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Research Article

Health Care Challenges Faced by HIV Positive Undocumented Zimbabwean Foreign Nationals in Johannesburg, South Africa

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Abstract

The South African constitution outlines that migrants have a constitutional right of access to basic services including health care. However, the same constitution has not been very clear on what happens to migrants with false documentation or those who have entered the country illegally and resides in the slums of cities. The purpose of this research was to explore health care challenges faced by HIV positive undocumented Zimbabwean foreign nationals in South Africa. A descriptive and interpretive phenomenological research methodology was used to gather data from the HIV positive undocumented Zimbabwean foreign nationals in Johannesburg, South Africa. Purposive and snowball sampling techniques were used to select the HIV positive undocumented Zimbabwean foreign nationals. Individual in-depth interviews were conducted to elicit the challenges that these foreign nationals experience in Johannesburg. Some participants were identified as they came for consultation at the clinics while others, through snowball, were tracked in their residential flats. This led to an understanding of the phenomena within the naturalistic context of occurrence. Content analysis was used to analyse data gathered from the 20 participants. The results reported that due to lack of proper documentation of the participants to reside in South Africa and fear that they would be caught in health care facilities this had led to poor access. This led to participants being non-compliance, irregular check-ups, falsification of documents and use of gazetted alternative therapies. It is within this premise that this research strongly recommends for a more embracive policy that will consider the undocumented migrants.

Keywords: Alternative Therapies; Antiretroviral Drugs; Falsification Of Documents; Gazetted Alternative Therapies; HIV; Researcher Flexibility

Introduction

There is a high number of undocumented foreign national who reside in the dilapidated slum buildings of Johannesburg inner city. An undocumented immigrant is someone who resides in a country without proper documentation [1].

The population lacks adequate health care due to their immigration status. This population, most of them are self-employed and cannot afford private health insurance. Language, social exclusion, cultural barriers and limited financial resources also deter them from receiving proper treatment and care in the public health care facilities. Host communities often have strict immigration policies against foreign nationals and deny them entry, stay, or residence and when that fails, they are excluded from access to health care and chronic medication including antiretroviral drugs [2,3].

Dealing with global epidemic of HIV requires an understanding of HIV stigma directed at persons perceived to be living with the virus, and people living with AIDS [4]. Since the beginning of the epidemic, people living with HIV and the social groups to which they

belong have been stigmatized worldwide. Foreign nationals have often been stigmatized as a risk group for the spread of HIV/AIDS as well as carriers of a range of other diseases [3,5,6].

The failure to address immigrant health care means there are few options available for them to adequately and quickly address preventable disease and illness. This population tends to live in the shadows of society, tracking and preventing disease in immigrant communities poses numerous difficulties. Undocumented foreign nationals may avoid agencies that require self-identification, and fear of visiting a health clinic draws the attention of immigration officials. There is greater risk of exposure to contagious diseases when access to health care is limited [7].

This study drew attention to the plight of undocumented foreign nationals living in South Africa who are HIV-positive with no proper treatment and monitoring, and have little or no means of survival [1]. In recent months, South Africa had been marred by xenophobic violence that had left many foreign nationals from African countries displaced and uncertain of their future. Comments by a political figure that foreigners should go back to their home countries because they are changing the nature of South African society with their "amanikiniki" or goods and enjoying wealth that should have been for local people somehow sparked nationwide xenophobic unrest. Recent months have seen stricter immigration policies being introduced. The army and police raids known as 'Operation Fiela' in the hostels and townships have added fuel to the fire. The Sotho word fiela, which means to "sweep away", is in itself indicative of the manner in which foreigners are being treated.

To this end, the researcher's aim was to explore what effects these activities might have on the study population's health seeking behaviours. The researcher also aims to explore how the recent events have influenced the South African health care workers in their provision of health care to the migrant population.

Ethical considerations

This study was approved by health studies ethical committee of University of South Africa and the participants in the study. Each participant was approached individually and invited to participate in the study under the considerations of confidentiality and anonymity. After explanation of the study purpose to them, each participant voluntarily gave written consent to participate in the study.

Methods

Setting

The study was conducted with HIV positive undocumented Zimbabwean foreign nationals in the slum area of a metropolitan city of South Africa – Johannesburg. The study was conducted from January 2015 to July 2015. Johannesburg is a highly industrious area that attracts many people looking for jobs in both South Africa and neighbouring countries. During data collection, there was an old flat lets that had accommodated more than three hundred dwellers of different origins. According to the undocumented report from the caretaker more than 100 of the dwellers were from Zimbabwe (interview with caretaker January 2015).

In this study, a phenomenological design was used to make sense of their world and the experiences they have in South Africa [8,9]. The design describes what all the participants collectively said about their experiences. The concentration in this study was more on soliciting their experiences with regard to their health challenges. The researcher used phenomenology as descriptive and interpretive processes to explore the health challenges described and interpreted the meaning of the lived experiences within the naturalistic and cultural context [8,10,11].

In this study the researcher utilised the fieldwork strategies proposed by Flick [12]. The fieldwork was carried out either in the rooms, streets, taxi rank or any other place where the HIV positive undocumented Zimbabwean foreign nationals were comfortable to be interviewed. The choice of such places was dependent on the participant's feeling of security. In this study the field refers to the geographical area where data from the participants could be gathered. The researcher preferred fieldwork in this study as, according to [12], the researcher and the participant get closely involved during the interview.

Sample

Twenty participants were selected using a combination of purposive and snowball sampling methods according to their experiences, and based on preselected inclusion and exclusion criteria [12,13,14]. In the process the participants named those that they think can also participate in the interviews [12,15]. In this study inclusion criteria referred to the HIV positive participants who were from Zimbabwe and not having legal documents to be in South Africa.

A purposive, sample was used to hand-pick the participants based on their experiences about the phenomena [13,16]. Sometimes selection was difficult due to the fear the participants had.

A snowball sample was used as the study population was difficult to reach considering the circumstances in which they live, their vulnerability as well as their legal status in the country and the researcher was linked to the participant by an informant [11]. The informant was sometimes the participant the researcher was interviewing at the time. In this way, existing participants recruit future subjects from among their acquaintances. A conversation with the potential participant would determine if the participant was selected or not.

After interviewing 20 participants, saturation was reached. In this study, data saturation was determined by the interview no longer bringing out new experiences from the participants.

Recruitment

The researcher visited the area three times before the actual data collection. In the first visit, the researcher introduced himself as just a buddy and talked about general things. The main aim was to build mutual trust with the participants by engaging with them at the earliest stage. In the second visit, the researcher introduced himself as a health care practitioner who was interested in understanding how migrants lived and access health care services especially for HIV and AIDS related ailments. At this stage the researcher asked the participants questions to explore their fears and feelings. This assisted the researcher to understand the participants more. The researcher left a booklet that informed prospective participants about the research and also his contact details. The booklet gave the participants enough time to read about the study and ask questions for clarity. In the third visit, the researcher found about seven people of the Zimbabwean origin who were willing to participate in the study and also willing to introduce the researcher to others.

Those willing to participate in the study then chose the time and place that would be most comfortable for them. The majority of them were interviewed in a busy shopping centre in a coffee shop. The participants felt that the venue was less restrictive and more in control of the situation.

Data collection

Audio-taped individual interviews were collected over a period of seven months. Prior to any interview, the researcher took time explaining confidentiality with regard to recording of their voices. This helped in alleviating the fears they already have. Each interview lasted between 60 minutes and 90 minutes. As the public place, the venue sometimes posed a problem to the interview process as the participant may at times suspect the people at the nearby table. The participant then would propose change of seating. Another interruption would be a friend who will be passing by and take some time greeting. Researcher flexibility was on-going as all those interruptions were accommodated for the purpose of the success of the interview. Interviews were mostly in English and for some were in Ndebele which is similar to one of the South African 11 official languages. The researcher was conversant in both languages.

Data analysis

Data analysis occurred concurrently with data collection. After every interview the researcher would start listening to the audio tape and transcribe. This helped with the identification of any error early in the data collection process, with the purpose of correcting them during the following interviews.

Thematic analysis was performed using an adapted Colaizzi [17] seven steps of analysis:

- Step 1: Acquiring a Sense of Each Transcript [17]. The audio tapes from all the interviews were repetitively listened to with the purpose of revealing the experiences expressed and an objective decision making. The researcher listened to the audio-tapes several times, sometimes 6 times, to acquire a feeling of their experiences in order to understand them. The researcher transcribed the notes on the notebook.
- Step 2: Extracting Significant Statements [17]. After each and every interview the researcher would read the transcripts written in the notebook several times with the purpose of identifying and extracting significant statements. According to Colaizzi [17] the researcher would extract from the transcripts all key statements that related directly to the study theme, for example, in this study, the participant said "I did not collect my treatment for one month now." "I do collect treatment but not regularly for fear that the police may trace my movements. He continued to say, "I go to the clinic at the interval of two months sometimes three." The researcher recorded all these significant statements from each transcript on a separate sheet with the purpose of converting them into formulated meanings.

- Step 3: Formulating meanings [17]. As the researcher was formulating the meanings out of the significant statements, the researcher was, according to Streubert and Carpenter [13] observing own personal emotions that may influence the significant statements related to the experiences. This was done with purpose of avoiding the skewedness in the research study. Each significant statement was studied very carefully to determine a sense of its meaning. The formulated meanings were then coded into categories with the purpose of developing clusters of themes.
- Step 4: Theme clusters [17]. After the researcher had formulated meanings from the significant statements, the formulated meanings were used to develop the clusters of themes. The researcher grouped the similar clusters together to form the distinct themes (Table 1). Four themes emerged:
- Step 5: Exhaustive description [17]. In this study the researcher presented the themes into an exhaustive description of the participants' experiences. With this exhaustive description, the image of the phenomenon "health care challenges faced by HIV positive undocumented Zimbabwean foreign nationals in Johanesburg, South Africa" was constructed.
- Step 6: Statement of identification [17]. The participants' personal perceptions of the health care challenges they face were a unique combination of fear of not having proper documents, capture by the police and inability to access the health services.
- Step 7: Participant verification [17]. In accordance with [17] statement, the researcher verified the information, by asking the participants what features of their experience have been left out. The participants were satisfied with the researcher's statements.

Theme	Sub-Theme
1. Non-compliance	
2. Irregular check-ups	
3. Falsification of documents	3.1 *Illegal immigrant*
4. Un-gazetted alternative therapies	

Table 1: Themes and sub-themes.

Results

Theme 1: Non-compliance

The majority of the participants (16) reported that they did not comply with treatment taking due to fear of police as they were not properly registered with the authorities. The sixth participant said: "I did not collect my treatment for one month now." The participant reported that he had been on treatment but it was finished during the interview. The participant appeared sick during the interview. Marcellinal., *et al*. [18] stated that once the initiated treatment is interrupted, the opportunistic diseaeses will start to appear in various forms. In the study conducted in Southern Ethiopia, Amberbir., *et al*. [19] concurred that non-compliance with ARVs poses a thread to the lives of the patients and decreases the quality of life.

The thirteenth participant reported, "I do collect treatment but not regularly for fear that the police may trace my movements. He continued to say, "I go to the clinic at the interval of two months sometimes three." The irregular taking of the antiretroviral therapy leads to physical weakness due to the disease [20]. The participant appeared emaciated and he confirmed that he feels sick and weak. According to Dewing., *et al*. [21] no-compliance to the antiretroviral treatment would lead to the HIV infection becoming resistant to the treatment and the infection will progress.

Theme 2: Irregular check-ups

Irregular check-up was one of the themes that emerged. Fear of going to the health facilities as regularly as expected leads to some participants to take their treatment irregularly. The eleventh participant reported, "I am so heartbroken that ever since I came to this country I am unable to take my treatment regularly. I try to make sure that the one I have should last longer by alternating days" this led to reduced adherence which at the end creates mental health problems not only to the participant but also his family members [20]. Being ever worried that there is no enough treatment interferes with immunity of the body. The eleventh participant continued, "…I just do not want to die because I know that if I do not take treatment correctly I will die." The quality of life for such patients is poor as they are not only faced with physical problem but also psychological stress of thinking about death [22].

The nineteenth participant said "do you see this rash on my body (lifted up the shirt to expose the rash covered abdomen) and I am not able to go to the clinic or hospital." Even though they are aware that their health is deteriorating they remain fearful to go to the health facility for help. The participant continued to say "my plans were to collect my HIV treatment next month as I am collecting every two months. I will only consult for this then." The participant is not sure whether the lesions on the body were related to the treatment interruptions or not but remained sticking to the two

months interval. On further interviewing, the participant reported "by the end of next month my treatment will be long finished."

Amongst the participant there were those who decided that they were no longer collecting their treatment. The fourth participant said "I have not collected my treatment for three months now…. I do not know what will happen to me but I will see." There are those who supported their decision of no longer taking treatment such as the tenth participant who said "the last day I went to the clinic I found the police van at the clinic yard and I turned and decided not go again." Fear made the participant not to return to the clinic again even though it was not known what the police were doing at the clinic. Asked when the incident occurred, the participant said "I think it is last month…..no two months now." The participant was presenting with cough during the interview and when asked when it started the answer was "about a month now."

Theme 3: Falsification of documents

The participants reported that they do not have adequate access to the health facilities for them to be assessed and be given treatment. Two of the participants have reported that they have falsified their documents for them to stay in the country.

Illegal immigrant

The study revealed that most participants were not having documents to be inside South Africa as the results they try to avoid any government facility for fear of being identified as illegal immigrants. They are also unable to consult private health facilities due to expensive service delivery at such facilities. The eighth participant said: "I do not have legal documents to go to the clinic in case nurses ask me about them." This was echoed by the thirteenth participant who said: "…interval of two months sometimes three so that the police do not track my coming to clinic." It is not only those that do not have documents who are having a problem but also there are those who have documents but they have expired and they failed to renew them due to one reason or another. Participant number fifteen confirmed this by saying "my permit expired las year now I have a problem of free movement even going to the clinic is difficult." Fear of being arrested has created a serious challenge in the health care of these undocumented Zimbabweans.

Theme 4: Un-gazetted alternative medicine

Ten out of twenty participants have indicated that they used alternative medicines such as moringa to treat themselves. According to WHO (2002:2) the use of such medicines is 'attributable to its accessibility and affordability.' Participant twelve mentioned that "if I had medical aid or enough cash I would consult the private hospitals." The participants found the alternative medicine as the accessible alternative to conventional medicine. Participant seventeen narrated how accessible Moringa was by saying "there are many people who sell it, almost all the street hawkers do have it in stock." To them it is an affordable medicine as compared to the expensive private institutions treatment. Participant thirteen said that "the greatest problem is affordability; the private doctors may not ask you about many documents as long as you will be able to pay the service." Affordability seems to be playing a major role in contributing to the use of alternative medicine by these participants.

Discussion

The non-compliant undocumented Zimbabweans in Johannesburg city are a course for concern to everyone around. The non-compliance due to the problem of not having the legal documents is a concern that health authorities may not be able to solve. The provision of health service to all is the responsibility of the government. Even though they may know that health is for all, fear of the police still prevents them to access the health services for fear of arrest.

The non-compliance is a violation of the regulations of the department of health whose intention is to contain the communicable diseases according to the World Health Organization standards.

Being undocumented, they have fear of approaching the government facilities for services they need. Health services are the ones they need most as they are to get both preventive and promotive care. Inability to get treatment for minor ailments and chronic conditions poses serious challenges to their health in general especially those who are HIV positive [23-25]. The complications resulting from no treatment may end in both physical (deaths) and psychological ailments.

The irregular check-up is a concern not only to them but also to the community they are living in. Failure to have treatment for the infectious disease should be regarded as the national concern as it poses a problem on controlling the disease amongst those who have access to the treatment. Those who were presenting with some signs and symptoms of being not well needed attention to contain whatever problem they had not to spread it to others. The fourth participant presented with cough which was not known

whether it was tuberculosis (TB) or not. TB is known to be communicable and sometimes related to HIV, and if not controlled in the form of treatment it can spread to other people around. TB itself is a condition that may complicate into Multiple Drug Resistance TB, a condition that does not respond to isoniazid and rifampicin (the 2 most powerful anti-TB drugs), resulting in applications of expensive approaches to cure it.

The falsification of the documents with the purpose of overstaying the legal period, lead to constant fear of the police in case they are discovered. Those who falsified the documents include those who have overstayed their visa or work permits, those who crossed over the boarder without any legal document and those whose legal documents got lost and have fear of reporting them.

Conclusion

In conclusion, the study revealed that undocumented HIV Zimbabweans in Johannesburg area need attention from all responsible departments of the government. Failure to get the treatment to control the communicable diseases is the concern that affects the nation not only the few individuals who are regarded as the foreign nationals.

For department of health to successfully control the communicable diseases the fear that these foreign nationals have of being arrested need to be addressed adequately by the relevant departments. As long as they still run away when they see a police vehicle parked next to a health facility, as participant four reported, management of health problems will remain something unachievable.

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