Call for investing in understanding the health and well-being of South Asian migrants in Australia



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Migration as a phenomenon has been part of human history from times immemorial. The world continues to witness a persistent surge in migration to high-income nations for several reasons. A 2023 World Bank report sheds light on the different facets of migration to high-income countries, Australia included. The report underscores how challenges in sustaining economic development in Australia, due to its ageing population, are being balanced by a high net migration. While the effect of migration on the economy and vice versa is a permanent feature of public discourse in Australia, the health and well-being of migrants are not so.

In Australia, 29.1% of the population are migrants.² Migrants not only help drive economic growth and fuel innovation,³ but also contribute to the culture, art and community life. Australia has numerous cohort studies including those looking at equity groups.⁴ However, there are no cohort studies for understanding the health trajectories of migrants. However, treating migrants as a homogenous population would be counterproductive—they have differential risk profiles, varying notions about health, disease, and well-being, and are culturally and linguistically diverse. In this comment, we call for increased research investment in a cohort of South Asian migrants (from India, Bangladesh, Pakistan, Nepal and Sri Lanka) in Australia—highlighting the need for doing so.

South Asian migrants are the fastest-growing migrant population in Australia.² It is known that South Asian migrants in other high-income nations have a high cardiovascular risk which is linked to several genetic, cultural, and acquired factors—a complex relationship that has implications for public health and clinical practice.⁵ Limited access to sexual and reproductive health (SRH) education, family planning, and reproductive healthcare services can contribute to

adverse outcomes. It is crucial to recognise and address SRH issues among South Asian migrants, with the need to understand cultural aspects better for effective intervention. Additionally, focusing on pregnancy and childbirth is essential, as pregnant South Asian migrants may encounter unique challenges related to prenatal care, maternal health, and culturally sensitive childbirth practices and tend to underuse SRH services.6 To enhance overall healthcare utilisation, it becomes imperative to integrate strategies that address both maternity and SRH issues, promoting better communication and culturally sensitive care for South Asian migrant women.7 Mental health issues in migrants often persist unaddressed due to prevailing stigma and access to healthcare services issues.8-12 Significant out-of-pocket payments for oral health care deter migrants from seeking preventive oral health care while their attention is on dealing with housing and employment challenges.¹³ Additionally, many South Asian countries face a high tobacco use burden, including smokeless tobacco products, putting South Asian migrants at substantially high risk of future chronic diseases and oral cancers. Even the palliative care needs of South Asian migrants are substantially different.14 A multifaceted approach, is needed to develop effective interventions to bridge existing healthcare and prevention gaps in South Asian migrants.

Thus, prioritising the establishment of such cohorts becomes imperative, as it would offer invaluable insights for investigating causal relationships and crafting targeted interventions. It is known that barriers around cultural and linguistic appropriateness for chronic disease care is distinct in South Asian migrants in high-income nations, including Australia.15 Understanding the epidemiology of disease and health conditions in South Asian migrants is crucial for tailoring preventive health services and cohort studies on migrants offer several additional benefits. They can provide crucial insights into understanding the complex interrelationships, sequencing, and cumulative effects of social, psychological, economic, and environmental determinants of health. Cohort studies can lead to an understanding of the long-term effects of populationlevel policies on the health and well-being of migrants. The impact of a specific South Asian migrant's

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Comment

experience would exponentially enhance over time, especially when it becomes feasible to link to administrative and other datasets. This linkage will not only benefit but also provide valuable insights for improving the health of Australian-born individuals.

Healthy individuals contribute more productively to the economy, while preventive healthcare measures alleviate burdens on the healthcare system, yielding long-term cost savings. Investing in the health and well-being of South Asian migrants is acknowledged as a dual responsibility, encompassing both moral considerations and a strategic approach to economic benefit.

Declaration of interests

All authors report no conflicts of interest.

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