EU foreigners (37.3%) are under 30, and nearly 7 out of 10 (68.2%) are under 45, while those over 45 do not even reach one-third of the total (31.8%). The large predominance of young people also affects the marital status of this segment of the population, which in 3 out of 5 cases (59.6 %) is made up of unmarried people (single, amounting to more than 2,121,000 people), while the remainder is represented almost entirely by married people (1,405,000, or 39.5 % of non-EU).

Foreign presence is most concentrated in the north-central regions (84 %), and particularly in the northwest (34.2%). Lombardy is the region with the largest presence in absolute value (1,191 thousand foreign residents, 23% of the total), followed by Latium (636 thousand, 12.3%), Emilia-Romagna (562 thousand, 10.9%), Veneto (509 thousand, 9.8%), Tus-

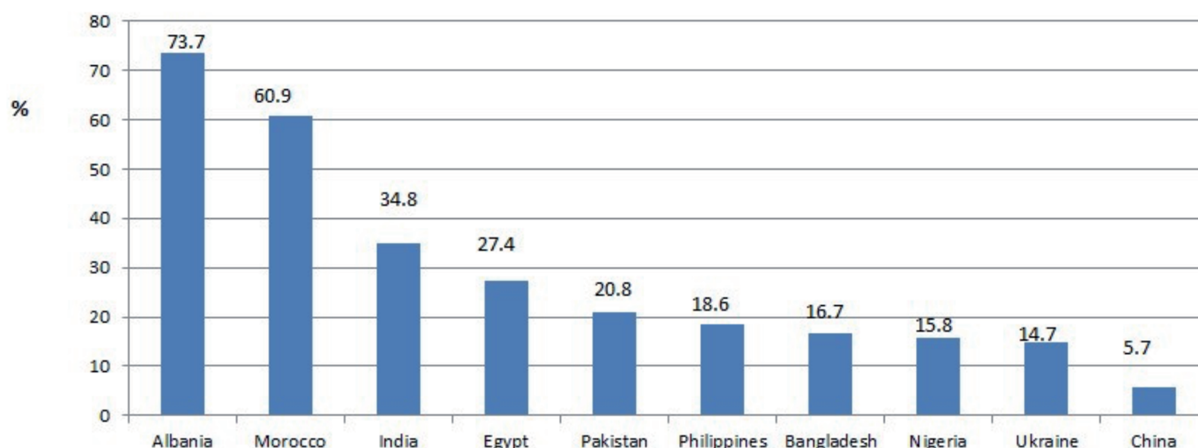

Figure 1. Italian citizens of foreign origin per 100 resident foreigners of the same origin, January 1st, 2024. Modified from: CNEL, 2024.

cany (426 thousand, 8.2%) and Piedmont (406 thousand, 8.1%). Emilia-Romagna is also the region with the highest incidence of foreign nationals in the population (nearly 13 per 100 inhabitants).

The profound changes in the Italian population make it extremely interesting to read the consequences that this epochal turning point is causing in healthcare. The concepts of health and illness, gender differences, expectations of care, and conventional therapies take on meanings and nuances that are also very varied, resulting in a plurality of behaviors, which must be constantly investigated and considered.

The concepts of health and illness can be interpreted differently between women and men, as well as across cultures. Perceptions of illness, types of care, access to, and usability of social and health services are significantly different across regions of the world, particularly compared to European healthcare systems. As a result, the interaction between immigrant patients and European facilities translates, in many cases, into an interaction between profoundly different medical systems and between different perceptions of the relationship symptom-illness-therapy. This might generate misunderstandings between patient and caregiver if healthcare professionals rigidly adhere to the therapeutic protocols and reject an approach that is aware of the differences between cultures, practices, experiences, and beliefs of those from other countries.

Lack of assessment of cultural and gender determinants jeopardizes adherence to care and the therapeutic effectiveness of healthcare intervention. In this context, the internist, thanks to the multidisciplinary approach, which stems from knowledge of the different areas of medicine, is called upon to provide an adequate healthcare offering capable of placing the individual at the center of the ecosystem, a transcultural healthcare capable of welcoming and providing prevention, diagnosis and treatment services to all people in the country regardless of professed religion, ethnicity, culture of the country of origin, economic-social status and, last but not least, gender affiliation. If Rudolf Virchow, a German pathologist, anthropologist, and politician, argued as early as the 19th century that medicine should be considered a social science, and politics a large-scale medicine, today more than ever, medicine cannot be disengaged from the social reality in which we live, and quoting the World Health Organization "No public health without refugee and migrant health".[3]

References

1. Strozza S, Conti C, Tucci E. Nuovi cittadini. Diventare italiani nell'era della globalizzazione. Bologna, Italy: Il Mulino; 2021. [Book in Italian].
2. CNEL. Rapporto ONC 2024. Cittadini stranieri in Italia. Indagine statistico-demografica. 2024. Available from: https://www.astrid-online.it/static/upload/rapp/0000/rapporto-onc.pdf. [Report in Italian].
3. World Health Organization. Report on the health of refugees and migrants in the WHO European Region. No public health without refugee and migrant health. Available from: https://iris.who.int/bitstream/handle/10665/311348/9789289053785-eng.pdf.

OPEN ACCESS