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Health Care Delivery in Malaysia as Perceived by Bangladeshi Migrant Workers

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ABSTRACT

Background: Perception of health care delivery affects the utilisation of the services by the recipients.

Objective: This study attempted to assess Malaysia's health care delivery perceived by Bangladeshi workers in Sarawak, Malaysia.

Methods: A structured Likert scale questionnaire was used to assess health care delivery perception in Malaysia. A total of 314 data were collected from Bangladeshi workers through face-to-face interviews in a cross-sectional study design. A stepwise multiple linear regression analysis was done to determine the perceived accessibility, affordability, and equity in health delivery. IBM SPSS version 22.0 was used for data entry and analysis.

Results: The healthcare delivery was assessed by three domains viz. accessibility, affordability, and equity of care. A stepwise forward and backwards multiple linear regression analysis found that daily wage payment ($p < .001$), monthly income MYR 900-1300 ($p < .001$), and income MYR ≥ 1300 ($p < .001$) are strongly positively correlated with perceived health care. While factors, namely, manufacturing jobs, having no idea about health insurance, and adaptation of local culture, are negatively correlated with perceived health care ($p < .05$). The field note analysis revealed a mixed feeling of health care services in Malaysia by migrant workers.

Conclusion: This study's findings would be necessary to develop a migrant worker's friendly health care delivery policy in the country, which is affordable and equitable. The study could also be replicated in other migrant workers to examine and inform migrant health research.

Key Words: Accessibility, Afordability, Bangladesh, Equity, Malaysia, Migrant workers, Perception, Sarawak

INTRODUCTION

Since 1957, the Malaysian health care system had evolved from prescribing essential traditional remedies to providing world-class health care services.¹ In 1978 after the Alma Ata declaration, the government, through the Ministry of Health (MOH), has been reorganising its services.² The health care system of a country is designed to cater to populations' needs and a complete curative model. As time goes, the health care system faces new changes. From a doctor-illness focused era, the system stepped into more preventive care with a healthier lifestyle and risk prevention techniques.³ Health services covered all aspects of comprehensive health care, including preventive, promotive, curative, and rehabilitative care.⁴ The Ministry of Health leads the health care services in Malaysia.

The public healthcare system is heavily subsidised by the government, thus providing many affordable and comprehensive health care services to the public.³ The second major providers are private sectors.^{4,5} The services provided in the private sectors are the same as what the government sectors are providing, but the users pay all the cost for the services. The services are thus only for the community who can afford such luxury.⁶ Foreign workers, similarly, can patronise either private or public health care services. However, foreign workers are obliged to pay an equal amount of money in public and private health care centres.⁷ Agents of such workers are requested to provide private health insurance that covers hospitalisation and surgical charges at public hospitals. If the foreign individuals choose to patronise service in private centres, the cost is to be borne from their own pockets.

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