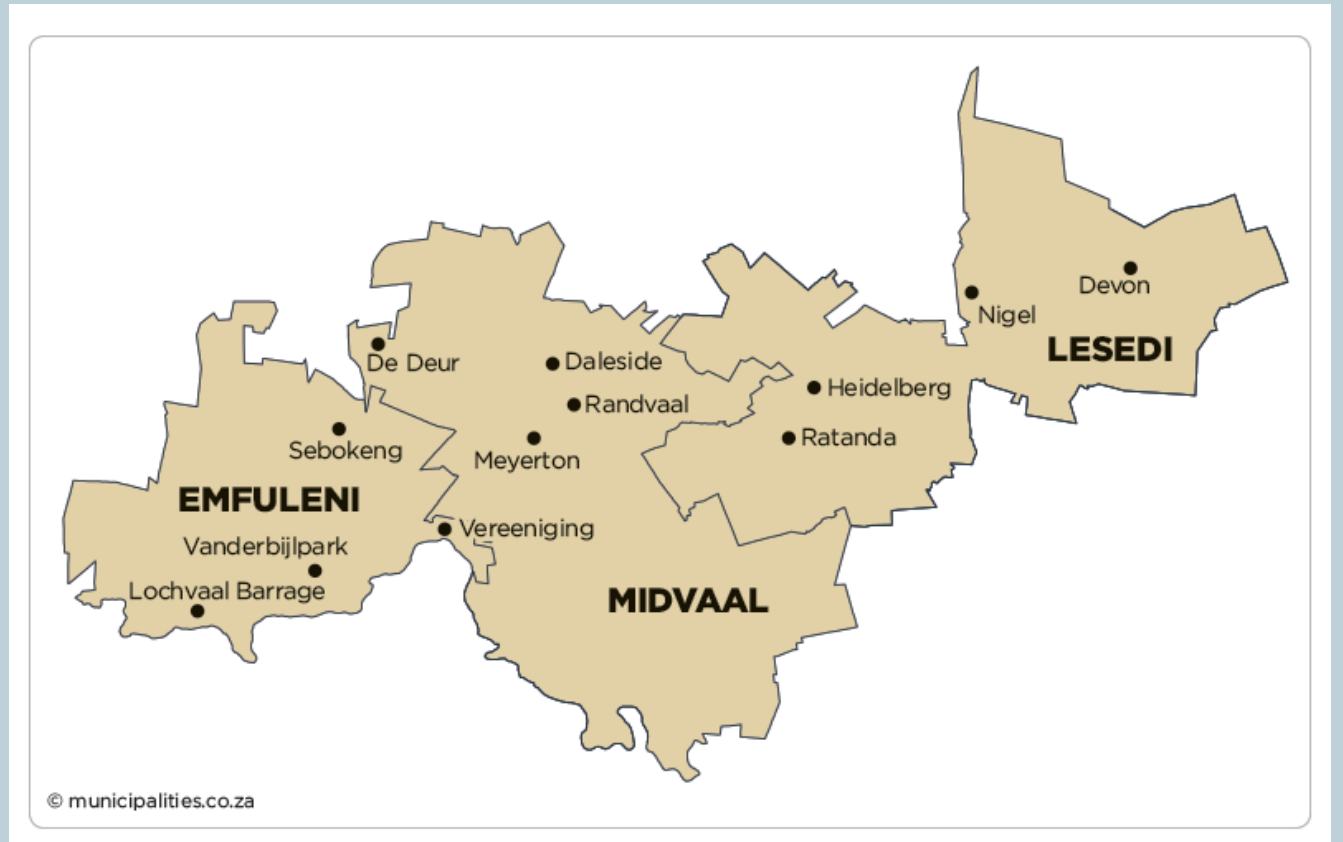


**MIGRANTS' EXPERIENCES
OF ACCESSING
PRIMARY CARE IN
EMFULENI MUNICIPALITY,
SOUTH AFRICA**

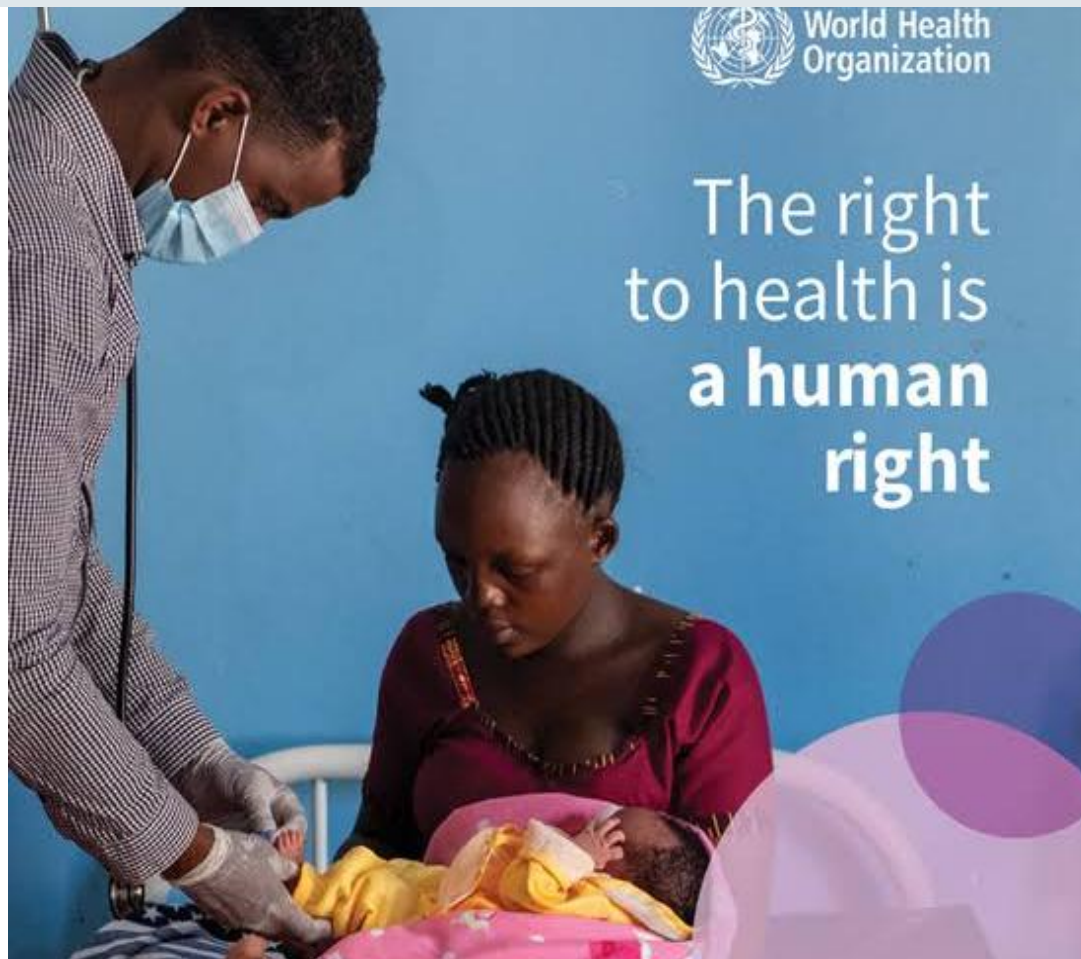
Thulo R, Lokotola C, Mash R.
Migrants' Experiences of
Accessing Primary Care in
Emfuleni Municipality, South
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2025
Jul;16:21501319251359951



INTRODUCTION

- ❖ Migration is a defining feature of human life.
- ❖ 2020, there were more than 11 million internal migrants in west and central Africa.
- ❖ Migrants move from one country to another thus putting pressure in the primary health care system of the country of destination which is not prepared for the influx.
- ❖ This has an impact on the issue of accessibility.
- ❖ Universal Health Coverage (UHC) promotes equity, but migrants often face exclusion

Study aim:



To explore migrants' experiences in accessing public primary care services in Emfuleni, South Africa

Methods and materials



- ❖ **Design:** Exploratory descriptive qualitative study.
- ❖ **Setting:** Emfuleni Subdistrict, Gauteng (population ~946,000; 4% born outside SA).
- ❖ **Participants:** 15 adult migrants (Zimbabwe, Malawi, Mozambique, Zambia, Congo).
- ❖ **Data collection:** Semi-structured interviews (English, French, Portuguese).
- ❖ **Analysis:** Framework method using ATLAS.ti.
- ❖ **Ethics:** Stellenbosch University HREC (S23/07/166).
Were observed

Results – overview



After the interviews four key themes were identified:

- ❖ Barriers to healthcare
- ❖ Coping and support factors
- ❖ Healthcare experiences
- ❖ Healthcare experiences

Results – barriers to health care



- ❖ Legal status
- ❖ Financial constraints
- ❖ Language barriers
- ❖ Misinformation

- *“Someone who understands, you can’t speak his or her language, but she or he will keep on talking her language then at the end there is communication breakdown.” [male 48-year-old from Malawi]*

Results – coping & support



- ❖ Reliance on family and peers for guidance and translation.
- ❖ Traditional healers and faith-based healers
- ❖ Self-care

- *“When we had COVID, many preferred the steam (moulounge) instead of seeing the doctor. So it’s very important that it depends on one disease to another that led us to choose a traditional therapist or a doctor.” [Male 38-year-old from Congo]*

Results – healthcare experiences



- ❖ Migrants' healthcare experiences range from empathy and equal care to discrimination, delays, and distress during critical moments like labour and child illness.

"I find the health services in SA to be of good quality but very scarce, that is why there are long queues everywhere. I notice that local native residents also go through the same system and experience the same frustrations." [34-year-old male from Mozambique]

*"In the morning Thursday, I was having pains, and that sister was on the duty. I said, sister, may you please come to check me. She come and check me, then she said I've got 2cm. I said okay. My sister, it was the first and only last she checked me around 7am, the whole day. She didn't come and check me." [31-year-old female from Zimbabwe]*⁸

Results – psychosocial impact



“Then, there was a sister, I don’t know the name. She said, now I hate foreigners. We are struggling electricity, we are struggling water, it’s because of you. You are occupying everywhere. If I was the President, I was going to make a plan with each and every foreigner, it’s going to go back.”
[Female 31-year-old from Zimbabwe]

- ❖ Migrants face deep emotional distress from stigma, discrimination, and exclusion in healthcare settings.

Discussion

- ❖ Migrants in Emfuleni face inconsistent healthcare access shaped by contradictory policies, discrimination, and reliance on resilience and community support.



Conclusion and recommendations



- ❖ Promote migrant-inclusive healthcare by aligning policies, providing translation services, training staff in cultural competence, partnering with NGOs, and conducting inclusive research.
- ❖ Without these measures, migrants face delayed or denied care, stigma, and psychosocial distress.
- ❖ **Call to action:** Develop compassionate, equitable health systems for all.

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ACKNOWLEDGEMENTS

Thank you

Research assistants: French & Portuguese translators.

Supervisors and Stellenbosch University.

Funding: VLIR-UOS TEAMS Grant.

