Original Article

Use of Health Services by Migrants in Greece

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Abstract

Introduction: Access to health services for vulnerable groups such as migrants is a major public health issue worldwide. **Aim:** To assess the use of health services by migrants in Greece.
Methods: A cross-sectional study was conducted from April to June 2022. We collected data from migrants that have visited the outpatients clinics in three hospitals in Attica. A convenience sample was obtained and the response rate was 36.7% (=770/2100).
Results: Mean age of the migrants was 40.6 years, while mean length of stay in Greece was 8.3 years. Most of the participants were females (59%), had a health insurance (83.6%), and had a bad/very bad financial status (40.1%). Among migrants, 34.7% reported that they did not medicine due to cost, while 33.8% reported that they cannot use health services although there was a need for them. Level of migrants' knowledge of the rights to use health services was moderate. Moreover, self-assessment of cost as an obstacle to use health services and the complexity of the health system was moderate. Migrants from Asian and African countries were more often unable to use health services ($p<0.001$). Also, migrants from Asian and African countries considered cost as an obstacle to use health services in a greater way ($p=0.008$). The most frequent reasons that migrants have not been able to use health services were lack of knowledge about finding health services (59.2%), inability to make an appointment (56.9%),

high cost (56.2%), communication and understanding problems (56.2%), long waiting time (48.5%), and lack of health insurance (34.2%).
Conclusions: Improving access to health services for vulnerable groups, such as migrants, and reducing prejudice and inequalities is an obligation for all countries, especially European countries.

Key-words: migrants, use, access, health services, Greece

Introduction

Access to health services for vulnerable groups is a major public health issue worldwide. In fact, migrants are one of the vulnerable groups with a number of particularities and difficulties, as both their living conditions and their health in general have a significant impact not only on themselves but also on their host countries (Gkiouleka & Huijts, 2020). It is therefore necessary to adapt migrants to the host country in order to improve their quality of life and to improve public health in the host countries. It is clear that the provision of high quality health care in a multicultural environment faces considerable difficulties, but systematic efforts should be made in this direction. Health issues require particular sensitivity in the case of migrants, as they are usually at a disadvantage compared to natives.

As an example, in the USA in 2009, about 12% of the population (36 million people) were born in countries outside the USA and this number of immigrants increased by 57% between 1990 and 2000 and by 16% between 2000 and 2009 (Derose et al., 2009). Immigrants in the USA show great variation in terms of their legal status, their social and economic status, and factors affecting their access to health services. Low economic and social standards, the inability to understand the language and the resulting inability to communicate, and limited knowledge of the health care system are the most important problems of immigrants in the USA.

Both migrants and their children are significantly less likely than natives to visit a doctor on a permanent basis or, alternatively, a family doctor (Callahan et al., 2006; Guendelman et al., 2001; Huang et al., 2006; Lasser et al., 2006; Pippins et al., 2007; Yu et al., 2004, 2006). In addition, migrants and their children are less often insured and use health services less frequently than natives (Abe-Kim et al., 2007; Alegría et al., 2006; Callahan et al., 2006; Cunningham, 2006; Guendelman et al., 2001; Huang et al., 2006; Jackson et al., 2007; Javier et al., 2007; Lasser et al., 2006; Yu et al., 2006). Also, the cost of health care provided to migrants is lower, with the exception of the cost of emergency care for migrant children (Derose et al., 2009).

Migrants perform screening tests less frequently than natives, e.g. Pap smear τεστ, mammography, prostate antigen test, etc. (Chen & Bakken, 2004; De Alba et al., 2005; Echeverria & Carrasquillo, 2006; Goel et al., 2003; Kandula et al., 2006; Lees et al., 2005; Ponce et al., 2006; Swan et al., 2003; Tsui et al., 2007; Wong et al., 2005). In addition, migrant children are vaccinated less frequently than native children (Strine et al., 2002) and generally participate less frequently in preventive interventions (Cohen & Christakis, 2006).

Particularly in Greece, immigrants are an extremely important population group and it is therefore necessary to improve their living conditions, to address their problems more effectively and to improve the quality of the health services provided. Therefore, the aim of our study was to assess the use of health services by migrants in Greece.

Methods

Study design:We conducted a cross-sectional study from April to June 2022. We collected data from migrants that have visited the outpatients clinics in three hospitals in Attica. We informed migrants for the aim and the design of the study and they gave their informed consent to participate in the study. We did not collect migrants' personal data (e.g. name). A convenience sample was obtained and the response rate was 36.7%

(=770/2100). Study was approved from the second regional unit of Greece.

Measurement:: We used a valid questionnaire to measure the use of health services by migrants (Kaitelidou et al., 2019). In particular, we collected the following data: gender, age, country of origin, length of stay in Greece, healthcare insurance, accommodation (alone or with spouse/partner/relatives/friends), educational level, financial status, failure to take medicine due to cost, failure to use health services, knowledge of health services, knowledge of the rights to use health services, self-assessment of cost as an obstacle to use health services, self-assessment of the complexity of the health system, type of health services that migrants cannot use, and reasons that migrants have not been able to use health services.

Statistical analysis:We use frequencies and percentages to present the categorical variables, and mean (standard deviation) to present the continuous variables. We used (a) chi-square to compare categorical variables, (b) chi-square trend test to compare a categorical with an ordinal variable, and (c) analysis of variance to compare a continuous variable with a categorical variable. P-value less than 0.05 was considered as statistically significant. IBM SPSS 21.0 was used for the statistical analysis.

Results

The study population included 770 migrants. Demographic characteristics of the study population by country of origin are shown in Table 1. Mean age of the migrants was 40.6 years, while mean length of stay in Greece was 8.3 years. Most of the participants were females (59%), had a health insurance (83.6%), and had a bad/very bad financial status (40.1%). Migrants from Albania and Asian countries were older than migrants from Africa and migrants from countries from former Soviet Union ($p<0.002$). Length of stay in Greece was higher for migrants from Albania ($p<0.001$). Also, migrants from Asian countries had less frequently a health insurance ($p<0.001$).

Characteristics of migrants' use of health services by country of origin are shown in Table 2. Among migrants, 34.7% reported that they did not medicine due to cost, while 33.8% reported that they cannot use health services although there was a need for them. Level of migrants' knowledge of the rights to use health services was moderate. Moreover, self-assessment of cost as an obstacle to use health services and the complexity of the health system was moderate. Migrants from Asian and African countries were more often unable to use health services ($p<0.001$). Also, migrants from Asian and African countries considered cost as an obstacle to use health services in a greater way ($p=0.008$).

The most frequent health services that migrants cannot use were private dentist (62.3%) and private physician (53.1%), and then diagnostic tests in hospitals (33.8%), and hospitalization (27.3%). Reasons that migrants have not been able to use health services are shown in Table 3. The most frequent reasons that migrants have not been able to use health services were lack of knowledge about finding health services (59.2%), inability to make an appointment (56.9%), high cost (56.2%), communication and understanding problems (56.2%), long waiting time (48.5%), and lack of health insurance (34.2%).

Discussion

A cross-sectional study was conducted to investigate the use of health services by migrants in Greece. The study included 770 migrants from Albania and from ten countries of the former Soviet Union, Asia and Africa.

First of all, a significant percentage (16.4%) of migrants in this study did not have health insurance which creates problems in accessing health services. In fact, migrants from the former Soviet Union and Asian countries were less likely to have health insurance than other migrants. This suggests that migrants from specific countries, such as Albania, are more likely to have health insurance and generally have better access to health services. This is often combined with the length of stay in a country, with migrants with a short length of stay in the country of migration encountering more problems in accessing health services (Beiser & Hou, 2014; Diaz et al., 2015; Diaz & Kumar, 2014; Nielsen et al., 2012; Straiton et al., 2014). Similarly, the present study found that migrants from Albania stayed in Greece for a longer period of time than migrants from other countries. It is clear that a longer length of stay in the country of

migration enables migrants to become more familiar with health services, improve their access to them and use them more efficiently.

One out of three migrants reported that at some point in the last 12 months they had needed health services in Greece but had been unable to use them. In fact, the percentage of migrants from Asian and African countries who were unable to use health services was higher than in other countries. Several studies in many countries confirm this finding with migrants having problems in using health services at all levels: screening services, primary health care and emergency departments (de Back et al., 2015; Diaz & Kumar, 2014; Doshani et al., 2007; Ellins & Glasby, 2016; Gimeno-Feliu et al., 2013; X. Liu et al., 2017; Z. Liu et al., 2015; Malmusi et al., 2014; Martín-López et al., 2013; Ramos et al., 2013; Ricardo-Rodrigues et al., 2015; Saltus & Pithara, 2015; Suurmond et al., 2016; Thyli et al., 2014). Several factors can lead to migrants' inability to use health services, such as lack of information and knowledge, long waiting times, high cost, lack of time and lack of insurance (Almeida et al., 2014; Boutziona et al., 2020; Doshani et al., 2007; Ellins & Glasby, 2016; Galanis et al., 2013; Garcia-Subirats et al., 2014; X. Liu et al., 2017, 2017; Suurmond et al., 2016). The findings were similar in our study, as we found that the most important reasons why migrants were unable to use health services in Greece were lack of knowledge about finding health services, inability to make an appointment, high cost, communication problems, long waiting time, lack of health insurance, possible problems with the police authorities, attitude of health professionals, lack of time and lack of permission from the employer.

Equally disappointing is the fact that 34.7% of migrants reported that at some point they needed to take a medicine but were unable to do so because of the cost. The high cost of health services is a major barrier to their use, particularly in the case of migrants (Boutziona et al., 2020; Galanis et al., 2013; Garcia-Subirats et al., 2014). The high cost is even more aggravating in the case of migrants, as they are usually a low-income population group, which is an additional barrier to the use of health services (Almeida et al., 2014; Diaz et al., 2015; Durbin et al., 2014; Esscher et al., 2014; Jiménez-Rubio & Hernández-Quevedo, 2011; Klaufus et al., 2014; Nielsen et al., 2012; Pons-Vigués et al., 2011; Straiton et al., 2014). The role that high cost plays in the use of health services is also shown by the fact that in our study the health services that were not used to a greater extent were the ones that had the highest costs. More specifically, by ranking health services in descending order, starting with the health service with the highest percentage of non-use, the ranking was as follows: dentist outside hospital, doctor outside hospital, diagnostic tests, hospitalisation and surgery in hospital.

This study also had some limitations. First, the study population was a convenience sample, as a random sample in the case of immigrants is impossible to achieve. This study investigated a specific health service, hospitals, in a specific health region, second region of Attica. In addition, a self-completed questionnaire was used to assess the views of migrants.

In conclusion, improving access to health services for vulnerable groups, such as migrants, and reducing prejudice and inequalities is an obligation for all countries, especially European countries. For this reason, there must be administrative and structural changes aimed at the successful social integration of both migrants and their families. The host countries of migrants must play a key role in the social, cultural, economic and political integration of migrants. Access to health is an inalienable right for all and inequalities in the use of health services must be eliminated. In this way, public health will be promoted and the best possible health outcomes for both natives and migrants will be achieved.

Table 1. Demographic characteristics of the study population by country of origin.

	Country of origin										P-value[a]
	Asian countries		African countries		Albania		Countries from former Soviet Union		Total		
	N	%	N	%	N	%	N	%	N	%	
Gender											0.09[b]
Females	48	53.9	10	50	320	58.2	76	69.1	454	59	
Males	41	46.1	10	50	230	41.8	34	30.9	315	41	
Age[c]	38.7	12.6	34.9	10.0	41.7	13.0	37.9	11.7	40.6	12.8	0.002[d]
Length of stay in Greece[c]	3.2	2.4	4.7	3.3	9.9	7.6	4.8	3.4	8.3	7.1	<0.001[d]
Health insurance											<0.001[c]
No	36	50	2	9.5	70	12.7	14	13.7	122	16.4	
Yes	36	50	19	90.5	480	87.3	88	86.3	623	83.6	
Accommodation in Greece											0.06[b]
Alone	13	14.9	6	31.6	140	26.9	32	30.8	191	26.2	
With others	74	85.1	13	68.4	380	73.1	72	69.2	539	73.8	
Educational level											0.6[e]
Some classes of elementary school	29	33	7	33.3	120	21.8	30	27.3	186	24.2	
Elementary school	19	21.6	8	38.1	180	32.7	30	27.3	237	30.8	
Middle school	4	4.5	3	14.3	50	9.1	16	14.5	73	9.5	
High school	6	6.8	2	9.5	80	14.5	18	16.4	106	13.8	
University degree	30	34.1	1	4.8	120	21.8	16	14.5	167	21.7	
Financial status											0.06[e]
Very poor	2	2.2	7	33.3	70	12.7	26	23.6	105	13.6	
Poor	28	31.5	6	28.6	150	27.3	20	18.2	204	26.5	
Moderate	31	34.8	5	23.8	180	32.7	38	34.5	254	33	
Good	25	28.1	3	14.3	130	23.6	22	20	180	23.4	
Very good	3	3.4	0	0	20	3.6	4	3.6	27	3.5	

[a] comparison between four groups of migrants [b] chi-square test [c] mean (standard deviation) [d] analysis of variance [e] chi-square trend test

Table 2. Characteristics of migrants' use of health services by country of origin.

	Country of origin										P-value[a]
	Asian countries		African countries		Albania		Countries from former Soviet Union		Total		
	N	%	N	%	N	%	N	%	N	%	
Failure to take medicine due to cost											0.23[b]
No	65	73	12	57.1	350	63.6	76	69.1	503	65.3	
Yes	24	27	9	42.9	200	36.4	34	30.9	267	34.7	
Failure to use health services											<0.001[b]
No	36	40.4	10	47.6	390	70.9	74	67.3	510	66.2	
Yes	53	59.6	11	52.4	160	29.1	36	32.7	260	33.8	
Knowledge of health services[c]	2.6	1	2.5	1.1	2.6	1.1	2.4	1.2	2.6	1.1	0.14[d]
Knowledge of the rights to use health services[c]	2.7	1	2.6	0.9	2.8	1	2.6	1	2.8	1	0.21[d]
Self-assessment of cost as an obstacle to use health services[c]	2.8	1	2.9	1	2.7	1	2.4	0.9	2.7	1	0.008[d]
Self-assessment of the complexity of the health system[c]	2.8	1	3	0.8	2.9	1	2.7	1	2.9	1	0.28[d]

[a] comparison between four groups of migrants [b] chi-square test [c] mean (standard deviation) [d] analysis of variance

Table 3. Reasons that migrants have not been able to use health services.

	N	%
Lack of knowledge about finding health services	154	59.2
Lack of leave from the employer	16	6.2
Lack of time	17	6.5
Inability to make an appointment	148	56.9
High cost	146	56.2
Attitudes of healthcare workers	27	10.4
Long waiting time	126	48.5
Lack of health insurance	89	34.2
Troubles with police	42	16.2
Communication and understanding problems	146	56.2

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