

Abstract:

Background: The healthcare of Batswana (citizens of Botswana) as indicated in the country's Vision 2016 is one of the top priorities of the government of Botswana, yet Botswana's National Health Policy, the Immigration Policy and the National Sexual and Reproductive Health Programme Framework all are silent on the obligations of the government to provide health services to the immigrant and refugee population. In view of the high prevalence of HIV/AIDS in Botswana, South Africa and other sub-Saharan countries, it is critical that reproductive health services be as affordable and accessible for the immigrants and refugees as they are for other residents in Botswana. This study measured the views of the primary healthcare providers in Botswana on the perceived reproductive health needs of immigrants and refugees and the availability and accessibility of reproductive healthcare services to the immigrant and refugee populations in the country. This information will be important for policy makers, the government of Botswana and the private sector to shape intervention measures to assist immigrants and refugees in seeking and accessing the desired reproductive health services. **Methods:** The study targeted all 4 667 medical doctors and nurses who were serving in various hospitals and clinics in 23 health districts of Botswana as at June 2005 when this study was conducted. Using NCS Pearson statistical software, the sample size for the study was determined to be 851. This estimated sample size was allocated to the 23 health districts (strata) using probability proportional to size (PPS). Having obtained the sample size for each district, the healthcare providers to be interviewed from each health district were selected randomly and in proportion to the number of doctors and nurses in each district. Questionnaires were administered to these healthcare providers by research assistants, who explained the purpose of the study and obtained informed consent. The questionnaires were coded to ensure the anonymity of the respondents. It contained questions about the healthcare providers' demographic characteristics, their opinions on the reproductive health needs of immigrants and refugees, and their views on factors that influence the accessibility of these services to immigrants and refugees. Data were collected from 678 doctors and nurses (about 80% of the targeted sample). **Results:** The majority of the healthcare providers indicated that the most important reproductive health needs of the immigrants and refugees, namely pregnancy-related services (prenatal, obstetrics, postnatal conditions), treatment for sexually transmitted infections (STIs), HIV/AIDS treatment and counselling and family planning were not different from those of the locals. However, some major differences noted between the local population and the foreigners were (i) that antiretroviral (ARV) treatment and prevention of mother-to-child-transmission (PMTCT) programmes were never accessible to the non-citizens; and (ii) that while treatments and other health services were free to Batswana, a fee was charged to non-citizens. Although 86% of the 21 studied reproductive health services were available in the healthcare system more than 50% of the time, only 62% of them were accessible to the immigrants and refugees 50% of the time. The major reasons for inability to access these services were: (i) The immigrants and refugees have to pay higher fees to access the reproductive health services; (ii) Once an immigrant or refugee is identified as HIV positive, there are no further follow-ups on the patient such as detecting the immune status using a CD4 count or testing the viral load; (iii) The immigrants and refugees do not have referral rights to referral clinics/hospitals for follow-ups in case of certain health conditions; and (iv) The immigrants and refugees are required to join a medical aid scheme to help offset part of the costs for the desired services. **Conclusions:** The study recommended that the government of Botswana should improve the availability of reproductive health services to

immigrants and refugees, and expunge those laws and practices that make it difficult for immigrants and refugees to access the available reproductive health services.