The impact of stigma and discrimination-based narratives in the health of migrants in Latin America and the Caribbean: a scoping review

Baltica Cabieses,[a,b,g,] Karoline Belo,[c,g] Alejandra Carreño Calderón,[a] Isabel Rada,[a] Karol Rojas,[d,g] Candelaria Araoz,[e,h] and Michael Knipper[f,g]*

[a]Centro de Salud Global Intercultural (CESGI), ICIM Facultad de Medicina Clínica Alemana, Facultad de Psicología, Universidad del Desarrollo, Avenida Plaza 680 Edificio O ICIM UDD, Las Condes, Santiago, Chile

[b]Department of Health Sciences, University of York, England; Seebohm Rowntree Building University of York, Heslington, York, YO10 5DD, UK

[c]Mato Grosso do Sul State Secretariat for Education, Avenida do Poeta, Parque dos Poderes, Campo Grande, Mato Grosso do Sul 79031-350, Brazil

[d]Universidad de San José, 11501-2060, Costa Rica

[e]Pan American Health Organization, 525 23rd Street NW, Washington, DC 20037, USA

[f]Institute of the History of Medicine, University Justus Liebig Giessen, Leihestener Weg 52, Giessen 35392, Germany

Summary

Stigma and discrimination-based narratives have been associated with adverse health outcomes. Migrants and refugees face multiple barriers to accessing healthcare, influenced by stigma and discrimination-based narratives against them. We conducted a scoping review of scientific and grey literature (n = 61) to discuss available evidence in Latin America and the Caribbean (LAC) concerning communication and narrative speeches related to international migration and its implications for population health, particularly when associated with stigma and discrimination against migrants and refugees. We found that a better understanding how communication and narratives might affect migrants' experience while transiting or residing in a different country is valuable for public health and health systems performance aims. Our review depicts the multilevel and dynamic effects of stigma and discrimination-based narratives against migrants in Latin America, highlighting the urgent need for transformative and constructive social and healthcare narratives around migration to promote population health in the region.

Introduction

Stigma and discrimination among migrant communities

Human mobility is part of human history. People move internally and to different countries and regions often do it for better life opportunities, but it can also be due to poverty, climate disasters, and violence. International migration has been defined as the movement across countries intending to temporarily or permanently reside.[1] Evidence, both globally and in the Latin American and Caribbean region (LAC), documents the relationship between experiences of stigma and discrimination and worse health outcomes in people on the move.[2–4] It has been well-recognised that migrants and refugees worldwide are at a higher risk of stigma and discrimination, especially when living at a social disadvantage, having an irregular migratory status, or belonging to an ethnic minority group.[5,6] More recently, scientific research and social media have informed how stigma and discrimination increased during the COVID-19 pandemic in LAC.[7]

Stigma is a condition, attribute, trait, or behaviour that causes the carrier person to be included in a lower social category, as they are seen as unacceptable or inferior. According to available evidence,[8,9] reasons for the disparagement or discrimination are racial, religious, gendered-based and related to a specific country of origin or immigrant status. Discrimination has been conceptualised as differential treatment or denial of opportunities based on membership in a particular group. It can be regarded as the policies of the dominant race, ethnicity, or institutions and the behaviour of the individuals who control these institutions.[10,11] In the context of human mobility, it inevitably threatens social

*Corresponding author. Avenida Plaza 680 Edificio O ICIM UDD, Las Condes, Santiago, Chile.

E-mail address: bcabieses@udd.cl (B. Cabieses).

[g]Board members of the Lancet Migration Latin American Hub.

[h]The author is a staff members of the Pan American Health Organization. The author alone is responsible for the views expressed in this publication, and they do not necessarily represent the decisions or policies of the Pan American Health Organization.

integration, community building, and the integration of minorities into the welfare of the receiving country. Its main characteristic is to devalue the person who is discriminated against. In mobile populations, these re-actions are often linked to expressions of racism and xenophobia that forge the basis of power distribution in transit and arrival societies. In the Latin American case, the white population has been prioritised in a position of prestige and access to economic power over the mestizo, indigenous and Afro-descendant populations. Xenophobia is an expression of stigma and discrimination–in short, rejection—particularly towards foreigners. Racism exacerbates the racial meaning of an ethnic group, usually motivates discrimination or persecution of another or others with whom it lives, and that usually causes discrimination or persecution against other ethnic groups. Racism stresses the rejection of racial and ethnic minority groups and is often associated with an individuals' skin colour.[12–15]

Stigma and discrimination have been associated with poor health status, mainly self-reported health. Stigma and discrimination have been observed not only among some migrants but also in other stigmatised groups (e.g., based on mental and physical disabilities and sexually diverse identities). According to Küey,[16] one factor that might mediate the stressful effects of migration on mental ill health is the degree of stigmatisation that immigrants face. The proposed mechanism is that stigma could be an amalgam of ignorance and stereotypes, prejudices, and discrimination. As stated by Küey and others, prejudices or negative attitudes towards 'out-groups' reflect the emotional aspect of this categorisation.[17–19] Discrimination, i.e., excluding and avoiding behaviours, refers to the behavioural patterns of the host society towards perceived 'out-groups', inevitably harming them.[16,20,21]

Intersectionality concerning the health of migrants

The complexity of the mechanisms of stigma and discrimination requires an intersectional view. Published studies show that both mechanisms act by overlapping factors, such as immigration status, nationality, gender, ethnicity, skin colour, and age, in reproducing stereotypes towards specific groups such as migrant populations. These stereotypes are disseminated and socially strengthened through various mechanisms. The concept of intersectionality has achieved notoriety as a theoretical and methodological mechanism to explain the cross-action or interweaving of power relations.[22,23] It recognises that power acts differently on oppressions that are not only sexual but also racial and class, criticising the omission of issues such as racism in certain European feminist thought.[24] The increasing feminisation of human mobility has required the inclusion of intersectional debate in the study of migration.[25,26] It seeks to make visible the multiplicity of experiences among migrant women and the impact of class and ethnicity on the migratory experience. According to some authors, intersectionality reveals the historical continuity between the current mobility processes and their relationship with the current globalized social order stratification.[27,28] Hence, integrating intersectionality theory in research on immigration health might be necessary to shift from an individual cultural-based approach to models that inform how place, racialisation processes, media, and immigration policies impact immigrant health.[29]

Communication and narratives effects on the health of migrants

Communication and narratives are vital in reproducing stigma and discrimination against certain groups. Throughout history, the communication field has served as an arena where power and counter-power are disputed and decided.[30] Narratives are conceptualised as pre-defined ideas that can trespass individuals and groups and produce unique shared social visions. Regarding migration, a diverse bibliography demonstrates how the media promotes values, gives meanings, and carries symbols that allow us to recognize reality, truth, and common sense; they work as an ideological apparatus that constructs reality.[31] At a global level, media racism against immigrants has been one of the primary sources of racist beliefs among people.[32] Three main thematic categories have marked it: "They are different, they are perverse, and they are a threat" (p. 14). However, the narratives on migration are not only built through how migrants are talked about in the media but also through the silencing of certain events or issues that naturalise their subordination and downplay events that affect them (for example, random arrests, deaths in migration corridors, inhumane treatment in detention centres).

Knowledge gap and purpose of the review

Discriminatory narratives and their effects on health have been studied early in countries with significant migration flows. However, few studies have surveyed the situation in LAC.[33] This continent has experienced significant changes in migration patterns associated with crises in countries such as Haiti and Venezuela and with the growing population moving from Central America's northern triangle into Mexico and toward United States (U.S.). By 2022, the region had over 43 million Latin Americans and Caribbeans living outside their countries of origin, with almost a quarter of them residing in another LAC country.[33] Recently, a political and social crisis pushed millions of Venezuelans out of their country, and today, over seven million Venezuelans live abroad. The exodus of Venezuelans is considered the largest in Latin America in the last 50 years, and some consider it a humanitarian emergency. Even though some countries in the region have received migrants and made efforts to adapt their systems to address the needs

of the health and well-being of migrants, since the start of the current flow of migration, a wave of intolerance, discrimination, and xenophobia against Venezuelan and Haitian population has arisen in the region. A recent survey from IDB shows that many native people in the region do not feel comfortable having immigrants as their neighbours. One subregion with a more marked tendency towards rejection is the Andean region after the growing migration from Venezuela.[34]

This health policy scoping review aims to discuss available evidence in LAC concerning communication and narratives of speeches related to international migration in LAC and its implications for population health, particularly when associated with stigma and discrimination against migrants and refugees. To date, no health policy review has been published in the region. A better understanding of how communication and narratives affect migrants' experience while transiting or residing in a different country might be valuable for public health and health systems performance aims. Also, depicting plausible mechanisms that connect communication and narratives with stigma and discrimination against migrants could unfold unique strategies for social integration and human rights protection in LAC and globally.

Methodology

We conducted a scoping review of scientific and grey literature on LAC concerning communication and narratives of speeches related to international migration in LAC and its implications for population health, particularly when associated with stigma and discrimination.[35] We aimed for a broad consideration of all papers explicitly addressing communication and narratives of speeches in the region that were related to the health of migrants. We avoided reducing our search to a single perspective or theory.

Search strategy and selection criteria

We followed two different strategies: (i) Search in *PubMed* with a list of both MeSH and string terms related to "health", "migration", "communication or narratives", "stigma and discrimination", and "Latin America and the Caribbean" (November 2022). Articles were also identified through searches of the authors' files. All papers published in the past 10 years and focused on (inclusion criteria): (i) the health of migrants, (ii) in LAC and (ii) with any stigma and discrimination conceptual consideration and in any language were reviewed. Original quantitative and qualitative or mixed-methods studies and case studies, perspectives and debates were allowed. (ii) Regional search using *Google Scholar* with the same search terms as above in English, Spanish and Portuguese. The same criteria from strategy (i) were used. We also added manuscripts based on a detailed hand-search of the

references of selected papers. Table 1 describes search strategies per strategy. The flowchart and the checklist appear in Supplementary files 1 and 2.

The final reference list was generated based on originality and relevance to the broad scope of this health policy review. Papers that did not explicitly consider the narrative or communication dimension were excluded. A final list of 61 relevant manuscripts was included in the results section of this review. Of these, 45 came from scientific publications (n = 39, 13 quantitative, 8 qualitative/mixed, 15 review, 3 others) and grey literature (n = 6; i.e., book chapter, study report or government report). The populations under study mainly were international migrants from the region living in different Latin American countries. The rest (n = 16) came from online Web pages and local magazines and were added to develop further examples presented in Boxes 1 and 2. Despite the focus on the LAC territory, some papers recruited from the searches were from abroad. Seven were finally included due to their pertinence to the interest in communication and narratives of this health policy review.

All selected files were extracted in an Excel sheet and analysed according to three main dimensions: (i) how communication and narratives have been investigated in this population and how they relate to health outcomes, (ii) how stigma and discrimination could influence this relationship, and (iii) recommendations for improvement for clinical practice and health policy.

Results

From all documents included, the most prominent themes observed were related to the health of migrants in the following four interconnected dimensions: (i) Communication and narratives against migrants in LAC, (ii) stigma and discrimination impacting the health of migrants in LAC, (iii) intersectionality of gender and ethnicity concerning stigma discrimination, and (iv) discrimination against migrants in health care contexts in LAC. We discuss them with a particular interest in their available evidence in LAC and their potential impact on regional health. Fig. 1 summarises the main arguments of these findings.

Communication and narratives against migrants in LAC

12 manuscripts were found concerning this topic; three were qualitative, two were quantitative, four were analysis or debate, and two were media news. They came from Brazil, Chile, Perú, Haiti and Mexico and generally indicated that social communication is crucial in constructing political, social, economic, and cultural narratives and agendas around people on the move.[5,49,50] Box 1 included four additional media reports. It can also affect self-perceived health.[51] Whether in traditional mass media or virtual social networks, the

PubMed search strategy 10th November 2022	Google Scholar search strategy 21st November 2022
((communication OR narratives OR stigma OR discrimination OR stereotype OR racism* OR xenophobia) AND (asylum* OR refugee* OR migrant* OR emigrant* OR immigrant* OR nomad* OR foreigner* OR irregular migrant* OR undocumented migrant OR illegal migrant OR foreign-born OR foreign born OR transient OR displaced OR stateless OR state-less OR noncitizen* OR non-citizen* OR outsider* OR newcomer* OR "newly arrived" OR "new arrival*" OR "recent entrant*" OR ethnic*) AND (Latin OR Caribbean OR South American OR Mexico OR Mexican* OR Guatemala OR Belize OR Honduras OR El Salvador OR Nicaragua OR Costa Rica OR Costa Rican* OR Panama OR Antigua and Barbuda OR Aruba OR Bahamas OR Barbados OR Cuba OR Cuban* OR Dominica OR Dominican* OR Grenada OR Guadeloupe OR Guadalupe OR Haiti OR Haitian* OR Islas Caiman OR Bonaire OR Sint Eustatius OR Saba OR Curaçao OR Sint Maarten OR Saint Martin OR Martinique OR Saint Barthelemy OR Dominican Republic OR Puerto Rico OR Puerto Rican* OR United States Virgin Islands OR British Virgin Islands OR Anguilla OR Cayman Islands OR Montserrat OR Turks and Caicos Islands OR Jamaica OR Jamaican* OR San Andrés and Providencia OR Federal Dependencies of Venezuela OR Trinidad and Tobago OR Saint Kitts and Nevis OR Saint Lucia OR Saint Vincent and the Grenadines OR Argentina OR Argentinean* OR Bolivia OR Bolivian* OR Brazil OR Brazilian* OR Chile OR Chilean* OR Colombia OR Colombian* OR Ecuador OR Ecuadorian* OR Falkland Islands OR French Guiana OR Guyana OR Paraguay OR Paraguayan* OR Peru OR Peruvian* OR Suriname OR Uruguay OR Uruguayan OR Venezuela OR Venezuelan*))	((communication OR narratives OR stigma OR discrimination) AND (asylum* OR refugee* OR migrant) AND (Latin OR Caribbean OR South American)) *Governmental Web pages were revised, if available, for the following territories: Mexico Guatemala Belize Honduras El Salvador Nicaragua Costa Rica Panama Antigua and Barbuda Aruba Bahamas Barbados Cuba Grenada Guadeloupe Haiti Islas Caiman Bonaire Sint Eustatius Saba Curaçao Sint Maarten Saint Martin Martinique Saint Barthelemy Dominican Republic Puerto Rico United States Virgin Islands British Virgin Islands Anguilla Cayman Islands Montserrat Turks and Caicos Islands Jamaica San Andrés and Providencia Federal Dependencies of Venezuela Trinidad and Tobago Saint Kitts and Nevis Saint Lucia Saint Vincent and the Grenadines Argentina Bolivia Brazil Chile Colombia Ecuador Falkland Islands French Guiana Guyana Paraguay Peru Suriname Uruguay Venezuela
Hits: 1.973	Hits: 982

Table 1: Search strategies conducted in this health policy review.

discourses conveyed about migrant populations shape their image in public spaces, reinforce elements of their identity, and impact the relationships they establish within their host societies, so the type of support or rejection that a public policy on migration receives is linked to how the media represents the migratory issue.[52] In LAC literature provides evidence of traditional media products[53] that do not contextualise the

broadcasted news and images and reinforce stigma, stereotypes, racism, and religious intolerance by linking criminal acts to specific nationalities, ethnicities, races, religions, and cultures.

Based on our analysis of selected manuscripts, we generally found three plausible mechanisms through which narratives related to migrants in LAC can potentially become toxic by promoting stigma and discrimination. First, through stigmatised *public speeches and public interventions* led by national leaders and public figures. These often occur in public events or national open-access communication vehicles like the television or the radio; they can impact society's vision around this topic broadly and deeply, mainly when they occur regularly and in a short period. In these cases, the person promoting the stigmatised narrative is identifiable, often well-respected, and can disseminate their opinions openly. In recent years, it has been the case in many countries in LAC, including the elected presidents, health ministers, and other relevant authorities.[54] For example, during the recent presidential campaign in the region, some candidates promised to crack down on migration by massively expelling undocumented Venezuelans.[55]

Second, *fake news is propagated via specific social networks and disseminated to selected audiences* that might share an ambivalent or hostile opinion towards migration. The latter is particularly relevant as they often aim to direct their stigmatized thoughts to "less-aware" individuals. In LAC, relevant studies describe the impact of media on fear and feelings of insecurity,[56] often due to the portrayal of migrants as criminals. For example, in July 2021, a local newspaper from Chile published a

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Box 1.

Case study 1: Iquique city and the tensions surrounding the Venezuelan exodus in Chile.

In September 2021, a protest against Venezuelan migration flow took place in Iquique, a city located 1500 km north of Santiago. Carrying Chilean flags and posters showing messages such as "No más ilegales" (no more illegal people), the marchers demanded: 1) Explanations, from the national government, on the migratory issue in the country and a definitive "solution" to the crisis. 2) The total closure of the border area between Chile and Bolivia, with a greater presence of the national army. During the march, tensions escalated as protesters crossed paths with Venezuelan migrants camped in tents on the city's streets and squares, displacing an encampment of 16 Venezuelan families and burning all of their belongings.[36,37] This episode was widely repudiated by social movements, Chilean organizations, and international organizations such as the United Nations (UN), Unicef Chile, and the Inter-American Commission on Human Rights. An UN Special Rapporteur, classified the arson attack on Venezuelans' belongings as an "inadmissible humiliation." Further, he stated that "the xenophobic discourse, equating migration with delinquency, which unfortunately has become increasingly more frequent in Chile, feeds this class of barbarism".[38,39]

Box 2.

Case study 2: human rights violations of black and African immigrants in Brazil.

In January 2022, the violent assassination of an African worker fostered Brazilian media debates about racism and the violation of migrants' and refugees' human rights. Moïse Kabagambe, a Congolese refugee who came to Brazil as a child fleeing war and hunger, was beaten to death at a kiosk on Barra da Tijuca beach in Rio de Janeiro, where he used to work as an attendant. According to his family testimony, Moïse went to the establishment to charge for his unpaid salary (approximately 38 dollars). However, getting there, he argued, as the establishment responsible refused to pay.[39] As a result, Moïse was beaten to death by men carrying pieces of wood and a baseball bat. His body was found with feet and hands tied to a ladder near the crime scene, where passersby crossed without manifesting or calling the authorities. However, through security camera records, the participation of people who witnessed the event without intervening is perceived.

This case gained international notoriety,[40–42] and had vast repercussions on Brazilian social networks. Through the Internet, social movements and the Congolese community mobilized thousands of people in the main capitals of the country to stand against racism and xenophobia and to call for justice for Moïse.[43] The embassy of the Democratic Republic of Congo demanded responses from the Brazilian authorities,[44] and public statements were made by Brazilian politicians, activists, artists, labour unions, and organizations for migrants and refugees, such as Cáritas, UNHCR, and the IOM.[45–48]

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story regarding alleged aggression by Venezuelans against inhabitants of Iquique caused by the latter's rejection of child sexual services promoted by migrants with their children.[57] The fact, which was never proven or had associated complaints, triggered, along with other news of similar characteristics, a wave of violence against homeless Venezuelan migrants during the pandemic.[58]

A potential third mechanism of disseminating stigma and discrimination against migrants is through *news broadcasts*, as it chooses to pay attention to and communicate selected news in a way that creates anti-migrant narratives. Informing about catastrophic news in which migrants are involved before showing other similar ones in which locals are implicated is also a way of spreading negative views about migration.[59] Recently, some countries in the region have shared the data of updated reports probing that international migrants have only a marginal effect on delinquency and criminal records.[56,59] However, this is greatly overcome by daily news that consistently displays robberies led by foreigners. Hence, the power of evidence is minimised (e.g., in Chile, the National Register of Crimes recently reported a lack of statistical evidence to link an increase in immigrants to crime rates[59]).

Based on this review, the potential impact of these mechanisms -and others-can be extensive and profound, as they could have a multiplicative effect around
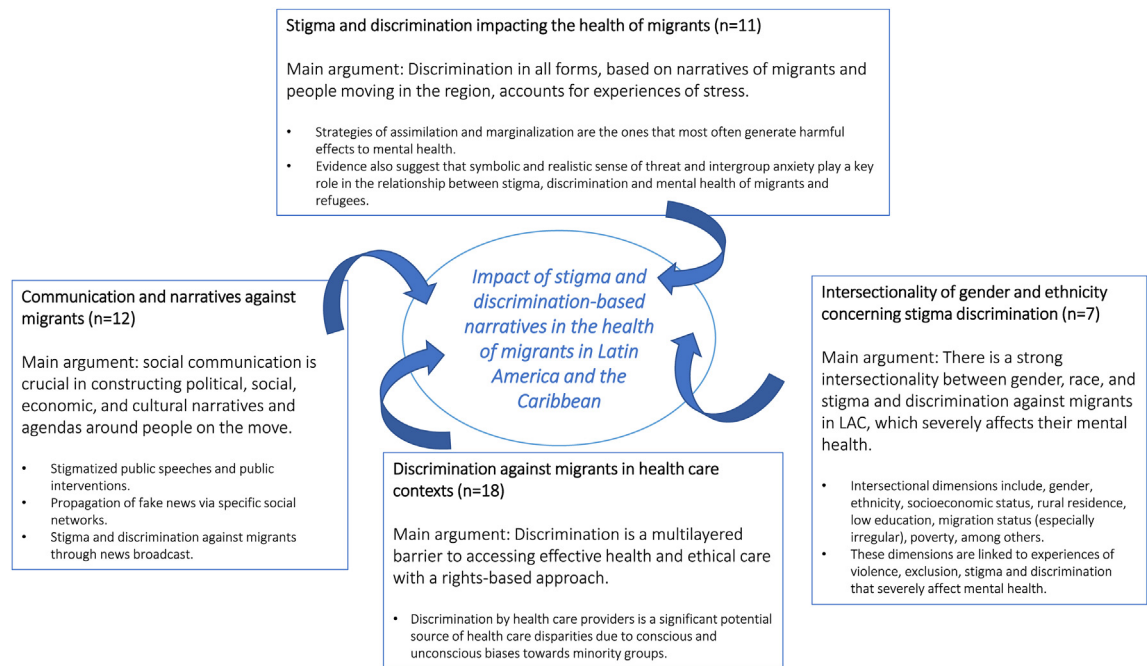
Stigma and discrimination impacting the health of migrants (n=11)

Main argument: Discrimination in all forms, based on narratives of migrants and people moving in the region, accounts for experiences of stress.

- Strategies of assimilation and marginalization are the ones that most often generate harmful effects to mental health.
- Evidence also suggest that symbolic and realistic sense of threat and intergroup anxiety play a key role in the relationship between stigma, discrimination and mental health of migrants and refugees.

Communication and narratives against migrants (n=12)

Main argument: social communication is crucial in constructing political, social, economic, and cultural narratives and agendas around people on the move.

- Stigmatized public speeches and public interventions.
- Propagation of fake news via specific social networks.
- Stigma and discrimination against migrants through news broadcast.

Impact of stigma and discrimination-based narratives in the health of migrants in Latin America and the Caribbean

Intersectionality of gender and ethnicity concerning stigma discrimination (n=7)

Main argument: There is a strong intersectionality between gender, race, and stigma and discrimination against migrants in LAC, which severely affects their mental health.

- Intersectional dimensions include, gender, ethnicity, socioeconomic status, rural residence, low education, migration status (especially irregular), poverty, among others.
- These dimensions are linked to experiences of violence, exclusion, stigma and discrimination that severely affect mental health.

Discrimination against migrants in health care contexts (n=18)

Main argument: Discrimination is a multilayered barrier to accessing effective health and ethical care with a rights-based approach.

- Discrimination by health care providers is a significant potential source of health care disparities due to conscious and unconscious biases towards minority groups.

Fig. 1: Summary of the review's main findings.

stigmatised narratives, often lacking evidence-based data. The repetition of negative ideas around migration and migrants, in whichever form, accumulates over time, replicating messages inside families and groups that tend to validate the narrative regardless of personal knowledge or previous experience with migrants.[56] That is, the message disseminated "becomes a part" of the person and the group, especially in those who did not have a strong opinion before receiving the message. It becomes a critical aspect in the "inner-group" approach to reality and of their sense of shared identity, creating, in turn, greater distances with those defined as the "others" (i.e., migrants and refugees).[58] Box 1 describes the effects of these complex processes and the role of mass media in reproducing stigma and discrimination in a single example.

Stigma and discrimination impacting the health of migrants in LAC

This section included eleven documents, most of them of a quantitative nature, followed by qualitative pieces and some theoretical propositions. Studies were mainly conducted in Chile and Mexico, and the U.S. Box 2 added 10 media reports, also considered in this section. According to our findings, there is evidence in LAC that accounts for the relationship between xenophobia, racism, and other forms of discrimination and the health of migrants and refugees. Discrimination in all forms, based on narratives of migrants and people moving in the region, accounts for experiences of stress. Some may be less intense and can be coped

with by the migrant with sufficient social and institutional support from the host country; others may lead to aggression and extreme violence and require specific correction and treatment strategies. This is from locals to nationals and between different groups of migrants based on country of origin or ethnic belonging. In the case of discrimination from locals against foreigners, in particular (xenophobia), one existing proposed mechanism corresponds to acculturative stress.

Some manuscripts reflect upon conceptual models related to complex social processes of acculturation and intergroup relationships.[60–63] Following such references and authors, we found various acculturation models. However, following Bowlby's model,[64] assimilation strategies (rejection of customs of origin in favour of local ones) and marginalization (rejection of one's own and those of the host country) are the ones that most often generate harmful effects on mental health.[65] Besides the acculturative stress approach, another relevant perspective relates to intergroup relations. The Stephan and Stephan symbolic and realistic sense of threat is a prominent proposal. Intergroup anxiety suggests that an adverse emotional reaction appears when a person becomes aware of differences between groups with which they come into contact or anticipates having it.[66] This human reaction needs adequate attention and processing to move from anxiety and uncertainty around the other group's beliefs and practices towards a less hostile attitude from taking the time and effort to get to know the group. The symbolic threat corresponds

to negative emotions arising from the perception or belief that certain groups, such as migrants, will transform the local culture or change the national identity, affecting lifestyles and ways of being. The realistic threat corresponds to negative emotions that arise from the belief or perception that some group, e.g., migrants, will compete with members of local society.[67] An example based on LAC comes from the work conducted by González et al.,[60] in which they seek to integrate historical and contextual perspectives with socio-psychological theories to understand better the development of social identities and conflicts in Chile. They analysed ethnic identity, national identity, gender, and social class identities across different contexts. They argued that for a modern society to tackle the challenges imposed by multiculturalism and social diversity, historical and political processes need to be considered, in addition to the needs of belonging, distinctiveness, and factors that might threaten social identities. Moreover, they highlighted that fostering opportunities to experience positive intergroup encounters, in which groups can learn from each other and live in peace, is crucial.

It is important to note that discrimination also takes complex social forms, as is the case of border violence and many others. The literature in the region has collected the experience of Mexican and Central American migrants in their transit to the United States. Vogt et al., for example, reported that Central American migrants suffer more violence than Mexican migrants.[61] Violence in these cases can kill and severely hurt people, producing episodes of emotional deterioration.[62] In addition, it has been related to worsening symptoms of diseases such as diabetes and risk of treatment discontinuation due to perceived discrimination,[68] or the development of sleep disorders with profound impact on neurological health.[63,69]

Reports in the region reveal multiple general and health experiences of discrimination against some groups of migrants, such as refugees, migrants in an irregular situation, those with some ethnic belonging, migrants living in poverty, and others.[60–63,68,69] All of them would act as "layers of social and human rights vulnerability," affecting the migratory experience as a whole and triggering health discomfort, and severely deteriorating mental and physical health.[64,70] To describe this with a concrete example, Box 2 illustrates the case study of human rights violations of black and African immigrants in Brazil, in which the violent assassination of an African worker fostered Brazilian media debates about racism and the violation of migrants' and refugees' human rights.

Intersectionality of gender and ethnicity in stigma and discrimination

This section included seven manuscripts, mostly qualitative studies conducted in Chile. Some studies describe the intersectionality between gender, race, stigma, and discrimination against migrants in LAC. For example, when adjusting by gender, Peruvian migrant men in Santiago, Chile, perceive more personal discrimination than women. However, the perception of discrimination is related to higher rates of depression among women.[10] In Mexico, migrant women suffer various types of discrimination that affect their health-related quality of life. Dörr & Dietz conducted a qualitative study with Totonaco women in Mexico, finding different kinds of discrimination. The types of discrimination analysed were based on personal, institutional, and internalised racial origin, the latter being the most complex since it is a perception of discrimination that may not have an adequate basis but leads to a higher prevalence of mental health diagnoses.[71] Among Venezuelan women, there are also studies on how the condition of undocumented women affects these groups' physical and mental health conditions and how these conditions relate to gender mandates such as migrating in charge of children and people with dependencies, being exposed to sexual abuse in transit, feeling of fear and guilt, reconciling productive roles with care roles.[72] Similarly, the condition of Afro-descendant women has been identified as a factor that increases obstacles to access to mental health and sexual and reproductive health care services.[73]

There is also some evidence related to intersectionality and acculturative stress. A study in the United States examined the relationship between acculturation and health practices among middle-aged and older women from Latin America. The evidence found proposes that highly acculturated women were more likely to be smokers and heavier drinkers than their less acculturated counterparts.[74] In this context, acculturation could be interpreted as both the strong desire and the intense and stressful effort to avoid stigma by adapting, by a kind of mimicry in the host society, sometimes potentially close to self-denial and a strong sense of loss of identity, only for achieving a social position free of suffering stigma.[75,76]

Discrimination against migrants in healthcare contexts in LAC

We included 18 documents in this section from Chile, Perú and Mexico. They mainly were qualitative studies and analysis pieces. We also included three large reviews, two of them systematic. Some selected manuscripts emphasise health as a human right, including the classic 1948 Universal Declaration of Human Rights and the 1966 International Covenant on Economic, Social and Cultural Rights.[77] As stated by existing literature, since then, the World Health Organization, the United Nations Commission on Human Rights, and other related organisations have been elaborating several treaties and international agreements that address the right to health based on availability,

accessibility, acceptability, and quality standards. In this sense, a rights-based approach should include non-discrimination as a fundamental principle to the highest attainable standard of health.[78] However, the literature included in this review has also reported discrimination as a barrier to accessing effective health and ethical care with a rights-based approach. For example, there is evidence that migrant patients may go through a process of "ethnicization," being placed in opposition to national groups and treated by health agents as "second-class patients," also suffering direct discrimination.[79] Discrimination by health care providers is a significant potential source of health care disparities due to conscious and unconscious biases towards minority groups. In the same sense, the complexity increased when the situation of migrants, considered ethnic minorities and older adults analysed, who have greater health needs and may be exposed to discrimination and specific health barriers.[80–82]

Self-perception of discrimination from migrants has led to three situations that the literature particularly observes: (i) self-medication, the choice of natural medications instead of consultation,[83] and what the literature calls "transnational cultural capital" that includes access to informal domestic health[84]; (ii) migrants self-organisation, in which migrants themselves create economic strategies to overcome their problems and meet their needs without resorting to state or private sector assistance, generating self-organized health spaces, as in the case of Ecuador and assistance through health operations paid for by migrant organisations[85]; and (iii) unique responses by the health system, as proposed by evidence available within and also beyond the LAC region, mainly through: (a) literacy programs for migrant users of health services or (b) family mentoring programs that help families obtain access to health care and address the social determinants of health; (c) health support programs, whose effectiveness is recognised in the literature for the treatment of health problems and the increase of healthy lifestyles as a strategy for the prevention of associated pathologies[86] or with a high understanding of cultural patterns related to diet and lifestyles[87] and (d) psychology, mindfulness and health education programs that increase patient involvement,[88,89] better wellness and quality of life behaviours,[90] and commitment to long-term treatment.[91]

Furthermore, some studies indicated that migrant physicians have greater availability and interest in serving their communities or other underrepresented population groups and that minority patients seek providers from similar backgrounds who speak their native language.[92] As indicated in this evidence, an effective strategy to avoid discriminatory situations in access to health systems may be a better understanding of the cultural patterns of origin by health service providers. These patterns determine the health condition and whether a treatment is effective. In that sense, the literature recognises the importance of communication between patients and the medical teams,[93] in addition to the understanding of the cultural patterns of migrants concerning palliative care[94] and its relevance to treatments (e.g., for alcoholism treatment).[95]

Discussion

A body of evidence documents the relationship between stigma and discrimination and worse health outcomes in people on the move globally and in LAC.[2–4] These are complex, evolving concepts in public health yet pervasively present in the history of the Latin American region. European colonisation centuries ago and modern international migration flows in the region, marked mainly by a current inter-regional migration, have been highly influential in reproducing structural systems of racism and xenophobia against specific groups, such as Latin American migrants.

We conducted a scoping review of scientific and grey literature on LAC concerning communication and narratives of speeches related to international migration in LAC and its implications for population health, particularly when associated with stigma and discrimination. We generally found the following four interconnected dimensions: (i) possible explanatory mechanisms around the existence of negative communication and narratives against migrants in the region, (ii) the relevance of stigma and discrimination impacting the health of migrants in LAC, (iii) the intersectionality of gender and ethnicity in stigma discrimination against migrants in the region, and (iv) the existence of discrimination against migrants in health care contexts in LAC.

As seen through this health policy review, the evidence found in LAC indicates that there are historical and structural discriminatory and stigmatizing narratives around moving populations. They have been disseminated in traditional mass media, in the public discourse of some public leaders and on the Internet, influencing public opinion and impacting how migrants and refugees establish social relations in their host countries. Some authors[96] recall that public speeches are powerful in guiding much of the information the media offers.[54] On the other hand, a fake news system is a complete ecosystem of information presented in different forms to misinform, manipulating an idea or event, creating another alternative and parallel event that causes confusion and deceit.[97,98] Public discourses, fake news and a broadcast that associate the migrant population with illicit acts reinforce stigma and discrimination mechanisms. The narrative created and accentuated by communication and narratives poses that the presence of migrant groups represents a multidimensional threat, which emotionally persuades people and generates feelings of fear, distrust, and resentment against foreigners.[99]

	First author	Year	Title	Journal/source	Type of manuscript/study design if applicable	Population/sample size if applicable	Main finding
1	Gonçalves A	2014	Comunicação, arte e cultura: a mediação midiática nos modos de ver e produzir saberes artísticos culturais na cidade Curitiba.	Revista de Estudos da Comunicação	Other: Critical analysis.	Not applicable	In the Brazilian context, the media influences how cultural knowledge is seen and produced.
2	Queiroz A	2012	Propaganda política e totalitarismo.	Comunicação & Informação.	Review: Literature Review.	Not applicable	This review addresses theoretical views about contemporary political advertising in history. Therefore, the relation between access to political power and the media's role in transmitting an ideological discourse to the population.
3	Gautier L	2020	What links can be made from narratives of migration and self-perceived health? A qualitative study with Haitian migrants settling in Quebec after the 2010 Haiti earthquake.	Journal of Migration and Health	Original study: Qualitative study. Flexible case study design, longitudinal approach.	*Type migrants/Ethnicity:* Haitian migrants living in Montreal, Quebec, Canada. *Gender/Age group:* Men and Women between 21 and 76 years old. *Sample:* 23 Haitian Migrants in Canada, wome n (n = 12) and men (n = 11) 12 women and 11 men, aged 21–76 years old	As a result of Haitian migrants' narratives, the study shows the relationship between migration status and social determinants of health, specifically, how both influence their living and working conditions in Canada.
4	Stefoni C	2019	Migraciones y migrantes en los medios de prensa en Chile: la delicada relación entre las políticas de control y los procesos de racialización	Revista Historia Social y de las mentalidades	Review: Media Review.	Not applicable	The study shows how in Chile there has been an interrelation between the media and political governmental discourse in the ways of seeing and representing the migrant population as a problem.
5	Trapaga I	2020	Las migraciones como pandemias Normalización y normativización de los cuerpos migrantes en el México contemporáneo.	Runa	Other: Desk research/documentary research.	*Type migrants/Ethnicity:* Haitian and Central American migrants Migration to and toward Mexico	As a result of analyzing migrant caravans to and toward Mexico, the authors shows how migrants' bodies are loaded with racialized meanings constructed by the media. Therefore, justify the implementation of security, disciplining, and life and death devices toward migrants.
6	Kessler G	2014	¿Responsables del temor? Medios y sentimiento de inseguridad en América Latina.	Revista Nueva sociedad	Review: Literature review Media review	Not applicable	In recent events, the increase in the feeling of insecurity affects living well-being. Consequently, the media has a role in the social and political construction of fear. However, is also important to take into consideration the social delegitimization of criminal justice among the public.
7	Leiva M	2020	Do immigrants increase crime? Spatial analysis in a middle-income country.	World Development	Original study: Quantitative study Spatial Durbin Model (SDM) Economic literature review.	Not applicable	This study aims to show the relationship between immigration and crime in Chile, from 2005 to 2015. However, in most cases, there is not enough statistical evidence that correlates a dependence between crimes and the increase in the migrant population.

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	First author	Year	Title	Journal/source	Type of manuscript/study design if applicable	Population/sample size if applicable	Main finding
						(Continued from previous page)	
8	Mera-Lemp MJ	2020	Discriminación, aculturación y bienestar psicológico en inmigrantes latinoamericanos en Chile.	Revista de psicología (Santiago).	Original study: Quantitative study	*Ethnicity:* Colombia, Peru, Venezuela, Ecuador, Argentina. Place/Country of resident: Concepción, Chile Sample: 152 Latin- American migrants in Concepción Chile. Gender/age group: men and women over 18 years old.	The results of the study indicate how well-being can be explained by factors such as age, discrimination, social support, and acculturative orientation.
9	Urzua A	2019	Rooting mediates the effect of stress by acculturation on the psychological well-being of immigrants living in Chile.	PLoS One	Original study: Quantitative study Riff's Psychological Well-being scale	*Ethnicity/country of residence:* Peruvian and Colombian in Chile. *Initial sample:* 699 participants. *Final sample:* 684 participants. Peruvian and Colombian immigrants, residing in Chile for longer than 6 months. *Gender/age group:* 18 to 71. Men (n = 330) Women (n = 354)	The study evidence the mediating role of settling down in the host country, in this case, Chile, is an action taken by migrants to protect their psychological well being.
10	Firat M	2022	Toward whom does intergroup contact reduce prejudice? Exploring national majorities' prejudice toward ethnic and migrant minorities.	The Journal of Social Psychology.	Original study: Quantitative study	*Ethnicity/country of residence:* Kuds and Syrians in Turkey. *Sample:* 335 Turkish undergraduate students.	From the perspective of Turkish undergraduate students, there are differences in how Kurds and Syrians are treated and seen among the Turkish population.
11	Florack A	2003	Perceived intergroup threat and attitudes of host community members toward immigrant acculturation.	The Journal of social psychology	Original study: Quantitative study	Migrants: Turkish immigrants. Country: Germany. Sample: 227 German white-collar and blue-collar workers.	Ethnocentric acculturation attitudes were positively correlated with perceived threat, and negatively correlated with perceived legitimacy and perceived permeability. However, only threat showed a unique contribution to the prediction of the attitudes.
12	González R	2016	Social identities and conflict in Chile: The role of historical and political processes.	Understanding Peace and Conflict Through Social Identity Theory: Springer	Review: Literature review	Not applied	Despite political, cultural, and economic changes experienced in Chilean society, inequalities between social classes remain the same.
13	Vogt WA	2013	Crossing Mexico: Structural violence and the commodification of undocumented Central American migrants.	American Ethnologist	Original study: Qualitative study Ethnographic fieldwork	*Migrants/Ethnicity:* Central American migrants on their journey across Mexico.	As a result of this study, Borderlands have been described as significant liminal spaces to observe how everyday structural violence is reconfigured in the everyday journey.
14	Leyva-Flores R	2015	Migrants in transit through Mexico to the US: Experiences with violence and related factors, 2009–2015	PLoS One.	Original study: Cross-sectional study Use of qualitative and quantitative methods	*Ethnicity/country of residence:* Migrants from Mexico, Honduras, Guatemala, El Salvador and others in transit through Mexico to the US. *Sample:* 12.023 migrants.	During the journey from Mexico to the US, migrants are faced with a high risk of being subjected to violence during their transit, due to factors such as gender inequality and a state of vulnerable condition.
15	Ortiz MS	2016	Atribución de malos tratos en servicios de salud a discriminación y sus consecuencias en pacientes diabéticos mapuche.	Revista médica de Chile.	Original study: Quantitative Study	*Ethnicity/country of residence:* Mapuche indigenous, Chile. *Sample:* 85 Mapuche DM2 patients of private and public health systems in Chile.	In the context of DM2, in both public and private health systems there is a relationship between mistreatment and ethnic discrimination toward Mapuche patients.

(Table 2 continues on next page)

	First author	Year	Title	Journal/source	Type of manuscript/study design if applicable	Population/sample size if applicable	Main finding
	(Continued from previous page)						
16	Pandi-Perumal SR	2017	Racial/Ethnic and Social Inequities in Sleep Medicine: The Tip of the Iceberg?	J Natl Med Assoc.	Review: Literature review	Not applicable	The review indicates that when it comes to sleep quality, is important to have in mind factors such as ethnicity, discrimination, and treatment.
17	Villacieros I	2020	El impacto del estrés por aculturación sobre la sintomatología de los adolescentes migrantes en Arica y Antofagasta, Chile	Revista española de educación comparada	Original study: Quantitative study	*Ethnicity/country of residence:* Peruvian, Bolivian and Colombian, migrants living in Chile. *Sample:* 146 migrant teenagers from Peru, Bolivia and, Colombia living in Arica and Antofagasta. *Gender:* Men (N = 70). Women (N = 76) *Aged group:* 11–17 years old.	The stress involved in the migration process has had an impact on the internal and external symptomatology of young migrants from Peru, Bolivia, and Colombia living in Chile.
18	Galvão ALM	2021	Determinantes estruturais da saúde, raça, gênero e classe social: uma revisão de escopo.	Saúde e Sociedade.	Review: Literature review	Not applicable	Regardless of gender, nationality, race, and socioeconomic factors, individuals must be able to access health services without discrimination or exclusion.
19	Dörr NM	2020	Racism against Totonaco women in Veracruz: Intercultural competences for health professionals are necessary	PLoS One.	Original study: Qualitative study: Anthropological fieldwork	*Ethnicity/country* of residence: Female indigenous patients of maternal health in Sierra de Totonacapan, Veracruz, Mexico. *Sample:* 3 medical facilities, Health professionals, traditional midwives, and patients (pregnant women).	Asymmetrical power relationships are seen in maternal health care, as a result of the lack of health professionals with intercultural knowledge, gender, and race forms of discrimination perceived by indigenous women.
20	Blukacz A	2022	Perceptions of Health Needs among Venezuelan Women Crossing the Border in Northern Chile during the COVID-19 Pandemic.	International Journal of Environmental Research and Public Health.	Original study: Qualitative Study	*Ethnicity/country of residence:* Venezuelan Women Crossing the Border in Antofagasta, Chile. *Sample:* 22 participants, among Venezuelan migrant women, healthcare workers, and stakeholders from local government and non-government organizations.	The migrant journey signifies health risks and persisting gaps in access to health care among Venezuelan women. Because of this, is important to address how gender and migration intersect with multiple social determinants of health.
21	Cantero PJ	1999	The association between acculturation and health practices among middle-aged and elderly Latinas.	Ethn Dis.	Original study: Qualitative study	*Sample:* 573 Latinas living in Los Angeles, California, US. *Age group:* 46–92 years.	Considering the health experiences of middle-aged and elderly Latinas, this study indicates a negative relationship between acculturation and health practices. Because of this, intervention programs need to be promoted for this age group.
22	Yañez S	2010	Estrategias de aculturación, indicadores de salud mental y bienestar psicológico en un grupo de inmigrantes sudamericanos en Chile.	Salud & Sociedad	Original study: Quantitative study	*Ethnicity:* Migrants from Bolivia, Peru, and Colombia in Chile. *Sample:* 109 migrants from Bolivia, Peru, and Colombia, living at least for six months in Calama and/or Antofagasta. Gender/age group: men (n = 59) and women (n = 50), between 18 and 76 years old.	Based on the experiences, social problems, well-being, and acculturation strategies of migrants from Bolivia, Peru, and Colombia, the results show significant differences according to the gender and nationality of the participants.

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	First author	Year	Title	Journal/source	Type of manuscript/study design if applicable	Population/sample size if applicable	Main finding
			(Continued from previous page)				
23	Concha NPL	2012	De la alterisación a la discriminación en un sistema público de salud en crisis: conflictos interétnicos a propósito de la inmigración sudamericana en Chile	Revista de Ciencias Sociales	Original study: Qualitative study Ethnographic fieldwork	Migrants/country of residence: South American immigrants in Chile *Sample*: Health professionals and migrant patients of 3 primary healthcare facilities in Chile.	One of the major reasons for immigrant discrimination in Chile is how they are socially constructed through the practices and discourses in the health facilities
24	Risson AP	2018	Atenção em Saúde aos imigrantes haitianos em Chapecó e suas dimensões étnico-raciais.	O social em questão.	Original study: Multi-methods study: Cartography and interviews.	*Migrants/Ethnicity*: Haitian immigrants in Chapeco, Brazil. *Sample*: 172 primary care workers.	Regardless of the legal guarantee of health access for Haitian immigrants in Brazil, they still experienced prejudice and social discrimination by health workers.
25	Knipper M	2010	Más allá de lo indígena: salud e interculturalidad a nivel global.	Rev Peru Med Exp Salud Publica.	Other: Critical analysis.	Not applicable	The category of ethnicity and human rights must be included in healthcare, as a part of the search to decrease inequalities in the indigenous, migrant and other groups living in vulnerable conditions.
26	Campos M	2013	Considerações teóricas sobre as migrações de idosos.	Revista Brasileira de Estudos de População	Review: Literature review and demographic studies data review.	Not applicable	According to demographic and literature data in Brazil, migration of elderly people, involves social factors such as retirement search, support services, healthcare, and Family reunion.
27	Juárez-Ramírez C	2014	La desigualdad en salud de grupos vulnerables de México: adultos mayores, indígenas y migrantes.	Rev Panam Salud Publica.	Review: Literature and data review	Not applicable	Multiple social determinants influence health vulnerability, in the case of the review the focus was on Mexico-older adults, indigenous people, and migrants. Therefore, particular needs among the population must be considered in public health policies.
28	Cabieses B	2018	Migración internacional y salud: el aporte de las teorías sociales migratorias a las decisiones en salud pública	Rev Peru Med Exp Salud Publica	Review: narrative review	Not applicable	As a result of the vulnerable state experienced by the migrant population in America, public health decision-making is essential in the access to healthcare rights.
29	Piñones-Rivera C	2021	Perspectivas teóricas sobre salud y migración: determinantes sociales, transnacionalismo y vulnerabilidad estructural	Saúde e Sociedade	Review: Literature review	Not applicable	The studies consulted show the relationship between the structural determination of health and structural vulnerability among the international migrant population.
30	Jaramillo Carvajal OV	2019	De economía popular a economía popular y solidaria en Quito: el caso de los indígenas urbanos inmigrantes del barrio San Roque	Revista de economía pública, social y cooperativa	Original study: Qualitative Study, ethnography, and case studies	*Sample*: Urbanite indigenous living in the San Roque Neighborhood. Quito, Ecuador.	Popular and solidarity economy are strategies created among Urbanite indigenous immigrants living in San Roque, as a way to overcome their problems without searching for state or private aid.

First author	Year	Title	Journal/source	Type of manuscript/study design if applicable	Population/sample size if applicable	Main finding
(Continued from previous page)						
31 Vidoni ML	2019	Home Visit Intervention Promotes Lifestyle Changes: Results of an RCT in Mexican Americans.	Am J Prev Med	Original study: Quantitative study	Mexican Americans, Texas–Mexico border. (n = 250)	The study evidences the benefits that the home Intervention of a community health worker has had in the promotion of Mexican-American patients' healthcare.
32 Navodia N	2019	Culturally Tailored Self-Management Interventions for South Asians With Type 2 Diabetes: A Systematic Review.	Canadian Journal of Diabetes	Review: Systematic review, with narrative synthesis	South Asian Migrants.	In the context of Type 2 diabetes among South Asian patients, the results show that cultural differences must be considered at the time DSME and DSMS interventions are designed.
33 Lopez-Maya E	2019	Mindfulness meditation and improvement in depressive symptoms among Spanish- and English speaking adults: A randomized, controlled, comparative efficacy trial.	PLoS One.	Original study: Quantitative study	Latino Immigrants in Los Angeles, US. *Sample of critical trial:* adults with moderate levels of stress 76.	This study aims to evidence how mindfulness meditation can be beneficial to depressive symptoms among Latino immigrants.
34 Foo S	2018	Prevalence of Depression among Migrants: A Systematic Review and Meta-Analysis.	International Journal of Environmental Research and Public Health	Review: Systematic Review and Meta-Analysis.	Not applicable	As a result of this systematic review, the psychological well-being and mental health of newly arrived migrants need preventive and assistance strategies.
35 Uphoff E	2020	An overview of systematic reviews on mental health promotion, prevention, and treatment of common mental disorders for refugees, asylum seekers, and internally displaced persons.	Cochrane Database Syst Rev	Review: Systematic reviews	Not applicable	When it comes to health promotion among refugees, there is a gap when it comes to mental health problems like depression or anxiety disorders.
36 Peterson C	2020	Improving Mental Health in Refugee Populations: A Review of Intervention Studies Conducted in the United States	Issues Ment Health Nurs	Review: Literature review	Not applicable	Most studies consulted show the significant role of mental health interventions among the refugee population in the US.
37 Daar DA	2018	The Latino physician shortage: how the affordable care act increases the value of Latino Spanish-speaking physicians and what efforts can increase their supply.	Journal of racial and ethnic health disparities.	Review: Literature review	Not applicable	As a result of the increase in the Latino Spanish-speaking population, it has become a priority to increase the capacity of US healthcare, especially the role of Latin healthcare workers.
38 Yarnell CJ	2020	Association between Chinese or South Asian ethnicity and end-of-life care in Ontario, Canada.	CMAJ: Canadian Medical Association journal = journal de l'Association medical canadienne.	Original study: Quantitative study, retrospective decedent cohort study	Migrants and refugees in Canada	Among patients who died in Ontario, between 2004 and 2015, the results show differences in end-of-life and intensive care received by patients according to their ethnicity.
39 Lee CS	2016	A randomized controlled trial of culturally adapted motivational interviewing for Hispanic heavy drinkers: Theory of adaptation and study protocol.	Contemp Clin Trials.	Original study: Quantitative study	*Sample:* Heavy- drinking Hispanics recruited from the community (n = 257).	The CAMI2 study design protocol is presented and the theory of adaptation is presented. Findings from the trial described may yield important recommendations on the science of cultural adaptation and improve MI dissemination to Hispanics with alcohol risk.

Table 2: **Description of selected scientific manuscripts (n = 39).**

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1	Urra M[a]	2022	Migración emergente en tiempos de pandemia en Chile. Análisis crítico de la cobertura mediática.	PhD tesis in Chile www.doctoradoencomunicacion.cl	Other: Critical Discourse Analysis of the media	*Ethnicity/country of residence:* Venezuelan, Colombian, and Haitian migrants living in Chile.	The revised news alludes to how Venezuelan, Colombian, and Haitian migrants are the cause of their health difficulties in Chile, especially during the COVID-19 pandemic.
2	Maeda J[a]	2021	Encuesta de Percepción sobre el rol de las y los líderes de opinión y la migración venezolana en el Perú.	Boletín N° 01 in Peru	Original study: Quantitative study.	*Ethnicity/Country of residence:* Venezuelan migrants living in Peru. *Sample:* 1109 Peruvians, about their perspective on Venezuelan migrants. *Gender/Aged group:* Men and Women over 18–<60.	There is a negative perspective in the public opinion, toward the migrant population, influenced by the political leaders during the electoral campaigns in Peru.
3	Stephan WG[a,b]	2000	An integrated threat theory of prejudice.	Reducing Prejudice and Discrimination; Erlbaum, Mahwah, NJ	Not applicable	Not applicable	A novel conceptual model of intergroup relationships, considering perceived threat as the main domain of analysis in its creation of prejudice in contemporary multicultural societies.
4	Carreño A[a]	2022	Maternidad y salud mental de mujeres haitianas migrantes en Santiago de Chile: un estudio cualitativo	Study report in Chile https://repositorio.udd.cl/	Original study: Qualitative study	*Type of migrants/Ethnicity:* Haitian women living in Chile. *Sample:* 20 Haitian migrant women, health professionals, and intercultural facilitators.	The findings of this study show how maternity experiences of Haitian women come across mental health problems and limited information regarding sexual and reproductive rights in Chile.
5	Ceja Fernández A[a]	2014	Evaluación de una intervención cognitivo-conductual para mujeres migrantes que abusan del alcohol y tienen conductas sexuales de riesgo	Study Report in Mexico http://bibliotecavirtual.dgb.umich.mx/	Original study: Quantitative and Qualitative study	*Sample:* Migrant women with migration experience, who have started their sexual life. *Country of residence:* Mexico. *Age group:* over 18 years old.	To prevent sexual risk and alcohol abuse, the study works on cognitive behavioural interventions to increase health in the migrant women population.
6	Cabieses B	2019	Hacia una comprensión integral de la relación entre migración internacional y enfermedades infecciosas. De la creencia a la evidencia para la acción sanitaria en Chile.	Study report in Chile https://repositorio.udd.cl/	Review: Literature review	International migration	On a global stage, the Authors analyze how the lack of health access and omitted rights can increase health risks and disease transmission problems, both in the migrant and resident population.

[a]Grey literture: book chapter, study report or government web page. [b]Before 20, included during hand search due to relevance to the review (decision of the authors).

Table 3: Description of selected grey literature (n = 6).

When stigma and discrimination against specific groups become part of shared discourses and find continuity with historical processes of social segregation, these social representations have a powerful negative impact on the health of these groups. As observed in the case of the Congolese worker in Brazil, the discrimination of which he was a victim is anchored in a long history of the differential treatment received by migrants from Europe vs. migrants from Africa in Brazil. After the abolition of Indigenous and African slavery, labour migration from Europe was more prevalent as conditions made it easier for Europeans to be hired over the African and Afro-descendant labour force already existing in the country.[100] Thus, the black population was abandoned to their fate, and discrimination against Africans has persisted since the colonisation. For Moïse, the sum of his African origin, refugee status, and black skin exposed him to the ills resulting from structural racism and xenophobia, such as vulnerable social conditions and precarious jobs. This situation is evident in this case since no witnesses intervened during the aggression. Due to the stigma skin colour and nationality carry, a presumption of guilt for the alleged crime committed, and even after his death, his lifeless body was ignored by people walking along the beach. Through this case study, it is possible to observe how discriminatory historical narratives around African migrants in Brazil may lead to serious human rights violations. In this case, social networks played an important role in building counter-narratives and mobilizing people so that crime would not go unpunished. However, racist and xenophobic speeches disseminated by the media, institutions, governments, authorities, and social and religious groups can turn the victims into aggressors.

Our review reveals that migration status is not a factor that generates discrimination itself, but instead, these processes must be analysed in light of

1	CNN Chile	2021	Queman carpas de inmigrantes durante marcha en Iquique	CNN Chile
2	Pául F	2021	"Nos sentimos humillados, tratado" como "animales": venezolanos afectados por la protesta que terminó con la quema de pertenencias de migrantes en Chile.	BBC News.
3	ONU	2021	Relator de la ONU califica de « inadmisible humillación » el ataque a migrantes en Iquique.	El Desconcierto.
4	Mello D	2021	Venezuela pede respeito a direitos humanitários de imigrantes no Chile após linchamento.	Brasil de Fato
5	Moïse Kabagambe	2022	O que se sabe sobre a morte do congolês no Rio.	Jornal g1 Rio
6	McCoy T	2022	A young Congolese refugee demanded his back pay, his family says. He was beaten to death.	The Washington Post.
7	Observador	2022	Campanha pede justiça após assassínio brutal de um congolês no Rio de Janeiro.	Observador.
8	L'interview	2022	Brésil: Un jeune congolais (RDC) de 24 ans battu à mort à l'ouest Rio de Janeiro.	L'interview.
9	Rianelli	2022	Justiça por Moïse: ativistas protestam em memória do congolês morto no Rio.	g1 Rio.
10	Mendonça AV	2022	Embaixada da República Democrática do Congo cobra das autoridades brasileiras explicações sobre a morte de Moïse.	Jornal G1
11	UNHCR	2022	ACNUR e OIM lamentam morte de refugiado congolês.	https://www.acnur.org
12	Oliveira M	2022	Bolsonaro critica ato em igreja contra morte de Moïse: 'Marginais'.	Metrópoles.
13	Azevedo R	2022	Bolsonaro chama refugiados de 'escória do mundo.	Jornal Exame.
14	Teixeira M	2022	Bolsonaro volta a dizer que negro é pesado em arrobas e ironiza sua condenação.	Jornal Folha.
15	El sol de Iquique	2021	Venezolanos de plaza Brasil golpean a tres iquiqueños por rechazar servicios de prostitución infantil	Local magazine in the north of Chile
16	BBC News Mundo	2022	Chile: la marcha contra migrantes que terminó con la quema de pertenencias y carpas de extranjeros	BBC news

Table 4: Description of media literature included in case studies displayed in Boxes 1 and 2.

intersectional theory's historical and contextual contributions. Supported by this theory, to explain health outcomes, it is not enough to distinguish factors such as gender, ethnicity, class, and migratory status separately. These axes of inequality do not act in isolation but as a mutually constituted system of oppression that works to reproduce social and health inequalities. The introduction of intersectionality makes it possible to identify the different levels at which this system operates and its relationship with the organization of migration policies, the formation of narratives on migration, and the organization of health systems. More research is urgently required in this matter in LAC and globally.

Finally, our review suggests the persistence of stigma and discrimination within health systems, becoming a barrier to access and use that can generate significant disparities for these groups. Cases of discrimination in the provision of health services can seriously harm well-being, productivity, and social cohesion because, ultimately, the diseases that affect one part of the population (migrant or local) affect society as a whole. Also, the literature agrees that stigma and discrimination through implicit bias and structural racism in the healthcare system can contribute to psychological stress and increase the risk of poor treatment outcomes.[101,102] Migrant groups such as refugees and those in irregular situations often experience human rights violations, especially a lack of access to healthcare services and risk of diseases and illnesses. Some go through discriminatory situations in healthcare contexts or may develop physical and mental health conditions resulting from stressful events linked to the migratory experience, such as culture clash, adaptation difficulties, and hostile attitudes

from the host society. Therefore, an effective strategy to avoid discriminatory situations in healthcare contexts may give a better understanding of the cultural patterns, including biased communications and narratives of migrant communities.

This health policy review has strengths and limitations. We considered an ample perspective towards the concepts in this scoping review and included scientific and grey literature sources from the Latin American region. We also added manuscripts based on a detailed hand-search of the references of selected papers. Some manuscripts could not be retrieved, and a limited number were older than 2013. These were included due to their relevance to the study and have been marked in Tables 2–4. Very few documents were retrieved from grey literature (n = 6), which possibly did not fully represent local efforts implemented in the region in this matter in the past decade.

Conclusion

In this health policy scoping review, we discuss how discrimination and stigma towards the migrant population in Latin America in communication and social narratives affect population health in these groups regarding access to healthcare, physical health and mental health. We found an urgent need to design, implement, and evaluate effective policies to promote ethical communication standards in the media and on the Internet, focusing on eliminating all forms of racism, xenophobia, and discrimination. A successful approach to public policies on health and migration in LAC must address the ethnic-racial issues of populations that migrate to design effective responses to

health problems stemming from discrimination and stigma. Finally we propose the following strategies and actions to promote the health of migrants and refugees through the development of counter-narratives, the promotion of ethical communication standards, and the reduction of stigma and discrimination against migrants in healthcare settings and broader public environments in LAC: 1) Developing normative documents against stigma and discrimination, addressing migrants in the region (LAC international organizations) and countries; 2) Strengthening mass media regulation and ethical standards to avoid hate speeches, discrimination, and human rights violations; 3) Supporting training and diversity education for journalists, editors, and communication agents on migration, racism, and xenophobia and initiatives to promote a positive perspective of migration and health; 4) Training health teams and future health professionals in these topics to provide migrant-sensitive services and prevent health risks derived from discrimination (e.g., mental health and chronic diseases); 5) Developing strong and explicit mechanisms to reject any form of stigma and discrimination in healthcare settings.

Contributors
BC—writing (original draft), review, editing.
KB—bibliographic review, editing.
AC—writing, review, editing.
IR—bibliographic review, writing.
KR—writing, review, editing.
CA—writing, review, editing.
MK—writing, review, editing.

Declaration of interests
We declare no competing interests.

Appendix A. Supplementary data
Supplementary data related to this article can be found at https://doi.org/10.1016/j.lana.2023.100660.

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