

Older migrants' experiences of barriers in healthcare

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Today's talk

- Overview of barriers
- Limitations
- Towards understanding processes of 'othering' and boundary making



Barriers to healthcare for older migrants



Conceptualization of health & role of healthcare professionals

Traditional discourses of care under new circumstances

Predisposed vulnerabilities of older migrants

Ref: Sanjana Arora, Astrid Bergland, Melanie Straiton, Bernd Rechel, Jonas Debesay, (2018) "Older migrants' access to healthcare: a thematic synthesis", International Journal of Migration, Health and Social Care, Vol. 14 Issue: 4, pp.425-438, <https://doi.org/10.1108/IJMHS-05-2018-0032>

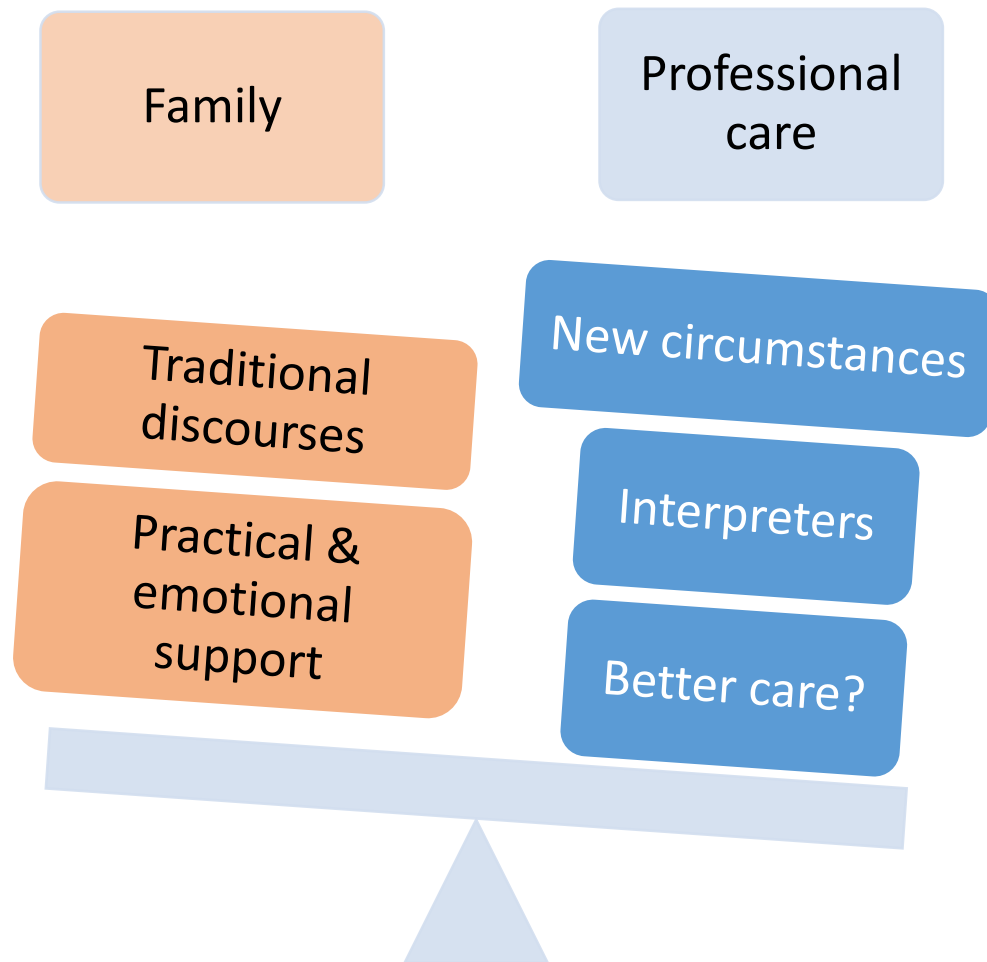
Conceptualization of health and the role of health care professionals

- Fear of being labelled with stigmatic diseases or health issues
- Developing own coping strategies
- Misconstruing role of GP
- Perceiving GP's role as provider of medicines in mental health issues negatively
- Desire for proactive role of GP
- Feeling invisible in health care system



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Traditional discourses of care & new circumstances



A matter of choice
or lack of
alternatives in light
of limited
resources?

Predisposed vulnerabilities of older migrants

- Language, low literacy
- Barriers beyond verbal communication
- Sense of alienation, and anxiety
- Limit interaction, access to information
- Social network, Children as sources of information



Limitations

- Problems of understanding older migrants as homogenized group
- Freezing the barriers in space and time
- Diversity across group but also diversity within groups



Discourse and Power

- Essentialised & ethnicised understanding of culture reifying cultural distinctiveness
- Multicultural discourses moving attention away from systemic barriers
- Discourse of diversity that ignores power differences and construct culture & ethnicity independent of social, economic & and structural forces
- Flattening of difference

Habib, S.Z., 2008. Culture, Multiculturalism and Diversity: A Feminist Antiracist Examination of South Asian Immigrant Women's Utilization of Cancer Screening Services. *International Journal of Diversity in Organisations, Communities & Nations*, 8(4).

Implications

- Barriers often subsumed under discussion of culture/ethnicity instead of recognised as an institutional /structural issue
- Risk of barriers to healthcare being systematically reduced to cultural barriers
- To shift focus on process of othering of migrants or boundary making

Ethnic boundary making to understand othering and exclusion

- When does ethnicity/culture become relevant in healthcare?
- What processes lead to ethnic boundaries in healthcare?
- Boundary making perspective to explore processes of othering in healthcare
- Ethnicised discourses as one way of boundary making



Culturalised/Ethnicised discourses

“I dont know why they have this thing in their mind for the women, foreigners like the Asian women -like us. We come here and they think that these women do drama, based on what I have seen. Because whenever I would go, she would ‘behlana’ [talk around in circles] with me, so what is the purpose of this?” – Older Pakistani women

Culturalised/Ethnicised discourses

“for example there are many Pakistanis, so doctors have their experience ...that this is how things are there in their culture. So it’s possible that when my mother-in-law is telling about her problems, they may not take her very seriously. Because they have felt...they say that the people from ‘Desi’ [South Asian] countries, they exaggerate their problems, and they visit doctors for minor issues”- Caregiver

Ethnicised insecurity

- The ethnicised discourse as exaggerators in healthcare, triggers the ethnicised insecurity, contributing to ethnic boundaries in health care
- Interplay of macro context (discourse on migrants in healthcare) and micro context (their healthcare encounters).
- We found that the insecurity of being identified as ethnic other, or 'Asian' or belonging to 'Pakistani culture', fueled by stereotypical ethnic discourses, reinforced ethnic boundaries

Conclusion

- Understand ethnicity from a social constructionist perspective
- Focus shifts to how ethnicity becomes significant in healthcare
- How it plays a determinative role in access to healthcare services
- Events that lead to ethnic boundary making in health care and unmaking by not only healthcare practitioners but also by migrants

