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Perception of health and healthcare amongst Senegalese immigrants in Andalusia

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Abstract

Immigrant healthcare boundaries are one of the most important indicators of health inequality. If health institutions want to take action against barriers and difficulties, it would be necessary to identify immigrant perceptions of health and their views of the Healthcare System. In the Spanish context, earlier studies show that sub-Saharan immigrants find it more difficult to gain access to the public health system.

The aim of this study is to describe the health perceptions and views on the healthcare system of Senegalese population, in Andalusia through 61 in-depth interviews.

The results indicated processes of deterioration in the immigrant health status and their health behaviours with regard to their arrival, as well as a pathogenic and utilitarian conception of health, linked to their work occupation. In their health speeches we observed a dialectical relationship between the hegemonic health model and the model of traditional Senegalese health. Regarding the quality of the Andalusian Healthcare Service, participants positively emphasize its universality, its infrastructure and easy access to information while, at the same time, they demand reduction of waiting time for care or cultural adaptation of certain service, criticizing discriminatory attitudes from professionals.

It would necessary to implement transcultural advisory services in health and to promote intercultural mediators to eliminate some of the barriers to access and health communication.

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1. Introduction

The immigration increase has led to a revolution in social and health disciplines, which must now deal with the different ways of understanding health and healthcare (Porthé, Amable, & Benach, 2006). This brings about a need to analyse the perceptions of health amongst immigrant populations in order to determine the way in which people understand, reflect upon and value their own health (Sholkamy, 1996) and how this is influenced by their social context, their knowledge, values and cultural norms (Mahasned, 2001). These perceptions are closely related to how this people access health services (Kornblit & Mendes Diz., 2000).

The relevance of studying the perception of the Senegalese population who migrated to Spain lies in their actual size as a group. According to the Spanish census (INE, 2015) there are 61,798 Senegalese citizens living in Spain, of which 10,306 live in Andalusia. This is the largest sub-Saharan population in the south of Spain, and the second largest African community in the country.

1.1. *A brief history of Senegalese migration. The origin and features of the migration to Spain*

The Senegalese migration to Europe in the 20th Century is influenced by French colonial policies, responsible for introducing and promoting an image of international success amongst Senegalese urban elites. After Senegal's independence in 1960 there was a massive rural exodus caused by the abandonment of farming systems and the surge of the "urban civilisation" (Kleidermacher, 2011). From the 70s the worsening living conditions of the peasant population, the demographic boom, the country's climate and the European neo-liberal policies led to an important wave of migration to France. When the French government closed the borders in the 80s, migrants began to disperse (Italy and later Spain) and a new migration flow began known as *móodou-móodou* and based on street selling networks (Mboup, 2001). The first significant arrivals in Spain started the 80s, settling in Catalonia's Maresme region and finding their labour niche in agriculture (Vazquez-Silva, 2011). Later destinations would include other areas with high economic activity and employment opportunities (the Mediterranean coast, Andalusia,...).

Most of the Senegalese migrants who arrived in Spain have economic migrants; they are predominantly men from rural areas, they belong to the Wolof ethnic group and have Islam as their main religion. This economy-based mobility gives rise to a "selection" of the migrant population according to their likelihood of success abroad: healthy, young men (the so-called "healthy migrant" effect), with social skills and with a certain socio-economic capacity in their home country (Kaplan, 2004).

1.2. *Health-related studies with Senegalese population in Spain*

Health studies using Senegalese population in Spain can be grouped in two categories, namely anthropological studies, which have analysed cultural, religious and identity elements that have an influence on health, and sociological/epidemiological studies, focusing more on social factors and how they relate to health.

a. Anthropological studies show how the health-related conceptions and representations of the Senegalese population maintain some of the main principles of traditional African medicine. Therefore, two orders seem to influence their conceptions (Goldberg, 2010, 2003): a physical order, where disease or malaise is understood as a physiological issue which manifests through a series of physical symptoms and which must be treated by the marabout □ an Islamic religious leader and healer specialised in traditional African medicine □ through the use of certain foods and medicinal plants (Ellena, Quave, & Pieroni, 2012). And a supra-physical order, of magical and spiritual nature. This dimension often associates ailments and pathologies to curses and bad spirits taking over people or to the effects of witchcraft.

Disease is understood as an event that breaks an individual's balance and can reach a group of people, ultimately affecting an entire community (Gungui, 2010).

On the other hand, the "biomedical" health system is perceived as something belonging to the white man, and historically associated with Christianity as throughout the French colonisation churches, schools and health centres were used as spaces for social control and as "civilisation" and evangelisation centres (Goldberg, 2010).

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