“Primary Health Care: Experiences of Preschoolers in Refugee and Asylum Seeking Families”.

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Research Objective

• To explore and describe the health behaviour of refugee and refugee claimant mothers when caring for their ‘normally well’ preschool child, when the child has a minor and acute episodic illness.
Understanding the terms: Refugees & Refugee Claimants (Forced Migrants)

• The term refugee applies to individuals who meet the UN convention definition of refugee. The category ‘refugee’ includes:
  – ‘convention refugees’ selected & sponsored overseas
  – Successful ‘Refugee Claimants’ (Asylum seekers).

• Refugee claimants are individuals who arrive in Canada and then apply for recognition as a refugee.
Significance of this study

• Effective and appropriate care for acute & minor illness of preschoolers is important for
  – maintaining health in childhood
  – implications for health in adulthood.

• This study provides empirical evidence of health practices of refugee and refugee claimant mothers when their preschool children have acute & minor illnesses.
Findings and Conclusions: Mothers actions and experiences when managing the acute and minor illnesses of their ‘normally well’ preschool children

LENS ONE
Perspective from Existing Documentation

Secondary data sources:
Citizenship and Immigration Canada (CIC)
Ontario Medical Association
District Health Council
Canadian Institute of Health Information

Statistics Canada
- Census 2001
- Vital Statistics
- National Population Health Survey
- Community Health Survey

LENS TWO
Provider Perspectives:
- Health care providers
- Settlement support providers
- Other support agencies

LENS THREE
Perspective of Mothers:
- Refugee Mothers with at least one preschool child
- Refugee claimant mothers with at least one preschool child

FIGURE 1: Three Lenses informing the picture of Refugee mother and refugee claimant mothers behaviours when they manage acute and minor episodic illnesses of their ‘normally well’ preschool Children.
Findings Overall

• Lens 1: *Existing Documentation*
  – *Little information about the study population*

• Lens 2: *Provider Agencies*
  – Settlement support (n=7)
    • *Do not serve refugee claimants & have limited information about their needs.*
  – Primary health care (n=13)
    • *Shortage of family doctors.*
    • *Providers rarely know who refugees and refugee claimants are among their clients.*
Lens 3: Mother’s (n = 55)

– Majority of mothers had less than 3 children.
– Education *U shaped curve*
  • higher proportion less than elementary or had post secondary than in other reports & general population.
– *More than 50%* of mothers knew no-one in Canada.
– 40% - 60% were lone parents.
– 56% were first settled in Hamilton & 46% were secondary migrants.
Findings related to enablers

- All mothers reported they had health insurance; more reported provincial health insurance (OHIP) than Interim Federal Health Plan.

- More than two thirds (70% - 80%) reported they had a regular provider of health care with a family doctor or a doctor at a CHC.
  - Less than provincial reports (91% 2003)
Findings related to enablers (cont’d)

• Acceptance of IFHP was important for refugee claimants.

• *90%* of families in each group reported income below the low income cut off for 2003
  – (*Hamilton 23%, Ontario 17%, Canada 18%*)

• Interpreter support was offered to relatively few who reported they needed help.
Summary of Health behaviours: Mothers’ perspectives:

• Two sets of approaches
  – personal health practices:
  – health seeking behaviours:
    • getting advice *(24% used Telehealth vs Hamilton 13%)*
    • watching and waiting *(1 day – 2 weeks)*
    • home remedies
    • consulting health professionals *(100% vs 77% LSIC)*
Common reported Illnesses

- General Population Ontario
- General Population Canada
- Mothers Refugee
- Mothers Refugee Claimants

<table>
<thead>
<tr>
<th>Illness</th>
<th>General Population Ontario</th>
<th>General Population Canada</th>
<th>Mothers Refugee</th>
<th>Mothers Refugee Claimants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sore Throat</td>
<td>60%</td>
<td>50%</td>
<td>40%</td>
<td>30%</td>
</tr>
<tr>
<td>Ear Infections</td>
<td>50%</td>
<td>40%</td>
<td>30%</td>
<td>20%</td>
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<tr>
<td>Fever</td>
<td>80%</td>
<td>70%</td>
<td>60%</td>
<td>50%</td>
</tr>
<tr>
<td>Coughs and Respiratory problems</td>
<td>70%</td>
<td>60%</td>
<td>50%</td>
<td>40%</td>
</tr>
<tr>
<td>Vomiting &amp; Diarrhoea</td>
<td>40%</td>
<td>30%</td>
<td>20%</td>
<td>10%</td>
</tr>
</tbody>
</table>
Contact with health services

- Hamilton
- Ontario
- Canada
- Ontario
- Canada
- Refugee
- Child
- Ref Claimant

- General Population
- Immigrant Survey
- This Study

- Doctors office
- Telehealth
- Alternative Providers
Experiences accessing health care

• Most reported very positive health care experiences

• Some reported negative experiences

• Financial costs were high (transport & medications) & resulted in mothers missing meals
  – Refugee claimants 68% vs Refugees 36%

• Unmet needs related factors - interpreter support, transport and health insurance.
Congruent findings identified in each of the 3 Lenses

• Racist behaviour
• Limited offers of language help
• Low income
  – Impact of direct and indirect costs to mothers seeking health care (all times especially at night and in cold weather)
• Fear
  – Providers feared causing offence to their clients
  – Mothers feared being judged as poor parent
Implications for future

• Providers
  – Personal/individual
  – System

• Refugee and Refugee claimant population

• Research