

# Quality of Lives & Origin of Unaccompanied Minors & Migration to Europe

M. Jackulikova (Maria Jackulikova)<sup>1</sup>, J. Vrankova (Jarmila Vrankova)<sup>1</sup>, M. Bartkovjak (Mario Bartkovjak)<sup>1</sup>, G. Mikolasova (Gertie Mikolasova)<sup>1</sup>, V. Kozon (Vlastimil Kozon)<sup>1,2</sup>, M. Olah (Michal Olah)<sup>2</sup>, M. Mikloskova (Monika Mikloskova)<sup>1</sup>

Original Article

<sup>1</sup> Lesbos UNHCR and John Paul II school of Missiology, SEU Lesbos, Greece.

<sup>2</sup> Vienna General Hospital (AKM), Vienna, Austria.

## E-mail address:

tropicteam@gmail.com

## Reprint address:

Maria Jackulikova  
UNHCR and John Paul II school of Missiology SEU  
Lesbos  
Greece

Source: *Clinical Social Work and Health Intervention*  
Pages: 28 – 31

Volume: 11  
Cited references: 10

Issue: 1

## Reviewers:

Mageswari Rajoo  
P/hD SAAaRMM Kualal Lumpur, Malaysia  
Jirina Kafkova  
MSF, Freetown, Sierra Leone

## Key words:

Asylum Procedure, Unaccompanied Minors, Migration, Legal Protection of Children, Social Suffering, Refugee Camp, Living Conditions

## Publisher:

International Society of Applied Preventive Medicine i-gap

CSWHI 2020; 11(1): 28 – 31; DOI: 10.22359/cswhi\_11\_1\_04 © Clinical Social Work and Health Intervention

## Abstract:

Migration of minors has a lot in common with the migration of adults as well as a few features related to the vulnerability of the under aged. The principal subject of the research is a comparison of official statistical documents concerning the asylum system and the quality of lives of unaccompanied minors in the process of their admission into Greece and Italy which are the first-line migratory inputs, the period analyzed is the year 2018/2019. On the basis of the UN Charter, international organizations deal with the minors needs, emphasize the principle of universality of children's rights.

## Introduction

Arrivals of unaccompanied minor migrants continues increasing. The phenomenon becomes being complex regarding the number of underage migrants looking for asylum in the two countries that are affected by migration in the greatest extent, namely Greece and Italy. Just like adults, children face horrible journeys and experience stress, which occur during the three stages of their escape. The initial experience is in the country of their origin, then during their passage to the safety and the final one is the arrival and reception in the host country. The conditions of reception in the Greek islands are; however, currently very humiliating and inhuman. Migration of minors has a lot in common with the migration of adults as well as a few features related to the vulnerability of the underage (1-3).

## Methods

The principal subject of the research is a comparison of official statistical documents concerning the asylum system and the quality of lives of unaccompanied minors in the process of their admission into Greece and Italy which are the first-line migratory inputs, the period analyzed are the years 2018/2019. The situation in 2018/2019 is compared by studies which are illustrated of cases from a similar period.

## Results and Discussion

The main domain or in this case, poor quality of unaccompanied minors is based on the disturbed life as well as the influence of all pathological conditions in the reception centers of both countries. The unaccompanied minor migrants have damaged health affected by psychosocial as well as social suffering (4-10). The decisive factors for the health of migrants are largely determined by the availability, accessibility, acceptability and quality of services in the host country. On the basis of the UN Charter, international organizations deal with the minors needs, emphasize the principle of universality of children's rights. However, the reality in the reception facilities of the host countries is different. Therefore change of this process must be initiated within UNHCR and the EU agreement.

The impact borders of the EU concerning health/social care to migrants was analyzed through research Specifically, the impact of bor-

der closure on the health risks for the population at recognized reception centers in Sicily, Italy and Greece. The research was carried out in Greece with 300 respondents and in Sicily with 400 respondents. It was complemented by in-depth interviews with migrants and key informants including: government officials; humanitarian agencies; NGOs; and activist organizations, who were introduced to offer an analysis of admission systems in both leading countries in Greece and Italy.

The results provided a lot of information on the population composition in both countries, where in 2016 the four most nationalities in Greece accounted for 91% of arrivals, while in Italy the first seven nationalities represented 65%.

One of the defining characteristics of arrivals is the prevalence of the nationalities: the Syrians and the Iraqi Afghans, who are present almost exclusively in Greece and absent in Italy. Nationals from Nigeria, Senegal, Ukraine, Mali, Gambia are represented in Italy and are missing in Greece. Pakistanis are present in large numbers in both Greece and Italy however, it is important to stress that the presence of Pakistanis was far from standard.

During 2018, the asylum service received 2,639 applications from unaccompanied children, where the prevalence of applications received from young boys numbered 2,455 compared to 194 girls. The asylum process at the end of 2018 was carried out in 23 places in Greece. Asylum applications for unaccompanied minors in Italy amounted to 3,676 children in 2018.

Overall, in Greece the asylum service registered 66,969 asylum applications, accounting for 11% of the total number of applications submitted in the EU, making Greece the third largest Member State after Germany (28%) and France (19%).

In 2018, the Syrians were repeatedly the largest group of asylum seekers with 13,390 asylum applications, and applications from 4,834 Turkish nationals were also received. Italy received 7,368 asylum applications for 2018 of which 818 were citizens of Eritrea and 838 asylum seekers from Iraq. 1,589 asylum applications were received from Pakistan.

## Conclusion

On the basis of the UN Charter of Human Rights, international organizations deal with the

minors needs and they emphasize the principle of universality of children's rights. However, the reality in the reception facilities of the host countries is different. Therefore change of this process must be initiated within the UNHCR and the EU agreement.

## References:

1. UNITED NATIONS COMMISSION FOR REFUGEES. ANNUAL REPORT 2018 (2019) UN Genève, 2019, 355 p.
2. HEALTH CHALLENGES IN REFUGEE RECEPTION/BLITZ, K.B. *ET. AL.*, DATE-LINE EUROPE (2016).
3. AIDA Report 2018. (2019) WFP Rome. 2019, 105 p.
4. HAJ ALI P, PUTEKOVA S, KABATOVA J, MARTIKOVA J, ZOLLEROVA K, BUCKO L, RADKOVA L, VLCEK R, GREY E, OLAH M, DURICOVA Z, SVITEK R, SIMONEK T, OTRUBOVA J, BIBZA M, KOLIBAB M, MAMOVA A, PALENIKOVA M, MURGOVA A, TKACOVA L, KALATOVA D, JANKECHOVA M, BYDZOVSKY J, KHALIL I, MICHALIKOVA L, MRAZOVA M, LISKOVA A, HERDICS G, CARNECKY M, KHALED I (2016) *Are Migrants From Middle East Carriers of resis-*

**Tab. 1** Participants by survey country, migration wave and country of origin

Country of Birth	Greece			Italy			
	Wave	1	2	Total	1	2	Total
Syria		30.6%	34.6%	32.6%	0.5%	1.5%	1.0%
Nigeria		1.9%	1.3%	1.6%	21.8%	24.5%	23.1%
Gambia		...	...	...	17.8%	13.0%	15.4%
Pakistan		11.3%	11.1%	11.2%	10.4%	3.0%	6.7%
Afghanistan		13.1%	14.4%	13.7%	2.5%		1.2%
Iran		14.4%	11.8%	13.1%	...	...	...
Somalia			0.7%	0.3%	0.5%	2.5%	1.5%
Mali		...	...	...	6.9%	7.5%	7.2%
Eritrea		1.3%		.6%	1.5%	11.0%	6.2%
Iraq		8.8%	7.8%	8.3%	...	...	...
Other		18.8%	18.3%	18.5%	38.1%	37.0%	37.6%
Total		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

**Tab. 2** Arrivals to Europe in 2018, broken down by country of origin. A:Greece, B: Italy

Členenie celkového počtu podľa krajín pôvodu - Grécko		Členenie celkového počtu podľa krajín pôvodu - Taliansko	
Sýria	13 390	Pakistan	7 368
Afganistan	11 926	Nigéria	6 336
Irak	9 731	Bangladéš	5 026
Pakistan	7 743	Senegal	2 867
Turecko	4 834	Ukrajina	2 517
Albánsko	3 319	Mali	2 266
Irán	1 763	Gambia	2 101
Bangladéš	1 552	El Salvador	1 735
Palestína	1 519	Maroco	1 734
Georgia	1 460	Côte d'Ivoire	1 668
		Guinea	1 421
		Ghana	1 171
		Georgia	1 086

- tant bacteria*. Clin. Soc. Work Health Intervention 7. 2016. 3. 9-14.
5. TOMANEK P, HARDY M, POLONOVA J, MIKLOSKOVA M, MIKOLASOVA G, BUCKO L, MRAZOVA M, KARVAJ M, JOBOVA M, VALLOVA J, HULKOVA V, BOZIK J, SLOVAK J, VLCEK R, BENCA J, SKOPOVA M, JANKECHOVA M, SHAHUM A (2017) *St Louise Hospital for Marginalized and Homeless population*. Clin. Soc. Work Health Intervention, 8, 2017, 1.13.
  6. KOVAC R, MIKLOSKOVA M (2013) *The impact of early childhood to the risk of homelessness*. Int.J. Prenat Perinat Psychol Med., 25. 2013, S1,42.
  7. KIMULI D, KOMLOSI M, SABO I, BAUER F, KARVAJ M, OTRUBOVA J, JANCOVIC M, JANKECHOVA M, PAUEROVA K, POLONOVA K, MATEICKA F, BARTKOVJAK M, MIKOLASOVA G, SMREKOVA E, BENCA J, DURCOVA B, DORKO D, BEDNARIKOVA M, SCHIFFERDECKEROVA M, BARKASI D, OKOTH V, MULERA M (2019) *Highlands malaria among internally displaced refugees in mountain areas of Kenya, Rwanda and Burundi*. Lek Obz (Med Horizon) 68. 2019, 5-6, p. 149-150.
  8. HARDY M, BARTKOVJAK M, BERE SOVA A, KNOSKOVA E, RADKOVA L, OTRUBOVA J, RABAROVA L, TOPOLSKA A, POLONOVA J, KALATOVA D, MIKOLASOVA G, PROCHAZKOVA K., STANKOVA P, MRAZOVA M, VALACH M, OLAH M, JACKULIKOVA M, DRGOVA J, PALENIKOVA M, BARKASI D, OTRUBOVA J, HOFBAUEROVA B, SCHIFFERDECKEROVA M, HATAPKOVA Z, KOVAC R (2019) *Is the homeless shelter population a public Health Threat?* Lek Obz (Med Horizon) 68, 2019, 4, 151-152.
  9. SHAHUM A, SLADECKOVA V, BENCA J, DUDOVA Z, MIKLOSKOVA M, BIELOVA M (2017) *Respiratory Isolates from the Orphanage in Phnompenh*. Clin. Soc. Work Health Intervention, 8. 2017, 1, 17.
  10. HERDICS G, PROCHAZKOVA K, MIKOLASOVA G, MIKLOSKOVA M, OLAH M, KARVAJ M, OTRUBOVA J, BUCKO L, RADKOVA L, TOMANEK P (2017) *A daily low threshold shelter for the homeless population*, Clin. Soc. Work Health Intervention, 8. 2017, 1, 11-13.