

# MIGRATION PROCESS, VULNERABILITY AND INFORMATION AND COMMUNICATION CHANNELS AMONG MIGRANT WORKERS AT REMOTE SITES IN THE CONTEXT OF MALARIA ELIMINATION: A QUALITATIVE STRAND

AUTHORS & AFFILIATIONS

AUNG YE NAUNG WIN<sup>1,2</sup>, THAE MAUNG MAUNG<sup>2</sup>, KHIN THET WAI<sup>2</sup>, TIN OO<sup>2</sup>, AUNG THI<sup>3</sup>, RUNGRAWEE TIPMONTREE<sup>4</sup>, NGAMPHOL SOONTHORNWORASIRI<sup>1</sup>, MONDHA KENGGANPANICH<sup>5</sup>, JARANIT KAEWKUNGWAL<sup>1</sup>

<sup>1</sup> DEPARTMENT OF TROPICAL HYGIENE, FACULTY OF TROPICAL MEDICINE, MAHIDOL UNIVERSITY, THAILAND,

<sup>2</sup> DEPARTMENT OF MEDICAL RESEARCH, YANGON, MYANMAR,

<sup>3</sup> NATIONAL MALARIA CONTROL PROGRAM, DEPARTMENT OF PUBLIC HEALTH, MYANMAR,

<sup>4</sup> DEPARTMENT OF DISEASE CONTROL, MINISTRY OF PUBLIC HEALTH, THAILAND,

<sup>5</sup> DEPARTMENT OF HEALTH EDUCATION AND BEHAVIOR SCIENCE, FACULTY OF PUBLIC HEALTH, MAHIDOL UNIVERSITY, THAILAND



## Malaria and Migrants



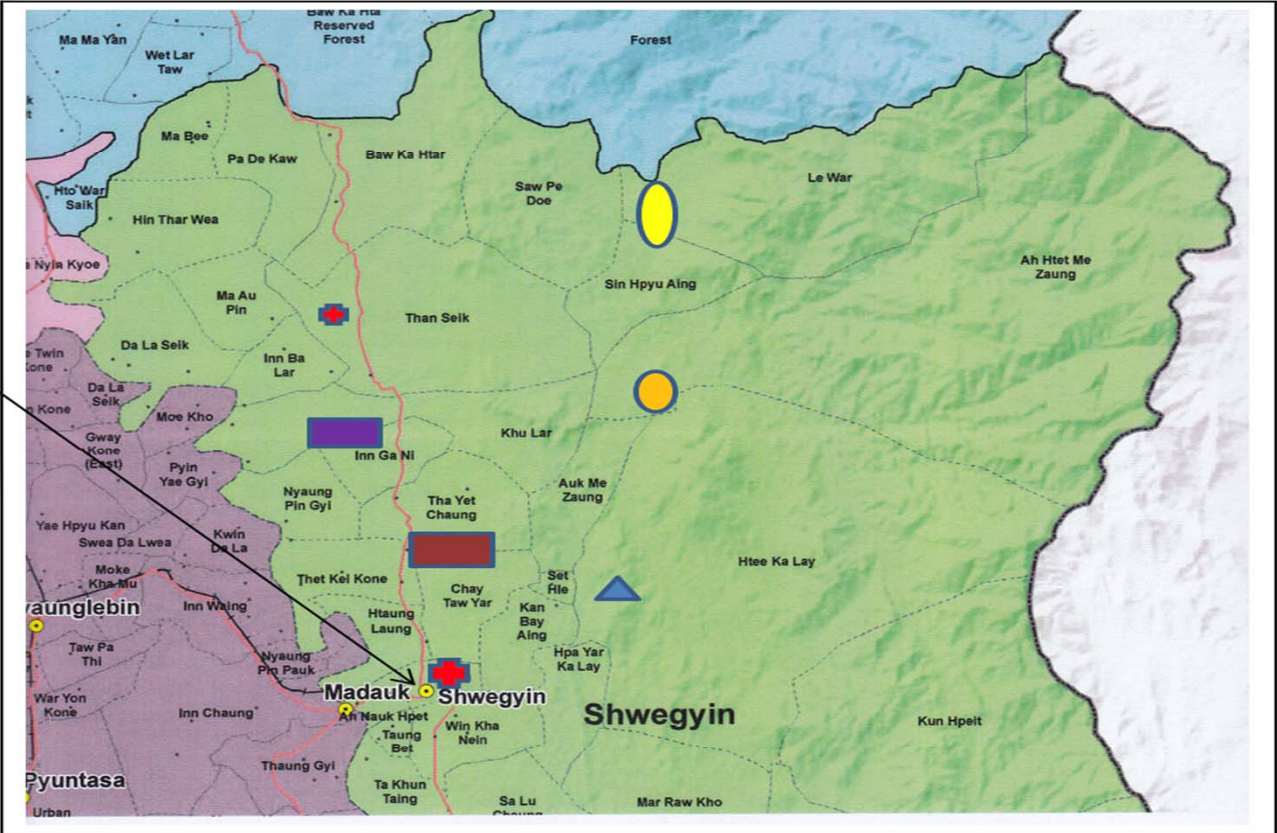
- Still remaining a **big challenge** in developing countries of tropical regions
- Roll back malaria with **new drug resistance** problems
- For **malaria elimination** target 2030, **migrants** are major target populations




## Objectives

To explore

- **Migration** process of mobile/migrant workers,
- Vulnerability and **challenges** for **early diagnosis and adequate treatment (EDAT)** seeking of malaria by diverse groups of **mobile/migrant workers** at remote sites of Shwegyin Township, Bago Region, Myanmar

Map showing study sites in Shwegyin Township, Bago Region, Myanmar



-  Gold Mines
-  Rubber Plantations
-  Farm

# METHODOLOGY

Qualitative approach, Shwegyin Township, Bago region, Myanmar

## Gold Panning Site

### Outchinmyaung

One FGD

(n=10)

One IDI

### Kubota

One FGD

(n=10)

One IDI

## Rubber plantation site

### Inngani

One FGD

(n=10)

One IDI

### Thayetchaung

One FGD

(n=10)

One IDI

## Farming site

### Phat Taw

One FGD (n=10)

One IDI

5 FGDs + 5 IDIs  
(N=55)



## FINDINGS

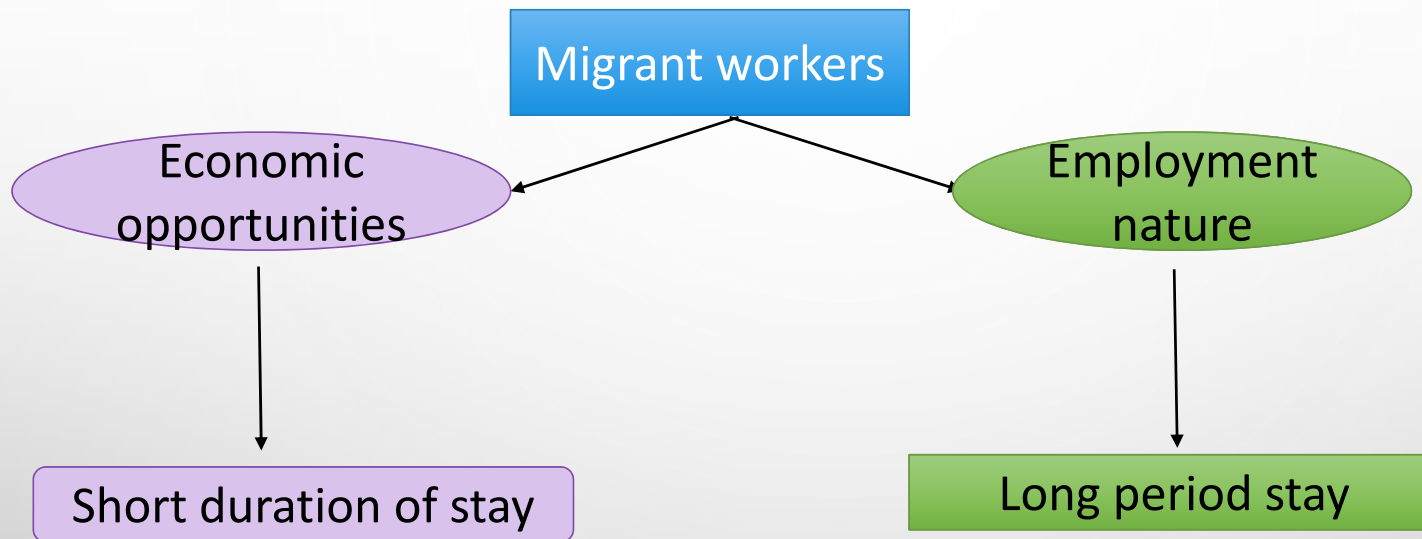
**THEME 1:** Migration process and mobility patterns

**THEME 2:** Challenges for early diagnosis and adequate treatment (**EDAT**)

**THEME 3:** Common health problems prioritized

**THEME 4:** Malaria experiences and treatment seeking behaviors at remote sites

# THEME 1 : MIGRATION PROCESS AND MOBILITY PATTERNS



- Mobility – Cross Townships/ States/ Regions, Within Townships

## **THEME 1 : MIGRATION PROCESS AND MOBILITY PATTERNS**

### **By employment nature**

“It depends on the working situation and **convenience about earning** here, we’ll stay **as long as** we can do.”

(FGD 1 , GOLD PANNING SITE)

### **By seasonal variation for migration and mobility**

“When the **season ends**, we usually **go back to the native village** and do another work and wait for rubber tapping season again.”

(FGD 2, RUBBER PLANTATIONS SITE)



## **THEME 2: CHALLENGES FOR EARLY DIAGNOSIS AND ADEQUATE TREATMENT (EDAT)**

### **Challenges for early diagnosis**

“We **don't know** how to make confirmation **diagnosis** of malaria and we **never see RDT**”

(FGD 2 GOLD PANNING SITE)

### **Challenges for adequate treatment**

“We **don't know ACT**. We only know mefloquine, artesunate, and artemether available at **nearby drug shops**”.

(FGD, FARMING SITE)

## **THEME 2: CHALLENGES FOR EARLY DIAGNOSIS AND ADEQUATE TREATMENT (EDAT)**

### **Challenges of migrant workers for going RHC/ Township hospital**

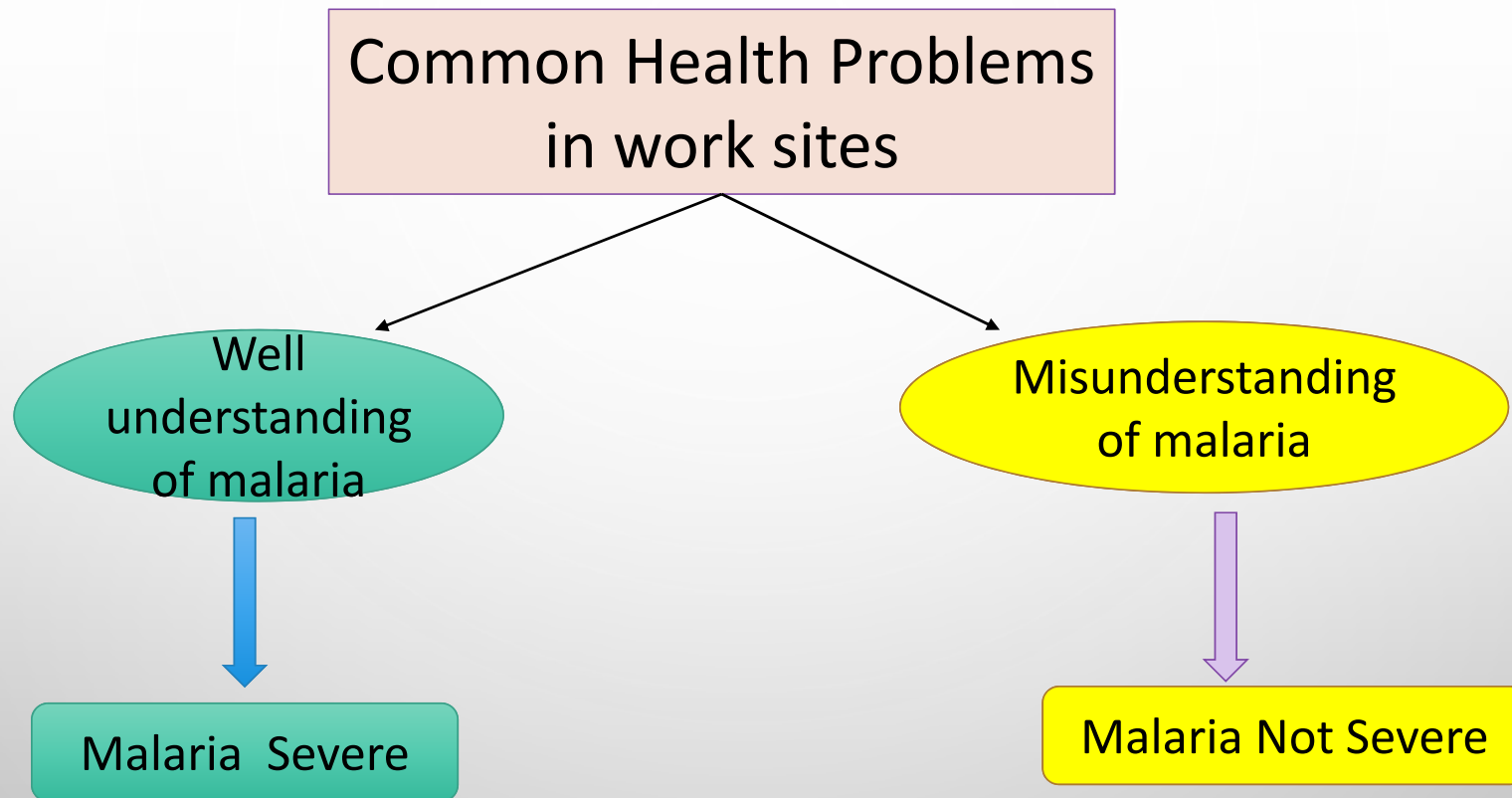
“Fees for motor cycle taxis were **expensive** to go RHC.

Besides, **opening hours** were **not suitable** for us to visit.

When our working hours were over, it **already closed.**”

(IDI, TEAM LEADER OF GOLD PANNING MIGRANT WORKERS)

### **THEME 3:** COMMON HEALTH PROBLEMS PRIORITIZED



## **THEME 3: COMMON HEALTH PROBLEMS PRIORITIZED**

### **Migrants workers who concern malaria as a severe disease**

“It is very **severe** leading to death when **malaria germs enter the brain**”

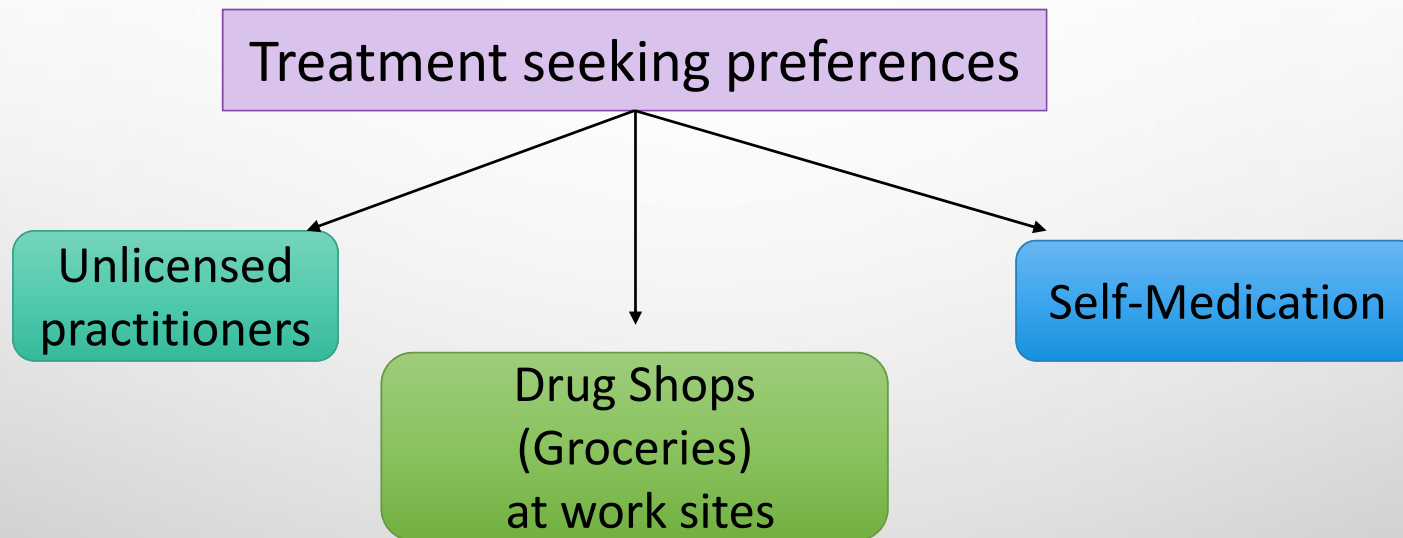
(FGD 1, RUBBER PLANTATIONS SITE)

### **Migrant workers who not concern malaria as a severe disease**

“Malaria is **not** as severe as flu. It’ll happen only when our **resistance is low.**”

(FGD 2, RUBBER PLANTATIONS SITE)

## **THEME 4: MALARIA EXPERIENCES AND TREATMENT SEEKING AT REMOTE SITES**



## THEME 4: Malaria experiences and treatment seeking at remote sites

### Treatment seeking from the unlicensed practitioners

- “We use to consult with an **unlicensed practitioner** who is **easy to call** and always **ready** to respond to our request.”

(MALARIA POSITIVE MIGRANT WORKER, GOLD PANNING SITE)

### Treatment seeking from drug shops

“At first, we **buy drugs** from the shops **in the mines** and **took medicine**. If fever is **not** relieved, we **go to RHC** or clinic depending on situation and budget.”

(FGD2 , GOLD PANNING SITE)

### Self-medication

“I’ll take **paracetamol** first, and if not relieved better to call **quack** to this place and took treatment”

(IDI, MIGRANT WORKER, RUBBER PLANTATIONS)

## DISCUSSION

- **Not adequate knowledge** about malaria symptoms ,early diagnosis and treatment seeking
- **Abundant of unlicensed practitioners** and **easily available** of prepacked drugs
- **Transportation** barriers and **financial** problems
- **Gaps** between health sectors and migrant workers

## CONCLUSIONS

- **lack of close interpersonal communication** between health care providers and the migrant community
- **Lack of trust and confidence** towards staff at RHCs and malaria volunteers
- dominant of **unlicensed practitioners, easily available of mono drugs**
- EDAT **not achieved** in migrant community



## RECOMMENDATIONS

- **Frequent visits** of health staff and malaria volunteers
- **Close contact** with managers or team leaders of the migrant work sites at remote areas to the health sector
- train more **local volunteers**
- need **to improve with IEC & BCC** in migrant community

## Living Conditions of Mobile/Migrant Workers



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