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Abstract

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Keywords

child health, emigration and immigration, health services accessibility, healthcare disparities, hermeneutics, qualitative research

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Access to Health Care by Foreign Children with Special Needs in an International Border Municipality

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This qualitative study aimed to analyze access to health by foreign children with special needs in an international border municipality. Grounded on hermeneutics-dialectics, this research was conducted through in-depth interviews with 26 professionals who treat foreign children with special health care needs and thematic analysis for data analysis was adopted. One central theme emerged: Vulnerability of foreign children and the health access in a border area Brazil-Argentina-Paraguay, organized by six sub-themes. High demand of children, overload in the health services, problems with documentation and language, insufficient articulation between the countries, and lack of funding represent restrictions for the access, especially in the fields of promotion, prevention, treatment, and rehabilitation.

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Introduction

The Brazilian Unified Health System (*Sistema Único de Saúde* - SUS), grounded on the principles of comprehensiveness and universality, aims at improving population health and minimizing its inequalities (Starfield, 2002). As organizer of this follow-up, Primary Health Care (PHC) acts as gateway to the SUS and seeks to establish relationships with other elements of the system (Casacio et al., 2022; Starfield, 2002).

However, in international border regions, these intersystem relations are quite complex, since the economic and cultural interaction motivates the continuous movement of this population from one country to another (Bahamondes et al., 2020; Millán Otero et al., 2021). This movement is common to border municipalities for work, consumption, study, and health, which interfere in the supply and quality of care (Aikes & Rizzotto, 2018; Casacio et al., 2022).

Considering that in the triple border under study (Brazil, Argentina, and Paraguay) only Brazil has a public health system, the social insurance model adopted by the other two countries, based on employment, makes people's access to health services more difficult (Aikes & Rizzotto, 2018). In addition, the social precariousness of neighbouring countries, the absence of cross-border programmes and the existence of a public system in Brazil offering health promotion, prevention, treatment, and rehabilitation services, encourage the daily immigration of foreigners in search of better health conditions (Arenhart et al., 2019; Casacio et al., 2022). It is important to note that in addition to foreigners, Brazilian citizens who live abroad, as well as tourists who visit Foz do Iguaçu, scenario of this study, use the public health services of the municipality daily (Hortelan et al., 2019).

This migratory movement in search of better health conditions also includes families of Children with Special Health Care Needs (CSHCN; Linton & Green, 2019), because although many children have complex care demands (development, technological, medicated and

modified habitual) and which rely on a multitude of specialized and personalised technical services (temporary or permanent), in quantities greater than those required by children in general (McPherson et al., 1998), may not find such assistance in their country of origin (Hortelan et al., 2019).

However, the literature points to the numerous barriers that hinder the access of foreigners to health services, especially for the population not resident in the territory, such as inter-country travel, communication (language), lack of documentation and cultural factors (Linton & Green, 2019; Millán Otero et al., 2021; Ruiz-Azarola et al., 2020). These obstacles interfere in the care flow and in the treatment of chronic conditions, besides to reduce care effectiveness and increasing inequalities and health problems (Casacio et al., 2022; Marcon et al., 2020; Vieira et al., 2022).

Faced with barriers to access public health services, the families of CSHCN - Brazilian and foreign - seek support in philanthropic institutions, which offer health care, education, and social assistance, but that cannot absorb all the community's demand (Marcon et al., 2020).

It is fundamental that the cooperation efforts between the countries are effective, in the sense of ensuring access of CSHCN to inter-border public health services. The political and ethical involvement of managers and professionals could assist in drawing up of strategies, in enhancing the integration of these border areas, and improving the quality of life of this population (Arenhart et al., 2019; Hanson, 2021).

Considering research on foreigners' high demand for Brazilian health services, we ask whether CSHCN living in Brazil's neighbouring countries have access to Foz do Iguaçu's health services. Since we consider that CSHCN who live in border areas are in a situation of greater social vulnerability, the aim of this study was to analyze access to health by foreign children with special needs in an international border municipality.

Foz do Iguaçu has the largest free zone in Latin America, with intense entry of foreigners of many nationalities. The search for public health services by non-residents in the municipality bring conflicts and inequalities. For this reason, this issue is extremely relevant since the absence of trinational agreements impairs access to health services and the resolution of care. Children who need long-term care usually have difficulty in achieving resolution to their health problems, which is intensified in border regions where there are barriers to the health access.

For this reason, the first author, a physiotherapist that studies children with special health needs in an international border region decided to start this research with other important authors. The second author is a biologist, coordinator of the graduate course of a public university, who are conducting research on maternal and child health and the relationship with the triple border. Finally, the third author is a nurse who has conducted research on premature children, in addition to having knowledge of qualitative research and dialectical hermeneutics. Thus, by analyzing the access to health of foreign CRIANES in the municipality, we intend to point out strategies that help this process, not only in the region addressed, but also in other regions that have the same difficulties.

Methods

This is a qualitative research study, grounded on hermeneutics-dialectics and analysed through thematic analysis. Hermeneutics was used for expanding relational, political, and ethical dimensions of the health care practice, and the dialectics establishing dialog between the individuals, apprehending each situation in a particular for the health care of CSHCN (Gadamer, 2015).

Study Place

The data were intentionally collected in three health care institutions of the municipality of Foz do Iguaçu, Paraná, Brazil, which treat people with multiple disabilities in the areas of education, health, and social assistance. These institutions were selected, among the five existing in the municipality, because only they treat children under six years old with special health care needs. Subsequently, the PHC units corresponding to the treated children's areas of residence were identified.

Ethical Considerations

The Consolidated Criteria for Reporting Qualitative Research (COREQ) were followed, and the development of research met the standards by the Research Ethics Committee of the State University of Western Parana, being approved under Opinion No. 4,300,226.

In order to preserve the participants' anonymity, they were identified by alphanumeric codes, using the letters PS for Health Professional (*Profissional de Saúde* in Portuguese) and PI for Professional from the Institution, followed by numbers according to the order of the interviews.

Private rooms were made available in all the interview sites, where only the researcher and the participant were present. All the participants were informed regarding the research objectives and, after accepting them, they signed the Free and Informed Consent Form in two copies, which ensured them confidentiality and anonymity.

Participants

The study included all the social service professionals, psychologists, and pedagogical coordinators working on the three select health care institutions for the study and the nurses of the PHC units of the municipality, to which the children were linked. Professionals with less than six months of work were excluded, due the knowledge about the organization of the service was still incipient.

Of the 26 research participants, 11 were professionals at the three institutions: two psychologists, five pedagogical coordinators and four social workers (aged from 27 to 67 years old), and 15 were nurses working in 11 PHC units (aged from 24 to 46 years old). Only two PHC nurses refused, due to work overload during COVID-19.

Data Collection and Analysis

The interviews face-to-face occurred in the units where the participants worked, from October 2020 to February 2021. They were previously scheduled by telephone and conducted by the first author, who has professional experience in children's health.

In-depth interviews were conducted, prompted by the guiding question "Tell me how has been the care offered to foreign children with special health care needs." To guide the interviews, we used a semi-structured script (Figure 1), built by the researcher based on the attributes of PHC and the elements of comprehensive care, containing questions about the access of foreign CSHCN to Brazilian health services.

Figure 1*Interview Questions Used with the Participants*

- Do you provide care for foreign children living on the triple border?
- Are they referred to other spheres of attention?
- Are caregivers guided by the flow of care?
- Describe to me the organization and flow of care services to meet the health needs of this child.
- Are there difficulties for these services? What? What is your performance during the complication?
- Can you describe the educational and socioeconomic profile of caregivers? In your opinion, are they in a vulnerable situation?
- Can caregivers supply the specificities of the child?
- In your opinion, what would improve attention to this child?

Note. The researchers elaborated the questions based on the principles of the Brazilian Primary Health Care.

The interviews were audio-recorded, with an average duration of 27 minutes and, at the end, the recordings were made available so that the participants could give consent for content approval.

The method chosen for data analysis was deductive thematic analysis (Minayo, 2012), which comprises three stages: the first stage refers to the preanalysis, in which the reports are read in detail, guided by the study's objective. The second stage refer to material exploration and categorization by grouping similarities and differences, based on the theoretical framework of PHC. Finally, the third stage refer to the treatment and interpretation of data, generating the construct for the central theme. The researcher sought to establish a relationship with the theoretical-methodological framework proposed in all stages of the analysis, which justified the non-use of software for data management.

The audio-recorded interviews were transcribed in full, followed by in-depth readings for data exploration. *A priori*, the speeches were organized on a horizontal map, manually, and divided in sub-themes (Figure 2).

Figure 2*Fragment of Horizontal Map Build in the Second Stage of the Data Analysis*

<u><i>Sub-themes</i></u>	<u><i>Speeches</i></u>
<u>Huge demand of foreigners</u>	<u>There's a huge demand. many Paraguayan children come here seeking our service [in Brazil]. (PI8)</u> <u>We've already treated numberless Paraguayans (PS7)</u>
<u>Emergency only</u>	<u>We assist the first demands. but not routine things. (PS15)</u>
<u>Documentation</u>	<u>They need to present a document proving they are not living illegally here. proof of residence and the SUS card. (PS7)</u>
<u>Communication</u>	<u>There's difficulty with language and locomotion. (PI5)</u>

Note. Research data, 2022.

In the final phase, with the reading and analysis, the central theme emerged (Minayo, 2012).

Results

The central theme that emerged was Vulnerability of foreign children and the health access, with six sub-themes: high demand of foreign for Brazilian's services; functional

barriers to health access; lack of funds to promote assistance to foreign children; language, culture, and the difficulty in communication; the helplessness of foreign children; strategies used to solve problems.

High Demand of Foreign for Brazilian's Services

The way in which the Brazilian health system is structured, based on the principles of universality and equality, represents a determining factor for the migration process. The participants' reports reveal a high demand of foreign CSHCN for services offered in PHC and in Brazilian's health care institutions: "There is a huge demand, many Paraguayan children come here seeking our service [in Brazil]" (PI8). "We have already treated numberless Paraguayans; we've never denied care" (PS7).

However, according to the reports by the health care professionals, care was restricted to urgent and emergency cases: "Here [PHC] there are many people from Paraguay, we assist the first demands, but not routine things" (PS15). "If the child was born in Paraguay, lives there, and has a health problem, we will make the approach. If he/she does not require immediate care, we refer to the Emergency Care Unit" (PS2).

Functional Barriers to Health Access

For the routine services, presentation of proof of residence in the Brazilian municipality and regularization of the child's documentation are required: "If [the foreign child] has a document, entrance permission, medical report, and if there is a vacancy, we can enroll" (PI3). "It is a Family Health open unit, but the user has to live in the territory" (PS1). "The Health Secretariat issues cards and regularizes these issues with the federal government, with the authorization and permission for foreigners" (PS2).

The speeches also mentioned how difficult it is for the foreign population to regularize their documents that, according to the participants, increases the chances of adulteration of proof of residence: "They bring any address in Brazil, but over time we discovered that they live in Paraguay" (PS6).

Lack of Funds to Promote Assistance to Foreign Children

Before 2020, the foreign CSHCN and residents in other Brazilian municipalities were welcomed by care institutions, but under the guidance of the Public Ministry, care was restricted to the population living in the municipality of Foz do Iguaçu, unjustified: "After 2020, the Prosecutor's Office instructed not to enroll children from outside the municipality of Foz do Iguaçu" (PI2).

Despite this instruction, some professionals try to ensure children's care, although the institutions do not receive funding to provide this assistance:

[There are] several Paraguayan children who live there and go to institution here. In the case of health, which is provided through the SUS, we cannot treat these students and receive money for doing so. We do treat them, we do not discriminate, but we are not paid for treating them. (PI6)

Some care institutions that offer specialized care in the areas of education, social assistance, and health for the Brazilian population also frequently welcome foreign children. However, the reports of the professionals of these institutions pointed to the lack of financial

transfer, since it only happens when the child is registered in SUS. This factor limits access to specialized care because it precludes children's enrolment in special education institutions:

We know that some children live in Paraguay but have a SUS card. We end up treating Braziguayans [Brazilian who lives in Paraguay] who have Brazilian documents, but we do not treat those of Paraguayan or Argentinian nationality, because we need the funds transfer. (PI10)

Language, Culture, and the Difficulty in Communication

Another element that interferes with access to the health services is the foreign language, which leads to difficulty in communication: "Some families are unable to adhere to the guidelines because they have difficulty to understand the instructions" (PI3). "Not only language, but also distance impair access and follow-up of foreign children" (PI8). "Some of them understand a little bit of Portuguese, but the better difficulty for those who live in Paraguay is keeping contact, because phone call does not work" (PI2).

Cultural aspects were pointed for the professionals how other problem to establish good communication with the children's family: "Has the question of culture, that sometimes we find a little bit of difficult, because you need to offer guidance, but they have other customs, and it is a problem" (PI8).

The functional barriers reported by the participants hinder the access of foreign CSHCN and were determining factors for the lack of assistance to this population, exacerbating their vulnerabilities.

The Helplessness of Foreign Children

The social exclusion observed in border areas, associated with the precariousness of the health services in their country of origin, leads to helplessness in the population, as shown by the participants' speeches:

We have an Argentinian child, for many years. There they don't have any specialized school like here. They came here and we had to say no, because we cannot provide this type of assistance now. It is sad, is not it? (PI8)

The professionals also reported the difficulties encountered by the families in performing medium and high complexity exams and the lack of specialized and continuous services directed to CSHCN in their countries of origin: "I tell them to come back for monitoring, because Paraguayan health care is chaotic" (PS11). "Paraguayans came here to enrol their children because there's no assistance for people with disabilities in their country!" (PI3).

Strategies Used to Solve Problems

With the purpose of reducing the effects of overload in the PHC units, the health professionals established themselves a more effective care flow, with referrals of the foreign population to a unit closer to the border with Paraguay, in addition to an attempt of articulation with the public sector to facilitate registration in the SUS. "We started to work with the Consulate, to improve the safety of the cross-border population. They do not need to make up an address to say that they live here, they can do so through the Consulate" (PS2). "There's a

specific unit to assist Braziguayans, so we refer them directly to this unit, where they receive all the assistance they need” (PS3).

This flow accelerated access, reduces demand in other units, and facilitated the foreigners’ search for Brazilian health services. These measures reinforce that coordination efforts between government, international organisations and non-governmental institutions could be an important step towards ensuring access to the immigrant population.

Discussion

This research identified the existence of barriers for access of foreign CSHCN to Brazilian health services. Emergency services were offered, but basic health services aimed at prevention, promotion, treatment, and rehabilitation were limited to residents in the municipality.

The high demand of families of foreign CSHCN for the services offered by PHC and by the Brazilian’s health care institutions corroborate the literature, since the inter-country migratory flow is influenced by the possibilities of access, resolvability and quality of the services offered (Aikes & Rizzotto, 2018; Casacio et al., 2022).

The State’s duty to provide urgent and emergency care to all people, regardless of their nationality and of their place of residence proved to be effective. However, continuous health assistance was restricted to the population living in the Brazilian municipality, with the need to present proof of residence and Brazilian documentation (Hortelan et al., 2019). Similarly, one study conducted in the United States confirms the difficult access of immigrants to American health services, especially due to inadequate documentation (Chang, 2019).

The several barriers reported to reach the health services are related to the politics fields, service organization, and professionals’ behaviour (Pérez-Urdiales et al., 2019). Thus, ignorance about the laws that regulate the health system, as well as the lack of necessary documents are pointed out by the literature as harmful to access, as well as the findings of this study (Hanson, 2021; Pereira & Pedroza, 2019).

A previous study conducted in Foz do Iguaçu revealed that some professionals consider that the restrictions imposed on immigrants’ access are natural and necessary measures for migration control (Hortelan et al., 2019). Discrimination against foreigners is also portrayed in research studies conducted in the United States and Europe (Appoh et al., 2020; Chang, 2019; Linton & Green, 2019; Millán Otero et al., 2021; Ruiz-Azarola et al., 2020).

To comply with the SUS principles and to improve health care, it is necessary to reduce bureaucracy and expand access, in addition to facilitating the mutual acknowledgment of the subjects involved in the care relationship (Ayres, 2007; Tesser et al., 2018). In this context, when there is a sharing between professionals and family, a productive meeting can be established, approaching the practices of care (Ayres, 2007; Vieira et al., 2022).

However, by requiring registration in the SUS to achieve comprehensive health care, the access of foreigners to Brazilian’s services are restricted (Marcon et al., 2020) and weakens the care of CSHCN, since they need, often, complex, and continuous care. A study conducted in Spain shows that regularization of the document issue facilitates access to health services (Ruiz-Azarola et al., 2020).

It is emphasized that all discriminatory practices in the provision of health services and actions violate the regulations that protect the right to health and those of international law. The scientific literature presents as justification for restricting assistance to foreigners, the financial burden, and the lack of reciprocity between the countries involved (Chang, 2019). However, in this study, the restriction to health access was not limited only to the foreign population, but to any person not living in Foz do Iguaçu, which is contrary to the principles

of universality, equality, and comprehensiveness advocated by the SUS (Aikes & Rizzotto, 2018).

Social exclusion in the face of precarious care services in neighbouring countries and their excessive fragmentation have aggravated inequalities and intensified situations of individual and family vulnerability, leading to their helplessness, which converges with the national and international literature (Appoh et al., 2020; Marcon et al., 2020).

According to previous studies and the participants' reports, the difficulties encountered by immigrants during the document regularization process impel them to defraud addresses and source data, so that they can achieve the desired assistance (Aikes & Rizzotto, 2018; Pérez-Urdiales et al., 2019).

This context reinforces the importance of a special attention to CSHCN and their families. According to recent research, this will allow to mitigate their vulnerabilities and helps in their development, independence, and autonomy for care, especially in the early phase of diagnosis (Casacio et al., 2022; Marcon et al., 2020; Warden et al., 2018).

Foreign language and cultural aspects were another factor that negatively interfered in the possibilities of care, what converges with international research, which show that the difficulty of communication impairs access to health services (Pérez-Urdiales et al., 2019; Salami et al., 2020). In addition, the cultural aspects should be valued in the therapeutic, since study show they interfere in the quality of care (Pérez-Urdiales et al., 2019).

In order to reduce inequities, promote integration between countries and overcome legislative asymmetries, effective integration between border countries is essential with autonomy of the municipal manager, adequate funding for the care of the population and the implementation of a social integration policy in the scope of the South American economic bloc, in a constant search for new ways of performance, with the creation of inter-country strategies that achieve equality and the fulfilment of the human right to health.

The results of this research are relevant, demonstrate the need for further study on the subject, and offers subsidies to develop strategies aimed at the cross-border populations health, both for the studied region and other border regions that have the same characteristics. With a view to reducing the bureaucracy of the documental situation of foreigners, the financing and organization of services, especially the most vulnerable population, such as children with chronic health problems.

It is considered as a limitation of the study the non-participation of the families of foreign CSHCN, which could bring a better understanding of the context studied.

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