

REVIEW ARTICLE

## Health Care Access And Equity Among Migrants: A Literature Review

Zilvi Fuadiyah Nur, Antonius Yansen Suryadarma, Assaye Girma Mengistu, Ayu Pangestuti, Nahya Rahmatul Ariza, Trias Mahmudiono

Faculty of Public Health, Airlangga University

\*Correspondent Author: [zilvi.fuadiyah.nur-2022@unair.ac.id](mailto:zilvi.fuadiyah.nur-2022@unair.ac.id)

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\*Correspondent Author:

[zilvi.fuadiyah.nur-2022@unair.ac.id](mailto:zilvi.fuadiyah.nur-2022@unair.ac.id)

### ABSTRACT

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**Background:** Health inequality often occurs among disadvantaged population groups, including migrants. Currently, the migrant population does not always receive adequate health services. In addition, the health care system is not optimized for migrants, especially in terms of language, access, genomic data and the expertise of medical personnel. The health condition of these migrants is a global problem that needs attention if countries want to meet the Sustainable Development Goals (SDGs) targets by 2030. This study to map the latest existing research on the topic of migrant health, both qualitative and quantitative.

**Methods:** Narrative literature review and literature search were carried out using an electronic database with the automatic selection feature used in the electronic database according to the specified inclusion criteria.

**Results:** Obtained an overview of inequality in [1] access to health services for migrants in general, [2] utilization of health services and health-seeking behavior, [3] health literacy, [4] health services related to the COVID-19 pandemic, and [5] maternal and child health services. All authors agree on this division of groups.

**Conclusion:** Migrants who do not have documents or are illegal, skin color (black migrants) who migrate to western countries, languages that are not the same, and do not understand their own health conditions due to lack of health education due to language barriers, these factors are obstacles for migrants to achieve equality in countries where migrants have migrated.

## Introduction

Health inequality often occurs in disadvantaged population groups, including migrants. Migrants, especially illegal ones, experience significant health injustice in the form of discrimination, lack of access to healthcare services, nutritious food, and decent housing.<sup>1,2</sup> With the increasing mobility of people around the world, it is expected that the number of the migrant population will continue to increase. According to the latest available estimates, there were 280.6 million global migrants in 2020. In the past decade alone, nearly 60 million more people have become international migrants. This increase is mainly driven by labor or family migration. The proportion of international migrants in the world's population is also increasing, reaching 3.6% in 2020, up from 3.2% a decade ago, and 2.6% in 1960.<sup>3</sup>

Currently, the migrant population does not always receive adequate healthcare services. In addition, the healthcare system is not optimized for migrants, especially in terms of language, access, genomic data, and medical expertise. In addition to infectious disease issues, non-communicable diseases and mental health issues also require special attention. The migrant population is vulnerable to various non-communicable diseases and mental health issues, including psychological trauma, low vaccination rates, or lack of access to antenatal care for pregnant women. The problem is exacerbated by the often-low socioeconomic conditions, which means they have poor sanitation facilities and low health literacy among migrants.<sup>4,5</sup>

The health condition of these migrants is a global issue that needs attention if countries want to

meet the Sustainable Development Goals (SDGs) targets by 2030, particularly Goal 10 which is 'reducing inequalities', and Goal 3 which is 'good health and well-being'.<sup>1,6,7</sup> Improving healthcare services is the main way to achieve health equality, as set out in the SDG target 3.8, which aims to 'achieve universal health coverage (UHC), including financial risk protection, access to quality essential healthcare services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all'.<sup>1,7</sup>

Given the importance of providing optimal healthcare services for migrants, it is necessary to obtain an overview of migrant access to healthcare services in various countries.<sup>8</sup> The purpose of this article is to review various recent research articles (both quantitative and qualitative research) on the health conditions of migrants around the world, with a primary focus on access to healthcare services and equality in accessing healthcare services. The importance of mapping existing research is to gain a comprehensive understanding of what is known and the gaps in research. This article is expected to provide input to policy makers at the local, national, regional, and global levels to recognize health problems in the migrant population so that appropriate policies can be made.

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## Methods

This article is a narrative literature review, given the broad and diverse scope of the topic and literature used, a systematic review could not be conducted. The purpose of this review is to map out the latest research on migrant health, both qualitative and quantitative. The definition of migrant used in this study refers to individuals or a

group of people who choose to move not because of direct threats of persecution or death, but primarily to improve their lives by seeking employment, or in some cases for education, family reunification, or other reasons (whether legal or illegal/undocumented). This definition should be distinguished from that of refugees. Unlike refugees who cannot safely return home, migrants do not face such barriers to return. If they choose to return, they will continue to receive protection from their government.<sup>9</sup>

Literature searches were conducted using electronic databases, namely: Pubmed, ScienceDirect, ProQuest, Springer Link, and JSTOR. The search terms used were: (migrant\* or immigran\*) and (health or healthcare or access or equity), except for ScienceDirect where the symbol '\*' was not used because it is not compatible.

Automatic selection features were used in the electronic databases, including: journal articles published in 2017 or later, written in English, and consisted of both qualitative and quantitative research articles. Selection of relevant articles was based on the research question: "How is access to healthcare services and health equity for migrant populations?". Exclusion criteria include: [1] non-research articles, such as literature reviews, letters to the editor, and correspondence, [2] not studying migrant populations, [3] complete articles were not found.

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## Results

After conducting the search and selecting articles that met the criteria, the authors agreed on 22 relevant articles. Of the 22 articles that met the

criteria, 11 (50%) used qualitative research methods (10-20), 8 (36%) used quantitative research methods<sup>5,21-27</sup>, and the remaining 2 used mixed methods<sup>28</sup> and intervention methods.<sup>29</sup> The countries studied were distributed worldwide, with European countries (N=9) and Asia (N=7) being the most dominant. The migrants' countries of origin were mostly from Asian and African countries.

A summary of the results of each study was grouped into five categories (according to their respective themes) and summarized in Table 1. The categorization includes: [1] access to healthcare services for migrants in general, [2] utilization of healthcare services and health-seeking behaviors, [3] health literacy, [4] healthcare services related to the COVID-19 pandemic, and [5] maternal and child healthcare services. All authors agreed on this categorization.

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## Discussion

### 1. Access to Health Services

All migrants, regardless of their status, are entitled to receive healthcare that is equal to that of the citizens within it. Carrasco-Sans et al. (2018) revealed that migrant health is worse than non-migrant health in Europe, with 90% of the causes being the lack of access to healthcare services. Access to healthcare services is hindered by the lack of clear documentation regarding migrant identity in Europe.<sup>27</sup> Furthermore, Nepalese migrants in Japan also have poor access to healthcare services due to insurance and communication barriers.<sup>30</sup>

African migrants face difficulties in accessing healthcare services, including finding suitable doctors or healthcare services for their illnesses, as well as communication barriers. Healthcare services cannot be accessed equally by all inhabitants of Norway. This ultimately leads to Norwegian citizens avoiding healthcare services if they have health problems. The lack of seeking healthcare services by immigrants may have long-term implications for the health problems they experience.<sup>12</sup> Perez's research in 2019 also revealed that factors causing African women to have limited access to healthcare services include fear of healthcare services being unfriendly to African immigrants (with dark skin), communication barriers, and African women perceiving racism against black people.<sup>13</sup>

## 2. Utilization of Health Services and Health-Seeking Behavior

Twelve European countries have limited rights to healthcare for asylum-seeking children, including Germany, which stands out as the country with the strictest healthcare policy for migrant children. The healthcare needs of undocumented migrants from other European Union countries are often overlooked in European healthcare policies.<sup>16</sup> More than 300,000 asylum-seeking children were registered in Europe alone during 2015. The right to healthcare for migrant children in Europe and Australia is based on the framework of the United Nations Convention on the Rights of the Child.<sup>29</sup>

Verified information on global healthcare service utilization by undocumented migrants is essential in understanding how immigrants use healthcare services based on their needs. We

compared healthcare service utilization between undocumented migrants, documented migrants, and Spanish citizens in the autonomous community of Spain.<sup>23</sup>

Although there is a broad consensus that access barriers exist for immigrants in the United States, European evidence exploring this issue provides a diverse picture, with studies from various European jurisdictions presenting different conclusions. In this context, Ireland, a European country with substantial private involvement in healthcare provision and a large young immigrant population, provides an opportunity to investigate healthcare service utilization by immigrants compared to the native population in a European country with a mixed private-public healthcare provision.<sup>24</sup>

In addition to Europe, healthcare service utilization in the Americas and Asia provides information on the use of healthcare by migrants but does not distinguish between usage by nationality of the migrants. It provides information on the use of various emergency services by Nicaraguan and Costa Rican migrants. The focus is on emergency services because if the presence of migrants is high, it must be noted anywhere, in this case from the services. All individuals in Costa Rica are entitled to immediate access to emergency services, even if bills are presented after the ward (and may not be paid). On the other hand, non-emergency care, such as admission to general hospitals, may be less available to uninsured foreigners because, on the one hand, CCSS may refuse services, and on the other hand, uninsured

migrants may also tend to seek medical attention in non-emergency situations.<sup>21</sup>

In Asia, the health issues of irregular and vulnerable migrant populations remain largely unexplored. Specifically, while mainland China has become a new and popular destination for domestic workers, health status remains largely invisible as a public and academic issue. For some health problems, they tend to use self-treatment and food healing.<sup>17</sup>

Health-seeking behavior in Europe is on countries like France, Italy, Norway, Portugal, and Spain, where all categories of migrant children regardless of their legal status are given equal rights and are included in the same healthcare system as national children. Sweden and Belgium offer the same rights to asylum-seeking children and children from third-country migrants who are irregular, but the rights of children from irregular EU citizens are not clear. Greece is a special case, where regulations that give rights to asylum-seekers and non-EU migrant children for the same healthcare are severely limited in practice by economic constraints.<sup>16</sup>

The behavior of seeking healthcare information did not show any effect on the hypothetical immigrant's healthcare seeking behavior, while it specifically showed a positive effect on the healthcare seeking behavior of all groups using lower healthcare services in the following year compared to the year in which the study was conducted, except for stable remaining dental care usage. Information about the healthcare system embedded in language school programs potentially facilitates immigrant access to

healthcare services. However, the results underscore the need for further improvement and development of educational interventions, as well as ensuring adequate utilization of healthcare services in other ways.<sup>29</sup>

Furthermore, the irregular use of healthcare services by migrants is much lower than that of Spanish citizens (as well as documented migrants), regardless of their region of origin and length of stay in Spain. This lower utilization of healthcare services is likely related to the social consequences of their irregular legal status (such as job insecurity, economic hardship, discrimination, and fear of deportation), although the methodology used in our study does not allow us to identify specific underlying determinants. These findings are highly relevant given the current political, socio-economic, and healthcare challenges posed by the increasing number of international migrants and may help facilitate evidence-based decision-making by policymakers, both in Spain and around the world, seeking to create a system that offers truly universal healthcare coverage that includes undocumented migrants.<sup>24</sup>

On the American continent, healthcare seeking behavior in Costa Rica provides information on total consultations and hospitalizations between 2000 and 2011 that may be associated with migrants. This administrative data comes from national health services and is based on total consultations and hospitalizations in all public healthcare facilities. The migrant portion of total hospitalizations was 5.84 percent in 2000 and increased to 6.7 percent in 2011. The portion of outpatient consultations that may be associated

with migrants ranged between 4 and 5 percent per year. In both cases, the utilization of healthcare services for either inpatient care or outpatient visits is far below the stock of migrants in the country.<sup>21</sup>

Healthcare seeking behavior in China to build a more inclusive healthcare service system that supports foreign PLRTs in mainland China, health policymakers must first eliminate or at least reduce institutional barriers for foreigners. By doing so, the Chinese government can develop more inclusive health policies that enable workers to better access local healthcare services. For example, additional measures such as offering information and knowledge related to the Chinese healthcare system, as well as offering relevant language support to foreign PLRTs, can facilitate their willingness and ability to visit general hospitals, thereby reducing the likelihood of treatment delays. These steps can help non-permanent migrant workers in mainland China gain better access to healthcare services to improve their health conditions.<sup>17</sup>

### 3. Health Literacy

Health literacy is an important factor in determining individual health status, particularly for migrants who may face difficulties in accessing and understanding available health information. A study conducted by Wångdahl *et al.* (2018) in Sweden aimed to explore the distribution of comprehensive health literacy (CHL), general health, psychological well-being, and reasons why refugees refrain from seeking healthcare in Sweden, as well as to examine the relationship between CHL and these factors. CHL was measured using the European Health Literacy

Questionnaire (HLS-EU-Q16) and it was found that a majority of refugees in Sweden had limited CHL, poor health, and disrupted well-being, and refrained from seeking healthcare. Furthermore, low CHL was associated with poor health, disrupted psychological well-being, and refraining from seeking healthcare.<sup>5</sup>

This study was followed up by Bergman *et al.* (2021) who explored CHL and electronic health literacy (EHL) among Arabic-speaking migrants in Sweden. EHL was measured using the eHealth Literacy Scale (eHEALS), and all questionnaires were distributed in both Swedish and Arabic. The study found that Arabic speakers had significantly lower mean scores on EHL (28.1) and lower proportions of CHL compared to Swedish speakers. The relationship between limited CHL and EHL was found to be related to underutilization of the internet and a lack of recognition of its importance. In addition, longer periods of time spent in Sweden were associated with higher levels of CHL among Arabic speakers. The study suggests that the internet could be an appropriate channel for disseminating health information to Arabic-speaking migrants.<sup>26</sup>

### 4. Access to Healthcare Services and Migrant Issues during the Covid-19 Pandemic

During the coronavirus (Covid-19) 2019 pandemic, migrants who have moved to another country are at high risk of contracting Covid-19. For instance, immigrants from Chile who face complex forms of poverty and social vulnerability. The health and well-being of migrants are influenced by several factors, including poverty, social isolation, hazardous working environments,

and living conditions below standard. In the context of a global pandemic and efforts to achieve universal health coverage, this situation is very concerning. The social vulnerability experienced by international migrants can be seen from two main aspects as a migrant and the lack of social support and networks, vulnerabilities and needs can be assumed such as economic difficulties, loss of income and employment, marginalization, and lack of institutional support.<sup>19</sup>

Migrants in Chile experience structural racism and xenophobia, which can increase social vulnerability and affect their ability to obtain necessary care. Health concerns of participants center on a lack of knowledge about where to seek help if they become ill and a desire for direct advice on how to proceed in pandemic situations.<sup>19</sup>

Immigrant patients who will access inpatient care services are also hampered by incomplete documents held by immigrants. Various policies and interventions are needed to ensure that undocumented migrants and other underserved groups have access to health services.<sup>25</sup> Especially if there is a potential health crisis that could exacerbate existing health disparities. The social and economic consequences of the COVID-19 pandemic quickly exacerbate pre-existing vulnerabilities of underserved groups, and concerns have been raised that health policies may be blind to the needs of marginalized groups. Migrants also face difficulties in accessing Covid-19 vaccinations, and they continue to face urgent situations that pose greater risks to their health and safety. The public health benefits of managing the pandemic by considering the unique characteristics

of the world's migrant population will be maximized if governments are proactive and open-minded.<sup>18</sup>

As the number of COVID-19 cases in the UK began to increase rapidly, the government implemented a healthcare policy that prioritized COVID-19 patients, temporarily suspending the practice of providing the same level of care to all patients. The reality of the pandemic prevents the system from distributing its resources to maintain accessibility for all. This means that some previously scheduled care for patients without COVID has been postponed, and people who are not infected with the virus are not given equal access to healthcare. These measures have the greatest impact on patients with chronic diseases such as diabetes mellitus or cancer whose treatment is postponed or even canceled. After the initial wave of infections subsides, severe stockpiling in the system makes the effects of these emergency measures more enduring.<sup>25</sup>

Even in times of severe resource tension, health inequality can be reduced if fairness is prioritized in the implementation of health policies. Therefore, it may be important in preventing the spread of COVID-19 in the community to address the main barriers to caring for underserved groups through individual policies and practices.<sup>25</sup> Despite improvements in laws and protections, migrant worker populations in Singapore and elsewhere continue to face long-standing issues such as unequal access to healthcare, information, and resources targeted towards the local populations of host countries, and even exclusion from national crisis response plans, especially pandemic

preparedness plans. To bridge this gap, NGOs play a crucial role as service providers, intermediaries between businesses and funding sources, and advocates for disadvantaged groups by voicing their concerns in cross-sector partnerships. Due to language and cultural barriers, it is difficult for general healthcare services to incorporate mental healthcare for this population. The high stigma of mental illness in the home country of migrant workers adds a heavy burden to the unmet need for specialized mental healthcare. The COVID-19 pandemic in Singapore has exacerbated these service shortages in the NGO sector, as widespread quarantines and isolation of migrant worker accommodations have drastically reduced NGO access to these services.<sup>31</sup>

## 5. Maternal and Child Health

Health issues among mothers and children are crucial among migrants, as they belong to a high-risk group. A study conducted by Carrasco-Sanz *et al.* (2018) assessed the perception of European pediatricians as primary healthcare providers for migrant children, examining their impressions of health issues and needs of migrant children, and barriers faced by migrant children and families in accessing healthcare. From the survey conducted on 482 pediatricians from 10 European countries, it was found that 63% of respondents reported that the general health of migrant children was worse than non-migrants (chronic diseases being the most common health problem), and 66% of pediatricians reported that migrant children have different health needs compared to non-migrant children. Cultural/language factors serve as barriers to accessing healthcare services, but only 37% of

providers have access to professional interpreters and cultural mediators. 52% and 32% did not know whether one or more family members were undocumented and whether they were refugees/asylum seekers. Recent guidelines for the care of migrant children were only available to 35% of respondents, and 80% of them have not received specialized training on the care of migrant children.<sup>27</sup>

In line with health issues among mothers and children of migrants, Siddaiah *et al.* (2018) conducted a study on the utilization of maternal healthcare among female migrant workers working in the brick kilns of Northern Haryana, India. The study involved 500 women of reproductive age, with a history of one childbirth and able to understand and speak Hindi. Based on the study findings, one-third of the women had received cash benefits under the Janani Suraksha Yojana (JSY) (a government of India national health mission) or had used free ambulance services. Related factors such as gaps in knowledge about the local healthcare system, substandard private healthcare services provided at the brick kilns, prevent migrant workers from accessing basic community healthcare services. Misunderstandings and lack of trust in the community healthcare system affect the utilization of maternal healthcare services by migrant women working in brick kilns, making them a vulnerable subgroup of the population in terms of maternal healthcare utilization.<sup>28</sup>

Another related study was conducted by Vesely *et al.* (2021), which delved deeper into the experiences and perspectives of Central American immigrant mothers on Early Care and Education



(ECE). This qualitative research involved 55 undocumented immigrant mothers from El Salvador, Guatemala, and Honduras. Based on the study findings, barriers to accessing quality ECE for their children were influenced by income insecurity and undocumented status. Accessing and maintaining quality ECE for them is an ongoing struggle throughout the early years of childhood. This study provides a greater understanding of how immigrant families adapt to the challenges of early childhood education and wider social inequalities and discusses implications for the delivery of ECE services that relate to the diversity of mixed-status Central American immigrant families.<sup>20</sup>

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## Conclusion

Equality in migrant communities in various countries remains an ongoing issue, particularly in terms of access to healthcare services for migrants in general, utilization of healthcare services and health-seeking behaviors, health literacy, healthcare services related to the COVID-19 pandemic, and maternal and child healthcare. Migrants who do not have proper documentation or are illegal, have black skin (black migrants) migrating to western countries, speak a different language, and lack understanding of their own health conditions due to a lack of health education caused by language barriers, are some of the factors that hinder migrants from achieving equality in the country where migrant communities are residing.

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## Conflict of Interest

The authors declare no potential conflicts of interest or competing interests. The authors

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