

AGE AT ARRIVAL AND HEALTHCARE USE AMONG MIGRANTS IN FRANCE

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Introduction

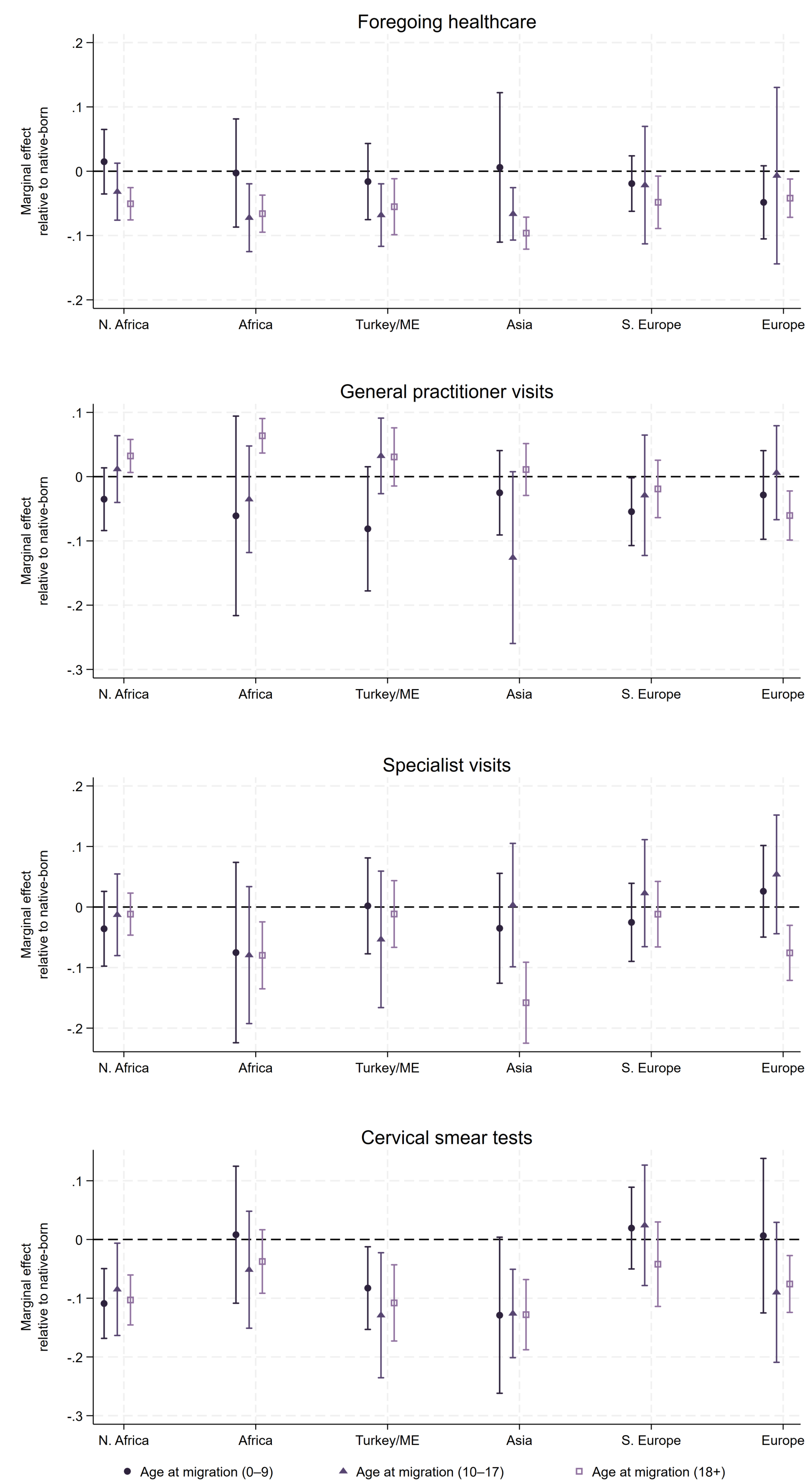
- Immigrants frequently underutilise healthcare services
- Healthcare use depends on need and access, both shaped by the migration experience
- Research often treats migrants as one group, ignoring age at arrival

• **Research question:** How does age at arrival influence healthcare use among immigrants?

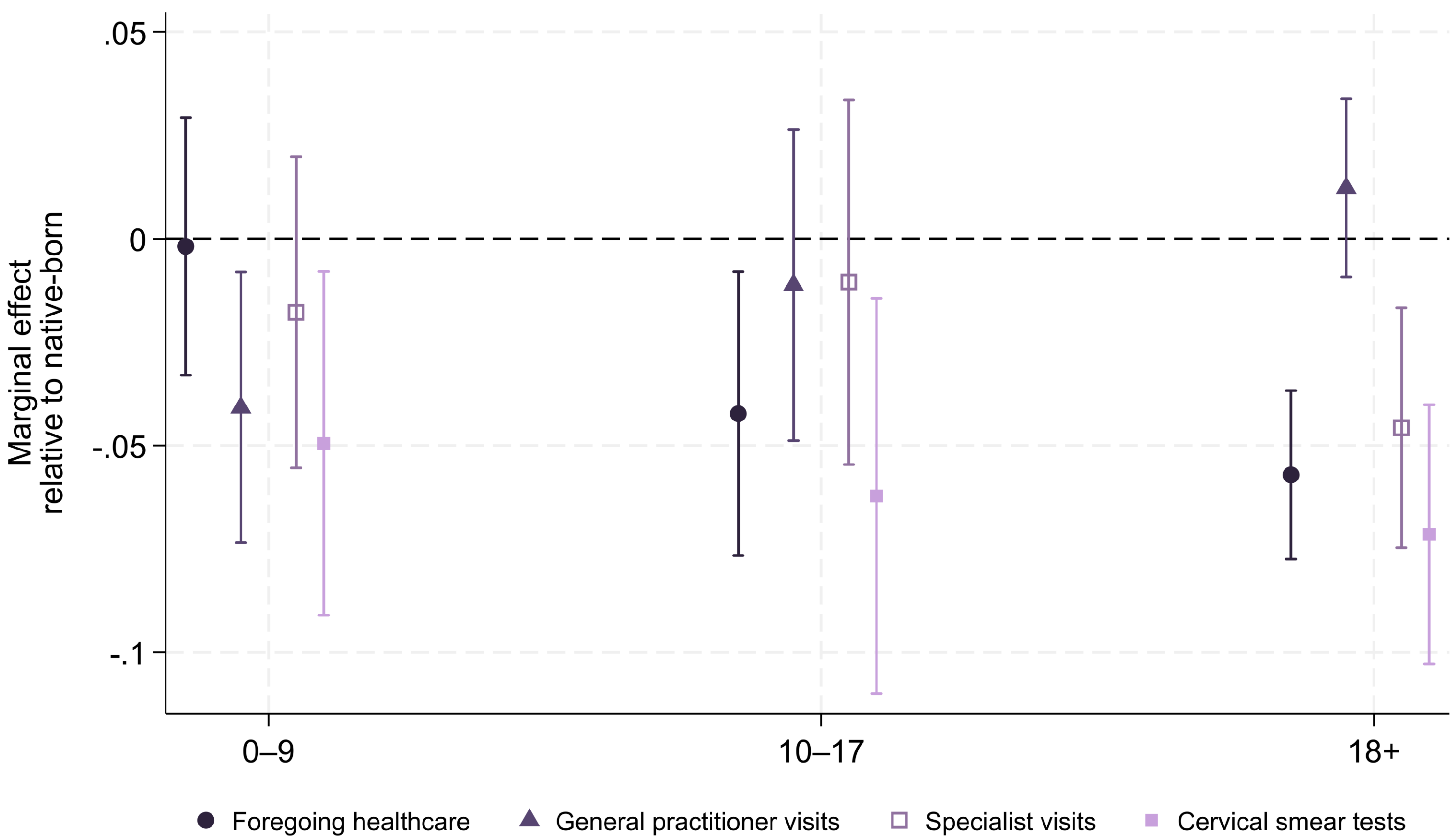
• **Hypotheses:**

- Migrants who arrive in childhood will use healthcare similarly to native-born individuals
- Migrants who arrive in adulthood will underutilise healthcare services

Healthcare use by country of origin



Healthcare use by age at arrival



Data and method

- Data: Trajectoires et Origines 2 (TeO2) survey
- Variables of interest:
 - Healthcare use:*
 - foregone healthcare, general practitioner (last 12 months), specialist visits (last 12 months), cervical smear tests (last 3 years)
 - Age at arrival:*
 - native-born (reference), childhood migrants (arriving 0-9 years old), adolescent migrants (arriving 10-17), adult migrants (arriving 18+)
- Method: logit regression model

Results

- Immigrants are less likely than natives to report foregoing care, but also less likely to visit specialists or undergo cervical smear tests
- Age at arrival matters: the younger the migrant at arrival, the more their healthcare use resembles that of natives
 - Except for cervical screening
- Cervical smear test underuse is especially pronounced among migrants from North Africa, Turkey, the Middle East, and Asia

Conclusion

- Age at arrival matters for understanding migrant-native differences in healthcare use
- A persistent lack of awareness among immigrants suggests gaps in access to healthcare information
- Cervical smear underuse may reflect discrimination, cultural insensitivity, or structural barriers (e.g. not ensuring female providers for procedures)

Acknowledgments

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