HEALTH SEEKING BEHAVIOURS AMONG MYANMAR MIGRANT WORKERS IN RANONG PROVINCE, THAILAND

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ABSTRACT : This study was conducted to access the health seeking behaviours among Myanmar migrant workers in Ranong Province, Thailand. The data was collected using a structured questionnaire to 388 Myanmar migrant workers during February 2009. Buying drugs from a drug store is the most common health seeking behaviours for the perceived minor health problems while going to the health centers for major health problems. Half of them stated they would go to the health centers only when their conditions get worse. Individual characteristics such as gender, occupation, registration status and place of resident were significantly associated with the going to the health centers with the *p-values* of 0.038, <0.001, 0.043 and <0.001 respectively. There also were significant associations between going to the health centers and accessibility to the healthcare services such as presence of health insurance, time taken to travel to the health centers and consultation fees (*p-values* 0.007, 0.001 and 0.004 respectively). Among the health centers, private clinics were preferred more than Government hospital and NGO clinics. Providing more health insurances and information on the coverage and benefits of them would be beneficial. Training and regular supervision of the drug stores are needed. Further studies of health seeking behaviours in other working groups and those who are not working should be carried out. Qualitative study on why migrants prefer the private clinics should also be undertaken.

Keywords: health behaviours, migrant, health service utilization

INTRODUCTION: Due to its geographic location in Southeast Asia, its open economy and its rapid development, Thailand becomes a destination country for migrants, especially from Myanmar, Laos and Cambodia. It is estimated that more than 2 million migrant workers are working and contributing to Thailand's economy[1)]. These migrant workers are working in unsafe environments, doing hard-risky-dirty work, having long hours at workplace, being in unhealthy surroundings, are unfairly paid and are also inequitably treated. These factors cause both physical and mental health problems to them[2)].They may also be prone to greater health risks than non-migrants if they lack knowledge about appropriate health behaviours, as well as if they cannot access health care services[3)]

A number of measures are undertaken by Government of Thailand to improve the health status of migrants. Despite this, they still have a lot of health problems. The registered migrant workers can now access to government health services under the 30 Baht scheme through the National Health Plan, however, the large number of unregistered migrants experience financial, security, cultural, language and geographic barriers in obtaining health services. The mobility of the population, combined with access barriers, contributes to increased morbidity and mortality[4)].

To develop a rational policy to provide efficient, effective, acceptable and accessible healthcare services, it is important to understand the drivers of "health - seeking behaviours" of the population in a complex health care system. Investing in health with the right understanding, the right approach and the right plan should be the point of advocacy[5)]. In spite of such concerns, studies on the health seeking behaviours of Myanmar migrants are scarce. Consequently, in order to better understand the situation of cross-border migrants in Thailand, this study focused on health seeking behaviours of Myanmar migrants. The findings in this study would help health care professionals manage the factors that either benefit or burden the migrants' health seeking

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and provide evaluation feedback to health care policy makers.

MATERIALS AND METHODS: A cross-sectional study design with quantitative approach was used. Data was collected by face to face interviews using structured questionnaire. Study subjects were Myanmar migrant workers residing in Muang District, who were 18 years and older, male and female, registered and unregistered from 5 main types of occupation; fishing, seafood processing, construction, agriculture and factory. A total of 388 subjects were included. Convenience sampling method was used until the required sample size is obtained from each occupation group. The interviews were done at the workplaces and also in their residences depending on their free time. Ethical criteria were considered and signed consents were also collected. SPSS software was used for data analysis. Chi-square test was applied to identify the relationship between individual characteristics, accessibility to healthcare services and the most common health seeking behaviour, i.e. going to the health centers, for the perceived major health problems of the migrants.

RESULTS AND DISCUSSION: The majority of the respondents were youth and young adults with the age of 18 to 35 years old. Most of them were Burmese and Dawei. The ratio of married to single was about 1.2 and the education level of the majority was in low and middle level. Around half of them stayed in Ranong for 1 to 5 years. Factory workers, seafood processing workers and fishermen were the majority in this study. Around half of them have 1,500 to 3,000 Baht as their average net household income. The percentage of registered workers was 32.2 % (table 1).

Most of the migrants would often buy drugs from drug store if they think their health problems are minor (table 2). Drug stores are often the first and only source of health care outside home for a majority of patients in developing countries[6].

Table 1 Distribution of respondents

Variables	Frequency	Percentage
Gender (n=388)		
Male	266	68.6
Female	122	31.4
Current occupation (n=388)		
Fishing	83	21.4
Seafood processing	129	33.2
Construction	25	6.4
Agriculture	20	5.2
Factory	131	33.8
Registration status (n=388)		
Registered	125	32.2
Unregistered	263	67.8

Table 2 Health seeking behaviours for minor health problems*

Health seeking behaviours (n=388)	Percentage		
	Always+Often	Sometimes	Never
Buy drugs from a drugstore	52.3	36.6	11.1
Take a rest	29.6	44.8	25.5
Do nothing	3.4	35.6	61.1
Do exercise	9.0	29.1	61.9
Take herbs	6.2	27.6	66.2
Go to Government health services	6.4	22.9	70.6
Go to private health services	1.3	26.0	72.7
Go to NGO health services	1.3	17.5	81.2
Consult traditional healer	3.6	8.8	87.6
Consult monk	0.0	2.6	97.4

*Multiple responses allowed.

For major health problems, the migrants usually took a rest from their works and went to health centers for treatment. Buying drugs from drugstores was also seen (table 3). Private clinics are the preferred than Government hospital and NGO clinics. This finding is supported by a study done in Kanchanaburi province[3]. It was stated in this study that migrants are likely to use private health services largely because these clinics are convenient to access in terms of time and transportation. In private clinics, they do not need to wait for a long time to see the doctor, as they would when using government hospital services. Moreover, private service providers do not ask for migrants' identification cards or about their backgrounds.

Table 3 Health seeking behaviours for major health problems*

Health seeking behaviours (n=305)	Percentage		
	Always+Often	Sometimes	Never
Take a rest	45.2	13.4	41.3
Go to private health services	38.0	17.4	44.6
Go to Government health services	31.5	18.7	49.8
Buy drugs from a drugstore	7.5	37.4	55.1
Go to NGO health services	7.2	14.1	78.7
Take herbs	0.7	12.8	86.6
Do exercise	2.0	10.8	87.2
Consult traditional healer	0.7	8.9	90.5
Consult monk	0.0	1.3	98.7
Do nothing	0.0	1.3	98.7

*Multiple responses allowed.

Around half of the migrants would not go to the health centers until their conditions become worse (table 4). This is in accordance with another study in Thailand in which it was stated that many Myanmar migrants fail to seek health care services or wait until their health deteriorates considerably, which often leads to life threatening consequences[7].

Table 4 Time to visit the health centers

Time to visit the health centers (n=388)	Frequency	Percentage
Realize that there is a health problem	139	35.8
When daily activities are disturbed	47	12.1
Only when the health condition gets worse	202	52.1

Table 5 showed that there was a significant association between gender and going to the health centers (*p-value* 0.038). More women than man were going to the health centers. In Myanmar culture, women are not regarded as socially inferior. They are usually given equal chances. In terms of income, both men and women are working in this study and so there is no reason to suppress the women due to being dependent economically. Current occupation has a strongly significant relationship with going to the health centers (*p-value* <0.001). Apart from fishermen, migrants in other occupations tend to go more to the health centers for their health problems. Being fishermen, they were usually out in the sea for a long time and in addition to this, they all are men and so they were more likely to ignore their health problems. The registration status has significant association with health seeking behaviours (*p-value* 0.043). The registered migrants were more likely to use health services because they can go everywhere freely. It was noticed in Ranong that many of the migrants were unregistered and the thing they care most is their illegal status. These migrants were afraid of going to other places outside their home and workplace. They tried to hide when they saw a police as they fear of deportation. This registration status makes them to visit health centers less. Isarbhakdi and Guest also stated that access to services is usually more limited for international migrants, especially illegal migrants[8].

Place of resident has strongly significant relationship with going to the health centers (*p-value* <0.001). Migrants who were lodging in the work compound were more likely to use the health services because the work compound is like a small Myanmar community, where migrants can share news and information about the health services. Moreover, they can get more social support from others when they have health problems.

It can be seen from table 6 that there was an association between the presence of health insurance and going to the health centers (*p-value* 0.007). Migrants who had health insurance utilize the health services more than those who do not have. Health insurance here means not only the 30 Baht scheme but some employers were taking the responsibility for their workers' health problems. Time taken to travel to health center also has a significant relationship with visiting the health centers(*p-value* 0.001).

Table 5 Relationship between individual characteristics and going to the health centers

Individual Characteristics	Frequency (%) of going to the health centers				*p-value*
	Never		Ever		
Gender (n=305)					
Male	33	(16.3)	169	(83.7)	0.038*
Female	8	(7.8)	95	(92.2)	
Current occupation (n=305)					
Fishing	26	(38.8)	41	(61.2)	<0.001**
Seafood processing	9	(8.3)	100	(91.7)	
Construction	1	(5.6)	17	(94.4)	
Agriculture	0	0.0	16	(100.0)	
Factory	5	(5.3)	90	(94.7)	
Registration status (n=305)					
Registered	9	(8.2)	101	(91.8)	0.043*
Unregistered	32	(16.4)	163	(83.6)	
Place of resident (n=305)					
Lodging in work compound	5	(3.5)	137	(96.5)	<0.001**
rent apartment	31	(20.5)	120	(79.5)	
others	5	(41.7)	7	(58.3)	

* Significant at *p-value* ≤ 0.05

** Highly significant at *p-value* ≤ 0.01

But it is surprised to find out that migrants who stated it took longer time to get where health-centre utilization declined as the distance increased[9]. It might be due to the fact that some migrants were staying far from the center of the town yet they prefer to visit the health centers. Consultation fees were also significantly associated with going to the health centers (*p-value* 0.004). Migrants who think the consultation fees are not expensive for them would go more to the health centers than doing other self care activities and vice versa.

to the health services visited more. This finding is differing from a study in Cambodia

Improving access of health services for migrants by increasing the number of registrations would be beneficial, alternative way is to offer more health insurances to the workers by the employers. Cooperation and coordination among local health authorities, employers and workers is needed to do so. Providing more information on the coverage and benefits of using the 30 Baht scheme would enable them to take care of their health

Table 6 Relationship between accessibility and going to the health centers

Accessibility to health services	Frequency(%) of going to the health centers				*p-value*
	Never		Ever		
Presence of health insurance (n=305)					
Yes	9	(7.1)	117	(92.9)	0.007**
No	32	(17.9)	147	(82.1)	
Time taken to travel to health centers (n=305)					
Less than 15 minutes	26	(21.7)	94	(78.3)	0.001**
15-30 minutes	9	(12.2)	65	(87.8)	
More than 30 minutes	6	(5.4)	105	(94.6)	
Consultation fees (n=305)					
Expensive	25	(20.2)	99	(79.8)	0.004**
Not expensive	16	(8.8)	165	(91.2)	

** Highly significant at *p-value* ≤ 0.01

more by going to the health services and it would also reduce their expenses of visiting the private clinics. Training and regularly supervising the drug store keepers who stock the drugs that are widely used by migrants can help reducing the use of sub-curative doses. Further studies of health seeking behaviours could be carried out in migrants of other working groups and also in those who are not working. Qualitative study on why migrants prefer to go to the private health centers should also be undertaken.

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