

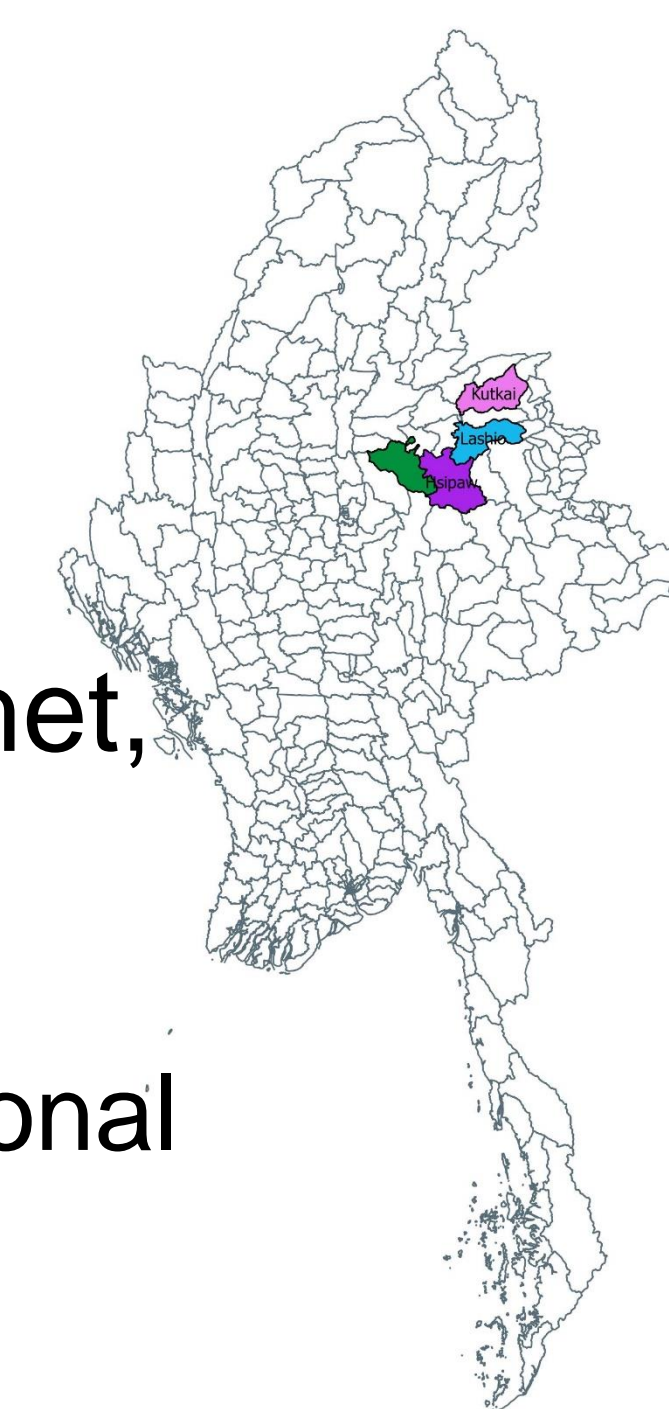


# ASTMH 2020

## Differential malaria prevention behaviors and care seeking practices between worksite migrant workers and villagers in the malaria-at-risk areas in Myanmar

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### Background

Migrant populations are at an increased risk of exposure to malaria due to their nature of work and seasonal migration. This study aimed to differentiate malaria prevention behaviors and care seeking practices among worksite migrant workers and villagers in the malaria-at-risk areas of the Eastern Myanmar close to the Chinese border.

### METHOD

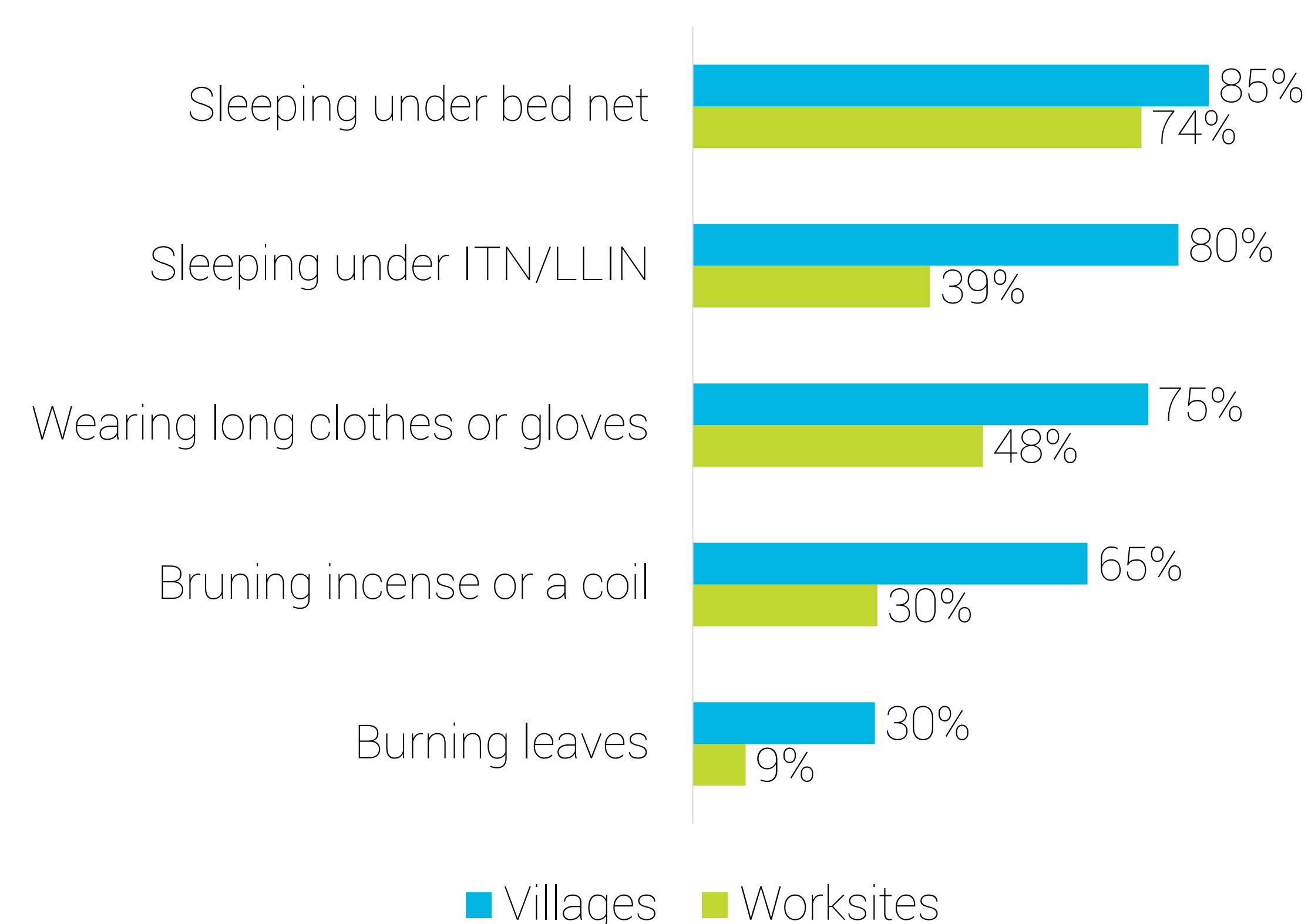
A mixed method study was conducted during March 2019. The malaria-at-risk worksites in the four targeted townships\*, and villages located at the nearest to these worksites were mapped with an assistance of local health staff. Then, the key stakeholders, such as worksite managers and village leaders, were interviewed with a structured questionnaire and in-depth interview.

\*Kutkai, Lashio, Hsipaw, Kyaukme townships

### RESULTS

A total of 23 worksites, which employed 880 migrants and 447 locals, and 20 villages, which were home for 621 migrants and 9731 locals, was successfully interviewed.

Malaria Preventive Behaviors



Sleeping under bed net was common among both worksites (74%) and villages (85%).

In contrast, Long-lasting-insecticidal-nets (LLIN) usage was much lower among the worksites than villages (39% vs 80%).

### Care seeking practices

Self-medication was a popular choice for both workers and villagers owing to easy availability of medicine.

By contrast, local-belief-driven traditional practices were more common among villagers.

*"Workers used to take medicine on their own first because they used to buy and keep it. And difficult transport and no extra money to go to clinics."*  
(Worksite representative 05 from Hsipaw Township)

*"Local remedies are boiled and used in bathing. And traditional remedies are the first choice here"*  
(Village head 04 from Hsipaw Township)

If needed to seek care outside, home service availability, trust, quality, relationship, word-of-mouth referral by neighbors and credit payment determined a choice of both workers and villagers on service providers.

As for barriers, villagers mostly cited language barriers, which often led to misunderstanding between health providers and patients.

*"A midwife in the village nearby can give a home-visit service. So, we can ask her to come our site for some severe ill persons."*  
(Worksite representative 03 from Kyaukme Township)

*"Credit payment! We can pay health service fees later, Sayarma (provider) just record it in her book."*  
(Village head 01 from Kyaukme Township)

*"It's really hard to go outside during the night. We are working in the areas not secured enough. So, no one is allowed to seek health care outside at night."*  
(Worksite representative 04 from Kyaukme Township)

In contrast, most of the worksites cited transportation and security issues as they were in remote areas with devastated road conditions and the routes to formal health facilities were not secure due to frequent armed conflicts.

### CONCLUSION

In conclusion, the site-workers and villagers had different malaria prevention behaviors and care seeking practices even though they resided in the same geographic area.

Hence, it is important to recognize such differences for more effective intervention approaches.

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