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Health assessments of asylum seekers within the Swedish healthcare system

A study of the interface between control and care, and how structure and procedures may influence access and coverage

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Title

Health assessments of asylum seekers within the Swedish healthcare system
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Abstract**Background**

Despite lack of evidence, there is a common notion that diseases are brought along with migrants, and thus a threat to people in the host country. In Sweden asylum seekers are to be offered a health assessment (HA), but national statistics show that the coverage is less than 50%. It has been assumed that asylum seekers do not want to attend, but this research data instead indicate structural barriers.

Objectives

To explore part of the Swedish healthcare system, as to what extent it provides optimal conditions for asylum seekers to access the HA and how it could meet their own perceived health needs, as well as society's demand on detecting contagious diseases, from a public health perspective.

Methods

This research project adopted a mixed method approach. A quantitative cross-sectional design was applied where different questionnaires were used, targeting administrators and healthcare professionals as well as former asylum seekers. In addition a qualitative, interpretative and descriptive research approach was applied, guided by grounded theory. Individual interviews were carried out among former asylum seekers.

Results

This research revealed that there is no coherent national system for the HAs on asylum seekers in Sweden. The structures, organizations, procedures and out-comes vary significantly between the 21 counties, and the reasons for the low coverage seemed multifold. The former asylum seekers stated feelings of ambiguity and mistrust due to lack of information on the purpose of the HA and how it might influence their asylum application. Poor communication was identified as one of several barriers to access healthcare. The attitude was positive to the HA as such, but it was considered to be just a communicable disease control, without focus on their own perceived health needs, thus an imbalance between control and care.

Conclusions

Although being an important contribution, the HA does not suffice to fulfill the right to health of asylum seekers, due to shortcomings regarding accessibility and acceptability of the information, procedures and services that it includes.

Keywords: Public health, migration, asylum seekers, health system, health assessment, control and care, Sweden

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