



PERSPECTIVES OF FOREIGN UNIVERSITY STUDENTS ON HEALTHCARE SERVICES USED IN BRAZIL

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ABSTRACT

Objective: The aim of this study was to get to know the perspective of foreign students from Portuguese-speaking countries on Brazil's healthcare services. **Methodology:** This is a mixed study, with a descriptive and exploratory approach, conducted in the city of Redenção-CE, at a Brazilian federal public international university. **Results:** A total of 152 foreign university students living in Brazil participated in the study. The participants were essentially male (65.8%), mostly within the 20–24 year age group (63.1%). In all, 60.5% of the participants never used private healthcare services in Brazil. In the public health system (SUS – Sistema Único de Saúde), the most commonly used service was medical consultation (89.0%). A substantial portion of respondents (83.1%) reported being satisfied with the public healthcare services used in Brazil. In most of the reports received, evaluation of the SUS was positive compared to healthcare services in the country of origin. **Conclusion:** More than half of the students did not use private health services in Brazil. Substantial portions of the interviewees were satisfied with health services provided through the SUS, although the students reported points to be improved in the system.

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INTRODUCTION

The migratory process is an old and global phenomenon, triggered by socioeconomic, environmental, religious, and war-related issues, among others, which brings challenges to local healthcare systems. Usually in Brazil, little importance is given to public healthcare policies geared toward immigrants, there being greater concern for sectors such as employment and public security (Zimmerman et al., 2011). It is confirmed by Brazil's Federal Police that there are currently 1,847,274

resident aliens in the nation, and the city of São Paulo is the main hub of concentration. Most prominent among the nationalities that migrate to Brazil are Haitians, Bolivians, Peruvians, Koreans, Chinese and, among Africans, the most prominent groups are Senegalese, Bengali, Cameroonian, and Congolese (Martes, 2016). One can see from the data released by the Federal Police in Ceará, from 2011, that roughly 1,260 African students entered the state, of which 1,000 attended various private colleges, 130 were enrolled at the Federal University of Ceará, and 20 at the State University of Ceará, the majority of whom are from African countries where Portuguese is an official language (Brás, 2011). The state of Ceará is the nation's leader in the growth of immigrants (70.5% in the last 20 years). They immigrants are diverse in their origins and reasons for migration: refugees (increase of

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500% in 2015), Americans, Europeans and Asians (seeking business and residence), and Africans (seeking residence and opportunities for study) (Almeida, 2015). Thus, healthcare systems should be prepared, in addition to formulating public health policies, to plan for funding and to evaluate the epidemiology and socio cultural aspects relevant to healthcare of immigrants. Furthermore, it is necessary to measure the impact of these new users on the healthcare system (WHO, 2010). However, the issue is new and raises disagreements. Citing an analogous case, some authors question the legality and feasibility of the universality of the Unified Health System (SUS) in relation to foreigners (Branco; Torronteguy, 2013). If this occurs among people with a high level of knowledge, it is likely that this questioning will be perpetuated among other people in Brazilian society. Of course, foreigners who leave their homeland in search of new opportunities, such as foreigners who come to Brazil to attend college, are subject to health problems and face difficulties in accessing healthcare services in Brazil (Lanari; Bussini, 2014). In light of the foregoing, it is important to know the health services, the healthcare demands, the satisfaction among foreign students, and the points to be improved in the services of the Unified Health System (SUS) among others. Accordingly, this study aims to know the perspective of foreign students from Portuguese-speaking countries on Brazil's healthcare services.

MATERIALS AND METHODS

This is a mixed study, with a descriptive and exploratory approach, conducted in the city of Redenção-CE during the period from September 2016 to January 2017. This city currently has 11 family health strategy teams, and a charitable hospital associated with the Unified Health System (SUS). The research took place at a Brazilian federal public international university that receives Brazilian and foreign students from Portuguese-speaking countries, namely Angola, Cape Verde, Guinea-Bissau, Mozambique, São Tomé and Príncipe, and East Timor. The choice of the mixed method was due to the combination of approaches gathered in field research, in this case, with an explanatory sequential character (O'Cathain *et al.*, 2008). The mixed method directs the collection and analyses of both the qualitative and the quantitative data in a persuasive and rigorous way; blends the two forms of data concomitantly, combining them sequentially and making one construct the other or incorporating one into the other; and combines the procedures that guide the plan for conducting the study (Creswell; Clark, 2015). Participating in this study were foreign university students, residing in Brazil for at least six months, of both sexes, over 18 years of age, in any area of knowledge, enrolled in the morning or afternoon period and without a private health plan or insurance. According to data from the office of registration and academic control, in 2016 it had 888 students enrolled in the morning and evening periods (Unilab, 2016). Of these, 152 met the eligibility criteria and were accepted to participate in the survey. Data collection was performed through an open interview, guided by a structured questionnaire (identification of data collected, demographic and socioeconomic data, access to healthcare services, and evaluation of healthcare services). Subsequently, for thematic immersion, two guiding questions were used: "Can you tell me about the reason for this evaluation given to the Brazilian healthcare system?" and "How do you see Brazil's healthcare system compared to that of your home country?"

These interviews were conducted in a private setting, previously selected for this purpose, and had an average duration of 60 minutes. Prior to the interview, the researchers explained the study objectives and the participants signed an informed consent form. Data collection took place from September 2016 to January 2017. The quantitative data were organized in Excel for Windows and analyzed using the free software Epi Info, version 7.0. Measures of central tendency and dispersion were calculated. To verify the homogeneity of the variables, the Bartlett Test was used. The Chi-square test (or Fisher's Exact Test, where applicable) was used to compare associations of categorical variables. We adopted a 95% confidence interval in the analyses, with $p < 0.05$ considered a significant value. The qualitative data were analyzed according to the content analysis proposed by Bardin (Bardin, 2011). The analysis of the interviews followed a script with questions relating to the foreign students' knowledge about the use of healthcare services in Brazil. Based on the analysis of the transcriptions of the reports, we developed two thematic categories, namely: *Evaluation of care in the public health system (SUS)* and *The Brazilian Healthcare System compared to systems in other Portuguese-speaking countries worldwide*. The study was approved by the Ethics and Research Committee of *Universidade da Integração Internacional da Lusofonia Afro-Brasileira*, under opinion nº 56064916.6.0000.5576. All participants signed the Informed Consent Form. The anonymity of the participants and the secrecy of confidential data were assured. In the qualitative data, the initial "J" was adopted, followed by the interview number. The authors hereby declare that there are no conflicts of interest regarding the topic of study.

RESULTS

A total of 152 students took part in the study, mostly males (65.8%), aged 20 to 24 years (63.1%), from six Portuguese-speaking countries (Table 1). As for the period in their respective program, they were mainly stratified in: 2nd semester (17.1%), 5th semester (16.4%), and 6th semester (12.5%). Regarding the interviewees' area of knowledge, we observed a predominance of the following programs: health sciences (27.0%), followed by human sciences (25.6%), agricultural sciences (18.5%), engineering (9.8%), exact sciences (9.8%), and sciences (9.2%). Hence, university students enrolled in undergraduate programs in Nursing, Agronomy, Energy Engineering, Public Administration, Sociology, Anthropology, Literature, Mathematics, Bachelor of Humanities, Chemistry and Biology participated in the study. A substantial portion of the university student participants never used private healthcare services in Brazil (60.5%). Healthcare services provided by the university where the research was conducted had already been used by 70.3% of the students. The main services were medical, nursing and/or psychological consultations. Students who sought care in the private sector primarily needed specialized medical consultations, such as ophthalmologists, otorhinolaryngologists, and dentists. In the Unified Health System, the most frequently used services were medical consultation (89.0%), immunization (50.0%), diagnostic tests (42.7%), dispensing of medication (20.2%), dental care (20.3%), and surgery (3.6%). Diagnostic testing through SUS occurred mainly by female students ($p=0.002$). The female participants also had more laboratory tests in relation to the males investigated ($p=0.009$).

Table 1. Distribution of foreign students according to socio demographic and economic aspects Redenção-Ceará, 2016-2017

Variable	n	%
Age (in years)		
20-24	96	63.1
25-32	56	36.9
Country of origin		
Angola	11	7.2
São Tomé and Príncipe	11	7.2
East Timor	9	5.9
Mozambique	3	2.0
Cape Verde	12	7.9
Guinea-Bissau	106	69.8
Self-reported skin color		
Black	142	93.4
Brown	8	5.2
White	1	0.7
Yellow	1	0.7
Marital status		
Single, with stable partner	63	41.4
Single, with occasional partner	89	58.6
With whom they live in Brazil		
Family	13	8.5
Friends	103	67.8
Domestic Partner	17	11.2
Alone	19	12.5
Occupation		
Student	152	100
Receives allowance (money) in Brazil		
Yes	150	98.7
No	2	1.3
Monthly income per capita (in US Dollars)		
≤ 162.33	115	75.6
[162.33 – 284.84]	25	16.5
≥ 285.15	12	7.9

Table 2. Association between variables on the Unified Health System (SUS), sickness, diagnostic exams, and gender Redenção-Ceará, 2016-2017

Variables	Gender		p value
	Female n (%)	Male n (%)	
Are you acquainted with SUS?			
Yes	52 (100.0)	96 (96.0)	0.183**
No	-	4 (4.0)	
Do you know where to find SUS services?			
Yes	48 (92.3)	91 (91.0)	0.523**
No	4 (7.7)	9 (9.0)	
Have you ever gotten sick in Brazil?			
Yes	43 (82.7)	84 (84.0)	0.836*
No	9 (17.3)	16 (16.0)	
Have you ever had a health exam through SUS?			
Yes	32 (61.5)	36 (36.0)	0.002*
No	20 (38.5)	64 (64.0)	
Did you undergo diagnostic imaging?			
Yes	13 (25.0)	18 (18.0)	0.309*
No	39 (75.0)	82 (82.0)	
Did you undergo diagnostic examination?			
Yes	4 (7.7)	4 (4.0)	0.272**
No	48 (92.3)	96 (96.0)	
Did you undergo laboratory testing?			
Yes	29 (55.8)	34 (34.0)	0.009*
No	23 (44.2)	66 (66.0)	

* Chi-square test, ** Fisher's Exact Test.

There were three classifications with regard to the type of tests reported by the students: imaging (Ultrasound, X-ray, CTScan and MRI), diagnostic (Endoscopy, Electrocardiogram, and Colonoscopy), and laboratory tests (CBC, among other examinations through collection of blood). The tests cited by the students were carried out both in the private and the public healthcare sectors (Table 2). When asked about what services of the Unified Health System they had sought, 93 (67.4%) reported Basic Healthcare, followed by those who sought hospital care (56.5%) or emergency/urgency service in another city (15.9%).

It is important to note that some of the respondents have already sought more than one level of medical attention in the Brazilian public healthcare system. With regard to getting sick, most of the students (74.3%) had already been affected at least once by acute illnesses/complaints, such as influenza, viral infection, common cold, headache, nausea, vomiting, and abdominal pain, among others. A considerable portion of the foreign interviewees (83.1%) reported being satisfied with the public healthcare services used in Brazil. However, there was no association between the Portuguese-speaking country and

the foreign student's satisfaction with the care received through the public health system in Brazil ($p=0.072$). Regarding their evaluation of the Unified Health System, the interviewed students judged the public health services in relation to those in their homeland as better (44.7%), the same (34.2%), and worse (21.1%). The interviewees highlighted the following points to be improved in the public health services used: care provided (79.6%); access to the service (27.6%); distribution of medication (22.0%); physical structure of the units (18.4%); referral to other services (10.5%), and other (0.8%).

Evaluation of patient care received through the Unified Health System

Foreign students have divergent perspectives on the quality of care provided through the SUS. However, the predominant negative point was the delay in receiving medical care:

"The problem in the public health system is the patient care provided by both the staff and the doctor, so my score is 5 [from 1 to 10]" (J13). "It's complicated. I've been in queue for a year to solve a problem and, so far nothing; so my score is 4" (J23).

"I couldn't get the more complex exams; I've been waiting for a pelvic ultrasound for 8 months, so I'm going to give them a score of 5" (J24).

"I think the patient care is very bad, and it takes a long time to get an appointment; my score is 5" (J36).

"Awful. I've been waiting 2 years for an appointment with an Ear, Nose & Throat doctor; I ended up having to pay for the appointment, so I give a score of zero" (J46).

"It takes a long time to get an appointment, sometimes you never even get off the waiting list; I'll give it a 5" (J47).

"I think it's good, because it's free of charge and the quality of services, so I give it a 7" (J17). "I'll give it an 8, because it was good. I was attended to, but the queue was too long" (J21).

Brazilian healthcare system versus systems in other Portuguese-speaking countries: In a large portion of the reports collected, the evaluation of the SUS was positive in relation to the healthcare services of the country of origin, especially regarding the gratuity of the health services:

"It's better, because there are many places to get treatment" (J4). "In Brazil it's better, because there is easy access and they provide medication" (J8). "Brazil is better because I didn't pay anything. In my country (Cape Verde), you have to pay for doctors' appointments" (J17). "In Brazil it's better, because in Guinea we have to pay for appointments, and we don't always have the money" (J23). "It's better in Brazil, because in my country (Guinea-Bissau) every appointment is charged to the patient" (J40).

DISCUSSION

This study demonstrates the importance of knowing the perspective of foreign students from Portuguese-speaking countries about the healthcare services used in Brazil, in view of the fact that they are enrolled in a public institution aimed at

interaction among peoples – known as South-South cooperation. Mainly because the Brazilian public university is structured around the principle of supportive cooperation, the mission of which is the integration of its members and the countries of origin belonging to the Community of Portuguese Speaking Countries (CPLP) and the Portuguese Speaking African Countries (PALOP), namely: Angola, Cape Verde, Guinea-Bissau, Mozambique, and São Tome and Príncipe, and the Southeast Asian country, East Timor (Unilab, 2013; Carioca, 2015; Souza; Malomalo, 2016).

African students occupy roughly 70.0% of the openings for the Brazilian government's Programs of Undergraduate Student-Agreement (PEC-G) and Programs of Graduate Student-Agreement (PECP-G). Since the 2000s, there have been over 8,000 students selected. At the university where the study was conducted, 50.0% of its openings are reserved for foreign students from Africa and Asia (Portuguese-speaking countries). The other 50.0% of the openings are earmarked for Brazilian students, pursuant to Law 12.711 of 2012 (Brasil, 2012; Silva *et al.*, 2015). Africa is the continent of origin of the majority of students, with 76.0% of those selected in the Programs of Undergraduate Student-Agreement (PEC-G). Among the participating African nations are Cape Verde, Guinea-Bissau and Angola. In Asia, East Timorese students account for the largest number of respondents (Brasil, 2017). This is confirmed in the present study, with students from Guinea-Bissau accounting for 69.8%; students from Cape Verde accounting for 7.9%; and from Angola: 7.2%. However, it was observed that the exodus of students from Portuguese-speaking countries is related to the precariousness of the educational system of these countries (Pires *et al.*, 2016). These students come to Brazil in search of professional training and qualification, in order to have better employment opportunities. In the present research, more than half of the university students were male (65.8%), 58.6% reported being single with an occasional partner. A study conducted with Brazilian university students showed that 88.3% were single, but 72.0% of the participants were female (Menezes *et al.*, 2012). Most of the university students (67.8%) reported residing with friends, which strengthens social and cultural relations. A survey conducted with foreign students in Brazil indicated that friends play a relevant role both in adaptation and in the view that foreigners have of Brazil. This effect is even more prominent when the friends are Brazilian (Garcia, 2012). Thus, moving to another country for educational purposes bears the marks of travel and passage, implying uncertainties and discoveries that expose realities in transition and lives in formation in the field of an African intellectuality marked by the internationalization of its people, its countries, and the continent as a whole (Gusmão, 2014). Moreover, the migration system cannot be reduced to the simple transfer from one community to another, but an entire process of inclusion and acceptance in another territory and within another political community, not always receptive or willing to accept new members in its economic, political, social, cultural and health-related activities (Pires *et al.*, 2016).

The results of the survey indicate that a substantial part of the interviewees were familiar with and had already used some service of the Unified Health System (SUS). It is worth noting that the university where the study was conducted, when receiving foreign students, offers a presentation of the main services of the city as well as the state capital (Fortaleza). Even so, there were reports of unfamiliarity with the SUS. A

qualitative study with 14 East Timorese students in a Brazilian city obtained a similar result (Barbosa *et al.*, 2016). Most foreign students had not used private healthcare services in Brazil (60.5%). Consequently, these young people have been or will be incorporated into the local and/or regional health network for patient care. The cultural competence for healthcare in primary treatment demands the understanding of aspects ranging from ethnicity to spirituality, eating habits, and gender issues, among others, being a significant contemporary challenge for quality care in Brazil (Starfield, 2008; Aguiar; Mota, 2014). The presence of hundreds of foreign doctors is already well established in the state of Ceará's Family Health Strategy, or ESF (*Estratégia Saúde da Família*). The entry of immigrant users of different nationalities into the ESF has widened this cultural miscellany. Accordingly, managers and practitioners of the ESF play a decisive role in mediating cultural differences, as well as providing humanized and individualized care to foreign users (Silveira *et al.*, 2016). In this study, the demand for healthcare services was focused on the procedures of appointments, tests and/or supply of medication and control of signs and symptoms. Other studies show similar results, and the only divergence was the most frequently cited level of attention: in this study, the demand for Basic Healthcare was predominant (Barbosa *et al.*, 2016; Mello-Carpes *et al.*, 2012; Castanheira *et al.*, 2014). A substantial portion of the interviewees (83.1%) were satisfied with the health services offered by the SUS. On the one hand, this finding shows that the assistance and materialization of access are established, even vis-à-vis the difficulties faced (Pontes *et al.*, 2009). On the other hand, it may reflect the healthcare deficit of some of these countries compared to Brazil, in terms of epidemiology, Human Development Index (HDI), and the state of the health system in place (UNDP, 2016).

However, given Brazil's geopolitical prominence, in the coming decades there will be a growing trend of immigrants who will use the SUS. Given this reality, Brazilian cities and towns must be prepared to reproduce issues such as reception, humanization and care management (Amaral; Carvalho, 2013). The gratuity of the SUS was widely reported in the participants' responses as a positive factor that causes satisfaction with the public healthcare system. A study conducted with foreigners in Brazil demonstrated that being free-of-charge was a facilitating factor for the return to SUS's health services (Barbosa *et al.*, 2016). Surveys show that Brazilians are challenging issues such as accessibility to the SUS and its capability to resolve health-related problems, which is similar to the discourse of the foreign university students (Barbosa *et al.*, 2016; Pontes *et al.*, 2009; Vicente *et al.*, 2016). Hence, the results of this study only strengthen the idea that access and capability to resolve health-related problems are still processes that need constant improvement in health service networks in Brazil. In particular, access to health services is something that generates dissatisfaction and feelings of social vulnerability in Brazil. This is often reflected in SUS user satisfaction levels (Monteiro *et al.*, 2016; Mazon; Negrelli, 2016; Oliveira *et al.*, 2011). The students mentioned some aspects that need to be improved in the SUS, being the most cited: care provided and access to services. Similar results were found in a qualitative survey conducted in Brazil with students from East Timor, where several participants reported that delays in obtaining patient services is a barrier to healthcare access (Barbosa *et al.*, 2016). Access and use of health services have long been studied, with the consequent creation of models that seek to understand how such access

and use are determined. However, there have not been any major advances, due in part to the challenge of a proper conception of healthcare access and its multifaceted character (Monteiro *et al.*, 2016; Nunes *et al.*, 2014). The data about the services offered and/or sought increase the discussion about the persistence of a healthcare model geared toward specialty and not disease prevention, which is costly, ineffective and not centralized in the epidemiological characteristics of the territory (Mendes, 2012). Therefore, health promotion or even health education does not find a favorable environment for development, and consequently, for the empowerment of the local community. The demand for health services was predominant among the women interviewed. It is known that in Brazil this is no different. However, regarding women's healthcare in Africa, this should be considered, given the prominent role of women in this culture and the culture of roles (OMS, 2014). Moreover, it is well known that manliness and socio-cultural education can weaken or distract men from the issues of self-care regarding one's health (Silva *et al.*, 2012). The study has some limitations in its design, such as: small sample, the interviews were not conducted at the site of the services (in loco), in which case perhaps options would change, and most did not use the health networks in other Brazilian states for a greater scale of perspectives. We believe that in the future, multicentric studies should be planned with this focus, in addition to epidemiological characterization, with the aim of redirecting healthcare to foreigners. The studies should take place in Brazil's major cities, which already house a large number of people of different nationalities who use health services.

Conclusion

It is noticeable that the foreign students, especially the women interviewed, were familiar with the Unified Health System (SUS), and had already used the healthcare services, especially for procedures such as medical consultation, imaging/testing, and supply of medication. More than half of the students did not use private health services in Brazil. Substantial portions of the interviewees were satisfied with health services provided through the SUS, although the students reported points to be improved in the system, most frequently citing the following: care provided and access to public health services. There were positive reports, especially regarding the gratuity of the SUS services. Vis-à-vis the real need to improve some aspects related to the SUS, and considering that it was the health system most commonly used by the study population, it is necessary to carry out interventions and to formulate public policies that facilitate healthcare for foreign students, aimed at improving the quality of life of this population.

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