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Mila Nu Nu Htay
Department of Community Medicine, Melaka-Manipal Medical College, Manipal Academy of Higher Education (MAHE), Melaka, Malaysia,, drmlnnh@gmail.com

Lwin Mie Aye
Community Medicine Department, International Medical University, Kuala Lumpur, Malaysia, drmlnnh@gmail.com

Lin Phyo Phyo San
Department of Medicine, Faculty of Medicine and Health Sciences, University Tunku Abdul Rahman, Kuala Lumpur, Malaysia, drmlnnh@gmail.com

Zay Yar Naing
Department of Medicine, Faculty of Medicine and Health Sciences, University Tunku Abdul Rahman, Kuala Lumpur, Malaysia, drmlnnh@gmail.com

Soe Moe
Department of Community Medicine, Melaka-Manipal Medical College, Manipal Academy of Higher Education (MAHE), Melaka, Malaysia, drmlnnh@gmail.com

Original Article

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Mila Nu Nu Htay*, Lwin Mie Aye, Lin Phyo Phyo San, Zay Yar Naing, Soe Moe

Email: drmlnnh@gmail.com

Abstract

Introduction: The rapid development of socio-economic status in Malaysia has become a driving force to increase the influx of foreign migrant workers. This study aimed to explore the health-seeking behaviour of Myanmar migrant workers in Malaysia by identifying the common illnesses, types of accidents occurred, types of healthcare providers being sought and factors influencing health-seeking behaviour. **Method:** The cross-sectional survey was conducted in Penang, Malaysia in 2017. The respondents were recruited by a convenient sampling method and interviewed by using the pre-tested questionnaire. The data were analysed using SPSS version 24.0. **Results:** The commonest form of illnesses they suffered from were common cold (27.22%), musculoskeletal pain (25.65%), indigestion, and stomachache (18.32%). A minority of the respondents reported accidents (14.7%); among them, domestic accidents were reportedly common (77.8%). The proportion of workers who sought health services at public hospitals and clinics when they fell sick was 54%. Factors that were significantly associated with the health-seeking behaviour were education ($p = 0.047$) and mode of transport to health facilities ($p = 0.018$). Conclusion: Migrant workers with lower educational status and those who used public transport were more likely to seek healthcare in clinics and hospitals. Improving awareness on their health insurance coverage and accessibility to health services are essential to have equity in healthcare.

Key words: Access to healthcare, health-seeking behaviour, migrant workers, Myanmar workers.

Introduction

Malaysia is the country that has employed the highest number of foreign workers in the Southeast Asia region and 10 to 11% of the national economy is contributed by these foreign labour forces.[1] An estimated two million legally registered foreign workers contribute their workforce in various sectors in Malaysia with approximately 8% of them from Myanmar, which is one of the major workforces contributor.[2] Malaysia has the minimum daily wages of US$ 9.81 (MYR 900 per month) which is a pull factor for Myanmar workers to migrate[3]

Besides migrant workers low economic background and limited knowledge and skills, they are often neglected by their employers concerning proper healthcare services and safety measures at the occupation. These are likely because the employers consider the health and safety of the employees a mere short-term labour investment and the commodity.[4] Additionally, migrant workers' barriers to seeking healthcare system are the lack of familiarity with the existing healthcare system, language,[5] and lack of awareness regarding their rights and entitlements to healthcare as provided by their medical insurance policy.[6]

As a prerequisite for the insurance policy and according to the Malaysian Immigration Act 1959, the health check-up of the migrants has

Mila Nu Nu Htay[1] , Lwin Mie Aye[2] , Lin Phyo Phyo San[3], Zay Yar Naing[3], Soe Moe[1]

[1] *Department of Community Medicine, Melaka-Manipal Medical College, Manipal Academy of Higher Education (MAHE), Melaka, Malaysia,*

[2] *Community Medicine Department, International Medical University, Kuala Lumpur, Malaysia,*

[3] *Department of Medicine, Faculty of Medicine and Health Sciences, University Tunku Abdul Rahman, Kuala Lumpur, Malaysia*

*Corresponding Author

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been made mandatory. Immigration act stipulates that migrants should pass health tests before they are allowed to work in Malaysia; legal migrants in Malaysia are satisfactorily healthy upon entry. However, relatively low earnings with poor living facilities and inadequate access to necessities during their stay in destination country could increase their susceptibility to health problems.[7-8]

Since the equity of access to healthcare is crucial for the migrant workers, the Malaysian government has set up policies to uphold the equality of treatment to all the registered migrant workers. To formulate a rational policy for providing efficient, effective, acceptable, and accessible healthcare services, it is crucial to realise the factors influencing "health-seeking behaviours" of the population in a healthcare system. Investing in health with the correct understanding, approach and plan should be the point of advocacy.[9] In defiance of such existing concerns; studies on the health-seeking behaviours of Myanmar migrants are still scarce. Therefore, to better understand the situation of Myanmar migrants in Malaysia, this study focused on their health-seeking behaviours. The findings in this study would facilitate the healthcare professionals in managing the factors that either benefit or burden the migrants' health-seeking and be able to provide evaluation feedback to the healthcare policymakers.

Method:

Study design and instrument:

This cross-sectional survey was conducted among the Myanmar migrant workers (MMW) in Penang, Malaysia. The present study questionnaire was prepared by researchers based on the survey questionnaire on "Knowledge, attitudes and practices concerning HIV prevention among Burmese migrant workers in Thailand".[10] The questionnaire was prepared by consulting with public health specialists, researchers, clinicians, and primary healthcare physicians.

The questionnaire included three parts, 1) demography, 2) common illnesses and accidents that occurred within the last six month, and 3) health-seeking behaviour to get healthcare provisions. The questionnaire was validated by taking the experts' opinion.

The questionnaire was translated to the Myanmar (Burmese) version with the bilingual professional translators by using the forward- and backward-translation method. The translation was focused on the conceptual equivalent of the original items and used the appropriate and acceptable terminologies among the Myanmar population.

The Myanmar version of the questionnaire was tested as a pilot study with 30 MMW for clarity, understanding, and acceptability. The final version of the Myanmar version was used for the data collection.

Study site and sampling

This study was conducted in Penang, Malaysia. Based on the estimated population size of 20,000 MMW in Penang, with the proportion of proper healthcare-seeking behaviour and receiving adequate healthcare as 13%[11] with 95% confidence level and 5% margin of error, the sample size of 200 was calculated using Epi-info statistical software.

The inclusion criteria were Myanmar citizens, working and living in the Penang State, working with the registered permit and who were willing to participate in this survey. MMW who have been working in Malaysia for less than three months were excluded.

Data collection

This cross-sectional survey was conducted in areas where MMW came for recreation during the weekends on both island and the mainland of Penang. The respondents were recruited by using a convenient sampling method. After clearly explaining the objectives of the study, informed consent was obtained from MMW.

The enumerators were recruited to collect the survey data. The enumerators were explained about the research and provided the training on the administration of the questionnaire. Respondents were interviewed face-to-face using the questionnaire by the trained enumerator.

Data analysis

The data were analysed using SPSS version 24.0. Descriptive analysis was done for the demographic variables, type of illnesses, and treatment-seeking patterns. The Chi-square test was used to analyse categorical data and the significant level was set with P ≤0.05. The significant factors for health-seeking behaviour were ascertained by using logistic regression analysis.

Ethical approval

The research proposal was submitted to the Medical Research Ethics Committee (Melaka Manipal Medical College) and was approved to conduct the survey (MMMC/FOM/Research Ethics Committee-4/2016).

Results

Table 1 shows the baseline characteristics of the respondents.

Table 1: Basic Details of Patients

Socio-demographic variables		Frequency (n= 245)	Percentage (%)
Gender	Male	161	65.7
	Female	84	34.3
Age group (in years)	18 to 33 years old	134	54.7
	Above 33 years old	111	45.3
Marital status	Single	140	57.1
	Married	90	36.7
	Divorced	9	3.7
	Widow	6	2.5
Having any children	Yes	81	33.1
	No	164	66.9
Staying with family	Yes	33	13.5
	No	212	86.5
Education	Read and write	5	2
	Primary school	6	2.5
	Secondary school	165	67.4
	High school	67	27.3
	Graduate	2	0.8
Occupation	Factory	105	42.9
	Agriculture	26	10.6
	Restaurants	52	21.2
	Construction	45	18.4
	Market	17	6.9
Monthly salary ranges (in RM)	1000–1500	42	17.1
	1501–2000	158	64.5
	2001–2500	43	17.6
	2501–3000	2	0.8
BMI	Underweight	22	9
	Normal weight	112	45.7
	Overweight	87	35.5
	Obese	24	9.8

Results show that 22.9% of the study population had a pre-existing medical condition and 75.5% of them had health problems within the last six month. Regarding access to healthcare, 32.7% reported that health facility was far from them, 74.7% used a taxi to visit a health facility, 70.8% spent nearly RM25 for the travel to a health facility, 31.4% received help from an employer, 16.7% of them were under health insurance coverage, 27.3% received a medical expense paid by an employer, 90.6% spent nearly RM99 per visit to a health facility, and 82.04% reported that they sought for healthcare when they fell sick.

Table 2: Health-seeking behaviour among MMW

Health-seeking behaviour	Frequency (n = 201)	Percentage (%)
Hospital and clinics (n= 116) 57.7%		
Government hospital	8	4
Government health centre	5	2.5
Factory clinic	15	7.5
Private clinic	81	40.3
Self-treatment, healers and others (n= 85) 42.3%		
Self-medication	52	25.9
Traditional healers	7	3.5
Myanmar traditional medicine	5	2.5
Others	28	13.9

According to the findings, the common illnesses that occurred among the MMW in the last six months were common cold (27.22%) followed by

musculoskeletal pain (25.65%). The rests were indigestion and stomachache (18.32%), prolonged cough for more than one month (1.6%), urinary tract problems (4.2%), obstetric problems (0.5%), gynaecological problems (7.3%), skin problems (3.7%) and others including asthma, ear discharge, eye infection, hypertension, and rheumatoid arthritis (11.51%).

It was seen that around half of the migrant workers went to private hospitals and clinics (57.7%) for medical care and 42.3% of them sought other options like self-treatments, traditional healers, and other means.

Among the workers who had previously visited the healthcare, 40.3% had approached private clinics while the remaining visited government hospitals (4%) or government health centre (2.5%). Among those who reported using alternative therapy, 25.9% said they went for self-medication, 3.5% for traditional healers, and 2.5% for Myanmar traditional medicine.

Table 3 presents the bivariate analysis of socio-demographic variables, occupation, income, accessibility to healthcare services, and health-seeking behaviour.

Chi-square analysis showed that workers belonging to younger age group (OR 1.933), working at the factory (OR 2.328) those who had monthly income of RM2000 and below (OR 2.8) and those who spent lesser for travelling to health facility (RM25 and below) (OR 2.267) had a significant positive association with utilization of hospitals and clinics when they fell sick. Those with a pre-existing medical condition (OR 0.474) and those who received financial help from employer (OR 0.483) showed a negative association with the utilization of such facilities. After controlling the confounders, the multivariate analysis showed that education (OR 2.07) and mode of transport to health facilities (OR 15.478) as the significant predictors for utilization of hospitals and clinics (Table 3).

Table 3: Determinants of health-seeking behaviour among MMW

Socio-demographic correlates	Hospitals and clinic (n= 116) 57.7(%)	Self-treatment, healers and others (n= 85) 42.3(%)	OR (Unadjusted) (95% CI)	p-value	OR (Adjusted) (95% CI)	p-value
Gender						
Male	65 (52.0)	60 (48.0)	0.788 (0.443-1.4)	0.416		
Female	44 (57.9)	32 (42.1)				
BMI						
Normal BMI	53 (57.6)	39 (42.4)	1.286 (0.736-2.249)	0.377		
Abnormal BMI	56 (51.4)	53 (48.6)				
Age						
18 to 33 years	64 (62.1)	39 (37.9)	1.933 (1.101-3.392)	0.021*		
Above 33 years	45 (45.9)	53 (54.1)				
Duration of stay						
5 years and below	66 (56.4)	51 (43.6)	1.263 (0.715-2.229)	0.421		
Above 5 years	41 (50.6)	40 (49.4)				
Marital status						
Married	42 (57.5)	31 (42.5)	1.234 (0.691-2.202)	0.477		
Non-married	67 (52.3)	61 (47.7)				

Socio-demographic correlates	Hospitals and clinic (n= 116) 57.7(%)	Self-treatment, healers and others (n= 85) 42.3(%)	OR (Unadjusted) (95% CI)	p-value	OR (Adjusted) (95% CI)	p-value
Having children						
Yes	36 (52.9)	32 (47.1)	0.925 (0.515-1.661)	0.793		
No	73 (54.9)	60 (45.1)				
Staying with family						
Yes	13 (50.0)	13 (50.0)	0.823 (0.361-1.877)	0.643		
No	96 (54.9)	79 (45.1)				
Education						
Secondary and below	85 (57.8)	62 (42.2)	1.714 (0.914-3.213)	0.091	2.07 (1.009-4.246)	0.047*
Above Secondary	24 (44.4)	30 (55.6)				
Occupation						
Factory worker	55 (66.3)	28 (33.7)	2.328 (1.301-4.164)	0.004*	1.81 (0.926-3.537)	0.083
Non-factory worker	54 (45.8)	64 (54.2)				
Income category						
RM2000 and below	98 (58.3)	70 (41.7)	2.8 (1.276-6.145)	0.008*	1.177 (0.471-2.942)	0.727
Above RM2000	11 (33.3)	22 (66.7)				
Presence of a pre-existing medical condition						
Yes	22 (40.7)	32 (59.3)	0.474 (0.251-0.894)	0.02*	1.039 (0.473-2.279)	0.925
No	87 (59.2)	60 (40.8)				
Presence of health problems within the last six month						
Yes	100 (54.3)	84 (45.7)	1.058 (0.391-2.864)	0.911		
No	9 (52.9)	8 (47.1)				
Health facility is far from home						
Yes	32 (47.1)	36 (52.9)	0.646 (0.359-1.163)	0.145	0.776 (0.405-1.484)	0.443
No	77 (57.9)	56 (42.1)				
Mode of transport to health facilities						
Public transport	7 (87.5)	1 (12.5)	6.245 (0.754-51.731)	0.054	15.478 (1.596-150.14)	0.018*
Non-public transport	102 (52.8)	91 (47.2)				
Travel expense spent to a health facility						
RM25 and below	80 (62.5)	48 (37.5)	2.267 (1.209-4.248)	0.010*		
Above RM25	25 (42.4)	34 (57.6)				
Financial help from the employer						
Yes	19 (40.4)	28 (59.6)	0.483 (0.248-0.938)	0.030*	0.379 (0.075-1.901)	0.238
No	90 (58.4)	64 (41.6)				

**p-value of <0.05 was considered as significant*

Discussion

The population of foreign workers is increasing in Malaysia. As they are contributing the workforce for the host country, the government policies have set up to provide healthcare for the migrant workers. The health status of the migrant workers is vulnerable as they have challenges in terms of the difference in language, culture, socio-economic conditions between their country of origin and workplace destination.[12] In this study, 75.5% of the migrant workers had health issues in the last six months. The commonest causes were common cold (27.22%), musculoskeletal pain (25.65%), and indigestion and stomachache (18.32%). Similar findings were reported in a study conducted among migrant workers in Thailand, where cold and musculoskeletal pain were the commonest health issues.[13] However, in a study by Naing, et al.[13], the incidences of these illnesses were higher than our study, which mentioned that all the migrant workers had at least one episode of the common cold and musculoskeletal pains during their stay in the host country. In our study, we only included information on illnesses that occurred within the last six months. Therefore, the incidence of minor illness might be lower compared to the other study.

When the migrant workers are encountered with health issues, appropriate healthcare services should be accessible to receive the proper treatment. Although the Malaysian government has set up the strong and easily accessible government primary healthcare services all around the nation, approximately one third (32.7%) of the study respondents mentioned that the healthcare facilities were far from them. Approximately 40% of the respondents admitted that they usually seek healthcare in private clinics, whereas 2.5% and 4% seek from government health centres and hospitals, respectively. A study conducted among the migrant workers in four Asian countries found out that the private clinics had shorter waiting times, convenient and friendly healthcare personals.[14] Therefore, accessibility, flexibility, and friendliness at the private healthcare facilities lead to their higher utilization as against government healthcare facilities among the migrant workers.

Although compulsory health insurance is ensured for all the workers in Malaysia as per the Insurance Act 1996[15], only 16.7% of the study respondents mentioned that they had health insurance, whereas 71% paid the treatment fees by themselves. Our finding is in line with another study in Malaysia, in which Bangladeshi migrant workers were not aware of the health insurance.[11] A similar finding was observed among the migrant workers in Singapore, where only 29% admitted that they had an existing health insurance plan.[6] Another study in Singapore revealed that migrant workers had a poor understanding of the coverage of their health insurance.[16] The poor utilization of health insurance among present study respondents could be inadequate information regarding the health insurance scheme and its coverage or the information available about policies might not be in their native languages. Improving the knowledge of insurance coverage by the migrant workers might improve the utilization of healthcare services and will reduce the financial burden on them.

Multivariate logistic regression analysis finding ascertained that health-seeking at the hospitals and clinics was significantly influenced by the education level of the migrant workers and mode of transportation to go to the healthcare facilities. Education has an impact on an individual's health by navigating to healthcare, by improving health literacy and health-related knowledge.[17] As a contrary to the existing knowledge, our study found out that the migrant workers with lower education level (secondary school and below) are more likely to utilize the clinics and hospital services (Adjusted OR 2.07) compared to those who have an education level of higher than secondary school. Self-medication, taking Myanmar traditional medicine, and getting treatment from the traditional healers were preferred methods of those who did not seek healthcare with Western medicine, i.e. clinics and hospital's treatment. A study to identify the predictors of herbal medicine usage from the US found that higher educational level was associated with higher consumption of herbal medicine.[18] Among the study respondents, minor health issues were the frequently reported illnesses and almost

half of them (42.3%) practised self-medication, were using traditional medicine and sought healthcare from traditional healers. A further qualitative study should explore more on their perception of self-medication, traditional medicine usage, and health-seeking at the clinics or hospitals.

The transportation method had also found to have a significant influence on the selection of healthcare among MMW. The respondents who used public transportation to seek for healthcare were more likely to go to the clinics and hospitals (Adjusted OR 15.48). The transportation fees for the public transport is less than the other non-public methods (e.g. taxi, own vehicles, etc.), which might be the enabler to utilize the health services in the clinics and hospitals.

Conclusion

This study revealed that the educational level and mode of transportation for health-seeking influenced the selection of treatment patterns. Approximately half of the respondents sought treatment at private clinics when they were ill. However, the majority of them were not aware of the health insurance and hence paid by themselves. It might have an impact on their income and might lead to the financial burden in chronic conditions. Therefore, proper explanations of their health insurance coverage, improving the accessibility to healthcare services and support from the employers are needed to receive proper healthcare. There is a need to explore the barriers to health-seeking behaviour of MMW in the community.

References

1. International Labour Organization. Malaysian Digest: Migrant workers: Malaysia's Invisible Workforce; 2015. [cited 2020 June 18]. Available from: http://apmigration.ilo.org/news/migrant-workers-malaysias-invisible-workforce
2. Ministry of Higher Education. Foreign labour in Malaysia: selected works. Putrajaya, Malaysia: Ministry of Higher Education; 2017.
3. Runckel CW. Several Southeast Asian Countries: Announced new minimum wage at the beginning of year 2013; 2013. [cited 2020 June 18]. Available from: http://www.business-in-asia.com/asia/minimum_wage/Minimum_wages_in_Asia/minimum_wage_in_asia.html
4. Corvalan CF, Driscoll TR, Harrison JE. Role of migrant factors in work-related fatalities in Australia. Scand J Work Environ Health. 1994;20(5):364-70.
5. Huffman SA, Veen J, Hennink MM, McFarland DA. Exploitation, vulnerability to tuberculosis and access to treatment among Uzbek labor migrants in Kazakhstan. Soc Sci Med. 2012;74(6):864-72.
6. Lee W, Neo A, Tan S, Cook AR, Wong ML, Tan J, et al. Health-seeking behaviour of male foreign migrant workers living in a dormitory in Singapore. BMC Health Serv Res. 2014;14:300.
7. Zulkifli SN, U KM, Yusof K, Lin WY. Maternal and child health in urban Sabah, Malaysia: a comparison of citizens and migrants. Asia Pac J Public Health. 1994;7(3):151-8.
8. Lasimbang HB, Tong WT, Low WY. Migrant workers in Sabah, East Malaysia: The importance of legislation and policy to uphold equity on sexual and reproductive health and rights. Best Pract Res Clin Obstet Gynaecol. 2016;32:113-23.
9. The World Bank. World development report 1993: investing in health. 1993. New York :Oxford University Press; 1993. [cited 2020 June 18]. Available from: http://documents.worldbank.org/curated/en/468831468340807129/pdf/121830REPLACEMENT0WDR01993.pdf
10. Nylander E. Knowledge, attitudes and practices concerning HIV prevention among Burmese migrant workers in Thailand [thesis]. Uppsala University; 2012. [cited 2020 June 18]. Available from: https://pdfs.semanticscholar.org/4d43/5d93529d156cd896f3a44bb6608d627d04dc.pdf
11. Karim AHMZ, Diah NM. Health Seeking Behavior of the Bangladeshi Migrant Workers in Malaysia: Some Suggestive Recommendations in Adjustive Context. Asian Social Science. 2015;11(10).
12. Adhikary P, Keen S, Teijlingen Ev. Health issues among Nepalese Migrant Workers in the Middle East. Health Science Journal. 2011;5(3).171-72.

13. Naing T, Geater A, Pungrassami P. Migrant workers' occupation and health care-seeking preferences for TB-suspicious symptoms and other health problems: a survey among immigrant workers in Songkhla province, southern Thailand. BMC Int Health Hum Rights. 2012;12:22.
14. Webber G, Spitzer D, Somrongthong R, Dat TC, Kounnavongsa S. Facilitators and barriers to accessing reproductive health care for migrant beer promoters in Cambodia, Laos, Thailand and Vietnam: a mixed methods study. Global Health. 2012;8:21.
15. Nordin R, Razak MFA, Shapiee R, Zainuddin TNAT, Auzair SM, Jaffar R. Health Insurance for Foreign Workers in Malaysia and Singapore: A Comparative Study. International Journal of Business and Society. 2018;19 S3.
16. Ang JW, Chia C, Koh CJ, Chua BWB, Narayanaswamy S, Wijaya L, et al. Healthcare-seeking behaviour, barriers and mental health of non-domestic migrant workers in Singapore. BMJ Glob Health. 2017;2(2):e000213.
17. Zimmerman E, Woolf SH. Understanding the Relationship Between Education and Health. National Academy of Sciences, Virginia Commonwealth University; 2014.
18. Rashrash M, Schommer JC, Brown LM. Prevalence and Predictors of Herbal Medicine Use Among Adults in the United States. J Patient Exp. 2017;4(3):108-13.