

# ACCESS TO HEALTH CARE FOR URBAN REFUGEES AND ASYLUM SEEKERS: REVIEWED FROM PSYCHOLOGY PERSPECTIVE

Okky Nursafitri  
University of 17 August 1945 Surabaya, Indonesia  
nursafitriokky@gmail.com

## INTRODUCTION

Refugees and asylum-seekers often encounter circumstances in which their health and well-being are compromised. Despite these health needs, access to health care for refugees is often restricted in host countries (WHO, 2010). In Indonesia, most of the refugees and asylum-seekers live in urban settings instead of camps.

The urban environment coupled with population ageing due to protracted displacement presents complex healthcare needs among the refugee and asylum-seeker population (Spiegel, Checchi, Colombo, & Paik, 2010). Further, as Indonesia is not a state party of the 1951 Convention Relating to the Status of Refugees and its' 1967 Protocol (UNHCR Indonesia, 2021), efforts to address these needs are complicated by numerous legal and political challenges.

## RESULTS

The barriers to accessing health care among urban refugees and asylum seekers in Indonesia are language and inadequate interpretation services, limited access to health care services (system and bureaucratic barriers), and the perception of discrimination relating to race, religion, or immigration status. And this situation is usually common in developing countries that accept the presence of foreign refugees. Where a policy environment lacks inclusivity of undocumented migrants; refugees and asylum-seekers do not have access to basic services including legal employment, formal education, and free healthcare (Letchamanan, 2013; Chuah, Tan, Yeo, & Legido-Quigley, 2018).

The respondents identified consequences resulting from barriers to needed health care services that were categorized as psychological consequences, including depression, frustration, and stress. The feeling of being useless also resulted from experiences with fighting the system or encountering access difficulties.

*"You get to where you feel useless, and you get to where you really don't want to go on any further. You get tired of fighting the system, people, and even yourself"*

A 43-year-old male study participant with type 2 diabetes

A 37-year-old man with type 2 diabetes was unable to get a referral letter, his stress level doubled.

*"I usually get extremely tired because of the stress"*

*"The biggest thing with me is the depression over having no future"*

A 25-year-old male respondent commented after he was told that he would be unable to receive a surgical operation after a driving accident.

*"I'm in a managed care plan, so to do anything you must go with a referral letter, and that is one of the frustrations. If you can't get a referral, you don't have any other options"*

Female with heart disease, 69-years-old

The study has identified a set of psychological consequences as a result of access barriers to health care services. The psychological impact of denied care and services may prove costly in the long term. The feeling of frustration, anger, and depression may weaken the individual's motivation to seek care, adhere to treatment regimens, and initiate necessary preventive strategies (Neri & Kroll, 2003).

*"I've got mixed feelings about it (health care service). On the one hand, I'm a refugee. But on the other hand, I need it (medical treatment)."*

Male with brain TB, 35-years-old

*"I have never seen so much fear in my mom's face. She doesn't let me go even for a minute. And I felt completely responsible."*

A 40-year-old male study participant who has a mother with heart disease, 69-years-old. To avoid a similar experience, he phoned his friend, who has hospitalized experience, to ensure that a trusted doctor would treat her well.

Medical mistrust is an absence of trust that health care providers and organizations genuinely care for patients' interests, are honest, practice confidentiality, and have the competence to produce the best possible results. Often, patients who don't trust their health care providers are labeled as non-compliant and blamed for their failure to benefit from treatment (Buseh, Kelber, Millon-Underwood, Stevens, & Townsend, 2014).

Providing opportunities for patients to be involved in the medical treatment process is one of the efforts to reduce medical mistrust, nescience where to seek help (that can be trusted), and including stigma about health care service. The barriers can lead to delayed help-seeking or failure to seek help. Resulting in slow recovery time and can lead to serious events (Desai, Bellamy, Guy, Costa, O'Connell, & Davidson, 2019).

## OBJECTIVE

This study aims to explore the experiences of refugees accessing health care in Indonesia as the host country and reviewed it from a psychological perspective. The respondents currently living in Jakarta, Bogor, Surabaya, Makassar, and Batam.

## METHODOLOGY

This study used a qualitative method with semi-structured in-depth interviews conducted on ten refugees who experienced to access health care and currently living in Indonesia. The data was obtained the snowball sampling technique and interviews were transcribed and analyzed both deductively and inductively using thematic analysis. And this qualitative study was part of a larger research project exploring refugee issues in Indonesia.

## DISCUSSION

Refugees and asylum-seekers are a particularly vulnerable and marginalized group in Indonesia. Despite the availability of healthcare facilities and services in the country, inadequate access to healthcare among refugees and asylum-seekers remain a significant problem. Appropriate and timely access to health care services is the only way to reduce the barriers that lead to the consequences discussed in this paper. Health care providers must become refugee literate to reduce the barriers they encounter. However, refugees need services that help them to maintain function and to prevent complications, functional decline, and secondary conditions. At the very least, national initiatives will raise awareness of disparities in health care access for refugees and asylum seekers. This will be an important step towards minimizing the occurrence and severity of the consequences experienced by refugees and asylum seekers.

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