

Abstract

The republic of South Africa has a “health for all” policy, regardless of nationality and residence status. However, challenges still exist for non-nationals and little is known regarding migrants’ maternal healthcare experiences. This study explores the maternal healthcare experiences of migrant Zimbabwean women living in Johannesburg, South Africa. It focuses on the lived experiences of women aged 18years and above, who engaged with the public healthcare system in Johannesburg during pregnancy and childbirth. A desk review of the literature was undertaken. The theoretical framework in this study draws from three concepts (1) the Social determinants of health framework (WHO 2010), (2) the Access to healthcare framework (McIntyre, Thiede and Brich 2009) and (3) the “three-delays (Nour 2008). Primary data was collected through the use of open-ended semi-structured interviews with a sample of 15 migrant Zimbabwean women who have been in Johannesburg for a minimum of 2 years, and have attended and given birth or are currently attending antenatal care in inner city Johannesburg. Thematic content analysis was used to analyse data since it helps to extract descriptive information concerning the experiences of Zimbabwean women in Johannesburg and to construct meaning in order to understand their perceptions and opinions about the healthcare system in the city. Although the findings indicate that documentation status is not a key issue affecting access to healthcare during pregnancy and delivery, a range of other healthcare barriers were found to dominate, including the nature of their employment, power relations, language, and discrimination(generally) among others. Language was singled out as the major challenge that runs throughout the other barriers. More interestingly the participants raised their desire of returning home or changing facilities within the Public sector or to private institutions in case of any further pregnancy. This study concludes that the bone of contention is on belongingness, deservingness and not being able to speak any local language, that runs through the public health care institutions and this impact on professionalism and discharge of duties.

Key Words: Migration, Maternal healthcare, Healthcare system, Pregnancy, Childbirth, Antenatal care, Zimbabwean, Inner city Johannesburg, South Africa