Challenges in delivering healthcare services among immigrants from Southeast Asia: A scoping review

Azulaikha Alias, MPH[1], Idzhar Azwan Mohd Idrus, MPH[1], Darryl Daring, MPH1, Nurliyana Azhar, MPH[1], Wan Hafizu Wan Mohamad Lotfi, MPH[1], Abdul Rahman Ramdzan, DrPH[1,2], Afiq Izzudin A Rahim, DrPH[3]

[1]Department of Public Health Medicine, Faculty of Medicine & Health Sciences, Universiti of Malaysia Sabah, Jalan UMS, Kota Kinabalu 88400, Malaysia, [2]Health Economic Evaluation Research (HEER) Group, Universiti of Malaysia Sabah, Jalan UMS, Kota Kinabalu 88400, Malaysia, [3]Department of Community Medicine, School of Medical Sciences, Health Campus, Universiti Sains Malaysia, 16150, Kota Bharu, Kelantan

ABSTRACT

Introduction: Cross-border migration presents increasing challenges to healthcare systems globally. Ensuring equitable healthcare access for immigrant populations, particularly in Southeast Asia, requires a thorough understanding of the barriers to effective service delivery. This scoping review aimed to synthesize the existing literature on the challenges related to the delivery of healthcare services to immigrant communities from Southeast Asia.

While previous studies (e.g., Brandenberger et al., 2019) applied the 3C framework to migrants and refugees globally, this review generates new insights by focusing specifically on Southeast Asia, a region underrepresented in the literature. By applying the 3C model in this context, our review identifies region-specific challenges, such as immigration policies, financial barriers, and COVID-19 impacts, that extend beyond the findings of earlier global reviews.

Materials and Methods: A comprehensive search was conducted in ProQuest, PubMed, ScienceDirect, and Scopus databases on October 13, 2024, for studies published between January 1, 2011, and October 13, 2024. The search strategy used tailored keywords, including "challenges," "healthcare services," "immigrants," and "Asia." Inclusion criteria focused on peer-reviewed, English-language articles reporting on challenges in healthcare service delivery among immigrant populations in Southeast Asia. Data extraction and synthesis were guided by the 3C model: communication, continuation of care, and confidence in the healthcare system.

Results: The search identified 656 records, of which 7 studies met the inclusion criteria after a multi-stage screening process. Key challenges identified across the included studies were: Communication barriers, including language differences, cultural misunderstandings, and limited health literacy; Issues with continuation of care, such as poor health literacy, difficulties navigating healthcare systems, barriers to accessing services (e.g., due to legal status or financial constraints), and lack of coordination between healthcare and social services; and Lack of confidence in the healthcare system, stemming from distrust, lack of understanding, and negative experiences, including perceived discrimination.

Conclusion: This review highlights the complex challenges in delivering healthcare services to immigrants from Southeast Asia. These challenges, encompassing communication, continuation of care, and confidence, necessitate targeted and multifaceted interventions. Addressing these issues through culturally competent care, enhanced communication strategies, and policy reforms that promote equitable access is crucial for improving the health and well-being of immigrant populations and fostering more inclusive healthcare systems within the region.

KEYWORDS:
Healthcare access immigrants, Immigrant health challenges, Healthcare disparities, Southeast Asia immigrant health, Migrant health services

INTRODUCTION

Cross-border migration has garnered significant attention globally in recent decades. The International Organization for Migration (IOM) reports that the estimated number of international migrants reached 214 million, constituting approximately 3% of the global population.[1] By 2020, this number had increased, with Asia hosting 85.6 million migrants.[2] Achieving high-quality and equitable healthcare services requires extensive planning and effort to overcome the challenges and complications that come in the way of success. For many countries, this has been made more complicated by the surge of immigrants' influx.[3]

From the perspective of some local citizens, both undocumented and documented immigrants are viewed as a threat to the local population in terms of health, security, economy, and environment.[1] This perception can lead to the neglect of the rights of immigrants, particularly in receiving equitable healthcare services, and may result in discriminatory practices within healthcare settings. Effective healthcare service delivery necessitates clear communication. However, immigrants often face challenges such as language barriers, cultural differences, limited knowledge of the host country's healthcare system, financial constraints, and discriminatory practices. These challenges hinder effective communication, continuity of care, and trust in healthcare systems.[1,2]

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Corresponding Author: Afiq Izzudin A Rahim
Email: drafiqrahim@usm.my

Specifically, previous research has identified language, cultural differences, and a lack of knowledge regarding the host country's healthcare system as common challenges faced by immigrants.[3] Further studies have highlighted issues such as financial constraints, referral problems, and police involvement,[4] as well as discrimination based on factors like religion, sex, and place of origin.[5] In Malaysia, studies have shown that access to healthcare services by immigrant communities is limited due to language barriers, financial issues, discrimination, and physical inaccessibility,[6] with similar challenges reported among non-citizen laborers.[7] A qualitative study in Malaysia also identified social and cultural differences, inadequate livelihood, health literacy, lack of knowledge about the healthcare system, and a lack of inclusivity for refugees and asylum-seekers as key barriers.[8]

To systematically explore these multifaceted challenges, this scoping review adopts the 3C framework, which encompasses Communication, Continuation of Care, and Confidence in the healthcare system. The 3C model, introduced by Brandenberger 2019, offers a comprehensive and patient-centered approach to understanding healthcare barriers among migrants and refugees.[27] It emphasizes the dynamic interplay between patient-provider interaction, system navigation, and institutional trust. This framework is especially relevant to immigrant populations, where language barriers, health literacy deficits, and cultural mismatches often converge to disrupt effective service delivery. Incorporating the 3C model allows for an organized synthesis of the literature, offering insights not only into the direct healthcare interactions but also into broader systemic and psychosocial factors affecting healthcare utilization.[11]

From the public health perspective, a shortfall in delivering healthcare services for vulnerable immigrant groups could have significant negative implications on the health of the local population. This is highlighted in the Sustainable Development Goals (SDG), which is to end some of the communicable disease epidemics by achieving Universal Health Coverage (UHC).[9] While previous studies applied the 3C framework to migrants and refugees globally, this review generates new insights by focusing specifically on Southeast Asia, a region underrepresented in the literature. By applying the 3C model in this context, our review identifies region-specific challenges, such as immigration policies, financial barriers, and COVID-19 impacts, that extend beyond the findings of earlier global reviews. This review aims to explore and synthesize existing literature on the challenges in delivering healthcare services to immigrant communities from Southeast Asia, using the 3C model (Communication, Continuation of Care, Confidence).

MATERIALS AND METHODS

This scoping review was conducted following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) guidelines.[10] This framework ensures a transparent and systematic approach to mapping the existing literature on challenges in healthcare service delivery to immigrant populations.

Data sources and Searches

A comprehensive search was performed in ProQuest, PubMed, ScienceDirect, and Scopus databases on October 13, 2023, for studies published between January 1, 2011, and October 13, 2024 (i.e., from the end of 2010 to October 13, 2024), and limited to English language publications. The time frame (2011–2024) was used to include recent studies and reflect current healthcare challenges, including those during the COVID-19 pandemic. The search strategy was tailored to each database to maximize the retrieval of relevant articles. The following search terms were used as shown in Table I.

Eligibility Criteria

This review excluded studies with restricted or limited access. While this may have reduced the breadth of included literature, the decision ensured that all selected studies were accessible in full text for rigorous quality assessment and data extraction. This approach enhances transparency and replicability but may have introduced a limitation, which is acknowledged in the Discussion section.

The review included studies focusing on challenges in healthcare service delivery among immigrant populations from Southeast Asian countries. Studies were included if they were original, peer-reviewed articles published in English. The review excluded letters to the editor, conference papers, proceedings, and abstracts, as well as studies focusing on healthcare challenges outside the Southeast Asian region. Grey literature was excluded to ensure the review focused on peer-reviewed studies, which are generally more reliable, consistent, and scientifically validated. There were no eligibility limits for the population studied, the intervention used, the comparative parameters, the study results, or the study design. Only studies with open access or available through open archives were included, to ensure full-text availability for quality assessment and data extraction.

Study Selection

The second reviewer independently assessed 20% (n = 2) of the full-text articles for eligibility. The agreement rate between the primary and secondary reviewer was 100%, demonstrating strong consistency in the application of inclusion and exclusion criteria.

To ensure quality and consistency, 20% of the full-text articles were independently reviewed by a second reviewer. Inter-reviewer agreement was high, with minimal discrepancies that were resolved by consensus with a third reviewer.

Table I: Search Terms Used in This Scoping Review

(challenges OR barriers) AND (healthcare OR health services) AND (immigrants OR migrants) AND (Southeast Asia OR Asia Or Brunei OR Myanmar OR Cambodia OR Timor Leste OR Loas OR Malaysia OR Philippines OR Singapore OR Thailand OR Vietnam OR Indonesia)

Table V: Integrated Performance Measures for Output-Oriented BCC DEA Model

No	Title & Author's	Population	Country	Journal	Study Typology	Main objective	Main objective
1.	Preventive knowledge, attitude, and vaccination challenges for COVID-19 among Myanmar refugees and irregular migrants in Malaysia (Khai and Asaduzzaman, 2023) [12]	Myanmar irregular migrant workers and refugees 25 May to June 20, 2021	Malaysia	Vaccine: X	Mixed methods	To explore COVID-19 prevention knowledge, attitudes, and vaccination challenges among refugees and irregular migrants from Myanmar in Malaysia	Communication, Continuation of Care
2.	Perceived barriers of accessing healthcare among migrant workers in Thailand during the coronavirus disease 2019 (COVID-19) pandemic: a qualitative study (Uansri et al., 2023) [13]	Stakeholders from health and non-health sectors in Thailand from July to October 2021	Thailand	International Journal of Environmental Research and Public Health	Qualitative	To examine the key health concerns and barriers during the COVID-19 pandemic on healthcare access among migrant workers in Thailand through the lens of policymakers, healthcare professionals, experts on migrant health, and migrant workers.	Communication, Continuation of Care, Confidence
3.	Fever and health-seeking behaviour among migrants living along the Thai Myanmar border: a mixed-methods study (Khirikoekkong et al., 2023) [14]	Undocumented migrant workers, and cross-border villagers from Myanmar with high mobility and travel around the border area without official permits 14 June to 19 December 2019	Thailand/ Myanmar	BMC Infectious Diseases	Mixed methods	To investigate the concept of fever and the determinants influencing health–seeking behaviours among migrants on the Thai–Myanmar border, where rapid economic development collides with precarious political and socio–economic conditions	Communication, Continuation of Care
4.	Barriers to Health and Social Services for Unaccounted-For Female Migrant Workers and Their Undocumented Children with Precarious Status in Taiwan: An Exploratory Study of Stakeholder Perspectives Wang and Lin, 2023) [15]	12 stakeholders, well-versed in immigrants-related issues August 2019 and May 2021	Taiwan	International Journal of Environmental Research and Public Health	Qualitative	This study explores the accessibility and availability of social services for unaccounted-for female migrant workers and their undocumented children with precarious status	Continuation of Care
5.	Access to Health-Related Information, Health Services, and Welfare Services among South and Southeast Asian Immigrants in Japan: A Qualitative Study (Matsuoka et al., 2022) [16]	Foreign students September to November 2021	Japan	International Journal of Environmental Research and Public Health	Qualitative	To explore the barriers and promoting factors for their access to health-related information, health services, and welfare services during the first wave of COVID-19	Communication, Continuation of Care
6.	Factors influencing healthcare-seeking behaviour among Muslims from Southeast Asian countries (Indonesia and Malaysia) living in Japan: an exploratory qualitative study (Kohno et al., 2022) [17]	Muslims in Japan from Southeast Asian countries (Indonesia and Malaysia)	Japan	BMJ Open	Qualitative	To identify factors influencing healthcare-seeking behaviours and to explore issues with healthcare experiences of Muslims from Southeast Asian countries (Indonesia and Malaysia) living in Japan.	Communication, Continuation of Care, Confidence
7.	Health literacy as the missing link in the provision of immigrant health care: A qualitative study of Southeast Asian immigrant women in Taiwan (Tsai and Lee, 2016) [18]	Southeast Asian immigrant women and a wide range of stakeholders	Taiwan	International Journal of Nursing Studies	Qualitative	To explore and understand specific language and communication problems experiences by Southeast Asian immigrant women in Taiwan.	Communication, Continuation of Care, Confidence

Table III: JBI Critical Appraisal Checklist for Qualitative Research

No	Author	1	2	3	4	5	6	7	8	9	10	Score
1	Khai & Asaduzzaman (2023, Malaysia)	+	+	+	+	+	-	+	+	+	+	9
2	Uansri et al. (2023, Thailand)	+	+	+	+	+	-	-	+	+	+	8
3	Khirikoekkong et al. (2023, Thai-Myanmar border)	+	+	+	+	+	-	+	+	+	+	9
4	Wang & Lin (2023, Taiwan)	+	+	+	+	+	-	-	+	+	+	8
5	Matsuoka et al. (2022, Japan)	+	+	+	+	+	-	-	+	+	+	8
6	Kohno et al. (2022, Japan)	+	+	+	+	+	-	-	+	+	+	8
7	Tsai & Lee (2016, Taiwan)	+	+	+	+	+	-	+	+	+	+	9

Duplicates were removed from the electronic search results after they were exported to Microsoft Excel. The primary reviewer determined which studies should be included. One reviewer extracted data from full-text reviews, with another independently evaluating 20% of these papers to assess eligibility and consistency. Any disagreements about study inclusion were settled with the help of a third reviewer.

Data Extraction

Data from the included studies were extracted and summarized in a table format (Table II). Extracted data included information such as study country, context, sample, applied methodology, and study objectives. Figure 2 summarizes the review process using the PRISMA-SCR diagram.

Data Synthesis

The 3C model, as illustrated in Figure 1, comprising communication, continuation of care, and confidence in the healthcare system, served as the framework for synthesizing the findings of this scoping review.[11]

To clearly organize the results, we used the 3C framework, Communication, Continuation of Care, and Confidence, based on definitions from Brandenberger 2019.[27] We followed these simple rules:

- Communication: Included issues with language, health information, or cultural misunderstandings between patients and providers.
- Continuation of Care: Included problems with access to services, follow-up care, legal or financial barriers, and system navigation.
- Confidence: Included trust in healthcare, fear of discrimination, and whether patients felt respected or safe using services.

Each study's findings were reviewed and sorted into these categories based on what the challenges were mainly about. If a finding related to more than one area, we placed it in the most relevant category and discussed overlaps when needed.

RESULTS

Study Selection

The electronic database search yielded a total of 656 records. The distribution of records across the databases was as follows: 129 from ProQuest, 515 from ScienceDirect, 9 from PubMed, and 3 from Scopus. Following the removal of 424 records due to non-open access or irretrievability and 5 duplicates, 227 records remained. Title and abstract screening resulted in the exclusion of 216 records deemed irrelevant to the review topic. Eleven records underwent full-text review for eligibility assessment, and 4 records were subsequently excluded as they focused on challenges outside the Southeast Asian region. Consequently, 7 studies met all inclusion criteria and were included in this scoping review. The study selection process is illustrated in Figure 2.

Study Characteristics

The seven studies included in this review comprised five qualitative studies and two mixed-methods studies. The qualitative studies utilized methods such as in-depth interviews and focus group discussions. The studies focused on diverse immigrant populations, including migrant workers, refugees, and women in transnational marriages, originating from countries such as Myanmar, Thailand, Vietnam, and various Southeast Asian countries. The research settings varied, encompassing both urban and rural areas within countries like Malaysia, Thailand, Taiwan, and Japan. The publication years of the included studies ranged from 2014 to 2024. Key characteristics of the included studies are summarized in Table I.

Synthesis of Findings

The findings of this review, synthesized using the 3C model, revealed several challenges in the delivery of healthcare services to immigrant populations in Southeast Asia. These challenges are categorized under communication, continuation of care, and confidence in the healthcare system.

Communication

Challenges related to communication were consistently reported across the included studies.[12-14,16-18] These challenges manifested as language barriers between healthcare providers and immigrant patients.[13,18] Some studies highlighted difficulties in obtaining accurate medical histories and providing effective health education due to these language differences.[12,13,18]

Continuation of Care

Several factors impeded the continuation of care for immigrant populations.[12-18] These included limited health literacy among immigrants, which hindered their ability to navigate the healthcare system effectively.[17,18] Access to healthcare services was also affected by financial constraints[12,13] and, in some cases, by the lack of legal status.[14] Moreover, coordination between healthcare providers and social welfare was also reported as a further way to enhance attendance at medical appointments and reduce health information loss.[16]

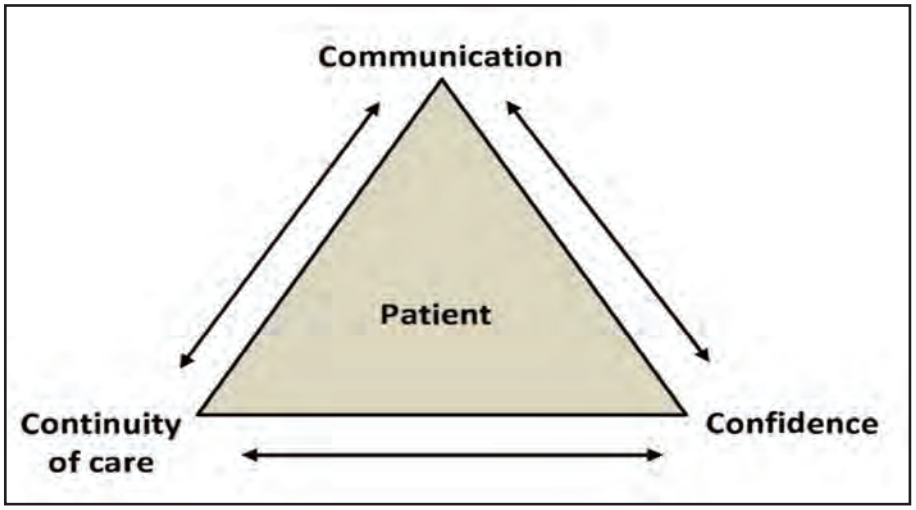

Fig. 1: Conceptual framework of the scoping review

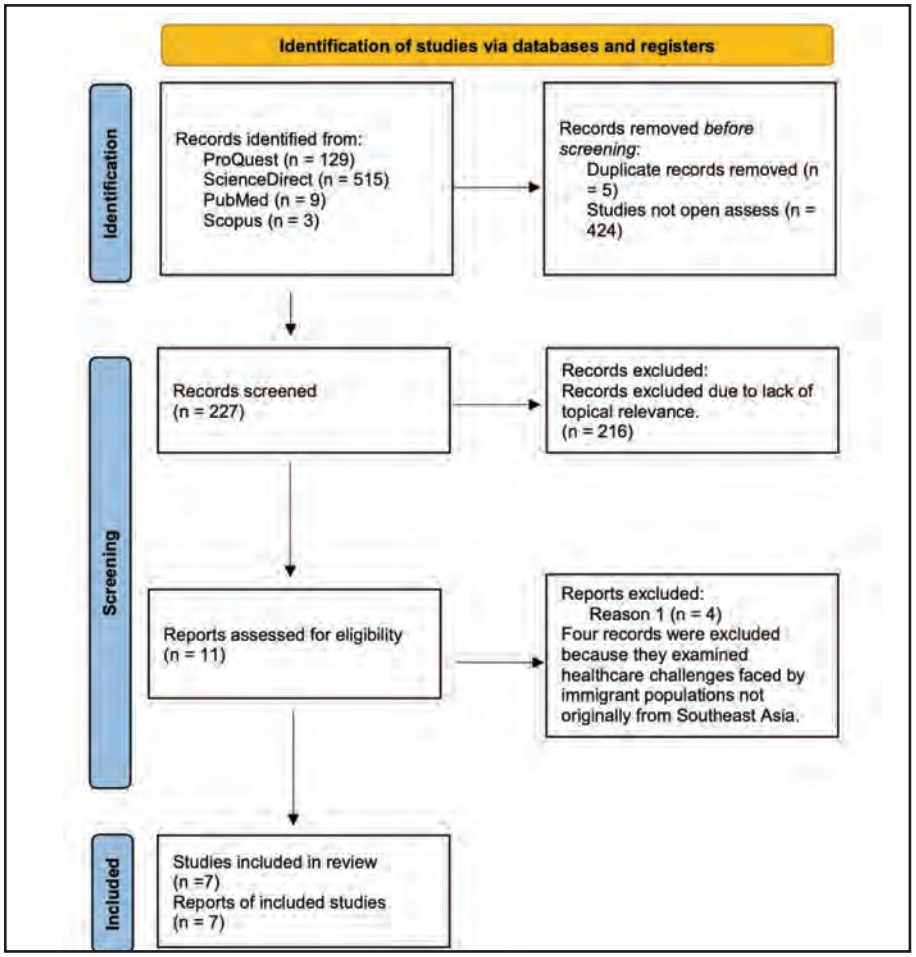

Fig. 2: PRISMA-SCR diagram of the reviewing articles

Confidence

Challenges related to confidence in the healthcare system were also identified.[13,17,18] These challenges included a lack of trust in healthcare providers and institutions.[17] Also, gaps in interpersonal communication skill and significant service adjustment as happened during the COVID-19 pandemic can further drive them away from accessing proper healthcare.[13,18] In addition, negative experiences with healthcare services, including perceived discrimination, contributed to this lack of confidence.[13]

DISCUSSION

This scoping review sought to determine the challenges related to the delivery of healthcare services for immigrant communities in Southeast Asia. The review's findings,

synthesized through the 3C model (communication, continuation of care, and confidence in the healthcare system), illuminate the complex and interconnected nature of these challenges.

Communication

Communication, a cornerstone of effective healthcare delivery, presents multifaceted challenges for immigrant populations. Our review consistently identified language barriers, cultural misunderstandings, and limited health literacy as significant impediments to accessing and utilizing healthcare services.

Language barriers are a pervasive issue, creating difficulties in the interaction between healthcare providers and immigrant patients. This finding is consistent with a previous systematic review which also highlighted language as a key challenge.[3] Similarly, studies in other regions have also underscored language as a major obstacle, reinforcing the global relevance of this issue.[19,20] The inability to communicate effectively hinders accurate history taking, diagnosis, and the provision of appropriate health education and counselling. Also, previous studies illustrated that these linguistic challenges could compromise the quality of care and lead to misunderstandings that erode trust and impede treatment adherence.[13,18]

However, the communication challenges extend beyond mere linguistic proficiency. Cultural differences profoundly influence health beliefs, practices, and help-seeking behaviours. Studies highlighted that even when immigrants possess some level of host-country language skills, navigating the healthcare system can be challenging due to a lack of understanding of the specific cultural norms and expectations within healthcare settings.[16,17] This aligns with Concilio, Costa who also stated that migrants' access to healthcare services in foreign countries is challenging due to insufficient language proficiency, cultural understanding and systemic awareness. Healthcare systems are often designed around the dominant culture, and immigrants may encounter difficulties in understanding healthcare information, expressing their concerns, and participating in decision-making processes. This can lead to feelings of alienation, disempowerment, and a reluctance to engage with healthcare services.[21]

Furthermore, limited health literacy exacerbates communication challenges. Many immigrants may have low levels of health literacy, which hinders their ability to obtain, process, and understand basic health information and services. This can result in difficulties in navigating the healthcare system, understanding treatment plans, and engaging in preventive care. As highlighted in our review, low health literacy interacts with language and cultural barriers to create a complex web of challenges that impede effective communication and access to care.[15,18]

Our review also brought to light the additional vulnerability faced by undocumented migrants, who often experience significant communication barriers due to fear of legal repercussions and limited access to regulated health services.[12] This vulnerability may lead them to seek alternative, unregulated sources of care, such as self-medication or traditional healers, which can pose risks to their health.[14]

It is also important to acknowledge the role of healthcare providers in facilitating effective communication. As reported by Uansri, Kunpeuk [13], negative attitudes and lack of cultural competence among healthcare staff can create communication barriers and erode trust among immigrant populations. Professionalism and empathy are crucial in engaging with clients regardless of background status.

In addressing these multifaceted communication challenges, healthcare systems must implement comprehensive strategies that include providing access to professional language interpretation services, promoting cultural competence training for healthcare providers, and developing culturally appropriate health education materials. Community-based interventions that utilize cultural brokers or community health workers can also be effective in bridging the communication gap and improving access to care for immigrant populations.[22]

Continuation of Care

Ensuring the continuation of care for immigrants presents a complex set of challenges, intricately linked to health literacy, access to healthcare services, and effective institutional collaboration. Our review underscores the interplay of these factors in shaping the experiences of immigrant populations within Southeast Asia.

Health literacy plays a pivotal role in enabling individuals to navigate healthcare systems effectively and engage in appropriate self-care practices. As highlighted by Brandenberger, Tylleskär (11), health literacy, or the education of migrants and refugees about the host country's healthcare system, is critical for enabling these individuals to traverse varied healthcare landscapes effectively. However, language barriers, cultural differences, and a lack of familiarity with the host country's healthcare system can significantly impede health literacy among immigrants. This is consistent with findings in Malaysia, where health literacy and lack of knowledge about the healthcare system were identified as key barriers.[8] As demonstrated by another studies, language barriers not only hinder communication between providers and patients but also limit immigrants' ability to access and understand health information, leading to difficulties in managing their health and utilizing healthcare services appropriately.[17,18] For example, migrant clients in Japan may have the hassle of being turned down by the emergency department if they are visiting the facility without using an ambulance.[17]

Access to healthcare services is a fundamental determinant of health and well-being, and our review highlights the significant barriers that immigrants face in accessing care. Financial constraints, including poverty, unemployment, and lack of health insurance, are major impediments to accessing healthcare services.[6,13] These financial barriers are often exacerbated by unstable employment and limited access to social support, particularly during crises such as the COVID-19 pandemic.[23] Furthermore, the absence of legal

status creates additional barriers to accessing care, as undocumented immigrants may fear detention, deportation, or denial of services.[12,14] The fear of accessing healthcare due to legal repercussions is a significant concern, particularly when referring a patient to a high facility level, such as a hospital.[14]

Effective coordination and collaboration between healthcare providers and social welfare agencies are crucial for ensuring continuity of care and addressing the complex needs of immigrant populations. As Matsuoka, Kharel (16) suggested, this coordination is crucial for ensuring migrants have access to necessary healthcare services and that their health information is maintained and transferred appropriately between various points of care. Immigrants often require a range of social services, including housing, employment, and legal assistance, in addition to healthcare services. Integrated care models that facilitate communication and collaboration between different sectors can improve access to services, enhance care coordination, and address the social determinants of health. This is particularly important for vulnerable subgroups within the migrant population, such as women and children, who may face additional challenges related to prenatal care, vaccinations, and legal status.[15]

Addressing these challenges requires a multi-faceted approach that includes strengthening health literacy among immigrant populations, reducing financial and legal barriers to healthcare access, and promoting integrated care models that facilitate collaboration between healthcare and social services. Policy interventions aimed at expanding health insurance coverage, providing language assistance services, and supporting community-based health programs can improve access to care and promote health equity for immigrant populations.

This study advances the application of the 3C framework by situating it within the Southeast Asian context, highlighting unique barriers not emphasized in previous reviews. These include the intersection of undocumented status with healthcare denial, culturally specific health-seeking behaviors among migrant subgroups, and the compounding effect of the COVID-19 pandemic. Thus, our review contributes new knowledge by contextualizing the 3C model to a region facing distinct migration patterns and healthcare governance structures.

Confidence

Confidence in the healthcare system is crucial for immigrants to engage with and utilize healthcare services effectively. Our review highlights the factors that influence confidence, including trust in healthcare providers and institutions, a sense of agency within the healthcare encounter, and the impact of healthcare system design and delivery.

Trust in healthcare providers and institutions is a cornerstone of the patient-provider relationship and a key determinant of healthcare utilization and adherence. As highlighted by Simpson (24), this trust is developed through a combination of personal encounters and an overall belief in the system's ability to respond to one's specific requirements. However, immigrants may experience a lack of trust due to various factors, including communication barriers, cultural misunderstandings, and negative experiences within the healthcare system. Language barriers and low health literacy can contribute to misunderstandings and a perception of being treated unfairly, eroding trust and creating a sense of alienation.[25] As indicated by Kohno, Dahlui (17), gaps in interpersonal communication can further drive them away from accessing proper healthcare. Negative experiences, such as perceived discrimination or lack of cultural sensitivity among healthcare providers, can also undermine trust and create a reluctance to seek care. As reported during the peak of the pandemic, negative attitudes among staff towards migrants, represents a breakdown in professionalism and empathy.[13]

A sense of agency, or the ability to control a situation, is also essential for fostering confidence in the healthcare system. Migrants often experience a loss of control due to language barriers, lack of understanding of the healthcare system, and power imbalances in the patient-provider relationship.26 When healthcare systems are not designed with the needs of a diverse population in mind, especially during crises like the pandemic, this loss of control and autonomy becomes even more pronounced, driving migrants further away from accessing care.[13] This can lead to feelings of disempowerment and a reluctance to engage with healthcare services.

The design and delivery of healthcare services also play a crucial role in shaping immigrants' confidence in the system. Healthcare systems that are not responsive to the needs of diverse populations, that lack cultural competence, or that are perceived as discriminatory can erode trust and create barriers to care. Significant service adjustment during the COVID-19 pandemic attributed partly to the constraints in the health system design of the host country in catering to migrants led them to be turned away when seeking healthcare.[13]

Building confidence in the healthcare system requires a multi-faceted approach that addresses the factors that undermine trust and agency among immigrant populations. This includes promoting cultural competence among healthcare providers, ensuring access to language assistance services, and creating healthcare environments that are welcoming, inclusive, and responsive to the needs of diverse populations. Community engagement and participatory approaches can also be effective in building trust and empowering immigrant communities to engage with healthcare services.

Strength

This scoping review has several important strengths. By applying the 3C framework (Communication, Continuation of Care, and Confidence) in the Southeast Asian context, it highlights barriers not emphasized in previous reviews, such as healthcare denial among undocumented migrants, culturally specific health-seeking behaviors, and the impact of the COVID-19 pandemic. This adds new knowledge beyond earlier global studies.

The review also follows PRISMA-ScR guidelines, ensuring a transparent and rigorous process. Its regional focus on

Southeast Asia fills a key gap, as most existing reviews emphasize high-income countries. By focusing on countries like Malaysia, Thailand, Japan, and Taiwan, the findings provide contextually relevant insights for policymakers and practitioners.

Lastly, by identifying gaps such as the limited data on undocumented migrants and the need for more non-COVID studies, this review sets a clear foundation for future research and policy development to improve immigrant health outcomes.

STUDY LIMITATION

A key limitation was the exclusion of restricted-access studies, which may have contained relevant insights. Including both open and restricted-access studies in future reviews could provide a more complete understanding of the challenges.
This review also has other limitations. The included studies varied in methods, populations, and healthcare settings, which reduces the generalizability of the findings. Focusing only on English-language publications may have excluded relevant studies in other languages, suggesting that future reviews should include multilingual sources. In addition, most of the studies were conducted during the COVID-19 pandemic, which may have influenced the findings. Future research should address these issues by using more diverse populations, multilingual approaches, and exploring challenges beyond the pandemic context.

CONCLUSION

This scoping review elucidates the complex challenges in delivering healthcare services to Southeast Asian immigrant communities. Guided by the 3C model, the findings reveal persistent barriers in communication, continuity of care, and trust in healthcare systems, issues compounded by language barriers, cultural differences, limited health literacy, and systemic inequities. To address these multifaceted challenges, policymakers and healthcare practitioners must prioritize the development and implementation of culturally tailored interventions. This includes investing in professional medical interpreters and multilingual health materials to overcome language barriers, training healthcare providers in cultural competence to build trust, and establishing care coordination programs to ensure seamless continuity of care. Furthermore, policy reforms should focus on reducing systemic inequities by enhancing access to affordable healthcare services and integrating community health workers who bridge cultural gaps. By adopting these targeted strategies, healthcare systems can improve outcomes for immigrant populations, promote equity, and foster a more inclusive and responsive regional healthcare infrastructure.

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