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PERCEPTION OF AFRICAN IMMIGRANTS ABOUT CARE IN HEALTH SERVICES IN PORTUGAL

PERCEPÇÃO DE IMIGRANTES AFRICANOS SOBRE O ATENDIMENTO NOS SERVIÇOS DE SAÚDE DE PORTUGAL

PERCEPCIÓN DE LOS INMIGRANTES AFRICANOS SOBRE LA ATENCIÓN EN LOS SERVICIOS DE SALUD DE PORTUGAL

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Objective: to know the perception of African immigrants about care in health services in Portugal. Method: descriptive study with qualitative approach, conducted in Greater Lisbon, Portugal, from March 2017 to January 2018. For data collection, the semi-structured interview with African immigrants was used. The stratification of the information was guided by content analysis. Results: the health services most used were the Health Centers and Hospitals; the assistance received is of good quality, despite the difficult access, caused by the long waiting time. Cultural differences interfere in the understanding of the orientations provided and received. Conclusion: the African immigrant perceives the care received in health services in Portugal as of good quality, even though access and accessibility present difficulties resulting mainly from the barriers of prejudice and racism.

Descriptors: Health System. Access to Health Services. Immigration. Immigrant Receiving Countries. African Continental Ancestry Group.

Objetivo: conhecer a percepção do imigrante africano sobre o atendimento nos serviços de saúde de Portugal. Método: estudo descritivo com abordagem qualitativa, realizado na Grande Lisboa, Portugal, no período de março de 2017 a janeiro de 2018. Para coleta dos dados utilizou-se a entrevista semiestruturada com imigrantes africanos. A estratificação das informações foi guiada pela análise de conteúdo. Resultados: constatou-se que os serviços de saúde mais utilizados foram os Centros de Saúde e Hospitais; a assistência recebida é de boa qualidade, apesar da dificuldade de acesso, causada pelo longo tempo de espera. Evidenciou-se que as diferenças culturais interferem na compreensão das orientações prestadas e recebidas. Conclusão: o imigrante africano percebe o atendimento que

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recebe nos serviços de saúde de Portugal como de boa qualidade, ainda que o acesso e a acessibilidade apresente dificuldades decorrentes principalmente das barreiras do preconceito e do racismo.

Descritores: Sistema de Saúde. Acesso aos Serviços de Saúde. Imigração. Países Receptores de Imigrantes. Grupo com Ancestrais do Continente Africano.

Objetivo: conocer la percepción de los inmigrantes africanos sobre la atención en los servicios de salud en Portugal. Método: estudio descriptivo con enfoque cualitativo, realizado en la Gran Lisboa, Portugal, de marzo de 2017 a enero de 2018. Para la recopilación de datos, se utilizó la entrevista semiestructurada con inmigrantes africanos. La estratificación de la información se guio por el análisis de contenido. Resultados: se encontró que los servicios de salud más utilizados eran los Centros de Salud y Hospitales; la asistencia recibida es de buena calidad, a pesar de la dificultad de acceso, causada por el largo tiempo de espera. Se evidenció que las diferencias culturales interfieren en la comprensión de las orientaciones proporcionadas y recibidas. Conclusión: el inmigrante africano percibe la atención que recibe en los servicios de salud en Portugal como de buena calidad, a pesar de que el acceso y la accesibilidad presentan dificultades resultantes principalmente de las barreras de los prejuicios y el racismo.

Descriptores: Sistema de salud. Acceso a los Servicios de Salud. Inmigración. Países Receptores de Inmigrantes. Grupo de Ascendencia Continental Africana.

Introduction

The strengthening of multi/interculturality in societies and cohabitation with diversity are factors resulting from globalization and the increased migration worldwide, which requires the adoption of new practices, strategies and policies appropriate to the educational, communication and sanitary needs of the community[1].

Migratory processes bring positive and negative aspects that vary according to circumstantial perspective. The reduction of the intercultural distance between nations is one of the strengths of the process, considering that it is a factor of approximation and integration of the different peoples. On the other hand, this approximation involves the complexity that is established in the interrelations between immigrants and native citizens, which can be conflicting, especially concerning the host and division of public goods and resources, such as health services[2].

The relations between migratory processes and health are crossed by complexity and multifactoriality, which puts into discussion economic, cultural and historical implications related to them. Different health issues compete in these circumstances and require efficient answers from professionals and managers of official health systems[3].

Immigrant health issues are at the center of international concerns, since they are fundamental for their integration into the host country, regardless of their social, economic or cultural condition. Health care must be structured to meet the demands of foreign citizens, considering that they are exposed to situations of vulnerability, because they experience changes and a new culture, usually different from their country of origin[4].

The theme "immigrant health" includes a range of conjunctures, among which are: actions to promote health and prevent the disease; access to health care and services; treatment and rehabilitation; language, cultural and material accessibility[5].

In several countries of the world, especially in the European Union, immigrants are identified as a population at risk of poverty and social exclusion, which has served as a warning for the development of egalitarian measures[5]. However, immigrants from African countries are the ones that suffer the most, because, in addition to the problems arising from economic and sociocultural issues, they also face racial discrimination, despite the legislation of some countries, such as Portugal, for example, providing measures of attention to immigrants regardless of their origin, nationality and legal condition in the territory.

Although immigration statistics for foreigners residing in Portugal do not account for the huge portion of those who have Portuguese nationality, it is possible to affirm that the population of African and Afro descendant origin in Portugal is numerous, despite all the social and economic obstacles they experience, aggravated by racism.

Cape Verdean immigrants occupy the second place in the immigration ranking in Portugal, which represents 34,986 inhabitants, that is, 8.3% of the foreign population; Brazilians lead with 20.3% of the contingent, which comprises 85,426 inhabitants[6-7].

In the normative level, the Portuguese National Health Service is defined (art. 64) as universal, general and unpaid tended. In addition to being subdivided into instances of complexity, it is based on health promotion and protection and recovery of damages. With this, the Constitution of the Portuguese Republic seals the right to health for all citizens (art. 64). Equal access of immigrants and the Portuguese population to services, treatments and medicines is guaranteed by Decree n. 135/99 of the Ministry of Health[8], which provides access to the National Health Service to immigrants who do not have a residence permit or are undocumented before the immigration legislation in force.

Although access to health is an essential right to life, there are certain difficulties in access and assistance provided by Portuguese health services, which are commonly faced by national populations and immigrants. These difficulties encompass organizational and interpersonal aspects, as well as the lack of information by both these groups and health professionals themselves and health institutions in relation to the legislation, rights and their duties in health services[4]. Concomitantly, although the regulation of the National Health System (NHS) ensures access and rights of immigrants to health, in practice there are difficulties in meeting the demands of this population, in order to guarantee quality and equity in health[5].

Thus, this research seeks to reveal the care of health services in Portugal for African immigrants, thus revealing the weaknesses and potentialities of these services and, perhaps, supporting healthcare public policies for immigrants. From this perspective, it aims to know the perception of African immigrants about care in health services in Portugal.

Method

This is a descriptive, exploratory study with a qualitative approach. Held from March 2017 to January 2018 in Greater Lisbon, Portugal, in the municipalities of Sintra and Amadora, which concentrate immigrants from Portuguese-speaking African countries and integrated the Abdias Nascimento student exchange site[9].

The approach with the theme and with the participants took place through the projects entitled "International Research Network: Health, Environment and Social Development" and "Black Immigrants: a Population to be Discovered", developed by the Nursing School of the Federal University of Bahia, located in Brazil, in partnership with the Center for the Study of Migration and Intercultural Relations (CEMRI) of the Open University of Lisbon (Uab), in Portugal, through the Program of Mobility and Academic Development Abdias Nascimento, which allowed the exchange of researchers to conduct an interinstitutional partnership and this research.

The approach with the participants took place in public parks and train stations (means of rail transport of Portugal), meeting points daily attended by immigrants, located in neighborhoods predominantly inhabited by African immigrants. In these spaces, the researchers contacted the participant, presented the research and invited him/her to participate. Thus, eight African immigrants (seven women and one man) were selected, who met the eligibility criteria: living in Portugal for a minimum period of 1 year and being African. The exclusion criterion was not having sought/used Portuguese health services.

Data collection was performed through semi-structured interviews and field diary. The interviews were recorded and conducted on a park bench or train station, in isolation, to

ensure the confidentiality of the information, lasting roughly 20 minutes. The interviews were guided by the following question: "What is your perception of the care of health services in Portugal?" Additional data, such as culture/ethnicity, gender, education, marital status, professional activity, were asked to approach and establish the sociodemographic profile. After the end, each interview was heard by the researcher and participant, to obtain the approval of the information available. After approval, the transcription was carried out.

Data analysis was guided by the content analysis model proposed by Bardin[10]. Initially, the floating reading was performed, followed by a thorough reading of the interviews, to enable the grouping of the statements by thematic approximation. This sequence allowed organizing the content in four thematic categories.

It is noteworthy that the ethical aspects established for researches involving human beings were respected, according to national and international standards regulating researches. The project was submitted and approved by the Research Ethics Committee at the Federal University of Bahia. The Informed Consent Form (ICF) was elaborated, read and signed by the participants. To ensure their anonymity, the names were replaced by the letter "I" (Immigrant), followed by an increasing cardinal number, according to the order of the interview (I1 to I8).

Results and Discussion

The participants were from Angola, Cape Verde, Guinea Bissau and São Tomé and Príncipe, Portuguese-Speaking African Countries (PSAC); age ranged from 19 to 45 years. Regarding marital status, 50% were unmarried, 37.5% lived in a stable union and 12.5% were married. As for the number of children, it ranged from 1 to 3; regarding education, 37.5% had completed primary education and 62.5% completed high school. As for the time of residence in Portugal, it ranged from 1 to 20 years.

After analyzing the interviews, it was possible to group the information into the following categories: "Most used Health Services", "Perception of care in health services in Portugal", "Cultural differences in care" and "Suggestions to improve access and quality of health care".

Most used Health Services

African immigrants living in Portugal reported that the most used health services were Health Centers and Hospitals.

> *I often go to hospitals because of the emergency room and to make some specific test.* (I1).

> *I often seek the Health Center and the Hospital.* (I2).

Furthermore, during the research, the immigrants who had already undergone the integration process tended to enjoy health services more and participate in social activities, when compared to the immigrant newly arrived in the country, since illegal immigrants were afraid to expose themselves, not to be discovered.

Since 2001, Portuguese laws have recognized immigrants' right to access health care in health centers and hospitals of the National Health Service (NHS)[11]. However, in practice, this right is not always respected, because some immigrants are in illegal situations, and are not always accepted in health services (especially non-emergency services), precisely because they do not have the documents required at the time of health care, such as: proof of residence and tax identification number (TIN).

International Cooperation Agreements in the Health Field aim to ensure, under the same conditions as national citizens, the medical assistance of people with health problems, evacuated from the PSAC, who move to Portugal, with the purpose of providing them with hospital or outpatient care, for whom the health system of the country of origin does not have the technical capacity to provide with. In this sense, these people are subject to the rules of procedure to access the National Health Service (NHS), which distinguish them from other foreign citizens who use the NHS, by the force of the application of these cooperation agreements[11].

Access to and continuity of the most frequent health care of immigrants in Portugal concerns: unawareness of their rights and the places they

should seek to access them; administrative difficulties; treatment costs; family isolation; discrimination, exclusion and lack of social support; fear of being reported in case of clandestinity; precarious economic, housing and labor conditions; cultural habits and beliefs; and cultural, linguistic and communicational barriers[1].

Perception of care in health services in Portugal

In the perception of African immigrants who sought care in the health services of Portugal, they were well met, had quality care, with attentive and careful professionals. The reports are illustrative:

> [...] *I have nothing to complain, because my son, not long ago had a small problem* [...] *and was quite well met*. (I1).

> *The health service here is very good. The care too, and the doctors, I believe they are there doing what they like*. (I7).

> [...] *they give books and nurses make sure everything is explained, even in pregnancy, from the beginning of pregnancy, what you can eat, what you should be careful with, consultations and so on* [...] *the nurses are always watchful and, even after the delivery, they follow up to know how the baby's skin is, as well as blotches, hygiene* [...] *there are always watchful, because it is their profession and then they tell the doctor, who listens and writes down everything*. (I8).

Upon assessing users' satisfaction in health services, the performance of health professionals should be considered, since, in addition to informing and providing care, they should invest in the construction of an empathic relationship with individuals. It is of vital importance that professionals develop fruitful communication channels, to inform clearly and humanely about the health situation of immigrants, considering the adversities already experienced by these subjects. This circumstance is a great challenge and might be one of the factors to interfere or not in the use of health services by this population[12].

The immigrants verbalized dissatisfaction with the time of care and the queues faced in the health service of Portugal.

> [...] *the waiting time is usually long* [...] (I1).

> *The access, the queues in hospitals, which take a long time for your turn*. (I6).

> *The worst here is the delay, you know? And there are few doctors here. It is annoying because nurses are disappointed with the workload, with the pay, overwhelming them*. (I7).

> *You have to wait a long time*. (I8).

The waiting time for care in health services in Portugal may be a reflection of a more intense demand of the population, especially for urgent and emergency services, which has been growing sharply. The high waiting time is a common problem in public health systems and reflects negatively on the care quality[12]. Although European health services are recognized for their efficiency when compared to other countries, long waiting periods have become a chronic problem, which may interfere in the public evaluation of this issue[13].

As stated in the speech of I7, it can be inferred that one of the factors that causes the delay in care in hospital services is the reduced number of professionals. This factor generates work overload for professionals and patient dissatisfaction. It is noteworthy that workloads cause damage to workers' health, to the institution and to safe patient care[14].

The immigrants also highlighted the quality of the structure of the hospitals in Portugal and indicated the non-appreciation of patients' complaints, such as pain, which can be a symptom of a more serious disease.

> *In terms of health in Portugal, we have very well prepared hospitals, but in cases of some diseases, no. I confess that Portugal is not well prepared for some situations* [...] *sometimes they do not even care about a simple pain you feel that can be quite serious. Therefore, I think the services here are not well-prepared for some situations* [...] (I1).

Regarding the speech of I1, as an example of this reality, one can mention the epidemic experienced recently in Africa with the resurgence of the Ebola virus, in the largest outbreak recorded thus far in the current history. Therefore, it is evident that, for certain epidemics or determinants of health, there are countries and continents that really need to be better prepared. This becomes an even greater concern when the scientific communities and the government do not give due attention to

this issue. This fact, which may be associated with the high receptivity of immigrants in the country, in addition to other factors, such as the progressive aging of the population, ends up increasing the rate of chronic diseases and the search for care[6].

Cultural differences in care

This category refers to the differences identified by immigrants upon comparing the care provided in Portugal to that of African countries.

> *Here it is more about medicine than in Angola. For example, bebegel* [laxative for babies and children] *is used here and in Angola we use a cotton swab with olive oil.* (I3).

> *Here, when the baby is born, you are taught to be always very careful when holding the newborn, the way we bathe it. Generally, in Angola, we use Palm oil. Then our moms would warm or burn it to treat the navel, putting it on the child's navel, which dries until falling.* (I4).

> *When a child has mumps, we use ashes, charcoal after grilling. Then you use ash and vinegar together. Once it happened to me, I took my son there in Angola, I decided to take him to see the doctor, and an old lady told me: "it is not necessary. We do not treat mumps like this here. Just take ash, that ash from the charcoal after grilling, and put some vinegar on the child." And see, it indeed work. Resulted. And passed.* (I4).

Study shows that the Cape Verdean population uses medicines from the earth, which involve everything related to prevention and diagnosis of the disease. In Cape Verde, the medicine and naturalistic treatments, also called remedies of the earth, and conventional medicine coexist in the same social space, with full acceptance by the population, despite the necessary adaptation of new techniques and new values that are introduced by the medical progress of so-called "modern" medicine[15].

When immigrants of African origin arrive at the host country, it is common to leave the naturalistic care practices used in their countries of origin, since they are not recognized and valued in the so-called developed countries. In this sense, they develop various adaptations to their lifestyle and become participants in the new culture, often to the detriment of their native values. That is, they go through "aculturation", a concept that designates a dynamic process of social and cultural change that happens through direct or indirect contact between distinct social groups.

Another point to be discussed refers to the differences concerning child feeding, evidenced in the following statement:

> *In Angola, it is different. We give corn porridge there and here, only breast milk.* (I3).

To promote better care in different cultural contexts, it is important to consider the various ways of thinking, knowledge and health practices and understand the influence of each culture on the existence of care, but without losing the essence of protection and affection in the actions of this care[16].

A study[17] points out that the Afro descendants have the culture of early introducing the thickeners into the feeding of children concomitant with breast milk. It also reveals that breastfeeding is a universal act, but its practice is diversified and influenced by several cultures. Therefore, health professionals are responsible for guiding care practices according to the cultural values of each population.

When it comes to childcare, this cultural influence becomes even more evident. Therefore, it is essential to know the mothers' sociocultural context, as well as to identify their knowledge and care practices, in order to understand their beliefs, values and habits in the practice of health care[18-19].

The report of I3 allows identifying that, for similar situations, there are different ways of caring, corroborating a study[19] that identifies the important influence of culture on the care provided to children, whether in hygiene, eating habits, weaning and the use of medicinal plants. These are examples of practices influenced by representations and cultural values transmitted between generations, which guide the daily care provided to children[19].

Although they often abandon the natural treatments used in their countries of origin, some practices related to their beliefs, values and myths are preserved, remaining active for

generations. An important example of this fact is circumcision, as can be seen in the following statement:

> [...] *there, when children are born, they are circumcised, but not here. For example, there, when the child is born, it is circumcised, but, for this procedure, there are no tests, analyses, anything, but here, for a child to be circumcised, tests, analyses must be performed, doctors tell us to do "n" tests and only then the child is circumcised.* (I4).

Circumcision is mainly linked to cultural and religious factors. For some peoples, it is a way of symbolizing the belonging of an individual to a particular social group. It is performed as a ritualistic way for Jews, some Muslim groups and rural peoples of some African countries, such as Kenya and South Africa. In these countries, circumcision is performed in adolescents, in initiation schools, and is performed by laypeople, with a significant incidence of clinical complications. This fact led the Government of South Africa to develop policies to reduce health damage, to the detriment of the eradication of the practice of circumcision, such as the training of aseptic techniques, among others[20].

In this context, this speech unveils that, although the act of circumcision is performed both in African countries of origin and in Portugal, the way it occurs, in the Portuguese-speaking country, was considered different, allowing fewer risks to the child's health.

Suggestions to improve access and quality of health care

During the interviews, the participants pointed out several situations that influenced the attention received that should be improved, as follows in the next speech:

> [...] *I think doctors should do more, give more attention to patients. We lack attention. I do not know if they are uncomfortable with the workload, if they are not satisfied and so always on strike, and then you go to the health center and there are no doctors. Even the missing service is very time consuming. You get there in the morning and only leave at night. It is boring.* (I7).

The international financial crisis has increased economic pressures on national health systems, resulting in reduced spending, especially through staff cuts and pharmaceutical care. As an immediate consequence, there was a significant increase in the waiting time of users of health services, affecting all individuals, regardless of being nationals or immigrants[21].

Another important consideration made by immigrants regarded communication with health professionals:

> *Being more heard by health professionals, during the consultation, not to keep returning 3, 4 times with the same problem.* (I3).

> *The communication should improve.* (I6).

This finding corroborates the understanding of other researchers[22], stating that, in the health sphere, it is necessary to value the understanding of life contexts and the meaning of illness, to be open to accept the other's suffering and to develop communication skills, besides considering that, in this System, it is common to highlight ethnic/cultural barriers, such as the lack of cultural sensitivity from health professionals and the lack of qualified listening. While the first ones occur at the entrance of the system, the second ones take place at a more advanced moment with the service provider[22].

Qualified listening, dialogue and attention to nonverbal manifestations should be put into practice in all care types, regardless of the public. Nevertheless, the care with the African population requires more attention, aiming to nullify the remnants of prejudice and racism, while factors preventing a fruitful embracement.

Another observation made by the participants was about the availability of more institutions and health professionals in Portugal:

> *Having more health centers, professionals* [...] *having more doctors for family follow-up.* (I4).

According to the Basic Law of the National Health Service on the Users' Byelaw (art. 23), users of health services in Portugal have the right to present, individually or collectively, petitions, suggestions or complaints about the organization and operation of the National Health Service[23].

Data from the State of Health in the EU on Portugal's health profile in 2017 report that Portugal is among those in the European Union (EU) with a higher condition than the EU average

in terms of the number of doctors hired, which is still insufficient for the full care of the population residing in Portugal. An aggravating factor is the number of nurses below ideal, despite the growth observed during the last decade, being 6.3 per 1,000 inhabitants, while the ideal would be 8.4 per 1,000[24].

The study's limitation is the difficult access and acquisition of participants for the research, because immigrants in illegal situations in the country resisted providing any information and establishing contact, due to the fear of being discovered.

Conclusion

This study allowed describing important aspects of the health services of Portugal and the perceptions of African immigrants about the assistance received. For the participants of this study, the most used health services were Health Centers and Hospitals. The good assistance received was significantly mentioned, despite the difficult access, caused by the long waiting time. Cultural differences interfered in the understanding of the orientations provided and received.

Regarding the health professional, there was need to implement educational actions, in order to adopt the intercultural perspective in the processes of dialogue and communication, thus contributing to a conscious reality of social and cultural plurality. Thus, it is possible to promote integration and respect for diversity, overcoming cultural prejudices and ethnocentrism.

In view of the above, one realized that, although the change of country leads to a rupture of social relations, unawareness of the new social and cultural reality, the way of operation of institutions in the host country, especially health services and the lack of trust relations, immigrants who participated in this research, despite having knowledge of their rights as citizens, were often unable to overcome the barriers of prejudice and racism, to ensure access and accessibility to the Health System. There are specific specificities to these groups probably unknown by health professionals at the various care levels, as well as the immigrants' unawareness of how this care is performed.

There is a strong concern of the Portuguese government to develop public policies and provide health care to immigrants, as they represent an increasing part of the country's resident population. Thus, health professionals, managers and politicians need to seek to grasp cross-cultural care, understood as the essence of the health area, namely nursing, whether planning, or implementing actions in order to improve living conditions and promote the health and well-being of national or immigrant individuals, groups and communities.

Collaborations:

1 – conception, design, analysis and interpretation of data: Saionara Costa do Sacramento, Marília Araújo Ferrão, Climene Laura de Camargo and e Maria Natália Pereira Ramos;

2 – writing of the article and relevant critical review of the intellectual content: Saionara Costa do Sacramento, Marília Araújo Ferrão, Climene Laura de Camargo, Maria Natália Pereira Ramos, Maria Cecilia Leite de Moraes and Lucas Amaral Martins

3 – final approval of the version to be published: Climene Laura de Camargo.

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