

https://dspace.org/

Experiences of refugees in public healthcare services a report study on the project presented to

Khanyile, Thamsanqa

2017
https://hdl.handle.net/10539/25195

Downloaded from a DSpace repository. https://dspace.org/



EXPERIENCES OF REFUGEES IN PUBLIC HEALTHCARE SERVICES

A REPORT STUDY ON THE PROJECT PRESENTED TO

The Department of Social Work

School of Human and Community Development

Faculty of Humanities

University of the Witwatersrand

In partial fulfilment of the requirements

For the degree Bachelor of Social Work

By

Thamsanqa Khanyile

November 2017

ACKNOWLEDGMENTS

My greatest and most sincere appreciation to people who have given me support, encouragement and motivation goes to the following individuals

To my heavenly father whom has never forsake me in this journey. Thank you lord Jesus

My supervisor for showing professional support, being patient seeing my struggles in doing this research and for the life motivation

To my friends who never got tired of listening to me talking about my challenges in completing this research report. Thank you my friends

Refugee children project for granting me the permission to recruiting participant and conduct interviews in their premises.

DECLARATION

I hereby declare that this research report is my own original work and I have reference all the original source that I have used. This research report has not been submitted previously for any degree or examination.

NAME: Thamsanqa Khanyile DATE: _____

ABSTRACT

The city of Johannesburg is one of the largest cities in South Africa and the whole of Africa attracting foreign nationals from across Africa and overseas for numerous reasons ranging from, education, economic or social. With this increase, the number of refugees and migrants flocking into the city puts more pressure on the public health system since most of foreign nationals seek health assistance from public hospitals and clinics (Benatar, 2004). This study sought to explore the subjective experiences of refugees when accessing public health care services and how they are treated by healthcare professionals in South Africa specifically in the area of Johannesburg. With a focus on women and men aged 18 and above who are refugees living in the city of Johannesburg. The study adopted a qualitative approach to explore and understand the subjective experiences of refugees as it is deemed to be more appropriate for this kind of study. The population for this study were refugees from across Africa using public health care services in the area of Johannesburg. Participants were selected using purposeful sampling and snowball techniques. A sample of 6 refugees was selected for the study. Data was collected using interviews which were guided by the use of a semi-structured interview schedule. Thematic analysis was utilized to analyse the data from the interviews. The study results show that refugees encounter negative attitudes from health professionals such as being skipped in the queue to attend South Africans first, some reported being treated in an unjust way. Reasons such as political instability, wars, economic opportunities and searching for better services were reported as the main pull and push factors for refugees.

ACRONYMS:

SAHRC: South African Human Rights Commission

CoRMSA: Consortium for Refugees and Migrant in South Africa

SASSA: South Africa Social Security Agency

UNHCR: United Nations High Commission for Refugees

RDP: The Reconstruction and Development Programme

TABLE OF CONTENT

Chapter one ……...1

Introduction ……...1

Statement of the problem and rational for the study…….....2

Research question……...3

Aim…….3

Objective……3

Definition of key terms……..4

Refugees…….4

Health professionals……...4

Health services……...4

Chapter two……5

Literature review……5

Introduction……5

Defining Refugees…….....6

Challenges faced by Nation States in accommodating refugees…….....6

Factors that mostly lead to migration……6

Common challenges faced by refugees after resettlement…….....7

Legislative instruments that protect the rights of refugees…….....9

Access to health care in South Africa……..10

Theoretical framework……12

Social identity theory……...12

Conclusion……12

Chapter three……13

Research design and methodology……...13

Introduction……..13

Research approach and design……13

Population & Sampling……13

Research instrument……14

Pre-testing……14

Data collection……..14

Data analysis……14

Familiarising yourself with data……...15

Generating codes……..15

Searching for themes……....15

Reviewing themes……15

Defining and naming the themes……..15

Ethical considerations……..15

Voluntary participation……16

Confidentiality and Privacy……16

Informed consent……..16

Avoidance of harm……...16

Trustworthiness……17

Credibility……17

Transferability……..17

Dependability……...17

Confirmability……..17

Conclusion……18

Chapter 4……..19

Findings and discussion……...19

Introduction……..19

Participation profile……..19

Key themes that emerge from the data collected…….20

Integrated discussion of the findings……20

Objective one……....20

Ill treatment due to being a refugee……..20

- Language barrier……...21
- Not attendant on time due to being are refugee……22

Objective two explore reasons that push refugees to come to South Africa……23

MAIN THEME: Factors that pushes refugees to come to South Africa……..23

- Political stability……...23
- Economic opportunities……24
- Searching for Better basic service……25

Objective three…….26

MAIN THEME: Participant perception on the quality of the health service delivery……26

- Poor service delivery for refugees service……...26
- Very few nurse that provide positive service delivery…….27

Objective four……...38

Main theme: Personal views on how the quality of public health care services can

Be improved…….....28

- Requesting equal treatment for all patients irrespective nationality……28
- Health professional to change their health negative attitude toward refugees…….28

Conclusion……29

Chapter five……..30

Main finding, recommendations and conclusion…….30

Introduction……..30

Summary of findings……30

Recommendations……31

Recommendations for public health clinics and hospitals……...31

Recommendations for social work practice…….31

Recommendations for future studies……32

Conclusion……32

Reference list……33

Appendix

Interview schedule……38

Consent form for participation and audiotaping of the interview in the study…….39

Permission letter……...40

Ethic clearance certificate…….41

Participant information sheet……42

CHAPTER ONE

1.1 INTRODUCTION

The question around access to health care amongst refugees remains subject of debate for many state that give refuge for many foreign national such as refugees. Before such question can be answered, facts such as push & pull factors, policy and legalisation which guides and protect the right of refugee can never be isolated from the discussion of refugee's right to use public health care service in host country. According to Loescher, Betts, & Milner, (2008).South Africa is one of the countries that continues to receive refugees and asylum seekers from different part of African countries. Reason for this according to Loescher, Betts, & Milner (2008) is due to the country progressive constitution and economic condition that which attract many foreign nation that see a better opportunities for themselves and their family.

After the 1994 election which saw for the first time in South Africa a black lead government into power, South Africa since then had made tremendous improvement in many South African and in the promotion of human right. This however attracted many refugees fled from their country with a hope of living a better life and benefiting from the country socially, education, economically and politically. For many refugees their hope have not transpired to what they hope for as many right of refugees continues to be violated daily even though the has been policy and legislation that protect and promote the right of refugees in South Africa.in 2008 south Africa witness the most cruel violation of human right as many refugees and foreign African nationals were tortured other killed. That xenophobic attacked reveal not only the attitude of the people but also the level at which refugees are protected the state.

In relation to the above South Africa government started to review their legal framework such as Refugees Act 160 of 1998, immigration act 13 of 2002 and many other international legal frameworks to reinforce it commitment in the promotion and protection of refugee's right. In indeed so much has been done in paper to reassuring that the government take priority in refugee's right but in the actual reality refugees seem to disagree in fact feel as though they not wanted in this country. This paper will further explore on the experiences of refugees in accessing public health care services.

1.2 STATEMENT OF THE PROBLEM AND RATIONAL FOR THE STUDY

South Africa remains the economic destination for most African migrants who seek economic opportunities, better health services and a better place free of war or political instability. This has changed the ethnic composition and has increased the South African population (Klotz, 2000). With this in mind, this research seeks to explore the experience of refugees with regards to the their experience when using the public health care services in south Africa within the area of Johannesburg. There is little evidence of research that has been conducted on the subjective experiences of foreign national who use public health services and the kind of attitudes health professionals have toward foreign nationals. Crush and Tawodzera, (2014) study revealed that state officials (especially the police, home affairs officials, refugee determination officers and customs agents) do not leave their hostile attitudes at home when they come to work. This is a serious concern as public officials are the ones who have most face-to-face contact with foreign migrants and refugees in crisis and such interactions certainly do not appear to soften their attitudes (Crush, 2001).

When dealing with all people, good treatment is the core of effective service delivery especially when it comes to patients in hospitals and clinics. Patients who receive bad service are unlikely to go back to that particular clinic or hospital. Research indicates that many migrants only seek health care services when the conditions have deteriorated and understanding why majority of foreign national only use public service when their state of health has become serious in such a way that it becomes hard for them to function is important Sheikh-Mohammed, MacIntyre, Wood, Leask, and Isaacs, (2006). Vearey, (2011) notes not only does discrimination amongst refugees occur in communities, it also manifest itself in public health care institutions when seeking help. Crush & Tawodzera, (2014) note that South Africans not only believe that migrants are responsible for bringing diseases to the country, they feel that they should be denied access to health care and removed if they are HIV positive. These are the kinds of attitudes and stereotypes that are central to the phenomenon of ‘medical xenophobia’ in the public health system (Crush and Tawodzera, 2014).

Evans (1995) made almost similar observations that immigrants are regarded as negatively affecting the health and welfare sectors of the country by using already depleted services, hence some South Africans feel that immigrants contribute to the depletion of state resources meant for citizens only. Even though those studies reveal the attitude that South Africa have on

refugees there is little research that explores the subjective experience of refugees and the challenges foreign nationals face when accessing public health care services. Mafuwa (2015) notes health care workers do not appear to show interest in treating immigrant patients and those who are sick are mostly told to go back to their countries for treatment. Exploring the experiences of refugees on how they are treated in public health care services is critical in improving on going delivery of service especially to vulnerable populations like refugees and other migrant categories.

While much research has been conducted looking at the accessibility of health care services to foreign nationals, there are few studies that look at how they experience or are treated by health professional when they seek medical care. Thus, in South Africa little is known about the challenges that foreign national are facing when it comes to using public health services, investigating those challenges and exploring their experiences can help improve the ways in which they are treated (Mafuwa, 2015). This study is worth conducting as it will give insights into the challenges and experiences of refugees and migrants when utilizing public health services. Finding that will be generated in this study can also assist in the improvement of services delivery and will also contribute to the existing knowledge.

1.3 RESEARCH QUESTION

What are the experiences of refugees when accessing public health services?

1.4 AIM

To explore the experiences of refugees when accessing public health services in the areas of Johannesburg.

1.5 OBJECTIVE

- To investigate challenges refugees face when accessing public health care services.
- Explore reasons that push refugees to come to South Africa
- To explore refugees' perceptions of the quality of health care services offered at public health care facilities.
- To elicit refugees' views on how the quality of health care services in public health care facilities can be improved.

1.6 DEFINITION OF KEY TERMS

1.6.1 Refugees

In this research a refugees refers to any foreign national that who have entered other countries illegally and without any documentation. However this definition seems to differ as other country to define refugees according to their own legislation. According to the AU Refugee Convention, the term refugee shall mean any person who: (1)Owing to a well-founded fear of persecution for reason of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country or who, not having a nationality and being outside the country of his former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it.(2)Owing to external aggression, occupation, foreign domination or other events seriously disturbing public order either in part or in the whole of his country of origin or nationality, is compelled to leave his place of habitual residence in order to seek refuge in another place outside his country of origin or nationality

1.6.2 Health professionals

Health professionals refers to any personnel that works in public hospital or clinic and whose function and responsibility is to deliver health service to patients.

1.6.3 Health services

In this research's refers to the delivery of medical service to patients by a qualified health professional.

CHAPTER TWO

LITERATURE REVIEW

2.1 INTRODUCTION

With the vast volume of existing literature on the experiences of refugees /migrants, this literature review will provide an overview in some of the written work that is focused on refugees. The following themes will be discussed: Defining refugees, challenges faced by the nation states in accommodating refugees, factors that lead to migration, common challenges faced by refugees after relocation, legislative instruments regarding the promotion and protection of refugees in host countries and access to basic health care in South Africa.

2.2 Defining Refugees

The basis of determining the status of refugees is based on legality of refugees in the host country. Historically foreigners that came for other countries and settle in the host country were known as foreign nationals. However, over the years as new laws have been passed, foreigners are defined according to whether they are legal or not in a host country.

In terms of the Refugee (Act No. 130 of 1998), a refugee is a person who has been granted asylum status and protection. According to the 1951 Convention of the United Nations and the 1967 Protocol on the Status of Refugees, a refugee is defined as, "a person who owing to well-founded fear of being persecuted for reason of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or owing to such fear, is unwilling, to avail himself of the protection of that country."

According to the United Nations High Commission for Refugees Handbook, a person is a refugee as soon as he or she fulfils the criteria contained in the definition. The UNHCR Handbook states that persons compelled to leave their country of origin as a result of international or national armed conflict are not normally considered refugees under the 1951 Convention or the 1967 Protocol. Exceptions, however, are made for asylum seekers fleeing ethnic or religious conflicts.

According to the AU Refugee Convention, the term refugee shall mean any person who: (1)Owing to a well-founded fear of persecution for reason of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his

nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country or who, not having a nationality and being outside the country of his former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it.(2)Owing to external aggression, occupation, foreign domination or other events seriously disturbing public order either in part or in the whole of his country of origin or nationality, is compelled to leave his place of habitual residence in order to seek refuge in another place outside his country of origin or nationality.

2.3 Challenges faced by Nation States in accommodating refugees

One of the biggest challenges that all nation states face in accommodating refugees is rapid population growth, an increase in population also means an increase in the provision of basic services, these include health, water and sanitation, housing and education. Harris and Roberts (2004) state that large numbers of refugees impose financial strains on the state as more services have to be provided to accommodate migrants or refugees (Castles and Davidson, (2000).

Taran & Geronimi, (2003) state that in most instances, the number of refugees that have valid documentation and needed skills is far less than the number of illegal immigrants. In response to this, some European countries illegal migrants are provided with shelter and food in refugee camps while their claims for asylums are being reviewed (McNeill, 2003).The resulting demands on resources and diverging cultural conventions, force states to make critical political, economic and ethical choices (Castles,2000).Despite the laws that are in place to protect all foreign nationals, some citizens may show negative attitudes towards foreign nationals (Castles,2000).The flow of people across borders generates diverse strategic, economic and cultural pressures that challenges the integrity of states as territorial authorities. According to Klotz, (2000) foreigners are portrayed as threats to the security and welfare of the host countries.

2.4 Factors that mostly lead to migration

There are various social, economic, political and religious factors that force individuals to leave their country of origin and relocate to other countries,

Within the African context migration to neighbouring countries is mainly as a result of high rates of poverty, poor socio-economic conditions and political instability (Zinyama, 1990 and

Crush, 2001).Taran (1999) and Crush (2001) state that some of the factors that force people to migrate to other countries include, increasing armed violence, ethnic and racial conflicts, environmental degradation, development-induced displacement, denial of democracy and large-scale corruption. Massey, (1999) divides migrant into two which is humanitarian and economic migrant. He further clarify on this stating humanitarian migrants include asylum seekers and refugees who generally migrate to countries geographically close to their country of origin and economic those migrate to find employment or improve their financial circumstances.

South Africa is one of the countries in Africa that attract both humanitarian and economic migrant, who flee their country for fear of prosecution or to improve their lives. Cohen, (2006). State the biggest challenges that contribute to migration is political instability in many Africa countries.Herbst,(2014) gives a reason for this stating that many African countries have long gained independed from colonial rule however little change has been seen due to fight for power by political parties. This has resulted in an increase number of people that migrate to other countries. Castles, (2004) Provide a different view stating that for women migration has mostly been for health reasons rather than economic or political.

A Study by Rugunanan, and Smit, (2011) has reveal many refugees who have higher education qualification come to south Africa with the hope of securing employment opportunities. Landau, and Jacobsen, (2004) Contrast this stating high number of refugees flee their country with no education but have are skilled in trading hence when they get to South Africa they mostly start their own business. Looking at the above is clear that migration for refugees is due to variety of reasons and it not easy to categorise all those causes into one theme.

2.5 Common challenges faced by refugees after resettlement

Refugees face several challenges in host countries. Common challenges that are faced by refugees or migrants in host countries include language barriers, loss of family and lack of community support, lack of recognition of professional qualifications and trauma experienced before or after migration.

With language being as barrier, migrants are unable to effectively communicate their health problems and needs with service providers within different health settings .Crush and Tawodzera (2014) state integrating to the local community, finding employment, creating knew relation is link to language barrier. Day and Murdoch, (1993) conducted a study and found that foreign national who grasp the local spoken language are more likely to integrate more easily into the community than those who find it hard to articulate in local language.

Thoits,(2011) state that Moral support is one of the coping mechanism for humans, however when one losses touch with family members which is one of the fundamental support structure this can cause a sense of loneliness and reduce the ways in which one copes with challenges or stress. According to McMichael (2011) during resettlement relationships may be strained by loss of family members, reduced economic resources, loss of status, and loss of cultural traditions and the challenges of resettlement. For those few who are provided with the opportunity to resettle permanently in a host country, family life is also significantly affected by the possibilities and challenges of building lives in new social, cultural, economic and institutional contexts (McMichael 2011). In landau *et al* (2005) study of refugees and asylum seekers, has found that large number of refugees that relocate to South Africa have higher education qualification yet experience challenges in securing employment. Landau *et al* (2005) further state that problems of not securing employment are due to lack of identity documents, failure to recognise non South African qualification, lack of access for banking services.

Looking at community support, in many South African townships there is little or no support for foreign national. This may be the reason why there is huge number of influx to the urban areas by refugees. Many of the foreign national including refugees continue to live in fear of being violated in many ways especially physically. Polzer,(2008) believes that the attitude of many citizens regarding people of other country more specifically African countries remain unchanged seeing foreign nationals from African countries as a threat. The 2008 xenophobic attack which was the highlight of news nationally and left many refugees and foreign nationals injured some even killed confirmed that refugees and asylum seekers remain unsafe in black communities (Hassim, Kupe and Worby, 2008).Taken the fact that many refugees fled their country in fear of violence now have to face death as their lives were threaten by xenophobic attack, such condition produces post-traumatic stress disorder (PTSD)

(Neocosmos, 2010).Protection and support for many refugees remain minimum and those are the areas which the state should focus their attention in making sure that all foreigner or refugees are properly integrated into the local communities.

Another factor which many refugees face is with the homes affairs in terms of the application process and the continuous delays for issuing of asylum permit. Landau, and Jacobsen, (2004) notes the process for application is long and requires refugees to come back however due to financial issues since many are unable to return to home affairs and that means they will have to start all over the process of application which delays them even more. Furthermore to secure an asylum seeker decision from the department of homes affairs it takes 18 month as oppose to the six month waiting period contained in section 24 of the Refugees Act of 1998 (Landau, and Jacobsen, 2004). According to Rugunanan, and Smit, (2011) some refugees even claimed that to speed up the process bribery is very useful but since most refugees cannot afford bribes they have to wait for the long waiting period.

2.6 Legislative instruments that protect the rights of refugees

With the increased movement of people to different countries, policy and legislation that regulate and govern the movement of people has also evolved, however the focus here is to look at the policies or any legal documents that protect and promote the right of refugees.

According Chimni, (1998) the 1951 Refugee Convention, is a United Nations multilateral treaty that defines who is a refugee, and sets out the rights of individuals who are granted asylum and the responsibilities of nations that grant asylum. The Convention also sets out which people qualify or do not qualify as refugees. The Convention also provides for some visa-free travel for holders of travel documents issued under the convention. According to the South African Human Rights Commission (SAHRC) public inquiry document on the access to health care services of the 2009; the primary responsibility for the protection of refugees lies with the host country.

Edwards, (2005; 302) note in the Article 14 of the Universal Declaration that the "replacement of a right to be granted asylum with a right to enjoy asylum changed the tone and ramifications of the provision. In contrast to the right to seek asylum, the right to enjoy asylum suggests at a minimum a right to benefit from asylum". While a State is not obligated to grant asylum, an individual, once admitted to the territory, is entitled to enjoy it.Mavenika, Odeku, and Raligilia, (2014) further adds to this noting asylum consist of several element, that is to admit a person

in the state, allow that the person to remain there, refuse to expel, refuse to extradite and not punish, limited the person liberty.

The Refugees Act and the Immigration Act are the main Acts in South Africa regulating, among other things, the entry, the stay and the documentation of non-nationals in the Republic. These two pieces of legislation, however, differ in scope (Mavenika, *et al* 2014). Immigration law is ruled by the principle of sovereignty, where every state is free to design and implement its own immigration policies, while refugee law is characterised by various international obligations based on international human rights law. Nathwani, (2003) as a sovereign state, South Africa has the right to detain and deport those who violate its immigration laws. The South African government has also made some measure in making sure that it fulfils it role to protect refugees in the country (SASSA, 2013). Some of the measures that the government intervene are with the department of social development through South Africa social service agency to provide social relief for refugees in form of grant for refugees who meet the requirement. Palmary, (2002) express that this remains a challenges as there is little awareness or few refugees who know about such services which they are entitle too. Palmary, (2002) State that there are many policies that are implemented to protect and attempt to promote integration of refugees in the host country but what is needed is attempt create awareness amongst refugees in the country. Legal documents such as the Refugees Act of 1998, the Immigration Act of 2002 and 1996 Constitution of South Africa that protect the right of refugees and facilitate the treatment of refugees in South Africa are example of the attempt to protect refugees in the country as they contained sections that stipulate the right and the state obligation to refugees.

2.7 Access to health care in South Africa

South Africa has one of the most progressing primary health care services in the world. Benatar, (2004) state that policies concerning national health have been enacted to ensure access to primary health care, to nationalize health laboratory services and to provide compensation for occupational injuries and diseases. The Reconstruction and Development Programme (RDP) of 1994 was aimed at addressing the immense socio-economic problems brought about by the apartheid regime and to alleviate poverty through addressing the massive shortfalls in the provision of social services across the country.

More so, "the programme introduced free maternal and child health care, which later included free primary health care for all individuals using the public health sector" (Kautzky and Tollman, 2008:18). Primary health care include everyone that reside in South Africa

irrespective of their nationality, thus refugees are also entitled to have access to free primary health care. (Kautzky and Tollman, 2008). Norredam, Mygind, and Krasnik, (2005) notes in spite of those right, accesses to health care for refugees in most host countries continue to be restricted with great variation of entitlements. This poses a serious question such as what measures is the states taking in making sure that refugees are guaranteed their right to health care services. A report by Nkosi, (2014) highlights the perception and challenges refugees face when accessing public health care service. Factors such as status of foreigner, the fear of being discriminated by health professional and country citizens and lack of valid or no document continues to threatens the health and access for refugees. Mcneill, (2003) state that public health professionals have a big role to play in this as they have the responsibility to educate and disseminate knowledge to create a more informed and autonomous citizenry. Mcneill, (2003) further argues that medical professionals can assist by reinforcing the principle of healthcare as a right and opposing policies that contribute to poor health.

According to Mavenika, Odeku, and Raligilia, (2014;159)"the National Health Act 61 of (2003) and the Patient's Rights Charter as well as all other existing official policy documents are silent on the right of access to health services of foreigners". This has resulted in uncertainty on the side of health professional due to not being sure whether foreign national or refugees are entitle to it or not. Veary (2008).The only document that addresses the rights of foreigners is an internal memorandum that only allows everyone to be treated in emergency situations and given antiretroviral treatment without first requesting for an identification document to be produced. In simple terms this explains that only in such situation that a foreign national can be treated. Donnelly (2013) perceives this as discrimination that undermines the right to health care and which could have an impact on an individual right to human dignity together with the right to equality.

According Crisp, (2000) South Africa has committed itself to protecting refugees both within its borders and at its frontiers. Refugees, including asylum seekers, are legally entitled to a standard of treatment in the host countries that encompasses both fundamental human rights and refugee specific rights. Edwards, (2005) explains when it comes to basic treatment and respect, fundamental human rights recognise no distinction between people who are South African and those who are not. As a result, all asylum seekers in South Africa are entitled to a minimum degree of protection under the Constitution. In addition to this organization such UNHCR and CoMSA work diligently in making sure that the right of refugees are respected, promoted and overseeing that refugees are assisted in integrating with South Africa culture.

2.8 THEORETICAL FRAMEWORK

2.8.1 Social identity theory

The social identity theory was used to inform this study. Tajfel and Turner's (1968) social identity theory explains that a person's concept of self comes from the groups to which that person belongs. They note that an individual does not just have a personal selfhood, but multiple selves and identities associated with their affiliated groups. This theory further proposes three process that create the in-group out group mentality. The first is social categorization, categorizing people in order to understand and identify them. Secondly, there is social comparison, compare our group (the in-groups) against another group (an outgroup) and lastly there is social identification meaning people adopt the identity of the group that they belong to, and act in ways that we perceive members of that group act. This theory help to understand why refugees are treated in certain way when using South Africa public health care

2.9 CONCLUSION

South Africa has made so much progress legislation however it seems as though very little had been done in making show that what it had enacted in the Refugees Act transpires in reality, that is really helping refugees and protecting their right. The above literature shows all the changes that refugees face before and in the arrival of host countries and the many policy that have been enacted locally and internationally in effort to protect and aid refugees. Also other aspect which begs for public attention by the government is the attitude and hostility towards refugees as such this reveals that south Africa has so much to do in terms of making sure that refugees are properly integrated in the south Africa communities and their right are promoted

.

CHAPTER THREE

RESEARCH DESIGN AND METHODOLOGY

3.1 INTRODUCTION

The aim of this study was to explore the experiences of refugees when accessing public health services in the areas of Johannesburg. As such this chapter will present the research design and methodology which was used in the research. Furthermore elements of the study such as research instrument, sampling, how data was collected and data analysis are also discussed. The chapter also discusses ethical considerations and the limitation of the study.

3.2 RESEARCH APPROACH AND DESIGN

For this research the approach that was used is the qualitative approach. Greenstein *et al* (2003:73) describes qualitative approach as a broad approach that is based upon the need to understand human and social interaction from the perspective of the insider and participant interaction. Due to the nature of the data that the research obtained, which are experiences and life stories of people who are refugees, the best or suitable approach for this study was qualitative approach as it helped to elicit subjective experiences of refugees when using public health facilities.

One of the strength of this approach is that it helps people understand the worldview of the people that are being studied Greenstein *et al* (2003:74). Using this approach the researcher was able to understand the in-depth experience of refugees when the using public health facilities and when in contact with public health professionals. The weakness of this approach is that it makes it very expensive to involve large number of participants, Greenstein *et al* (2003:74). On the other hand, the fact that the researcher can only interview a few participants from the target population means that the result will not be generalizable and there is a possibility that some important issues may not properly explored if few participants are used.

3.4 Population & Sampling

Neuman (2006:165) refers to a target population as the "concrete specified large group of many cases from which the researcher draws a sample and to which results from a sample are generalized". The target population was refugees who reside in Johannesburg who have used public health care facilities in the last two years.

For this research the researcher used a non-probability, purposive and snowball sampling methods: Neuman (2006:164) describes purposive sampling "as a sample in which sampling elements are closely selected using something other than a mathematical random process". This method was appropriate for the qualitative approach because the characteristic of the sample within the population were selected purposefully based on the researcher's own judgement. Another sampling technique that used is snowball sampling. When using this method, participants were requested to link or recommend the researcher to people they know that are in the same situation (Neuman, 2006). The criteria for inclusion is that the participants should be refugees who have used public health care facilities in the last two years and should be above 18-45 years of age, males and females.

3.5 Research instrument

The researcher used a semi-structured interview schedule as the main research instrument. According to Greenstein *et al* (2003:76) *a* semi-structured interview schedule "involves a clear list of issues to be addressed and questions to be answered but it is more flexible around the sequence in which the researcher will ask questions and participants can speak broadly about the topic being discussed" .

3.6 Pre-testing

According to De Vos, (2011) "pre-testing is the opportunity to see what questions work well, what questions sound strange, what questions can be eliminated and what needs to be added". To test if the interview questions work two participants were interviewed.

3.7 Data collection

The data collection method that was used is face to face interviews. The reason for opting for this methods is that the researcher is able to engage with the participants in a conversation and is able to see responses for a particular purpose from the interviewee (Greenstein *et al* (2003) .The interviews were audio recorded in order to allow the researcher to capture the fuller account of participants' narratives.

3.8 Data analysis

This entails interpreting collected data in order to reach conclusions, "that reflects on the interests, ideas, and theories that initiated the inquiry" (Babbie and Mouton, 2001). It may happen that people from different socio economic status may have a different outlook on life

therefore this phase is of importance because it allows the researcher to compare the data collected and analyse it thoroughly. Data analysis entails making sense of words collected in field work to identify the significance and meaning. For this research thematic content analysis was used to analyse data. Thematic analysis is mainly described as "a method for identifying, analysing and reporting patterns (themes) within data" (Neuman. 2006). The following steps outlined by Braun and Clarkes (2006) were used.

3.9 Familiarising yourself with data

This entails t the phase where the researcher actively engaged in the data by firstly transcribing the interaction and then reading and re-reading the transcripts and listening to the recordings.

3.10. Generating codes

After familiarising with the data the second process was to start identifying preliminary codes in this case preliminary code are features of the data that appear interesting and meaningful. Those codes are many and specific than themes.

3.11 Searching for themes

Relevant data are extracted, sorted or split according to overreaching themes then the researcher processed the relationships between the codes, subthemes and themes

3.12 Reviewing themes

This step involved refining, separating or discarding the initial themes so that the themes can be coherent and put together meaningfully.

3.13 Defining and naming the themes and write up

This step entailed refining the themes, defining potential themes and subthemes in the data. These themes were then used to guide the writing of the research report.

3.14 Ethical considerations

"It is often postulated that ethics in social science research are not of importance because of the alleged absence of harm in conducting such a research" (Neuman, 2006: 106). This is however problematic as research in the social sciences deals with people (Wellington, and Szczerbinski, 2007). It is therefore important for a researcher to take into account such issues

when conducting research in a social space. The following are some of the ethical considerations that will be taken in to account when conducting this research.

3.15 Voluntary participation

Subjecting someone's to be part of research in a forceful way is unlawful and unethical. Research participation should be voluntary (Neuman, 2006). For this research all participation was voluntary and during the interview participants had the right to withdraw their participation at any time should they so wished.

3.16 Confidentiality and Privacy

Protection of individuals' rights to confidentiality and privacy is a fundamental tenet of every of research (Patton, 1990).Participant have the freedom to choice how much information they want to reveal about themselves. The researcher ensured that all data from participants is kept confidential and will not be shared to another person. Pseudo names were used to hide the identity of the participants.

3.17 Informed consent

Cohen and Crabtree, (2006) notes every activity pertaining to the research such as the advantages and disadvantages of participation should be communicated with the participant prior to the research and proof of this should be in a form of informed consent forms which are signed by all participants. The researcher explained the purpose of the research and every participant was given a consent form and requested to sign after reading and explaining the participant information sheet which explains all the necessary details about the research. Informal consent such as verbal consent was obtained

3.18 Avoidance of harm

According to Patton (1990) a researcher should be aware of the harm that the research may bring to participants and take reasonable steps to avoid any potential harm. The researcher took steps in making sure that participants are not harmed in anyway. Provision for counselling was made available to participants who may feel emotionally distressed due to the interviews. Participants were also provided with name and contact details of the counsellor.

3.19 Trustworthiness

Ali and Yusof, (2012) state that when assessing trustworthiness of the study in a qualitative research, four characteristic are looked at very closely namely: credibility, transferability, dependability and conformability.

3.20 Credibility

Golafshani, (2003) notes credibility ensures that the study measures or tests what is actually intended by describing appropriate strategies such as triangulation, prolonged contact, member checks, saturation, reflexivity, and peer review. In this research to ensure credibility member checking was done to ensure that the interpretations of the researcher accurately captured the participants' perspectives by reading the responses after the interview.

3.21 Transferability

According to Geertz, (1973) transferability refers to the degree to which the results of qualitative research can be generalized or transferred to other contexts or settings. As a result of using purposive sampling in this study, the outcome of this study may not be used in another context but may be useful when comparing other social contexts similar to that in this study.

3.22 Dependability

Harvey, (2014) dependability is essentially concerned with whether we would obtain the same results if we could observe the same thing twice. As such the researcher took all necessary steps to document each and every procedure or process for future reference by others doing research in the future.

3.23 Confirmability

Confirmability according to Geertz, (1973) refers to "the degree to which the results could be confirmed or corroborated by others." The researcher actively searched for and described instances that contradict prior observations and also kept an open mind not to let his personal values interfere with data collection and analysis.

3.24 CONCLUSION

Opting for qualitative study proved to be most favourable and ideal as it elicited most detailed personal experience of refugees which could have not been possible if the quantitative approach was used. Also the method and instrument of data collection such as semi structured and open ended interviews allowed the research to probe more and also the participant were able to explore more of their experience with the help of questions that stretch the response or answered from the participant.

CHAPTER 4

FINDINGS AND DISCUSSION

4.1 INTRODUCTION

This chapter aims to present the findings of the data that was collected. To give a clear understanding of the findings, participant profiles will firstly be presented followed by the discussion of the recurring themes and sub themes that emerged from the data. The write-up of this chapter is guided by the objectives of the study.

4.3 PARTICIPANT PROFILE

Participant	Participant 1	Participant 2	Participant 3	Participant 4	Participant 5	Participant 6
Age	39	43	36	36	33	41
Legal status	Refugee	Refugee	Refugee	Refugee	Refugee	Refugee
Gender	Female	Female	Female	Female	Male	Female
Country of origin	DRC	MALAWI	DRC	DRC	DRC	MALAWI
No of years in the SA	8 Years	6 years	8 years	7 years	4 years	10 years

At first the aim was to interview ten participants, but due to the difficulty of finding refugees and the limited time for the research; the number of participants that were available was seven. Majority of the participants were from DRC, only two of the six were from Malawi. Diversity within the participants was also limited as six of the participants were females and only one was male. The recruitment of the participants was done at an organization called Refugees Children Project. Five of the participants were receiving assistance from the organization and the other two were recruited through referrals by the participants. Lastly, the number of years that participants had been staying in South Africa since their arrival from their country of origin differed considerably from six to ten years.

4.6 KEY THEMES THAT EMERGE FROM THE DATA COLLECTED

Main themes	Sub themes
Challenges faced by refugees in public health care facilities	➢ Ill treatment due to being a Refugee ➢ Language barrier ➢ Not attendant on time due to being a refugee
Factors that pushes refugees to come to south Africa	➢ Political stability ➢ Economic opportunities ➢ wars ➢ Searching for Better basic service
Participants perception on the quality of the health service delivery	➢ Poor service delivery for refugees or foreign nationals service ➢ Very few nurses that provide positive service delivery
Personal views on how the quality of public health care services can be improved.	➢ Equal treatment for all patients irrespective nationality ➢ Change attitude toward refugees

In the interview participants responded differently, however; after careful analysis of the interview, the researcher was able to find things that were common; those were the main themes and sub themes. The themes and sub themes will be discussed by integrating the data collected and the literature review.

4.8.1 OBJECTIVE ONE TO INVESTIGATE CHALLENGES REFUGEES FACE WHEN ACCESSING PUBLIC HEALTH CARE SERVICES.

4.8 MAIN THEME: Challenges faced by refugees in public health care facilities

- **Ill treatment due to being a refugee**

The number one concern that refugees expressed in terms of challenges was being treated badly by nurses because they are refugees. This was expressed by six participants that were interviewed. To some extend this reveal that being a refugee in a public hospital can subject

one into discrimination and ill-treatment by the health professionals. To be specific only nurses were mentioned as being the ones that were responsible for treating them badly; other health professionals such as doctors were never mentioned providing them with any form of bad service or ill-treatment. Below are some examples from the interview of what participants mentioned about ill-treatment.

"You know what I see is that the treatment is not the same for us people from outside is it. Sisters there are horrible, they do not treat us well and they shout at us every time. Sometimes they leave you feeling some pain for a while before attending to you. Some will tell you what you want here, after giving birth go back to your country you giving us a lot of work"

"The treatment is very bad because they remind us that we are finishing medication for South Africans and that we refugees are not from here"

"I have seen that xenophobia is everywhere even in hospitals by those who treat us in clinic. Telling you how we treated is not enough if only we could exchange for a day you be a refugee and I be south Africa and you go to public clinic , you will see the kind of ill treatment we receive, I have been called names attended last even though I was first in line because I'm a refugee "

It is clear from the above quotes that refugees face ill-treatment at the hands of nurses owing to their status. This finding is in line with Nkosi's (2014) report which highlight the perception and challenges refugees face when accessing public health services, factors such as status of foreigner, the fear of being discriminated by health professionals and country citizens and lack of valid or no document continues to threatens access to health for refugees. What is more fascinating is the suggestion that Mcneill (2003) makes about the important role of health professionals, stating medical professionals can assist by reinforcing the principle of healthcare as a right and opposing policies that contribute to poor health.

- **Language barrier**

Another factor that seems to be more problematic for refugee is language barrier. Many refugees continue to have problems in communicating with health professionals and have expressed that a number of health professional communicate with them using the local South Africa language which as refugees they find it hard to comprehend. To add on this, participants have also expressed that most nurses do not like it when they see a black person communicating using English they see them as if they trying to make themselves better than nurses.

"The problem is that the nurses in most times communicate with us in their local languages and for person like me who is from another country finds it hard to understand what they saying. It's not easy speaking English with nurse some do understand but some it like an insult to them and you also putting yourself in spot light that you are not from here"

"One time I asked the nurse which line to queue on using English, she looked at me and said something in his language which I could not understand. I stood there for a minute hoping she is going to explain in English but she carried on assisting others and pretended as though we were not there".

"In South Africa if you do not know one of the official language beside English chances of you being discriminated and insulted without you understanding are very high".

These findings support what Crush and Tawodzera (2014) mentioned about language barriers stating that with language being a barrier, migrants are unable to effectively communicate their health problems and needs with service providers within different health settings. However this ignores the point that health professionals themselves have lacked the capability of being able to communicate with their patients using the appropriate language of communicating in health settings. Integrating to the local community, finding employment, creating knew relations are linked to language barrier. Day and Murdoch, (1993) conducted a study and found that foreign nationals who grasp the local spoken language are more likely to integrate more easily into the community than those who find it hard to articulate in local language. One wonders about the kind of diagnosis and treatment that these refugees get if nurses are not able help them in English.

- **Not attended on time due to being a refugee**

Another reason that was mentioned as a challenges was not being attended on time because of being a refugee. During the interview they mentioned that even though they arrive early and they are the first in the queue in most cases they are the last people to receive medical attention, as they constantly ignore them as though they are not there and start helping them long after they are done with South Africans.

"Every time when I go to clinic I wake up early because I know that it gets full and every time I get there early on the queue but refugees are the last one to leave in most days".

"In most time I feel like they ignore refugees and attend to South Africans, I have seen this because even if I get there early they attend to people who were beside me on the queue even though I know that we came for the same thing".

"Sometimes I feel like they hardly look at us until the queue has shorten, that when I feel like they start paying attention to refugees".

Kautzky and Tollman, 2008, as well as Norredam, Mygind, and Krasnik, (2005) note that in spite of refugees right being afforded by the host country, access to health care for refugees in most host countries continue to be restricted with great variation in entitlements. Such entitlement may be the reason why there is such inequality within health settings for refugee especially in terms of treatment. It is important that there is further inquiry to assess the level of service delivery in public health facilities in order to address the factors that seem to impede patients from being provided with quality service.

4.8.2 OBJECTIVE TWO: TO EXPLORE REASONS THAT PUSH REFUGEES TO COME TO SOUTH AFRICA

MAIN THEME: Factors that pushes refugees to come to South Africa

- **Political instability**

Almost all the participants revealed that as part of the push factors to come to South Africa was due to political instability. Politics in that side makes it hard for them to pursue things such as education and for their business to prosper as most people are unemployed and cannot even afford to buy basic necessities.

> *"My husband is a tailor but due to high rate of unemployment is was difficult for his business to prosper as people did not have money to buy basic things such as food for themselves and their family so the number of customers he had in a month was low , that's why we decided to come to south Africa"*

"Every time there are election the people get afraid because they many will be silenced via killings, disappearances and torture which is the reason me and my family have fled the country"

"When President Pierre Nkurunziza was announced that he will be running for elections we decided to go to another country seeing the things that happened while he was president, I was not willing to experience and go through the same experience"

Looking at this finding, it confirms what had been found in previous studies such as the one by Zinyama and Crush, (2001) who state that within the African context migration to neighbouring countries is mainly as a result of high rates of poverty, poor socio-economic conditions and political instability Taran (1999) and Crush (2001) state that some of the factors that force people to migrate to other countries include, increasing armed violence, ethnic and racial conflicts, environmental degradation, development-induced displacement, denial of democracy and large-scale corruption. South Africa is one of the countries in Africa that attract both humanitarian and economic migrant, who flee their country for fear of prosecution or to improve their lives. (Castles, 2000) state the biggest challenges that contribute to migration is political instability in many Africa countries. It is clear from the findings above that insatiability in their countries of origin remain the main reason why people come to South Africa.

- **Economic opportunities**

Economic opportunities were also part of the reasons why most refugees came to South Africa. In the interviews they kept mentioning that in their country having a business was hard due to wars and political instability. Both those factors contributed to the economic instability which leads to an increase in poverty. For such reason most people struggle to make means in supporting their family and for those who have the choice to flee their country do it without hesitation. This that is supported by what participants mentioned below.

"He is tailor but due to high rate of unemployment is was difficult for his business to prosper as people did not have money to buy basic things such as food we decide to come to south Africa"

"When I got to south Africa I had hoped that even if I did not get a job but selling vegetables will still allow me to make a living, in my country Malawi a business like this, you can go home without anyone buying anything because most people are poor and they plant their own vegetables"

According to Massey (1999) there are two groups of migrants; humanitarian and economic migrants. He further clarifies on this stating that humanitarian migrants include asylum seekers and refugees who generally migrate to countries geographically close to their country of origin and economic migrants are those who migrate to find employment or improve their financial circumstances. From the findings above, it is clear that some refugees are attracted to South Africa because of economic opportunities.

- **Searching for Better basic service**

Better public service is the third important factor that most refugees migrate from their countries. It can be seen that people left their previous places because they dissatisfied with level of municipal services, public transportation and felt no safety. All these statements are push factors.

"The service that we receive in public clinics and hospitals here in South Africa are so much better than where I come from. Back home we travel long distance and in most times medication is always on shortage. Unlike here in South Africa even if you wait the whole day one thing you know is that they won't turn you back because of shortage of medication".

"When me and my wife came to South Africa we wanted our children to have access to better opportunities and not have to experience the condition which we experienced. Even though foreigners are faced with many challenges, one thing that I am happy about is that we service like education and health are more accessible as compared to my country".

According to the United Nations High Commissioner for Refugees (UNHCR) estimates that there are almost 10 million refugees around the world who fled political and religious persecution, been caught up in ethnic conflict, and subjected to violence because of their sexual orientation. There are many reasons that people become refugees, but only a few ways to obtain the protection they so desperately need. Better living conditions and access to basic service

continue to be the reason why people flee their country to other countries (Landau& Jacobsen, 2004).

4.8.3 OBJECTIVE THREE TO EXPLORE REFUGEES' PERCEPTIONS OF THE QUALITY OF HEALTH CARE SERVICES OFFERED AT PUBLIC HEALTH CARE FACILITIES.

MAIN THEME: Participants perception on the quality of the health service delivery.

- **Poor service delivery for refugees**

Findings from this study reveal that when accessing health care, treatment of refugees and citizens are different. They have encountered situations whereby health professionals, mostly nurses have said things that made them feel that they are not allowed to use health services in the public because they are different. However, due to the fact they do not have money to go to private hospitals, they keep quiet and endure the mistreatment. Two participants stated that even some patients in hospital and clinic portray the same attitude. In such situations refugees remain voiceless as they fear that they may be denied treatment. Looking at the four narrative of participant from the interviews

"You know what I see is that the treatment is not the same for us people from outside it is difficult ,sister there are horrible, they do not treat us well and they shout at us everytime. Sometimes they leave you feeling some pain for a while before attending to you.

"Some will tell you what you want here, after giving birth go back to your country you giving us a lot of work"

"The treatment is very bad because they remind us that we are finishing medication for South African and that us not from here."

My first time coming to South Africa I stayed in Pretoria and while I was living there together with other refugees one thing I notice when going for check-ups in the clinic was that they treated refugees differently,

These findings validate, Norredam, Mygind, and Krasnik, (2005) who note that in spite of the right to access to health care for refugees in most host countries continue to be restricted

with great variation in entitlements. This poses a serious question such as what measures are states taking in making sure that refugees are guaranteed their right to health care services. A report by Nkosi, (2014) highlight the perception and challenges refugees face when accessing public health service. Factors such as status of foreigner, the fear of being discriminated by health professional and country citizens and lack of valid or no document continues to threatens the health and access for refugees. Mcneill, (2003) state that public health professionals have a big role to play in this as they have the responsibility to educate and disseminate knowledge to create a more informed and autonomous citizenry.

- **Very few nurse that provide positive service delivery**

In spite of the negative things mentioned, they were also honest enough to mention that not all health professionals were treating refugees in negative way. One thing which caught the researcher's attention was what the participant said about service delivery differs depending on which clinic or hospitals one attends. This reveals the power that health professional have because they have influence on whether patients return or not.

"It differs in terms of where you attending but most of them the doctors and the nurses they are usually good people, they treat us same way as they treat South Africans"

"It not every nurse that treat foreigners negatively, very few are friendly and do their work without any discrimination"

This shows that the experiences and perceptions about the quality of healthcare is dependent on people and the places where refugees chose to access services. In some instances one may encounter good nurses while in some instances one may encounter a bad nurse/s. As such, a lot needs to be done to educate health care professionals about the need to treat refugees with care and avoid discriminatory practices.

4.7.4 OBJECTIVE FOUR TO ELICIT REFUGEES' VIEWS ON HOW THE QUALITY OF HEALTH CARE SERVICES IN PUBLIC HEALTH CARE FACILITIES CAN BE IMPROVED.

MAIN THEME: Personal views on how the quality of public health care services can be improved.

- **Requesting equal treatment for all patients irrespective nationality**

When the participants were asked about their personal views on how the health service can be improved, their responses were very interesting in such they include policy changes. In their response one common thing which kept being mentioned was every person is a human being and that being a refugee does not disqualify them from being human. As such how they are treated should be the same as they are also human being with human needs like South Africans.

> *"To give us foreigner the same treatment that they give to South Africans and not that they should be treat them differently because they don't belong here in South Africa. The government must also make policy which will make sure that services in hospital are equal for everyone"*

> *"I think people should know we all human, doesn't matter whether you from Congo, Nigerian, so we should be treated with same respect and equality"*

It is clear from the above that refugees wishing for non-discrimination when they access health care in public hospitals. This is important given that refugees have equal entitlements according to international law and according to the South African constitution.

- **Health professional to change their health negative attitude toward refugees**

Part of the participants' responses to the question of how the public service can be improved, in this study reveal that if people in general including health professionals could change their attitude towards refugees, that in itself can mean a positive change in the service delivery in the public clinics and hospitals. This is very much true as the attitude of those who are responsible for providing health care is very influential. That is when health professionals portray an attitude that is free of discrimination or any biases to patients. Patients that come to

the clinic who are South African citizens have a higher chance of modelling the behaviour and stop seeing the entitlement of health service as for South Africans only.

> *"The attitude of health professional, should change so much, if only they can have that welcoming and friendly attitude to everyone's irrespective of nationally"*

> *"If the nurses can start seeing refugees as human not seeing them difference I think the service can be improved as everyone no matter what nationality they are will feel free to go to clinic".*

4.8 CONCLUSION

It is not new that South Africa remains a place of refuge for many refugees across Africa who come to South Africa for many reasons. As such South Africa has the responsibility to make sure that there is access to basic services. This is fundamental to humans as enshrine in the Declaration of Rights and is should also apply to refugees without any discrimination on basis of nationality. All public health services are institutions which by all means must service the society irrespective of nationally with dignity, respect without any discriminatory practices. The government has the role to make sure that public awareness about the right of refugees in accessing public health service is the core of the South Africa agenda in supporting fellow Africans.

CHAPTER FIVE

MAIN FINDINGS, RECOMMENDATIONS AND CONCLUSION

5.1 INTRODUCTION

In this chapter the main findings from this study are presented together with the conclusions that were reached by the study. The chapter also presents recommendations for the study emanating from the research findings.

5.2 SUMMARY OF FINDINGS

In doing this study the aim was to achieve the study objectives and the first of the study objective was to investigate challenges refugees face when accessing public health care services. In the study the researcher interviewed the participant using the open ended questions which provided in depth responses about the experiences that refugees are faced with when accessing public health clinics and hospitals. The study found that most of the refugees reported that they have encountered negative attitudes from health professionals such as; skipping them in the queue to attend South Africans first. The participant also revealed that not all health professionals treated them unjust or held a negative attitude such as calling them by names and that it depended on the health clinic or hospital one visited. The majority of their experience in attending public health facilities involves negative experiences but they continue to seek services because they have no choice.

The second objective was to explore the reasons why refugees come to South Africa. Findings from this study suggest that most of the refugee participants fled their country due to political instability, wars, economic opportunities and searching for better services. Those themes have shown the seriousness of things that push and pull refugees from the country of origin into South Africa and other countries.

The third objective was to explore refugees' perceptions on the quality of health care services offered at public health care facilities in South Africa. The findings reveal that all of them regard public health clinics and hospital services as biased and not conducive for foreign nationals especially they do not have documentation. Furthermore, the findings show that the attitude of nurses remains a barrier for many refugees as they only go to clinics when their health conditions have worsen or when they really have to go for monthly check-ups for their

babies, apart from that, there is fear of going to public health facilities due to the service rendered to them.

The final objective of the study was to elicit refugees' views on how the quality of health care services in public health care facilities can be improved. The findings from the interviews suggests that the most important thing that all interviewees would want to see change in terms of the service, the attitude of health professionals when treating refugees and policy changes that makes sure that they are treated in fair and equal as South Africa. With the treatment that the participant reported that they are tired of being reminded that they are not from here and they would want to be treated as human like everyone irrespective of culture, race or nationality. Another aspect that was mentioned was the role of the state in the policy formulation. The State should formulate policies that uphold the rights of refugees to be treated in South African clinics without producing any documentation. The policy will change the health professionals' negative attitude as they know that refugees also have the legal rights to be rendered services fairly without any discrimination.

5.3 RECOMMENDATIONS

5.3.1 Recommendations for public health clinics and hospitals

In the findings of the study it was clear that refugees had mostly negative experiences when being service by health professionals. As such recommendation for this is that the department of health should appoint professionals that will structure services trainings for health professionals to alter negative attitudes towards refugees and engage with all patients without any discrimination. For this to work there should be complain procedures that are easily accessible and closely-monitored for all patience in reporting any ill treatment by health professionals. Lastly, the department should start having training for health professionals that will improve and instil the values of respect, dignity and non-discriminatory practices.

5.3.2 Recommendations for social work practice

Since social workers have intensive knowledge in working with diverse group including refugees, they should be actively involved in the policy making process that has to do with refugees such as the Refugees Act and many other documentations in making sure that the interest of refugees are best served. Furthermore, social workers are recommended to create awareness and aims to promote and teach refugees about their rights in South Africa in accessing public health care.

5.3.3 Recommendations for future studies

The aim of this study was to explore refugees experiences however in future it is beneficial to conduct a quantitative study that will reveal the number of refugees that have experience what has been found in this study and another study that explores the health professionals when dealing with refugees. Lastly, there must be a study that will focus on policy formation that includes health care services for refugees when accessing pubic health care facilities.

5.4 CONCLUSION

With all the challenges that refugees face before and after relocation, issues such as access to health care in the host country should be made more welcoming for refugees, many refugees who need health care but fear accessing health services due to negative treatment and attitudes. The study has looked at the treatment of refugees in public health facilities particularly with how health professionals service refugees. From the above findings which reveals refugees experience in health facilities, it is clear that some health professionals have a hostile attitude towards refugees which create barriers for many refugees as they fear ill treatment from health professionals and only access it in dire situation of their health. It for this reason that policy makers must make sure that procedures in making sure that refugees are respected and treated with dignity are clear and enforced to all health services.

Reference List

Ali, A. M., & Yusof, H. (2012). Quality in qualitative studies: The case of validity, reliability and generalization. *Issues in Social and Environmental Accounting*, *5*(1/2), 25–64. Retrieved from http://www.iiste.org/Journals/index.php/ISEA/article/view/952

Baker, E. H., Sanchez, L. A., Nock, S. L., & Wright, J. D. (2009). Covenant marriage and the sanctification of gendered marital roles. *Journal of Family Issues, 30*(2), 147-178.

Benatar, S. R. (2004). Health care reform and the crisis of HIV and AIDS in South Africa

Bianchi, S. M., & Milkie, M. A. (2010). Work and family research in the first decade of the 21st century. *Journal of Marriage and Family*, *72*(3), 705-725

Brown, M. E. (1996). *The international dimensions of internal conflict* (No. 10). Mit Press.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology*, *3*(2), 77-101.

Burnett A, Peel M. Asylum seekers and refugees in Britain. The health of survivors of torture and organized violence. BMJ. 2001 Mar 10; 322(7286):606–9. [PMC free article] [PubMed]

Castles, S., & Davidson, A. (2000). *Citizenship and migration: Globalization and the politics of belonging*. Psychology Press.

Castles, S. (2004). The factors that make and unmake migration policies. *International migration review*, *38*(3), 852-884.

Castles, S. (2000). International Migration at the Beginning of the Twenty-First Century: Global Trends and Issues. *International Social Science Journal*, *52*(165), 269-281.

Cardozo, B. L., Vergara, A., Agani, F., & Gotway, C. A. (2000). Mental health, social functioning, and attitudes of Kosovar Albanians following the war in Kosovo. *Jama*, *284*(5), 569-577.

Crisp, J. (2000). Africa's refugees: patterns, problems and policy challenges. *Journal of Contemporary African Studies*, *18*(2), 157-178.

Chimni, B. S. (1998). The geopolitics of refugee studies: A view from the South. *Journal of Refugee Studies*, *11*(4), 350-374.

Cohen, D., & Crabtree, B. (2006). Qualitative research guidelines project.

Crush, J. (2001). The dark side of democracy: migration, xenophobia and human rights in South Africa. *International Migration*, *38*(6), 103-133.

Day, G., & Murdoch, J. (1993). Locality and community: coming to terms with place. *The Sociological Review*, *41*(1), 82-111

Day, R.A. (1979). How to write and publish a scientific paper. Philadelphia: ISI Press.

De Vos, A, S., Stardom. Fouché and Delport, C, S, L. (2011). *Research at grass roots: for the social science and human service professions***.** (4th ed.).Cape Town: Van Schaik Publishers.

Donnelly, J. (2013). *Universal human rights in theory and practice*. Cornell University Press.

Edwards, A. (2005). Human rights, refugees, and the right 'to enjoy'asylum. *International Journal of Refugee Law*, *17*(2), 293-330.

Geertz, C. (1973). Thick description: Toward an interpretive theory of culture. *The interpretation of cultures: Selected essays*. New York: Basic Books.

Golafshani, N. (2003). Understanding reliability and validity in qualitative research. *The Qualitative Report*, 8(4), 597–607. Retrieved from http://www.nova.edu.

Graf, J. (2011). "South Africa is a highly xenophobic society"-An assessment of the causes of xenophobic attitudes. In *Journal of the UEL Undergraduate Conference* (p. 39).

Green, R., Roberts, B. and Sites, A.2003.Qualitative Research Methodology' in Greenstein, R (ed).Research Methodology Manual. Unpublished

Harris, J., & Roberts, K. (2004). Not our problem: the provision of services to disabled refugees and asylum seekers. *Social work, immigration and asylum: Debates, dilemmas and ethical issues for social work and social care practice, London: Jessica Kingsley Publishers*, 151-61.

Harvey, L. (2014). Beyond member-checking: A dialogic approach to the research interview. *International Journal of Research & Method in Education*, 0(0), 1–16

Hassim, S., Kupe, T., & Worby, E. (Eds.). (2008). *Go home or die here: Violence, xenophobia and the reinvention of difference in South Africa*. Wits University Press.

Huntington, S. P. (1984). Will more countries become democratic?. *Political Science Quarterly*, *99*(2), 193-218.\

Kautzky, K., & Tollman, S. M. (2008). A perspective on Primary Health Care in South Africa: Primary Health Care: in context. *South African health review*, *2008*(1), 17-30**.**

Kleijn WC, Hovens JE, Rodenburg JJ. Posttraumatic stress symptoms in refugees: assessments with the Harvard Trauma Questionnaire and the Hopkins Symptoms Checklist-25 in different languages. Psychol Rep. 2001 Apr;88(2):527–32. [PubMed]

Klotz, A. (2000). Migration after apartheid: deracialising South African foreign policy. *Third World Quarterly*, *21*(5), 831-847.

Kvale, S., & Angrosino, M. V. (2007). *The Sage qualitative research kit*. U. Flick (Ed.). London: Sage.

Landau, L. B., & Jacobsen, K. (2004). Refugees in the new Johannesburg. *Forced Migration Review*, (19), 44-46.

Loescher, G., Betts, A., & Milner, J. (2008). *The United Nations High Commissioner for Refugees (UNHCR): The politics and practice of refugee protection into the 21st century*. Routledge.

Mavenika, A., Odeku, K. O., & Raligilia, K. H. (2014). An Analysis of Foreigners' Right to Health Services as Enshrined in the South African Constitution.

Patton, M. Q. (1990). *Qualitative evaluation and research methods*. SAGE Publications, inc.

Palmary, I. (2003). *Refugees, safety and xenophobia in South African cities: The role of local government*. Publisher not identified.

Rugunanan, P., & Smit, R. (2011). Seeking refuge in South Africa: Challenges facing a group of Congolese and Burundian refugees. *Development Southern Africa*, *28*(5), 705-718.

Seet, M. (2016). The Origins of UNHCR's Global Mandate on Statelessness. *International Journal of Refugee Law*, *28*(1), 7-24.

Massey, D. S. (1999). International migration at the dawn of the twenty-first century: The role of the state. *Population and development review*, *25*(2), 303-322.

Mavenika, A., Odeku, K. O., & Raligilia, K. H. (2014). An Analysis of Foreigners' Right to Health Services as Enshrined in the South African Constitution.

Mcneill, P. M. (2003). Public health ethics: asylum seekers and the case for political action. *Bioethics*, *17*(5-6), 487-503.

McMichael, C., Gifford, S. M., & Correa-Velez, I. (2011). Negotiating family, navigating resettlement: Family connectedness amongst resettled youth with refugee backgrounds living in Melbourne, Australia. *Journal of Youth Studies*, *14*(2), 179-195.

Nathwani, N. (2003). *Rethinking refugee law* (Vol. 7). Martinus Nijhoff Publishers.

Neocosmos, M. (2010). *From Foreign Natives to Native Foreigners. Explaining Xenophobia in Post-apartheid South Africa: Explaining Xenophobia in Post-apartheid South Africa: Citizenship and Nationalism, Identity and Politics*. African Books Collective.

Neuman. W. L.(2006). 'Qualitative and Quantitative Research Design' in Social Research Methods: Qualitative and Quantitative Approaches (sixth edition. Boston: Pearson and Allyn and Bacon.

Nkosi, N. G. (2014). *Influences of xenophobia on accessing health care for refugees and asylum seekers in Johannesburg* (Doctoral dissertation).

Norredam, M., Mygind, A., & Krasnik, A. (2005). Access to health care for asylum seekers in the European Union—a comparative study of country policies. *The European Journal of Public Health*, *16*(3), 285-289.

Schuster, L. (2004). *The exclusion of asylum seekers in Europe*. Centre on Migration, Policy & Society, University of Oxford.

Thoits, P. A. (2011). Mechanisms linking social ties and support to physical and mental health. *Journal of health and social behavior*, *52*(2), 145-161.

United Nations High Commissioner for Refugees (UNHCR) [25 January 2014]; Displacement: The New 21st Century Challenge. 2013 Global Trends, Available at: http://www.unhcr.org.uk/fileadmin/user_upload/pdf/UNHCR_Global_Trends_2012.pdf.

United Nations. Protocol Relating to the Status of Refugees, opened for signature. Minnesota: Human Rights Library, Jan 31, 1967, 19 U.S.T. 6223, T.I.A.S. No. 6577, 606 U.N.T.S. 267.

United Nations. Convention relating to the Status of Refugees. Minnesota: Human Rights Library, July 28, 1951: 189 U.N.T.S. 137.

United Nations. Protocol Relating to the Status of Refugees, opened for signature. Minnesota: Human Rights Library, Jan 31, 1967, 19 U.S.T. 6223, T.I.A.S. No. 6577, 606 U.N.T.S. 267.

United Nations. Convention relating to the Status of Refugees. Minnesota: Human Rights Library, July 28, 1951: 189 U.N.T.S. 137.

Vearey, J. (2008). Migration, access to ART, and survivalist livelihood strategies in Johannesburg. *African Journal of AIDS Research*, *7*(3), 361-374.

Wellington, J., & Szczerbinski, M. (2007). *Research methods for the social sciences*. A&C Black.

Zinyama, L. M. (1990). International migrations to and from Zimbabwe and the influence of political changes on population movements, 1965-1987. *International Migration Review*, 748-767.

APPENDIX D

Interview schedule

1. Briefly tell me about yourself, specifically were you come from and how did you come to South Africa?

2. How often do you use public health clinic or hospital?

3. Can you please tell me about your experience of using a public hospital or clinic?

4. What is it that you like or dislike about public health clinic or hospitals?

5. Could you be more specific in terms of what you notice, things that health professionals said or did?

6. Please share with me your general thoughts about the service refugees get in public health facilities.

7. Can you mention one experience you have encountered with the health professional in public clinic or hospital?

8. What do you think may be the reasons for such treatment?

9. How many people do you know whom are refugees and have receives the same treatment from the health professionals?

10. When looking at that treatment would you go back to that hospital or clinic?

11. From your opinion what can be done to improve or change the service delivery in public health facilities?

SOCIAL WORK
THE SCHOOL OF HUMAN AND COMMUNITY DEVELOPMENT (SHCD)

Private Bag 3, Wits, 2050 • Tel: 011 717 4472 • Fax: 011 717 4473 • E-mail: socialwork.SHCD@wits.ac.za

CONSENT FORM FOR PARTICIPATION AND AUDIOTAPING OF THE INTERVIEW IN THE STUDY

Experiences of Refugees in public healthcare services

I hereby consent to participate in the research study. The purpose and procedure of this study have been explained to me.

I understand and consent that:

	yes	no
1.My participation in this study is voluntary and I may withdraw from the study without being disadvantaged in any way		
2. I may choose not to answer any specific question asked if I do not wish to do so		
3.There are no foreseeable benefit or particular risk associated with participation in the study		
4.My identity will be kept strictly confidential, and any information that may identify me, will be removed from the interview transcript		
5. A copy of my interview transcript without any identifying information will be stored permanently in a locked cupboard and may be used for future research.		
6.I understand that my responses will be used in the write up of an honours project and may also be presented in conference, books chapters, journal article s or books		
7. The recording will be stored in a secure location (a password-protected computer) with restricted access to the researcher of research supervisor.		
8. The recording will be transcribed and any information that could identify me will be removed.		
9.When the data analysis and write up of the research study is complete , the audio-recording of the interview will be kept for two years following any publication or for six years if no publication emanate from the study		
10. The transcript with all identifying information directly linked to me removed, will be stored permanently and may be used for future research.		
11. Direct quote from my interview ,without any information that could identify me may be cited in the research report or other write-up of the research		

Name: _____

Date: _____

Signature: _____

SOCIAL WORK
THE SCHOOL OF HUMAN AND COMMUNITY DEVELOPMENT (SHCD)

Private Bag 3, Wits, 2050 • Tel: 011 717 4472 • Fax: 011 717 4473 • E-mail: socialwork.SHCD@wits.ac.za

PARTICIPANT INFORMATION SHEET

Experiences of Refugees in public healthcare services

Good day.

My name is Thamsanqa Khanyile. I am currently studying a Bachelor's Degree in Social Work at The University of the Witwatersrand, in my final year of study. I am conducting a research on the experiences of refugees' access to public health services in the area of Johannesburg. It is anticipated that the results of this study will contribute important insights that may be used to improve the health care service delivery for the migrant populations when accessing public health facilities.

I wish to invite you to participate in this study. Your participation would be entirely voluntary and you are free to withdraw from the study at any time without penalty. There are no consequences or personal benefit in participating in this study. The interview would be at a time and place suitable to you. The interview would last approximately an hour. You may choose to withdraw at any time and may refuse to answer any questions. The interview will be tape-recorded upon your consent. No any other persons except the researcher and the supervisor will have access to the tapes. The tape-recordings will be stored in a password protected computer for the period of two years. A copy of the interview transcript without any identifying information will be stored permanently in a locked cupboard and may be used for future research.

Your name and personal details will be kept confidential and no identifying information will be included in the final research report. The result of the research may be used for academic purpose (including books, journal and conference proceedings) and the summary of finding will be made available to the participant on request.

- My contact (083 590 6289), email address 799003@students.wits.ac.za, my supervisor is Dr Victor Chikadzi (0117178667), email address Victor.Chikadzi@wits.ac.za. Any questions regarding the study will be answered. Any concerns or complains about the study, please contact the ***Human Right Ethics Committee (Non- Medical) contact Details***: Chairperson: Jasper.Knight@wits.ac.za or the administrator: Ms Shaun

Schoeman at Shaun.Schoeman@wits.ac.za Tel 011 717 1408, HREC-Medical-ResearchOffice@wits.ac.za

Thank you for taking your time for considering participation in the study.

Yours Sincerely,

Thamsanqa Khanyile