CHAPTER VI

CONCLUSION AND RECOMMENDATIONS

6.1 Conclusion

This study was done in Muang District, Ranong Province. A total of 388 Myanmar migrant workers who were working as fishermen, seafood processing workers, construction workers, agriculture workers and factory workers participated in the study. Data was collected by using the structured questionnaire during February, 2009.

The main objective of the study was to find out the health seeking behaviours and factors related to those behaviours among Myanmar migrant workers in Ranong Province, Thailand. The specific objectives were to describe the individual characteristics including living and working conditions, to describe accessibility of healthcare services, to describe the health seeking behaviours for perceived minor and major health problems and to determine the relationship between (1) individual characteristics, (2) accessibility to health care services and health seeking behaviours for the perceived major health problems of the migrants.

SPSS software was used for data analysis. Chi-square test was used to identify the relationship between independent variables and the most common health seeking behaviour which is going to the health centers, to compare the accessibility between Government and private health centers and to find the possible relationship between independent variables and the choice of these two healthcare services.

Age of the respondents ranged from 18 to 63 years but the majority were between 18 to 35 years. Around two thirds of them were males. Half of the migrants

were Burmese and one third was Dawei ethnics. Almost all of them were Buddhists. Around half of them were married. The majority of migrants attained primary or middle school. 46.9% had been in Ranong for 1 to 5 years and 59% of all the migrants had never go back to Myanmar. 44.1% of the migrants had average net household income of 1,500 to 3,000 Baht per month while 33.8% had less than 1,500 Baht per month. Around two third of the respondents were unregistered. Regarding Thai language skill, 50% of the respondents can speak basically. 52.3% of them smoke while 34.0% had a drinking habit. Around two third of the respondents decided what to do by themselves when they have health problems. 34.5% of the respondents had underlying health problems.

Around half of the respondents were lodging in the work compounds while other half stayed in rent apartments. The majority of the migrants had 1-5 people staying together in their house with only 1 room with 2 to 3 doors and windows. Latrines were usually attached inside the houses. Most of them were working more than 8 hours a day for more than 5 days per week. Most of the respondents were satisfied with light and ventilation/dust conditions, but some migrants were not satisfied with sound and smell conditions in their workplace.

Regarding accessibility, almost all of the migrants were accessible to the health care services and they were satisfied with the health centers they visited. But half of them stated they would go to the health centers only when their conditions get worse.

Buying drugs from a drug store was the most common health seeking behaviour for the perceived minor health problems while going to the health centers

for major health problems. Among the health centers, private clinics were preferred more than Government hospital and NGO clinics.

In this study, individual characteristics such as gender, occupation and registration status was significantly associated with the going to the health centers with p-value<0.005. Moreover, place of resident and number of working days of the migrants was significantly associated with going to the health centers too.

Regarding the accessibility to the healthcare services, there was a significant association between going to the health centers and presence of health insurance, time taken to travel to the health centers, consultation fees and opening time of the health center.

There was a significant association between duration of stay in Ranong, occupation, registration status, presence of health insurance and the choice of Government and private health centers. Between the Government and private health centers, there were significant differences in terms of consultation fees and waiting time between the two of them.

6.1 Recommendations

1. Improving access of health services for migrants by increasing the number of registrations

Based on the results, it can be determined that registration status is very important for migrants to access the health care services. Therefore, it is recommended to make migrant' registration more universal. For this, the cost of registration should also be reduced. 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.

2. Raising the awareness to use the 30 Baht scheme

It can be seen in this study that not all the registered migrants who can use the Government health services under 30 Baht scheme were utilizing their health insurance. Providing more information on the coverage and benefits of using the health insurance would enable them to take care of their health more by going to the health services and it would also reduce their expenses of visiting the private clinics.

3. Promoting the information about NGO health services

It is found out in this study that only few migrants were using the NGO health services. Perhaps those health centers could do some surveys to find out the reason why and make necessary adjustments. They also need to promote their health care activities among the migrants especially for those who are unregistered and/or who do not want to go to the Government hospitals.

4. Community health workers

Migrants especially the unemployed could be trained as community health workers so that they could assist as human resources in the provision of health services to the migrant community.

5. Supervision and training for the drugstores

In the majority of self-treatment options, compliance with drug regimens is always a problem. Often, patients take sub-curative doses, contributing to the problem of developing drug resistance. 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.

Moreover, the drugstores can be used as focal places to distribute the information, education, and communication (IEC) materials as these are the places that migrants usually come in the beginning of their health problems. These IEC materials should be appropriately designed for the culture and contexts of the migrants. The provision of health information through drug stores makes use of already established infrastructures that are familiar with the migrants.

6. Develop programs for chronic diseases and other health problems

Health Programs should not only focused on problems like HIV/AIDS, Tuberculosis and malaria in migrants, but also develop programs for chronic diseases and other health problems like gastritis and musculoskeletal disorders.

7. Health education/ health information to the employers and workers

The results show that migrant workers were satisfied with their working conditions except sound and smell conditions. One strategy to improve these conditions is to inform these findings to the employers so that they could check these conditions and make improvements if possible. Moreover, information such as using ear-plugs and masks to prevent the unfavorable conditions in the workplace could be given to the workers.

8. Recommendation for further study

As the findings of this study show there is a significant association between occupation and health seeking behaviours, 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 be undertaken.

A study on living and working conditions and their possible effects on health should also be done.