

# **“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.

### 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 THREE

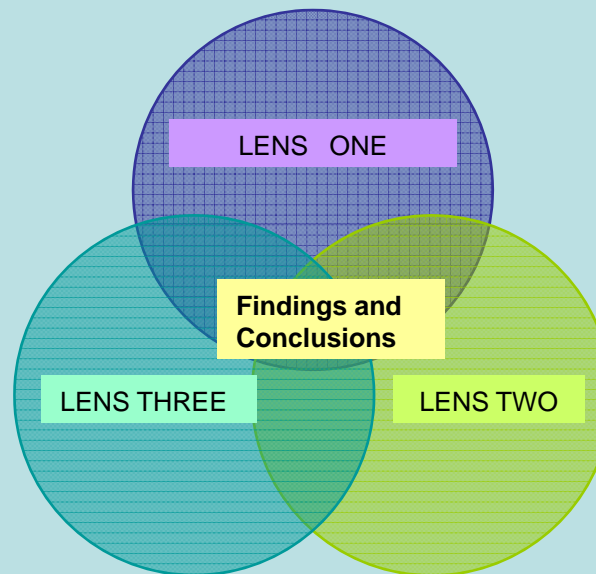
Perspective of Mothers:

-Refugee Mothers with at least one preschool child

-Refugee claimant mothers with at least one preschool child

### Findings and Conclusions:

Mothers actions and experiences when managing the acute and minor illnesses of their 'normally well' preschool children



### LENS TWO

Provider Perspectives:

- Health care providers
- Settlement support providers
- Other support agencies

**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)*

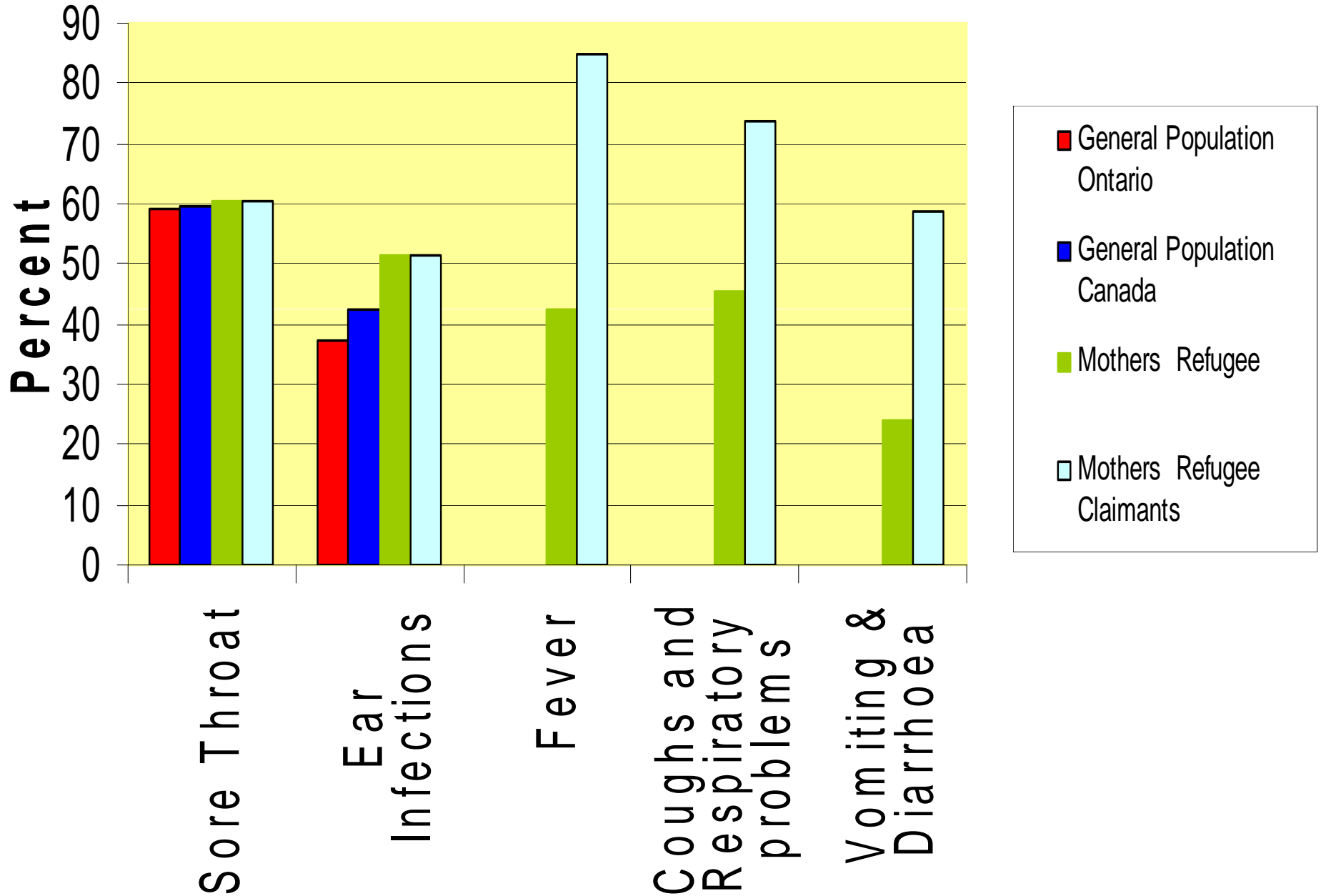
## Findings related to enablers (cont'd)

- 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.

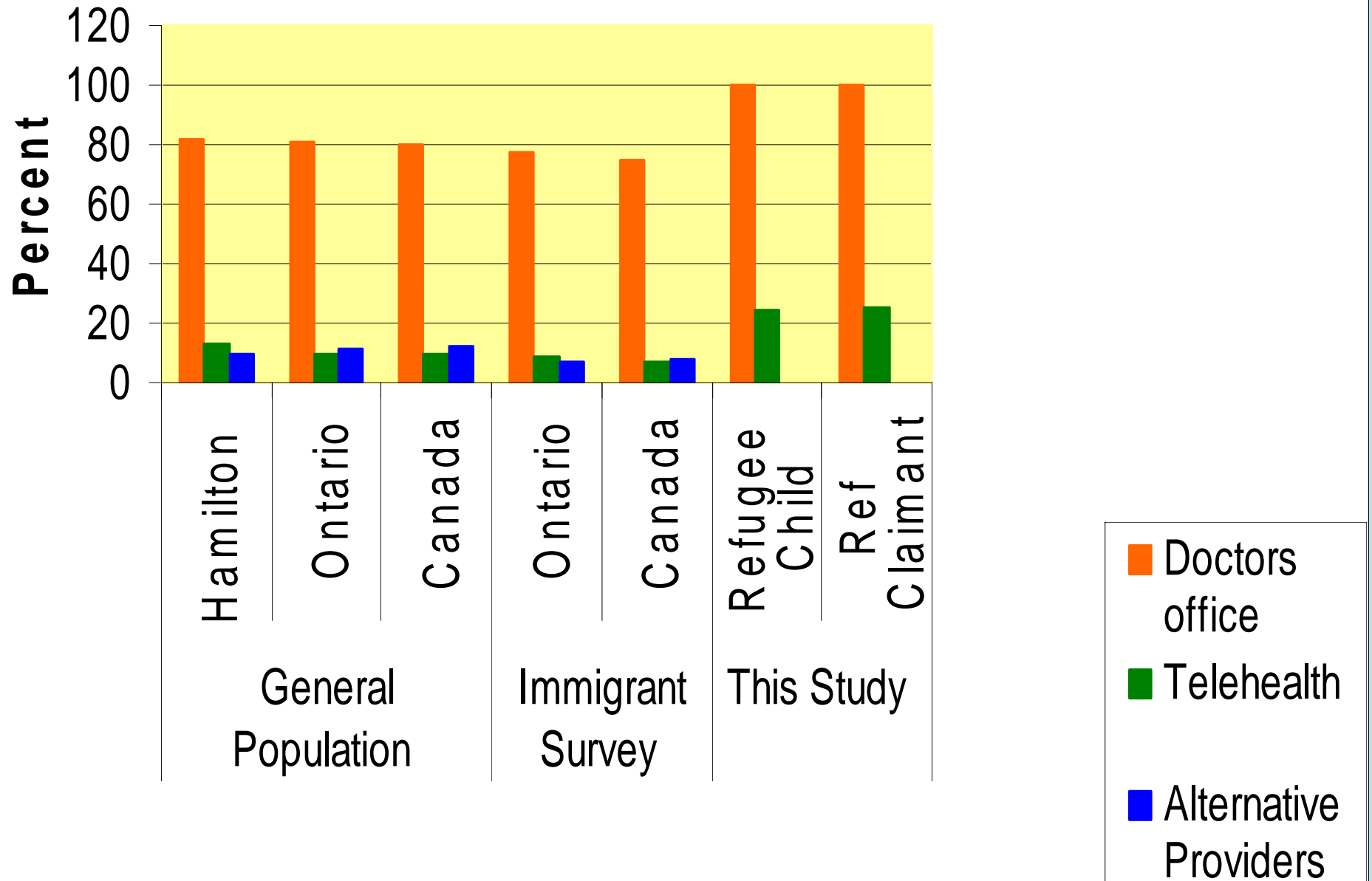
# Summary of Health behaviours: Mothers' perspectives:

- 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



# Contact with health services



# 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