

Health in a hostile environment. Migration as a structural determinant of health for refugees and asylum seekers

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Context:

Caring for asylum seekers and refugees (ASRs) is an important activity for primary care. However, the wider societal environment in which ASRs find themselves in destination countries can impact greatly on an individual's ability to live healthily and to access care, especially preventive health care services for chronic diseases or screening. Objective: To understand the health-related experiences of ASRs living in Glasgow, Scotland. Specifically, to address: a) perceptions of health, wellbeing, and illness causation, b) experiences of accessing primary and preventive healthcare, and c) the wider societal factors influencing these perceptions and experiences.

Study Design:

Two studies, each using mixed methods approaches including: focused ethnography; semi-structured interviews; media analysis. Analysis used theories of candidacy, which focuses on access to healthcare, and structural vulnerability, which focuses on upstream determinants and influences on health, to deepen our understanding of ASR health and access. Dataset: Six focus groups with 22 participants; 34 semi-structured interviews with ASRs; content analysis of 577 articles from national newspapers published between 2008-2013.

Population:

ASRs (men and women) living in Glasgow, Scotland. Outcome Measures: To understand what it means to be 'healthy'; to explore factors which impact on their ability to access primary care.

Results:

Wider social and structural determinants impact on the ability of ASRs to recognise their rights to preventive health care. Key findings include the overwhelming influence of the asylum process on an individual's ability to respond to preventive health care messages and the behavioural change deemed necessary by health care professionals; the lack of consideration given to structural influences in the development of interventions; and the impact of wider societal influences such as the media on individual's views of their entitlement to access primary care.

Conclusions:

ASRs do not see themselves as 'candidates' for preventive health care. While services can be adapted to improve accessibility, wider structural variables such as experience of discrimination or entitlement to health care also need to be addressed.