

Roussier, L. (2017). *Access to healthcare for homeless people in Bratislava*. Dissertation thesis. University of Liverpool.

Abstract

Background

Homelessness in Slovakia is associated with extreme poverty, stigma and social exclusion, which profoundly affects access to health care. While the Slovak Constitution guarantees equal access to all people, research and service providers report various barriers their clients face when attempting to access public health care services.

Study aim

The study aims to explore the barriers and enablers to health care access as they are perceived by homeless people in Bratislava to inform non-governmental and governmental service providers and policy-makers.

Methods

Critical social theory, as the epistemological base, guided the research process focusing on a dialogic approach to data collection, practical applicability of the results and in-depth analysis of the context. Purposive sampling yielded eighteen participants for individual interviews, recruited at three different NGOs in Bratislava. Thematic content analysis and adapted framework analysis were applied to retrieve results.

Results

Participants expressed disillusionment regarding solidarity, awareness and governmental support in contemporary Slovak society. Four main themes were identified: 1) Insurance status was a key, however not an absolute determinant of access. 2) Health was crucial for survival on the street and had a corresponding value. Health care attitudes and behaviors were largely depending on past experiences, limitations of homeless life realities and the effect of stigma. 3) Poverty affected the ability to obtain necessary documents and engaging in health care. 4) Positive social capital was the foundation of improved access as it affected all above factors.

Conclusion

It is critical that awareness raising is realized at societal, academic, and political level. For an improved access for homeless people, the government needs to address both horizontal and vertical equity in the health care system by facilitating access to complete care for marginalized individuals and formation of specialized services, respectively. NGO providers should reflect on enabling peer support and operational research.

Key words: access to health care, homelessness, barriers, enablers, qualitative, critical theory