



# Coming of Age in Exile

- Health, Education and  
Employment Outcomes  
for Young Refugees in  
the Nordic Countries

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# Reception of immigrants



*Ungarske flygtninge ankommer til Danmark med tog  
natten mellem den 30. november og 1. december 1956.  
I Padborg bliver de modtaget med kaffe og wienerbrød.  
Foto: Polfoto*



# Background

- Increasing immigration to the Nordic countries - since the 1970s dominated by refugees
- 20-30% are children. Increasing proportion of unaccompanied minors
- Many live in neighbourhoods characterized by a high density of ethnic minorities and low socio-economic status



# Why a Nordic Approach?

## 1. Major similarities

- regarding majority populations
- regarding the general welfare policies

## 2. Major differences

- regarding immigration patterns
- regarding specific immigrant and refugee policies

## 3. Comparable register data access

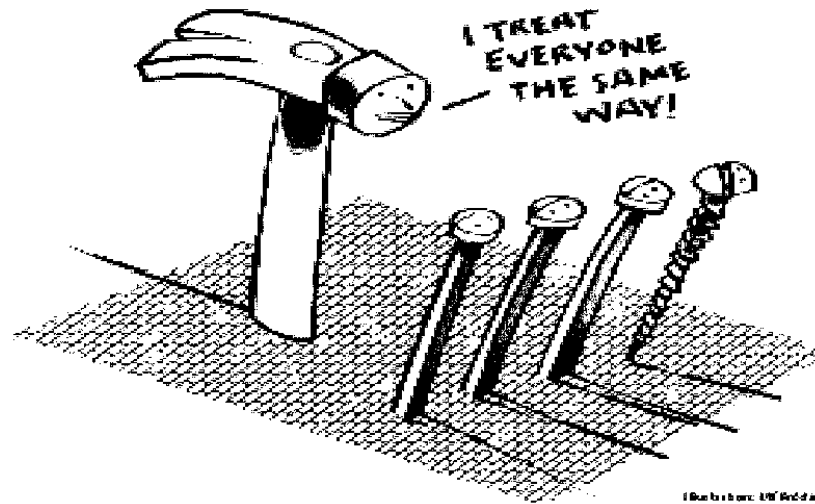
## 4. History of close research collaboration



# Equity in Health

- "Equity in health implies that ideally everyone should have a **fair** opportunity to attain their full **health potential** and, more pragmatically, that none should be disadvantaged from achieving this potential, **if it can be avoided**"

*Whitehead, M. The concepts and principles of equity. WHO, 1991*





# Aims

- To investigate **how socio-economic and health inequities develop** during the formative years in young refugees
- To investigate **how SES and health are interrelated** and associated with key areas of welfare policy like health services, education, employment and housing
- **To identify welfare policies** that may promote health and socio-economic equity in young refugees compared with the majority populations
- The project started July 1<sup>st</sup> 2015 and ends December 31<sup>st</sup> 2019
- Five partners (Denmark, Finland, Norway and Sweden)
- Funded by NordForsk (30 mio Nkr).

# MENTAL HEALTH



# Depression

- Refugees had a higher prevalence of depression compared with native-born peers

## **More depression**

- Traumatic pre-migration experiences
- Discrimination
- Daily hassles in host country

## **Less depression**

- Social support
- Greater host language proficiency
- Higher educational attainment



# Emotional and Behavioural Problems

- Females: More internalising symptoms
- Males: More externalising symptoms
- Longitudinal study: Social context in host country more important than pre-migration experiences

## **More problems**

- Traumatic pre-migration experiences
- Discrimination (internalising)
- School relocations
- Stressful post-migration experiences

## **Less problems**

- Attending school or being employed
- Ethnic majority friends
- Greater host language proficiency
- Parents with longer education

# Psychiatric Disorders

- Same overall rate ratio (RR) as ethnic majority peers
- Refugees had higher RR for psychotic and nervous disorders but lower RR for affective disorders than native peers

## **Factors associated with psychiatric disorders**

- Quota refugee
- Unaccompanied
- Lower household income
- Older age at residence permission

Source: Børsch, ASR et. forthcoming

# EDUCATION



# Enrolment in Education

- **Accompanied** refugees were enrolled in education to a greater extent than the general population
- **Accompanied** refugees were enrolled in education twice as often as unaccompanied refugees

# School Achievement

## **Vietnamese refugees in Finland:**

- Refugees had a **lower grade point average** than native-born peers
- Discrimination and adherence to “traditional Vietnamese family values” associated with poorer achievement
- Better host language proficiency associated with better achievement



# Educational Attainment

## **Unaccompanied refugees in Sweden:**

- Few had undergone post-secondary education
- More females than males completed upper secondary school
- $\leq 15$  years of age at arrival – higher completion of upper secondary school compared with those aged 16-17 at arrival

## **Vietnamese refugees in Finland**

- More than compulsory education:
  - Less discrimination in childhood
  - Greater host country language proficiency
  - Adherence to “Finnish values”
  - Ethnic self-identification as Vietnamese

Source: Børsh, ASR et. forthcoming

# EMPLOYMENT



# Employment

- Refugees employed to a lesser extent than other immigrants, descendants and native-born
- **About 50%** of refugees were employed
- More men than women were employed
- **Unaccompanied** refugees employed to a greater extent than accompanied refugees
- More than primary education improved employment probability
- Often unskilled jobs

# LINKS BETWEEN HEALTH, EDUCATION AND EMPLOYMENT

Higher educational attainment associated with less depression

Long-term improvements in mental health associated with studying or working

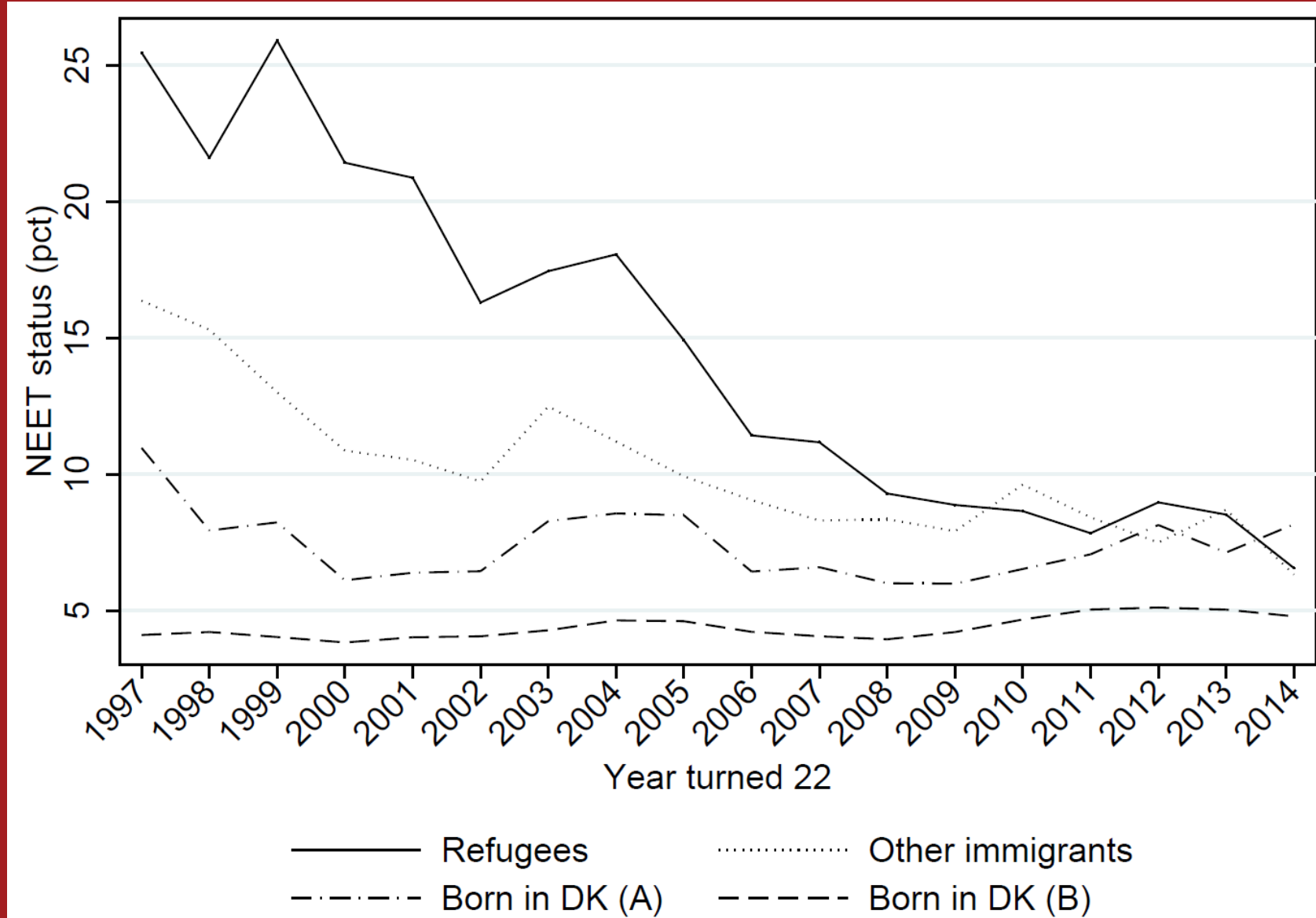
Education had a positive effect on employment probability

Some refugees outside labour force received health-related subsidies – too ill to work

→ Need for further longitudinal studies of causal and interrelated effects

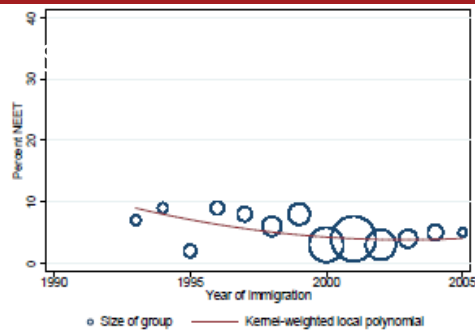
→ Need for Nordic/international comparative research

# NEET Status among Population Groups (DK)

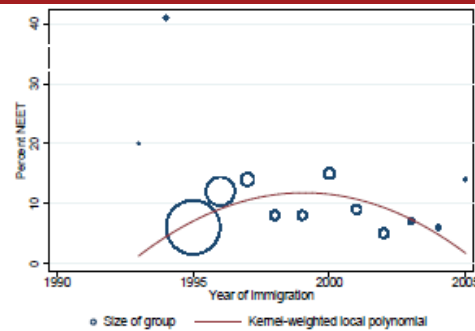


Source: de Montgomery, CJ et. forthcoming

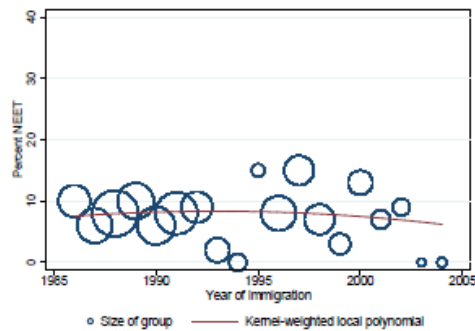




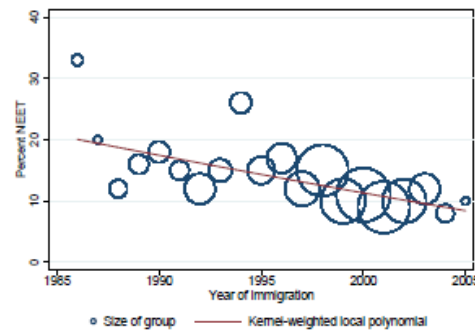
(a) Afghanistan



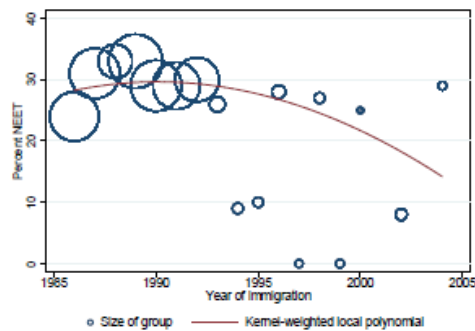
(b) Ex-Yugoslavia



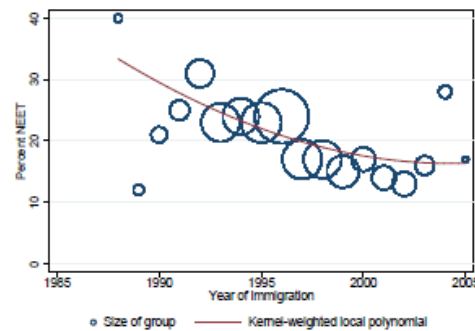
(c) Iran



(d) Iraq



(e) Lebanon



(f) Somalia

## Development in NEET Status by Countries of Origin

Denmark

Figure 3.: Development in NEET status - by main countries of origin

Source: de Montgomery, CJ et. al  
Forthcoming

# CONCLUSION

Discrimination, host language proficiency, support from social networks important factors for young refugees' well-being and integration

→ Conditions in host country

→ Welfare policies can address these factors

Findings from Denmark:

Narrowing the gap

- Moving in the right direction?



Thank you very  
much for your  
attention!

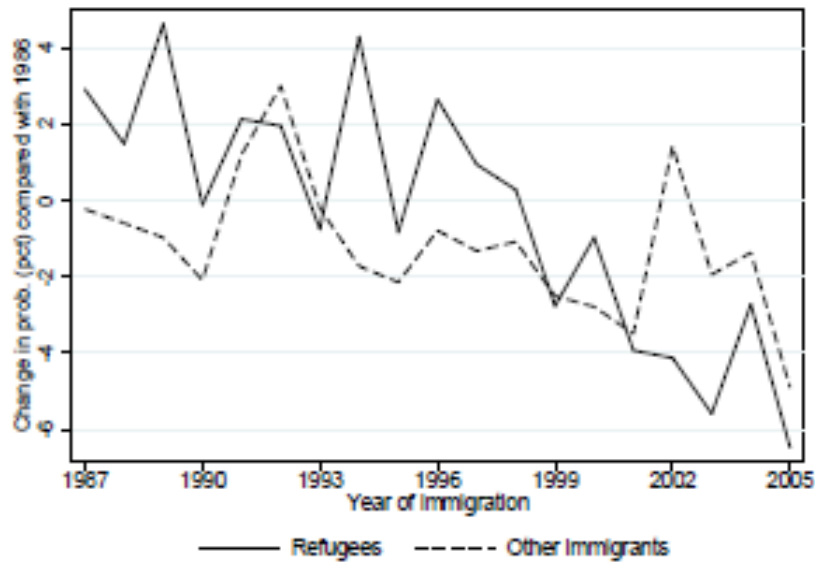
Email:  
[ssj@sund.ku.dk](mailto:ssj@sund.ku.dk)

# Partners/Research Teams

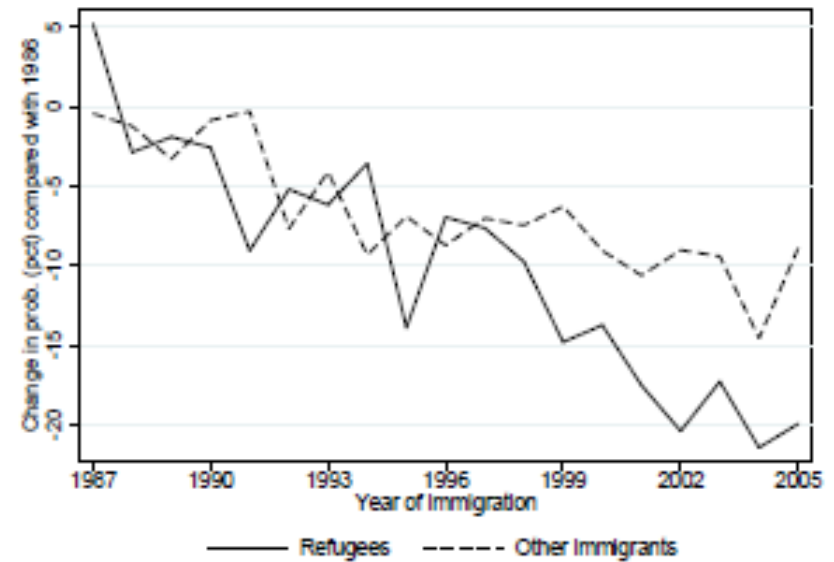
1. Danish Research Centre for Migration, Ethnicity and Health, (MESU), Department of Public Health, **University of Copenhagen**, Denmark (*Signe Smith Jervelund*)
2. Centre for Health and Equity Studies, (CHESS), **Karolinska Institutet and Stockholm University**, Sweden (*Anders Hjern*)
3. **Institute of Migration**, IFM, Turku, Finland (*Elli Heikkilä*)
4. **The Norwegian Centre for Violence and Traumatic Stress Studies** (NKVTS), Oslo, Norway (*Lutine de Waal Pastoor*)
5. Faculty of Health and Social Studies, **University College of Southeast Norway**. (TUC/UCSN), Porsgrunn, Norway (*Ketil Eide*)

*In total 23 participating researchers, 5 partners/research teams and 4 countries*

# NEET Status: Boys versus Girls (DK)



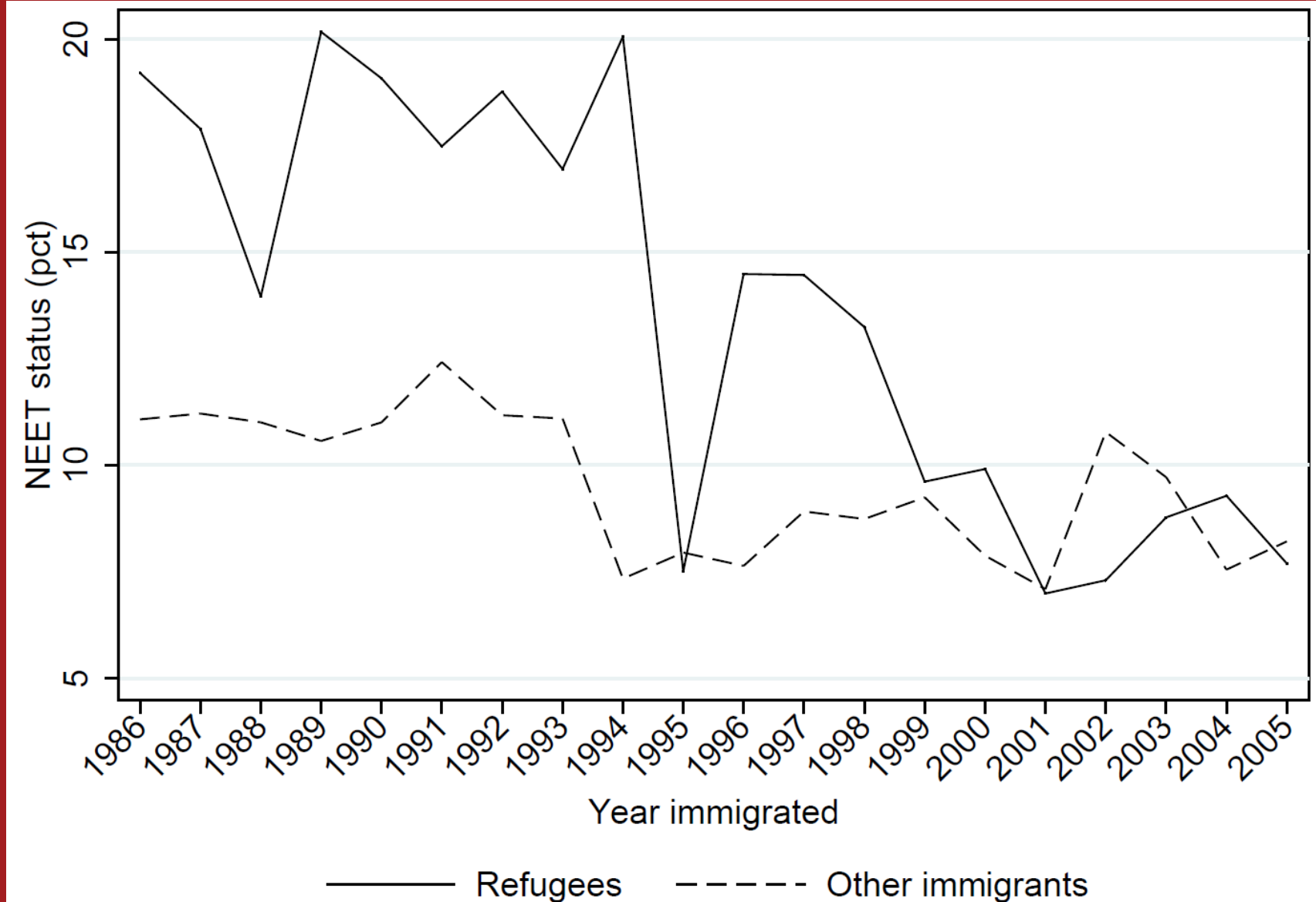
(a) Boys



(b) Girls

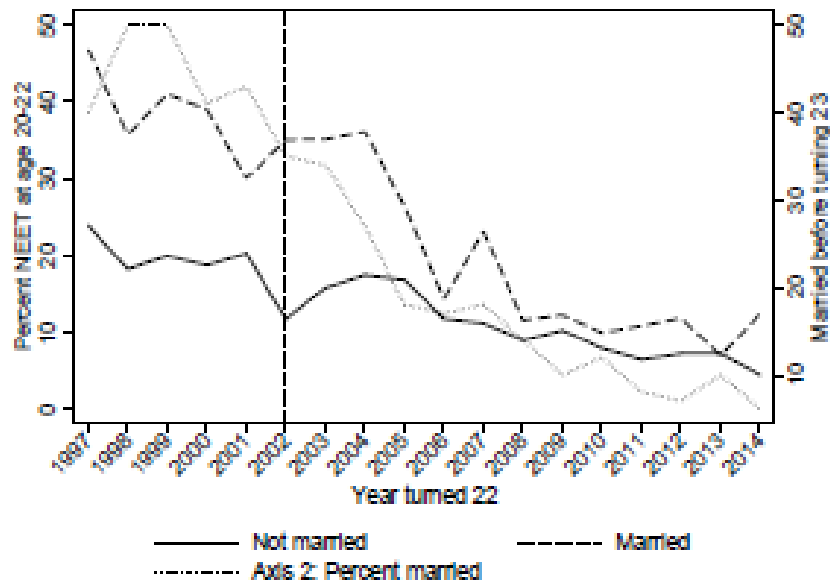


# NEET Status among Population Groups by Immigration Year

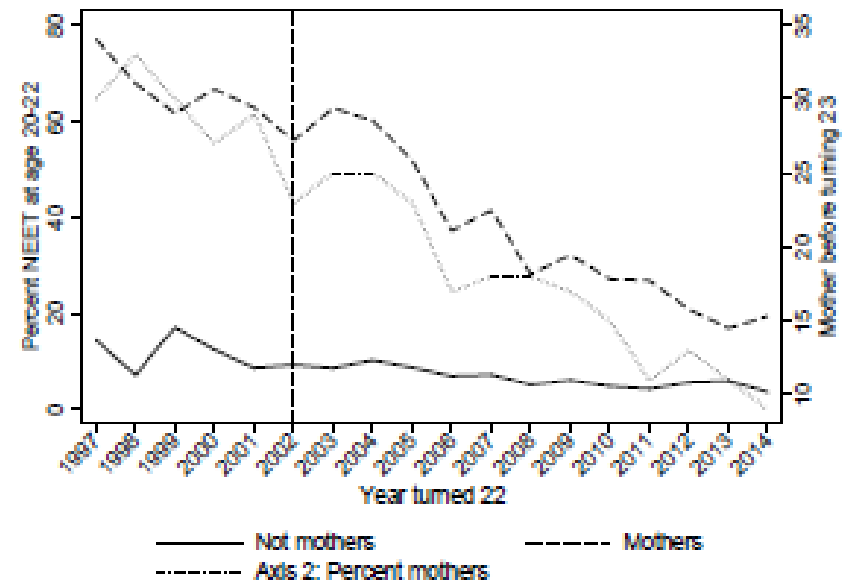


Source: de Montgomery, CJ et. forthcoming

# NEET Status by Marital Status and by Motherhood



(a) By marital status



(b) By motherhood

# Post-Traumatic Stress

- Higher prevalence among teenagers than children
- Higher prevalence among males than females

## **More PTS**

- War experiences
- Psychological vulnerability prior to traumatic experiences

## **Less PTS**

- Longer stay in host country
- Mother's emotional well-being
- Having peers to play with

# Most common jobs

## Study of unaccompanied refugees in Sweden

- Only a few had jobs that required higher education
- Mainly employed in service, care and sales jobs – especially women
- Men also employed in unskilled manual jobs