BRIEF COMMUNICATION

Population Growth Demand and Challenges of Health Equality Among Immigrants Towards Healthcare Services in Malaysia

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ABSTRACT

Introduction	Malaysia's economic development increases the demand for immigrant workers to ensure health equality. To achieve Universal Health Coverage, issues related to immigrants need to be revisited.
Methods	A narrative review was conducted on specific scopes of health access barriers among immigrants from Scopus, PubMed, Web of Science, and Google Scholar.
Results	Immigrants face health inequalities due to complex immigration policies, cultural and social adaptation differences, language barriers, financial constraints, and low literacy awareness of healthcare systems.
Conclusions	This brief essay highlights challenges for immigrants adhering to Malaysia's Health White Paper strategies in meeting Universal Health Coverage. Expanding these strategies is vital to uphold immigrants' fundamental rights and ensure health equality among the minority group of the population.
Keywords	Immigrant; Health Equality; Refugee; Population Growth

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INTRODUCTION

Health is a universally acknowledged human right. Health equality refers to the principle that every individual has the same right to access quality and equal health services regardless of background or socioeconomic status.[1] Meanwhile, immigrants refer to individuals who have moved to another country to settle, with the understanding of asylum seekers and refugees. Asylum seekers are people whose claims for protection have been submitted but have not yet been decided by that country. At the same time, refugees are people who have fled their home country due to a well-founded fear of persecution and are currently located in a foreign country where they cannot or will not receive protection. Only individuals who have been officially recognized as refugees by the United Nations High Commissioner for Refugees (UNHCR) are called refugees; those who have not been recognized as refugees by UNHCR Malaysia are called asylum seekers.[2]

Human migration across borders has reached an all-time high, accounting for over 258 million people, or 3.4% of the population, a figure that has more than doubled since 2000 and tripled since the 1970s.[3] As of the end of 2019, there were 1,868,270 low-skilled foreign workers in Malaysia. Among these people, 37.3% are employed in manufacturing, 23.6% in construction, 14.2% in plantation labor, 16.9% in services, and 8.0% in agriculture. The majority of the 1.8 million low-skilled foreign workers are from Indonesia and Bangladesh, each contributing 32.1% and 30.6% respectively. Official estimates place the number of documented migrants living in Malaysia between 2018 and 2020 at 1.4 to 2 million, making it one of Southeast Asia's top countries that receives migrants. Unofficial estimates place the number of migrants at 1.2 to 3.5 million. The Rohingya make up 58% of all refugees in Malaysia or 105,870 people.[4]

This brief communication integrates the concept of Universal Health Coverage (UHC) as a crucial step toward health equality. While Malaysia has achieved the Sustainable Development Goals (SDGs) in health service coverage, this article focuses on barriers to immigrants accessing healthcare. These barriers include complex immigration policies, cultural differences, language obstacles, financial constraints, and a lack of understanding of the Malaysian health system. Given the rapid growth of the immigrant population, a thorough understanding of these obstacles is essential for developing strategies to improve accessibility and equality in immigrant health. The objective of this brief communication is to identify factors hindering equal health access for immigrants in Malaysia. Addressing these aspects contributes to a holistic understanding of immigrant health access and aligns with UHC principles, ensuring basic health rights for all, regardless of background or status.

METHODS

This brief communication is based on a narrative review using a predefined scope related to health access barriers among immigrants that lead to health inequality. Online databases search from Scopus, PubMed, Web of Science, and Google Scholar was performed using specific five predefined topics; (1) Policy (2) Social and cultural differences (3) Language barrier (4) Financial constraints and (5) Lack awareness of health benefit. Articles chosen include from peer-reviewed journals, government reports, and global health organization publications within 5 years. Our review did not appraise the quality of selected articles; however, we picked the most relevant articles released from the journal that fulfilled the predefined scope.

RESULTS

This article identifies several key factors impacting healthcare access for immigrants in Malaysia. We found policy, legal status, social and cultural differences, language barriers, financial constraints and awareness of Malaysia's healthcare system are the challenges to healthcare access among immigrants.

Policy

The framework for immigrant health service utilization suggests that factors affecting immigrants' access to healthcare services are complex and multi-level, with macro-structural factors such as immigration policies playing a significant role.[5] Legal and undocumented immigrants face different challenges in accessing healthcare services.[6,7,8] Migrant workers often enroll in government-mandated insurance schemes like *Skim Perlindungan Insurans Kesihatan Pekerja Asing* (SPIKPA) and Employment Injury Scheme for Foreign Workers under the Social Security Organization (EI-SOCSO). These schemes cover hospital admissions and surgery, with premiums paid by employers or workers.[8]

Social and Cultural Differences

Social and cultural adaptation considerably impact immigrants' healthcare-seeking behavior, which is influenced by their health beliefs and practices. Immigrants frequently bring traditional health beliefs and practices from their home countries. For example, some cultures emphasize stoicism in the face of illness, leading to delayed healthcare-seeking until symptoms become severe. Moreover, variations in cultural conceptions of illness and well-being can pose challenges in seeking professional help.[9]

Language Barrier

Communication difficulties, such as language proficiency and medical terminology understanding, could hinder effective healthcare interactions.[6,9]

Financial Constraints

Many immigrants, especially undocumented, face economic hardships, limiting their ability to afford healthcare services. This also relates to financial constraints due to different medical charges among immigrants as stated in guidelines for implementation of the Fee (Cost of Service).[6,8]

Lack of Awareness of Health Benefit

Although wage deductions frequently pay for SPIKPA insurance, migrant workers are frequently unaware that it is also medical insurance. Companies might not be aware of this, allowing third-party organizations to handle work permit renewals, which would limit their access to healthcare benefits.[6]

DISCUSSION

Malaysia's strong economic growth, with an 8.9% GDP increase in the second quarter of 2022, has positively impacted its labor market, leading to higher employment and reduced unemployment.[10] This economic upturn and labor shortages in key sectors have prompted the Human Resources Minister to advocate for a 27% increase in foreign workers. Memorandums of Understanding (MoUs) with source countries facilitate this recruitment, contributing to economic benefits and a surge in immigrant influx.[11] In 2019, low-skilled foreign workers varied regionally, with their presence significantly boosting Malaysia's GDP.[12]

Malaysia's rising immigrant population creates both opportunities and challenges in terms of ensuring health equality and equitable access to healthcare services, while also contributing to the country's cultural diversity and economic vitality. However, it also poses challenges in delivering healthcare services that address the specific needs of this diverse population. Around 214 million women worldwide have unmet contraceptive needs, leading to 85 million unintended pregnancies annually, causing an increased number of induced abortions, maternal morbidity, and mortality.[13,14] Immigrants, particularly Somali, German, and Myanmar immigrants, also face unmet healthcare needs, with a significant percentage in Oslo, Germany (47.0%), and Bangkok (15.8%).[9,15,16] However, Malaysia's prevalence of unmet healthcare needs among immigrants is not well-documented.

Policy

Healthcare access is associated with the health policy and legal status of immigrants. Even though legal migrants are bound by government-mandated insurance schemes, the coverage and benefits vary, and there are exemptions for certain workers, such as domestic servants and plantation workers, for whom insurance is voluntary.[6] In 2016, the Malaysia Ministry of Health (MOH) revised the order on Fees (Service Costs).[8] Full treatment charges have been applied to non-Malaysian patients, except for legal migrants covered by SPIKPA) and Employment Injury Scheme (EIS under SOCSO, permanent residents, and children with a Malaysian birth certificate including couples with certified marriage documents from Malaysian authorities local or overseas and a legally adopted child by a Malaysian citizen. Non-citizens with seven communicable diseases (yellow fever, Ebola, plague, cholera, typhoid, malaria, and tuberculosis) were also exempt from full charges.[8] This exception reduces health disparities among certain groups in need of healthcare services and is aligned with public health policies aimed at controlling the spread of these diseases.

In addition, The Malaysian Immigration Act of 1959 requires migrant workers to undergo health tests before and after arriving in Malaysia, including annual health examinations for work permit renewals.[6,17] These mandatory health screenings ensure their initial health, but continuous well-being is challenged by other factors like living conditions and limited access to health services. Since hospitals are mandated to report unauthorized workers to the police and immigration authorities, undocumented migrants may avoid seeking medical care due to fear of being detained by immigration officials. But no one in Malaysia will be turned away from a public hospital if they need emergency care. As of now, Malaysia has not yet signed international treaties requiring it to protect the health and safety of migrant workers, including the Convention on Migrant Workers (CMW) or the Convention on the Elimination of Racial Discrimination (CERD).[18] However, currently, no immigration laws in Malaysia impede immigrants from using the public healthcare system.

Financial Constraint

Despite health and immigration policies, healthcare access is hindered by financial and socio-cultural barriers, affecting their overall health outcomes.[6] Financial constraint affects health service utilization both among legal and undocumented immigrants. For legal immigrants, they are covered by a government scheme that covers in-patient care and surgery at public hospitals up to RM20,000 ($4,800) per year.[8] However, the coverage is limited and does not include outpatient preventive care and prenatal visits. Hence, this becomes the major factor that affects the affordability of receiving outpatient, acute, and preventive care.[6,15] Furthermore, these refugees also do not believe in insurance coverage, and the majority of them cannot afford annual premiums that are typically higher than their labor

wage.[19,20] Besides, higher healthcare costs for non-citizens further aggravate this issue.[6] Outpatient healthcare costs for immigrants are 24 to 100 times higher compared to Malaysians.[21] Besides, the high expenses of antenatal care at private facilities, causing late booking, defaulted follow-up, and preferring to deliver at home, assisted by traditional midwives, resulted in poor obstetric outcomes.[17] Inadequate insurance coverage limits access to healthcare and Universal Health Coverage (UHC).

Other than that, refugees and asylum seekers have no right to work legally and no access to public services like free healthcare or education.[22] Subsequently, put them at risk due to limited healthcare access, underpinned by factors such as poor health literacy, lack of awareness about healthcare rights, language, and cultural differences.[22] This leads to increased risk for serious medical problems when they do not have access to outpatient treatment, especially for chronic illness and mental health crises.[22] Undocumented immigrants face greater challenges due to their invisibility within the system.[6] Despite this, refugees registered with UNHCR received a 50% discount for primary care treatment at public healthcare facilities.[7] Since the 1950s, UNHCR has collaborated with over 900 NGOs, institutions, and UN bodies.[23] UNHCR collaborates with Islamic Medical Association of Malaysia Response and Relief Team (IMARET) and Tulus Digital Sdn Bhd (TULUS) to support refugees and asylum seekers globally, ensuring basic needs are met in Malaysia, with TULUS committing $600,000 from 2021-2023.[24,25]

Social and Cultural Differences

Factors like ethnic culture and language barriers influence healthcare utilization among immigrants in Malaysia.[9] Language difficulties can lead to medical errors and challenges in providing informed consent.[6] Besides, migrant workers often need to learn Malay or use a translator for healthcare communication, as interpreter services are not widely available. Additionally, a lack of awareness about healthcare rights, particularly in family planning and maternal care, can adversely impact their health.[15,22]

Lack of Awareness

Documented migrant workers frequently pay for SPIKPA insurance through wage deductions, but many are unaware that these deductions are for medical insurance.[6] They often do not receive an insurance card or information about their health coverage. Additionally, employers may also lack awareness about the insurance provisions and often delegate work permit renewals to third-party agencies without fully understanding the health insurance aspects involved. This gap in knowledge affects migrants' ability to access and utilize the healthcare benefits available to them.[6]

Healthcare System

In Malaysia's healthcare system, key challenges in serving refugees and immigrants include a lack of personnel trained in refugee-specific healthcare, difficulties in identifying refugees without identity documents, and language barriers leading to communication issues.[19,20] Also, there's a lack of comprehensive health records, particularly in critical areas such as maternal care and vaccinations, further complicating healthcare provision. Additionally, challenges in information exchange between healthcare providers and refugees, regarding personal and family health histories, hinder effective disease prevention and treatment.[20] Besides, vaccination hesitancy among refugees, combined with missing vaccination records, also poses significant health risks.[6,20] Finally, the rapid growth in the immigrant population may be outpacing the development and expansion of healthcare infrastructure in Malaysia, leading to a strain on resources and diminished quality of care.

CONCLUSION

Challenges requiring special attention include improvising immigrant policies, overcoming language barriers, understanding cultural nuances, and ensuring the accessibility of health facilities to immigrant communities. Addressing these challenges necessitates government initiatives to reform health policies, improve immigrants' legal status, raise awareness of the Malaysian health system, and provide language support. These steps are crucial for overcoming health access challenges among immigrants, promoting broader health equality, and bridging gaps in health service delivery within society.

CONFLICT OF INTEREST

The author declares they have no conflict of interest.

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