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# **Valuable but incomplete! Migrants' perspectives on health examination in Stockholm**

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# ‘Valuable but incomplete!’ A qualitative study about migrants’ perspective on health examinations in Stockholm

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# Background

- Asylum seekers to Sweden are offered a voluntary health examination (HE)
  - to identify their health needs and
  - detect infectious diseases.
- Little is known about how asylum seekers experiences.
- This study aims to explore the perspective of asylum seekers about the organisation and the content of the health examination in order to inform policy.

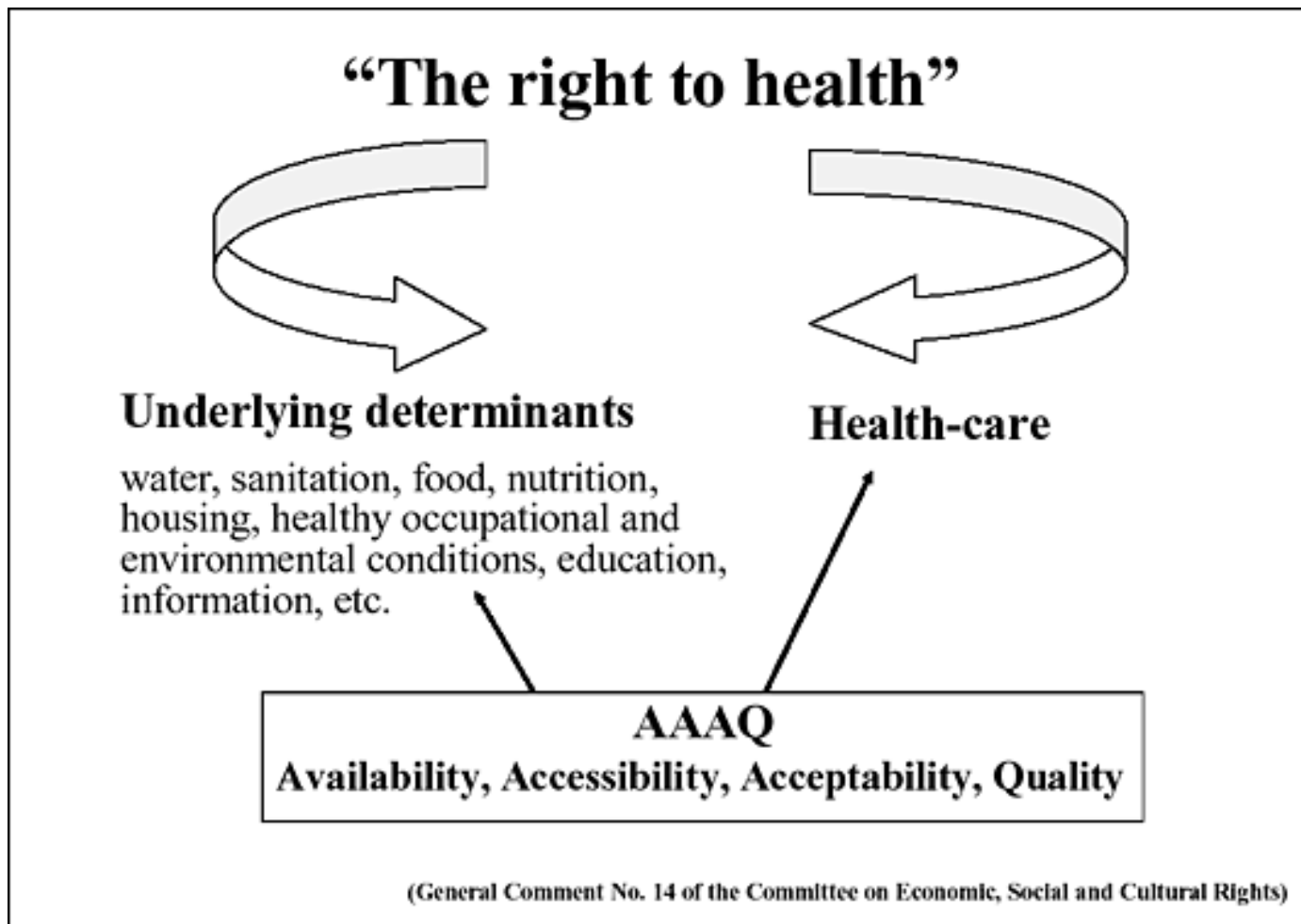
# Methods

- Qualitative study was conducted using
  - semi-structured interviews
- 18 asylum seekers and refugees (migrants)
  - 13 men, 5 women
  - Age range: 18-48 years old
  - 7 different nationalities: Syrian, Iraqi, Eritrean, Somali, Afghani, Palestinian and Tunisian

# Different contexts

- Immigrants recruited through
  - Asylum accommodation
  - Social activities ( language café)
  - Through network and snowball technique
  - SFI

# Analysis AAAQ Framework



## AVAILABILITY

Need to have sufficient quantity of functioning public health and health-care facilities, goods and services, and programmes.

## ACCESSIBILITY

Health facilities, goods, and services have to be accessible (physically accessible, affordable, and accessible information) to everyone within the jurisdiction of the State party without discrimination.

## ACCEPTABILITY

All health facilities, goods, and services must be respectful of medical ethics and culturally appropriate, sensitive to gender and age. They also need to be designed to respect confidentiality and improve the health status of those concerned.

## QUALITY

Health facilities, goods, and services must be scientifically and medically approved and of good quality.

# Results

- Migrants considered the HE to be important
  - but often delayed
    - implications for infection control.
- Easy access through mobile clinics
- Limited access to as information prior, during and after the examination
  - Uncertainty about the purpose of the HE
  - Poor knowledge about their own health and the Swedish healthcare system.



# Results

- Migrants considered the examination to lack important aspects:
  - Mental health
  - Dental care
  - Health system information.
  
- Physical examination was seen as an important but missing element of HE.

## AVAILABILITY

Delays

## ACCEPTABILITY

No concerns about confidentiality, ethics  
or disrespect

## ACCESSIBILITY

physically accessible

Affordable

Hard access to health system info

## QUALITY

missing many elements  
of interest for the  
receiver of the service

# Conclusion

- Migrants were generally positive to HE
- The aim of the HE was not always perceived to be clear  
→ leading to unfulfilled expectations.
- Better information system is needed
- Mobile clinics are suggested to facilitate and increase the uptake of the HE.  
→ In case of any migration crisis in the future.

# Ongoing projects

- Migrants with tuberculosis : experiences with the Swedish healthcare system.
- Quality of life of TB patients ( data to be generated from a high-income country for the first time in Europe)
  - Ongoing enrolment
  - Eq-5d
  - RHS-15 (mental Health screening)
    - Around 37% of the group scored positive for now (N=78)
- Economic evaluation of tuberculosis screening among migrants