

**YANGON UNIVERSITY OF ECONOMICS
DEPARTMENT OF ECONOMICS
MASTER OF DEVELOPMENT STUDIES PROGRAMME**

**FACTORS INFLUENCING ON HEALTH SEEKING
BEHAVIORS OF LOCAL MIGRANT WORKERS
IN SHWE PYI THER TOWNSHIP**

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EMDevS - 1 (19th BATCH)**

JUNE, 2025

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A thesis submitted in partial fulfillment of the requirements for the
Master of Development Studies (MDevS)

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This is to certify that this thesis entitled “**Factors Influencing on Health Seeking Behaviors of Local Migrant Workers in Shwe Pyi Ther Township**” submitted as partial fulfilment towards the requirements for the degree of Master of Development Studies has been accepted by the Board of Examiners.

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ABSTRACT

This study explores the health-seeking behavior of local migrant workers in Shwe Pyi Thar Township, Yangon, an industrial area attracting rural migrants with job opportunities and low-cost housing. Despite good access to healthcare facilities, many migrants face financial barriers, leading them to rely on self-medication or pharmacies for minor illnesses. A survey of 200 randomly selected workers revealed that most were young, factory or informal workers with limited incomes. Preventive healthcare use was low, and traditional beliefs like astrology and protective charms remained common. Awareness and enrollment in health insurance and social security programs were limited. Although attitudes toward modern healthcare were generally positive, challenges such as cost, lack of information, and limited support reduced healthcare utilization. The study emphasizes the need for improved health education, affordable medical services, and inclusive healthcare policies to enhance the well-being of migrant workers in urban industrial zones.

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LIST OF ABBREVIATIONS

ADB	Asia Development Bank
COVID-19	Coronavirus Disease -19
GCC	Gulf Cooperation Council
HBM	Health Belief Model
HSB	Health Seeking Behavior
ILO	International Labour Organization
IOM	International Organization of Migration
MHIS	Migrant Health Insurance Scheme
MMK	Myanmar Kyat
MOHS	Ministry of Health and Sports
NGOs	Non-governmental organizations
NHP	Myanmar National Health Plan
SDH	Social Determinants of Health
SEM	Socio-Ecological Model
SSB	Social Security Board
SSS	Social Security Scheme
TB	Tuberculosis
U.S.	United States
UHC	Universal Health Coverage
UNDP	United Nations Development Programme
WHO	World Health Organization
YCDC	Yangon City Development Committee

CHAPTER I

INTRODUCTION

1.1 Rationale for the Study

Local migration is a growing trend in Myanmar, primarily driven by economic and employment-related factors. Rural populations increasingly move to urban and peri urban areas in search of better job opportunities and living conditions. Among these areas, Shwe Pyi Thar Township in Yangon Region has emerged as a major destination for local migrants due to the presence of industrial zones and affordable rental housing. With the increasing concentration of migrant workers in this township, there is a growing need to understand their health-seeking behavior (HSB), especially in relation to access to primary healthcare services.

HSB encompasses the actions individuals take when they experience health concerns, including when and where they seek care, what types of providers they prefer, and what influences those choices. Migrant workers, particularly those in informal or low-income employment, often face practical constraints such as limited time, financial resources, and limited awareness of available health services. These factors may influence their decision-making process regarding when and how to access healthcare services (Ahmed, 2022). In urbanizing townships like Shwe Pyi Thar, such behavior can have important implications for both individual and public health outcomes.

In addition, the availability and affordability of healthcare services in urban and peri-urban areas play a significant role in shaping health seeking decisions. Although cities often offer a wider range of medical services, not all migrants are familiar with how to access them, especially if they are new to the area or working long hours. There is also a tendency among some groups to rely on traditional remedies or self-medication due to cost considerations and habit. These patterns highlight the need for improved health education and targeted outreach in townships with high migrant populations (WHO, 2021).

In the Myanmar context, local migrants are largely comprised of rural-to-urban workers engaged in informal sectors such as manufacturing, construction, or domestic labor. Many of them lack formal registration in their host townships, making it difficult to access public health services. As they are not typically covered under employer-based insurance or government health programs, their reliance on out-of-pocket payments is high. Social stigma, language barriers (especially among ethnic minorities), and a general lack of health literacy further complicate their access to appropriate care. These systemic challenges create a pattern of delayed or avoided healthcare-seeking behavior, especially among newly arrived or economically vulnerable migrants (IOM Myanmar, 2020; Tun, 2021).

Shwe Pyi Thar Township serves as a prime example of these national patterns at the local level. By focusing on this township, this study aims to provide a localized understanding of the factors influencing HSB among internal migrants. The findings can help inform public health planning, especially in designing services that are responsive to the specific needs of mobile populations. Ultimately, the research seeks to support evidence-based approaches that improve access to healthcare and promote more efficient health service utilization among internal migrants in Myanmar.

1.2 Objective of the Study

The main objective of this study is to identify health seeking behaviors of local migrant workers and examine the key factors that influence their health decisions.

1.3 Method of Study

The study used a descriptive statistics method based on both primary and secondary data. To collect the primary data, it conducted a survey using a structured questionnaire involving 200 randomly selected participants. The structured questionnaire was organized into five main sections: (1) socio-demographic profile, (2) health utilization patterns, (3) barriers to healthcare access, (4) health insurance and awareness, and (5) beliefs and attitudes toward health. Secondary data was collected from relevant sources such as the Yangon University of Economics library, research papers, and internet websites.

1.4 Scope and Limitations of the Study

This study focused on identifying the factors that influenced the HSB of local migrant workers in Myanmar. It focused on a specific group of migrant workers within a defined geographical area where they were concentrated. This research was conducted in Shwe Pyi Thar Township, an industrial zone in Yangon region with an estimated population of approximately 57000 are local migrants working mainly in factories and informal sectors (YCDC, 2019; Helvetas, 2021). A descriptive study design was employed, collecting data at a single point in time through structured questionnaires and face to face interviews, providing valuable insights into the workers' health care awareness and access. The sample size was selected by using simple random sampling technique. The study explored important factors, including socioeconomic factors such as income, education, and occupation, as well as cultural and social influences that molded HSB. It also investigated accessibility to healthcare services, awareness and knowledge of healthcare facilities, and barriers that prevented workers from utilizing available health services. The study was conducted between May and June, ensuring a focused, and manageable research process.

Despite its importance, the study had certain limitations. The relatively small sample size and focus on a specific geographic area limited the generalizability of the findings to all local migrant workers in Myanmar. Additionally, literacy challenges among some participants may have affected the accuracy of responses, as difficulties in understanding survey questions could have led to misinterpretation or incomplete answers.

1.5 Organization of the Study

This study is organized into five chapters. Chapter I introduces HSB, covering the rationale, objectives, methodology, scope and limitations, and the organization of the study. Chapter II provides a literature review. Chapter III offers an overview of local migrant workers and explores the factors influencing HSB in primary healthcare services. Chapter IV presents the survey analysis, including the survey profile, design, and data analysis on HSB. Finally, Chapter V concludes with the findings and recommendations.

CHAPTER II

LITERATURE REVIEW

2.1 Concept of the Health Seeking Behavior

Health-seeking behavior (HSB) refers to the actions and decisions individuals make in response to health concerns, such as recognizing symptoms, seeking medical attention, and choosing treatment options (Ogunlesi, 2020). In public health research, HSB is used as a lens to understand how people interact with healthcare systems, particularly in the context of social, economic, cultural, and institutional influences. Understanding HSB is essential for enhancing healthcare access and improving outcomes, especially among vulnerable populations like migrant workers.

This study aims to explore the HSB of local migrant workers and identify the key factors influencing their decisions. These workers often face barriers such as financial hardship, cultural beliefs, limited access to healthcare, and social stigma, all of which shape their decisions about when, where, and how to seek care. By analyzing these behaviors, the research seeks to uncover the challenges they face and the broader structural factors that affect their healthcare utilization. This chapter reviews existing literature on HSB, theoretical frameworks, global and regional studies, influencing factors, and research gaps.

2.2 Theoretical Frameworks on Health Seeking Behavior

Theoretical frameworks are essential for examining the multiple dimensions that influence HSB, especially in vulnerable populations like local migrant workers. This study is guided by three key models: Andersen's Behavioral Model, the Health Belief Model (HBM), and the Social Determinants of Health (SDH) framework. Together, these models offer a comprehensive understanding of how individual beliefs, structural conditions, and enabling resources shape health behavior. Among them, Andersen's Behavioral Model serves as the primary analytical framework for this research, as it effectively categorizes influencing factors into predisposing, enabling, and need components. By applying Andersen's model, the study aims to

systematically explore how these factors interact in determining the healthcare-seeking choices of local migrant workers.

2.2.1 Andersen's Behavioral Model of Health Services Use

This model provides a comprehensive framework for understanding the factors that influence individuals' decisions to seek healthcare. It categorizes these factors into three primary domains: predisposing, enabling, and need factors. Predisposing factors include demographic variables, such as age, gender, and education, along with individual health beliefs and attitudes that shape the likelihood of using healthcare services. Enabling factors refer to the resources available to individuals, such as income, health insurance, and proximity to healthcare facilities, which directly affect their ability to access care. Need factors are the perceived or actual health conditions that prompt individuals to seek medical attention, highlighting the importance of health status in the decision-making process.

The model emphasizes the interaction between these factors and their cumulative influence on healthcare utilization. Andersen's framework has been particularly useful in exploring health disparities, as it sheds light on how socio-economic factors, access to resources, and the presence of health needs collectively determine healthcare utilization patterns. This model has proven valuable in studies involving marginalized populations, where limited resources and barriers to access may contribute to unequal healthcare usage (Andersen, 1995; Bae, 2018).

2.2.2 Health Belief Model

The Health Belief Model (HBM) is a psychological framework developed in the 1950s by Hochbaum, Rosenstock, and Kegeles to explain and predict health related behaviors based on individuals' beliefs about health conditions. It includes several key components: perceived susceptibility (an individual's belief about the likelihood of contracting a disease), perceived severity (belief about the seriousness of the condition and its potential consequences), perceived benefits (belief in the effectiveness of taking action to reduce the risk), perceived barriers (obstacles that may hinder action), cues to action (external or internal prompts that trigger behavior change), and self-efficacy (confidence in one's ability to take the required action).

According to the model, individuals are more likely to adopt health-promoting behaviors when they perceive a significant threat, recognize the benefits of action

outweigh the barriers, and feel confident and motivated to act. The HBM has been widely used to study various health-seeking behaviors, such as disease prevention, vaccination uptake, and chronic disease management. Research indicates that people who perceive higher levels of risk and seriousness are more inclined to seek healthcare, while barriers like financial difficulties or limited access to services can discourage such behavior. Among migrant workers, concerns such as fear of losing employment or facing discrimination may serve as significant barriers, even when individuals are aware of health risks. Applying the HBM in this context can support the development of targeted and effective health interventions (Glanz, Rimer, & Viswanath, 2008).

2.2.3 Social Determinants of Health Model

The Social Determinants of Health (SDH) model highlights how social, economic, and environmental conditions influence individual and population health outcomes. According to the World Health Organization (2008), SDH are the conditions in which people are born, grow, live, work, and age shaped by the distribution of power, resources, and policies. Key determinants include income, education, employment, social support networks, and access to healthcare. These factors interact to create health disparities, with marginalized populations often facing worse health outcomes due to structural disadvantages. Research shows that addressing SDH can significantly improve health equity. For example, higher education levels are associated with healthier behaviors, while economic instability and discrimination limit healthcare access. Among migrant workers, precarious employment, poor housing, and social exclusion are major contributors to poor health, highlighting the need for policy interventions targeting these social conditions.

In analyzing HSB, Andersen's Behavioral Model of Health Services Use is particularly suitable for studying local migrant workers. Unlike other models, Andersen's framework categorizes influencing factors into predisposing characteristics, enabling resources, and perceived need. This approach effectively captures the structural, economic, and social barriers migrant workers face in accessing healthcare. Given the study's goal of identifying key factors shaping healthcare utilization, this model offers a comprehensive basis for analysis and for formulating practical policy recommendations.

2.3 Factors Influencing on Health Seeking Behavior of Migrant Workers

Understanding the factors that influence the HSB of migrant workers is essential to identifying the structural, social, and economic barriers they face in accessing healthcare. Migrant workers often operate within vulnerable environments that significantly affect their decisions to seek medical attention. These influences are multidimensional and interrelated, shaped by individual circumstances as well as broader systemic conditions. The following section categorizes these determinants into three major groups economic, social and cultural, and health system factors providing a comprehensive view of how these elements shape healthcare utilization among migrant populations.

2.3.1 Economic Factors

Economic conditions strongly influence the healthcare-seeking behavior of migrant workers. Workers with higher or more stable incomes are better able to afford medical consultations, transportation to health facilities, and the cost of medications. In contrast, low-income migrants often face financial barriers that delay or prevent them from accessing formal healthcare. Instead, many turn to self-medication or informal providers, which can lead to misdiagnosis and worsening health conditions. The burden of both direct medical expenses and indirect costs, such as lost wages due to illness, discourages timely treatment (ADB, 2020).

Job security also plays a key role in determining access to healthcare. Migrant workers with stable employment are more likely to receive employer support or qualify for health benefits, allowing them to seek medical care when needed. However, those working in informal or temporary jobs common in construction and domestic work typically lack insurance and are excluded from government healthcare programs. This lack of protection leaves them vulnerable to high out-of-pocket costs and forces many to delay treatment, which can result in more serious health problems over time (World Bank, 2021).

2.3.2 Social and Cultural Factors

Social and cultural norms strongly influence how migrant workers access healthcare. Family roles often shape health decisions, especially for female migrants who may prioritize household duties over personal well-being. Many women in domestic or caregiving roles delay seeking medical attention due to time constraints

or expectations to care for others first. In addition, health decisions are frequently influenced by the opinions of family and community members. If formal medical care is perceived as unnecessary or too expensive, migrants may avoid visiting clinics or hospitals, which can lead to delays in diagnosis and treatment.

Religious beliefs and traditional health practices also play a vital role in shaping healthcare-seeking behavior. Many migrants rely on traditional medicine, including herbal remedies, spiritual healing, and indigenous treatments, particularly when they come from rural areas with limited access to modern healthcare services (ADB, 2020). While such practices may provide comfort or relief for minor conditions, they can delay essential medical interventions for more serious illnesses. Furthermore, cultural stigma surrounding certain health issues, such as mental illness or reproductive health, discourages migrants from seeking formal care. Bridging these gaps requires healthcare policies that respect cultural practices while promoting access to modern medical treatment (Win et al., 2019).

2.3.3 Health System Factors

The perceived quality of care significantly influences whether migrant workers utilize formal healthcare services. Experiences such as long waiting times, lack of medical supplies, and dismissive attitudes from healthcare staff often discourage migrants from seeking care at public facilities. Many reports feeling discriminated against due to their low-income status, which diminishes their trust in the public health system. This distrust drives some to seek care from private or informal providers, despite the higher costs. Additionally, ethnic minority migrants frequently encounter language barriers in public hospitals, which further hinders effective communication and access to appropriate care (Tun et al., 2021).

Legal status and healthcare policy gaps also shape healthcare access for local migrants. Many do not possess official residency documents or formal job contracts, making them ineligible for public healthcare services. This legal invisibility contributes to their reluctance to seek medical help for fear of being denied care or facing administrative obstacles. Moreover, the absence of clear and inclusive healthcare policies leaves many migrants unaware of their rights and options within the healthcare system. Research indicates that local migrants face greater challenges in healthcare access compared to those in neighboring countries with more migrant inclusive frameworks (ADB, 2020).

2.4 Global and Regional Studies on Migrants' Health-Seeking Behavior

Global and regional studies on migrants' HSB highlight the various structural, economic, and sociocultural barriers that impact their access to healthcare. These studies provide insights into how factors such as immigration status, language barriers, discrimination, financial constraints, and labor policies shape healthcare utilization among migrant populations. In high-income countries, undocumented HBM and the Socio-Ecological Model (SEM), provide insights into individual perceptions and broader systemic influences, migrants often avoid formal healthcare due to fear of deportation, while in middle- and low-income countries, migrants face exclusion from national health insurance schemes. Regional analyses show that in places like Southeast Asia and the Gulf region, restrictive labor policies and employer-dependent healthcare access create significant challenges for migrant workers.

Understanding these global and regional trends is crucial in identifying common barriers and developing policies that promote equitable healthcare access for migrants. Literature in this field helps inform governments, policymakers, and healthcare providers on best practices to improve health services, reduce disparities, and ensure that migrant populations receive adequate medical care. By comparing global and regional findings, researchers can propose targeted interventions that address both systemic and context-specific healthcare challenges faced by migrants.

2.4.1 Global Trends in Migrants' Health-Seeking Behavior

Hacker et al. (2015) highlight that undocumented migrants in Europe often avoid formal healthcare services due to the fear of deportation. Many European countries have restrictive healthcare policies that limit access to essential medical services for undocumented individuals. Even in nations where emergency care is legally available, undocumented migrants may hesitate to seek treatment due to concerns about being reported to immigration authorities. This fear is reinforced by policies that link healthcare access to legal residency status, preventing migrants from receiving preventive and routine medical care. As a result, many undocumented individuals delay seeking medical attention until their conditions become severe, leading to poor health outcomes and increased costs for healthcare systems. Additionally, cultural and language barriers further discourage migrants from accessing healthcare, exacerbating their vulnerability.

Derosé et al. (2007) emphasize that in the United States, language barriers and lack of health insurance significantly hinder migrants from accessing healthcare. Many migrants, especially those with limited English proficiency, struggle to navigate the complex healthcare system, leading to communication difficulties with healthcare providers. This results in misunderstandings, misdiagnoses, and inadequate treatment. Additionally, the U.S. healthcare system relies heavily on employer-provided insurance, leaving many low-income migrant workers uninsured. The high costs of medical care discourage uninsured migrants from seeking treatment, forcing them to rely on emergency services or community clinics with limited resources. Fear of discrimination and concerns about legal status further deter migrants from seeking necessary medical attention, worsening health disparities.

Habib et al. (2020) describe how in the Gulf region, strict labor policies significantly restrict migrant workers access to healthcare. Many Gulf Cooperation Council (GCC) countries operate under the kafala (sponsorship) system, which ties a migrant's legal status and healthcare access to their employer. Low-wage migrant workers, particularly in construction and domestic labor, often face exploitative working conditions and live in overcrowded accommodations, increasing their health risks. Despite requiring medical attention, many migrants hesitate to seek care due to employer restrictions, financial constraints, or fear of deportation. Some employers fail to provide adequate health insurance, leaving workers to bear the costs of medical treatment, which can be prohibitively expensive. Additionally, language barriers and discrimination within healthcare facilities further limit access to quality care. The COVID-19 pandemic exposed these vulnerabilities, as many migrant workers lacked proper medical support, highlighting the urgent need for policy reforms to improve healthcare access and protect workers rights.

2.4.2 Regional Context: Asia and Southeast Asia

Tangcharoensathien et al. (2021) highlight that migrant workers in Thailand face significant barriers to accessing healthcare, primarily due to discrimination and limited access to national health insurance. Although Thailand has a relatively inclusive health system, migrants often experience exclusion due to complex administrative procedures, high costs, and language barriers. Many migrants, especially those without legal documentation, struggle to enroll in the national health insurance scheme, leaving them without affordable healthcare options. Additionally,

discrimination within healthcare settings discourages migrants from seeking medical assistance, fearing mistreatment or deportation. Even those who manage to access healthcare often receive lower-quality services compared to Thai citizens. These challenges force many migrant workers to delay medical treatment or rely on private clinics, which may not always provide adequate care. Addressing these inequalities requires policy adjustments to ensure equitable healthcare access for migrant populations.

Pillai et al. (2019) emphasize that healthcare policies in Malaysia largely exclude undocumented migrants, forcing them to rely on informal healthcare providers. The Malaysian government restricts healthcare access for undocumented individuals, making it difficult for them to seek treatment at public hospitals due to high fees and the risk of arrest. As a result, many turn to unlicensed medical practitioners or traditional healers, which can lead to substandard or unsafe medical treatments. Limited access to healthcare also contributes to the spread of infectious diseases among migrant communities, as they often avoid seeking medical help until their conditions become severe. Additionally, the absence of a formal support system for undocumented migrants exacerbates health disparities, particularly for low-wage workers in construction, agriculture, and domestic work. To improve healthcare access, policies should prioritize universal health coverage and protect migrants' rights to essential medical services.

Ahmed et al. (2022) discuss how cultural stigma and financial constraints limit rural migrants in Bangladesh from utilizing healthcare services. Many rural migrants, particularly women, face social stigma when seeking medical care, as traditional beliefs often discourage them from visiting healthcare facilities unless absolutely necessary. Additionally, gender norms and family expectations may prevent women from accessing reproductive or maternal healthcare, leading to poor health outcomes. Financial constraints further restrict healthcare access, as many rural migrants work in low-paying, informal jobs without health insurance or financial assistance. High out-of-pocket medical costs deter them from seeking timely treatment, increasing the risk of untreated illnesses. Furthermore, rural healthcare infrastructure is often inadequate, with limited medical professionals and supplies, forcing migrants to travel long distances for proper care. Strengthening healthcare policies, increasing awareness, and improving affordability can help mitigate these barriers for rural migrant populations.

2.5 Comparison with Global and Regional Context

While the challenges faced by migrant workers in accessing healthcare are evident, similar issues are also observed globally and regionally. Comparing this context with other countries allows for a broader understanding of how healthcare systems respond to the needs of migrant populations. By examining the policies, practices, and outcomes in countries such as Thailand, Bangladesh, and Malaysia, this section highlights both commonalities and divergences in healthcare access. These comparisons help identify potential policy lessons and inform strategies that could improve healthcare delivery for migrant workers.

2.5.1 Thailand

Thailand has made significant progress in providing healthcare access to migrant workers, particularly through its national health insurance scheme. The country's Universal Health Coverage (UHC) system allows registered migrant workers to access subsidized healthcare services under the Social Security Scheme (SSS) or the Migrant Health Insurance Scheme (MHIS) (Tangcharoensathien et al., 2021). These programs provide comprehensive coverage, including outpatient and inpatient care, maternal health services, and vaccinations. However, undocumented migrant workers, who make up a substantial portion of Thailand's migrant population, often struggle to access these benefits due to legal restrictions and high registration costs.

Despite Thailand's relatively inclusive healthcare policies, migrant workers still face challenges such as language barriers, discrimination, and bureaucratic hurdles when seeking medical care. Many low-income migrant workers, particularly those in construction, agriculture, and domestic work, cannot afford the insurance premiums required to enroll in the MHIS. Additionally, hospitals and clinics in Thailand may require official work permits and identification documents before providing treatment, making it difficult for informal sector workers to access essential medical services (Tangcharoensathien et al., 2021). These obstacles push many migrants to rely on private clinics or informal healthcare providers, increasing their financial burden and health risks.

Compared to other countries, Thailand has a more structured healthcare system for migrants, but gaps remain in ensuring universal healthcare access for undocumented workers. While local migrants face similar financial and structural

barriers, Thailand's experience demonstrates the importance of integrating migrants into national health programs through subsidized insurance schemes. Lessons from Thailand suggest that healthcare access for migrant workers could be improved by implementing targeted health insurance programs, strengthening public health outreach, and reducing bureaucratic barriers to accessing care.

2.5.2 Bangladesh

In Bangladesh, migrant workers, particularly local rural-to-urban migrants, rely heavily on informal healthcare providers due to financial constraints and inadequate public healthcare infrastructure. Many low-income migrants work in garment factories, construction, and domestic labor, earning low wages that make formal healthcare unaffordable. As a result, informal healthcare services such as unlicensed pharmacies, traditional healers, and community health practitioners serve as the primary healthcare providers for many migrant workers (Ahmed et al., 2022). These informal services are often more accessible and culturally familiar but lack the medical standards and regulations necessary to ensure proper treatment.

Public healthcare facilities in Bangladesh face significant overcrowding, making it difficult for migrant workers to receive timely and adequate medical care. Many government hospitals and clinics struggle with resource shortages, long waiting times, and understaffed facilities, discouraging low-income workers from seeking formal healthcare (Ahmed et al., 2022). Additionally, health services in urban slums, where many migrants reside, are limited, further restricting access to essential medical care. Similar to Myanmar, economic barriers and inadequate infrastructure remain key challenges in integrating migrants into the healthcare system.

Bangladesh's situation closely mirrors that of other developing countries, as common issues include reliance on informal healthcare and financial constraints preventing healthcare access. However, Bangladesh has attempted to address these gaps by expanding community-based health initiatives and strengthening partnerships with NGOs to provide healthcare for low-income workers. These approaches suggest that enhancing community health programs, improving access to government-subsidized healthcare, and increasing investments in urban healthcare infrastructure can better serve migrant populations.

2.5.3 Malaysia

Malaysia has a strict immigration policy that significantly limits healthcare access for migrant workers, particularly those who are undocumented. While documented migrants are required to purchase private health insurance to access medical care, many struggle with the high costs of insurance premiums and medical services (Pillai et al., 2019). The government has implemented some migrant-friendly healthcare initiatives, such as subsidized medical screenings for registered workers, but undocumented migrants face major barriers in accessing even basic healthcare services. In some cases, hospitals are required to report undocumented migrants to immigration authorities, leading to fear and avoidance of medical facilities among migrant communities.

Due to these restrictive policies, many migrants in Malaysia rely on private clinics, community health organizations, or illegal healthcare providers, which often provide substandard medical treatment at high costs (Pillai et al., 2019). The fear of deportation prevents undocumented workers from seeking necessary medical care, leading to delayed treatment and worsening health outcomes. This situation highlights the negative consequences of exclusionary healthcare policies, where legal status becomes a major determinant of healthcare access.

Compared to Malaysia, some countries do not impose legal restrictions on healthcare access for local migrants, but may lack structured policies to integrate them into the healthcare system. While Malaysia's approach prioritizes border control and labor regulations, it creates significant health risks for migrant workers who avoid medical care due to fear of deportation. Lessons from Malaysia's challenges suggest that healthcare policies should focus on inclusivity and accessibility rather than legal status, allowing all workers, regardless of their employment conditions, to access essential medical services without fear of discrimination or financial hardship.

The healthcare system for local migrants remains underdeveloped compared to regional counterparts such as Thailand, Bangladesh, and Malaysia. While Thailand has implemented health insurance schemes, Bangladesh has expanded community health initiatives, and Malaysia has strict immigration-linked healthcare policies, some countries still lack a structured approach to integrating migrant workers into the healthcare system. Financial constraints, reliance on informal healthcare, and limited public health infrastructure continue to pose major challenges for local migrants seeking medical care.

By analyzing the experiences of neighboring countries, best practices can be adopted to improve healthcare access for migrant workers. Implementing targeted health insurance schemes similar to Thailand, expanding community-based health programs like Bangladesh, and avoiding restrictive policies like Malaysia could help address existing healthcare gaps. Strengthening collaboration between the government, NGOs, and healthcare providers will be essential in ensuring that local migrants receive equitable and affordable healthcare services..

2.6 Review on Previous Studies

Myanmar-specific studies on migrants' health-seeking behavior reveal significant barriers influenced by economic hardship, legal status, cultural factors, and limited access to healthcare services. Many local and cross-border migrants face challenges such as financial constraints, lack of health awareness, and discrimination in healthcare facilities. Migrant workers, especially those in low-wage sectors like agriculture, construction, and domestic work, often lack health insurance and rely on informal healthcare providers or self-medication. Cross-border migrants in Thailand, Malaysia, and other neighboring countries experience additional difficulties due to restrictive immigration policies and language barriers. Within Myanmar, healthcare access is further complicated by political instability, conflict in ethnic regions, and an underfunded healthcare system, which disproportionately affects migrant populations. Studying these issues is crucial for developing policies that ensure equitable healthcare access for migrants, improve public health interventions, and address systemic barriers within both domestic and international contexts. By examining Myanmar-specific challenges, researchers can propose targeted solutions to enhance healthcare accessibility and promote the well-being of migrant communities.

Health-seeking behavior among migrant workers in Myanmar is shaped by multiple socio-economic, cultural, and institutional factors that influence their access to and utilization of healthcare services. Migrant workers, particularly local migrants in urban industrial zones, often face financial constraints, workplace restrictions, and limited healthcare knowledge, all of which discourage them from seeking timely medical treatment (Than, Aung, & Zaw, 2020). Many of these workers lack health insurance and earn low wages, making it difficult for them to afford medical consultations, hospital visits, or medication. As a result, self-medication and informal healthcare providers are commonly relied upon, despite the potential risks associated

with unregulated treatments. Research conducted in Yangon industrial areas has shown that many migrant workers delay seeking healthcare until their conditions worsen, often due to fear of job loss or wage deductions if they take time off for medical appointments (Htun, Win, & Myint, 2019). This economic pressure creates a cycle where minor illnesses become severe due to prolonged neglect, leading to greater financial and health burdens in the long run.

Migrant workers in Mandalay construction and informal labor sectors experience similar difficulties, with accessibility and awareness being major challenges. Many workers are unaware of their rights to healthcare services and the locations of available clinics, resulting in low utilization of medical facilities (Kyi, Oo, & Lwin, 2017). Studies indicate that cultural beliefs also play a role in influencing healthcare decisions, as many migrant workers from rural backgrounds prefer traditional medicine over Western medical practices. The reliance on traditional healing methods, combined with financial limitations, has led to the underutilization of formal healthcare services among migrant populations. Gender disparities in health-seeking behavior are also evident, with female migrant workers demonstrating a greater tendency to seek medical attention compared to their male counterparts. Women are more likely to prioritize health due to maternal and reproductive health needs, whereas men tend to avoid healthcare services unless experiencing severe symptoms (Aye et al., 2021). This highlights the need for targeted interventions that address gender-specific healthcare concerns among migrant workers.

Migrant workers in border regions, particularly along the Thai-Myanmar border, face additional challenges due to their legal status and lack of formal recognition in host countries. Many migrants working in Mae Sot and other border towns fear deportation if they seek medical care, leading them to avoid hospitals and clinics altogether (Win, Htun, & Thida, 2018). Language barriers further complicate healthcare access, as many migrants cannot communicate effectively with healthcare providers, resulting in misdiagnoses or misunderstandings regarding treatment plans. Non-governmental organizations (NGOs) have attempted to bridge this gap by offering free or low-cost healthcare services to migrant workers, but their reach remains limited. Even when these services are available, cultural stigmas and distrust of foreign healthcare providers prevent many migrant workers from utilizing them. The lack of proper documentation among undocumented workers also means that they are excluded from national healthcare programs, leaving them reliant on informal

healthcare networks that may not provide adequate medical attention (Moe, Thein, & Chit, 2022).

The situation is equally concerning for female migrant workers employed in Myanmar's garment industry, where labor-intensive working conditions and long hours prevent them from seeking timely medical care. Many factory workers suffer from chronic conditions such as respiratory issues and musculoskeletal disorders due to poor workplace conditions, yet they avoid seeking medical attention due to fear of job termination (Naing, Oo, & Lin, 2023). Workplace policies often do not accommodate the healthcare needs of workers, and many employees do not receive medical leave benefits, forcing them to work while ill. Furthermore, reproductive health services for female migrant workers remain inadequate, with many lacking accesses to contraception, prenatal care, and maternal health services. Cultural stigmas surrounding women's health issues further contribute to low healthcare utilization rates among female migrant workers (Aye et al., 2021). Addressing these gaps requires a holistic approach that involves improving workplace policies, expanding access to affordable healthcare, and increasing health awareness campaigns targeted at female workers.

Seasonal agricultural migrant workers in the Ayeyarwady region face distinct challenges due to their remote working environments and limited access to healthcare infrastructure. Many agricultural workers are employed in temporary jobs that do not provide health benefits, leaving them vulnerable to financial strain when they fall ill (Zaw, Kyaw, & Soe, 2017). Since many rural areas lack healthcare facilities, workers must travel long distances to reach clinics or hospitals, which often results in delayed treatment. The preference for traditional medicine is particularly strong among agricultural migrants, with many choosing herbal remedies over modern medicine due to cost-effectiveness and cultural familiarity. However, these traditional practices are not always effective in treating serious health conditions, leading to preventable complications. Studies have found that agricultural migrants are also less likely to be vaccinated or receive preventive care, making them more susceptible to infectious diseases and work-related injuries (Than et al., 2020). Without proper interventions, these challenges will continue to exacerbate health inequalities among rural migrant populations.

The COVID-19 pandemic further exposed the vulnerabilities of Myanmar migrant workers, both within the country and abroad. Many workers lost their jobs

due to lockdown measures, resulting in financial instability that made healthcare access even more difficult (Moe et al., 2022). Fear of quarantine procedures and misinformation about COVID-19 led to widespread avoidance of healthcare facilities, as many migrants believed that visiting hospitals would result in forced isolation or deportation. In some cases, migrant workers turned to alternative medicine and home remedies due to distrust in government healthcare responses. Studies have highlighted the need for better health communication strategies that ensure migrant workers receive accurate information and feel safe accessing medical care during public health emergencies (Naing et al., 2023). The pandemic underscored the importance of integrating migrant workers into national healthcare policies, ensuring that they receive adequate support during crises.

For Myanmar migrant workers employed in neighboring countries such as Thailand and Malaysia, healthcare barriers extend beyond economic constraints to include legal and institutional discrimination. Undocumented workers are particularly vulnerable, as they are often denied access to healthcare services and fear seeking medical attention due to concerns about arrest or deportation (Win et al., 2018). Some factory and construction workers in these countries rely on underground healthcare networks or mobile clinics operated by migrant communities, but these services are often insufficient to address serious health concerns. Language barriers and cultural differences further alienate migrant workers from formal healthcare institutions, making it critical for host countries to adopt inclusive health policies that cater to migrant populations (Moe et al., 2022).

Addressing the health-seeking behavior of migrant workers in Myanmar requires a multi-faceted approach that considers economic, cultural, and institutional factors. Strengthening workplace health policies, expanding affordable healthcare services, and increasing awareness through education campaigns are necessary steps toward improving healthcare access for migrants. Additionally, cross-border cooperation is essential to ensure that Myanmar migrants working abroad receive fair treatment and adequate healthcare support. By addressing these systemic challenges, policymakers and healthcare providers can contribute to the well-being of migrant workers and reduce health disparities within this vulnerable population. Continued research and intervention efforts are needed to create a sustainable healthcare system that accommodates the unique needs of migrant workers in Myanmar and beyond.

CHAPTER III

OVERVIEW OF LOCAL MIGRANT WORKERS IN MYANMAR

3.1 Classification of Migrant Workers in Myanmar

Migrant workers in Myanmar can be broadly classified into two categories: local migrants and cross-border migrants. Local migrants are individuals who move within the country, usually from rural areas to urban centers, in search of better employment opportunities, improved living conditions, and access to basic services. This type of migration is largely driven by economic disparities between regions and the growing demand for labor in urban industries. In contrast, cross-border migrants leave Myanmar to work in neighboring countries such as Thailand, Malaysia, and China, where they are typically employed in low-wage sectors like construction, agriculture, and domestic work. These migration patterns are shaped by a combination of economic incentives and restrictive migration policies, which often push workers into informal or undocumented labor markets (ILO, 2020).

Local migration has become increasingly common in Myanmar, especially in recent decades due to rapid urbanization and market-oriented economic reforms. Major cities such as Yangon, Mandalay, and Naypyidaw have become key destinations for rural migrants who seek jobs in sectors like manufacturing, construction, and services. According to national surveys and government reports, a significant portion of the population has moved internally over the past five years, reflecting both the pull of urban opportunities and the push from rural hardship. Migration remains a crucial strategy for individuals and families seeking to improve their livelihoods and escape poverty, despite the uncertainty and instability it may bring.

However, local migrants often face a range of challenges upon relocating to urban areas. Many of them live in overcrowded and substandard housing conditions, lack formal employment contracts, and have limited access to basic services, including healthcare and social protection. Employment in the informal sector is common, which often leaves them without job security, legal protection, or benefits.

These circumstances are further complicated by barriers such as financial hardship, lack of awareness of available services, and discrimination within urban settings. Such conditions not only affect their overall well-being but also limit their ability to seek timely and appropriate medical care when needed (Tun, 2021).

This study focuses specifically on local migrant workers residing in urban centers like Yangon, Mandalay, and Naypyidaw. These cities serve as economic hubs, attracting a large share of Myanmar's local migrants due to the availability of work. Despite the opportunities, these workers frequently encounter significant obstacles to accessing healthcare. Financial constraints, limited health literacy, and social exclusion all contribute to delays in seeking care or reliance on informal treatment methods. By examining their living conditions, employment situations, and healthcare-seeking behavior, this study aims to provide insights into the structural challenges they face and inform policy recommendations that support their inclusion and well-being in urban communities.

3.2 Demographic Profile of Migrant Workers in Myanmar

Local migrants in Myanmar make up a substantial portion of the national workforce. According to estimates, nearly one-fifth of the labor force comprises individuals who have relocated within the country, mostly from rural to urban areas. These local migrants are predominantly young adults between the ages of 18 and 45, motivated by the need to find better economic opportunities in urban centers. Their movement is often driven by a combination of factors, including declining agricultural productivity, limited educational opportunities in rural regions, and increasing labor demand in cities. This youthful migration plays a significant role in supporting the economic development of urban areas while reshaping labor dynamics across the country (Department of Population, 2019).

Gender patterns among local migrants reveal significant differences in the types of jobs held by men and women. Male migrants are commonly employed in physically demanding industries such as construction, transportation, and heavy manufacturing. In contrast, female migrants are often found working in garment factories, domestic work, and informal service sectors, which generally provide lower wages and offer fewer labor protections. These gender-based disparities are further exacerbated by wage gaps, limited job security, and higher exposure to workplace harassment for women. Female migrants, particularly those in informal employment,

often lack access to essential labor rights and social protections, increasing their vulnerability to exploitation and economic hardship (ILO, 2021).

The level of education among local migrant workers also plays a key role in determining their job prospects and income levels. Many migrants possess only basic primary or secondary education, restricting their ability to secure stable or skilled employment in urban labor markets. Consequently, a large share of migrants is employed in low-skilled occupations that offer little security or room for advancement. This lack of formal education and training presents a barrier to upward mobility and long-term financial stability. Enhancing access to vocational education and adult learning programs is essential to help migrant workers improve their skills and transition into better-paying and more secure jobs.

3.3 Employment and Working Conditions in Myanmar

Migrant workers in Myanmar are primarily employed in low-income, informal sector jobs that provide minimal employment benefits or protections. They often work in industries such as construction, manufacturing, agriculture, and domestic services, where formal contracts are rare, and labor rights are weakly enforced. In urban areas, construction and factory work are common among local migrants, involving long hours and physically demanding tasks. Due to limited enforcement of occupational safety standards, these workers frequently face health and safety risks. Despite these challenges, many migrants accept such jobs out of necessity, as opportunities in their home regions remain scarce (ILO, 2021).

Agriculture remains a major source of employment for many local migrants, particularly those engaged in seasonal labor. Migrants in this sector work as temporary farmhands during planting and harvesting periods, earning irregular incomes that depend on crop yields and market prices. These jobs rarely offer fixed wages or employment security, making it difficult for workers to achieve financial stability. In addition, agricultural labor exposes workers to physical strain, pesticide use, and extreme weather, all of which pose risks to their health and well-being.

Many migrant workers also find employment in the informal service sector, including street vending, domestic work, and small-scale trading. These roles typically lack formal employment arrangements and legal protections. Women dominate domestic work, often facing long hours, low pay, and the absence of labor rights. Street vendors encounter their own challenges, such as harassment, unstable

income, and vulnerability to economic downturns. The lack of access to social security programs leaves most informal workers without unemployment support, pensions, or health coverage, increasing their economic insecurity (UNDP, 2021).

Employment instability and low wages significantly limit migrant workers' ability to access healthcare. With income primarily allocated to basic needs like food and shelter, healthcare becomes a lower priority. As a result, many migrants delay or avoid seeking medical treatment, which can worsen existing conditions or allow illnesses to go untreated. The lack of employer-sponsored health insurance in the informal sector also forces workers to rely on out-of-pocket spending, creating a major barrier to timely and adequate healthcare access.

The absence of social protection and healthcare access continues to undermine the well-being of Myanmar's migrant workforce. Trapped in cycles of poverty and job insecurity, many migrants have limited pathways to upward mobility. Addressing these structural issues requires targeted policy reforms to strengthen labor protections, expand social welfare programs, and ensure affordable healthcare access for all workers. These efforts are essential not only for improving the lives of migrants but also for fostering equitable and sustainable economic development in the country (World Bank, 2021).

3.4 Healthcare Access and Barriers for Migrant Workers in Myanmar

Access to healthcare is a critical component of overall well-being, yet migrant workers often face substantial obstacles in obtaining the services they need. In Myanmar, while public healthcare services aim to provide coverage for all citizens, local migrant workers especially those in informal or low-wage employment encounter significant gaps in availability, affordability, and quality of care. These challenges are compounded by limited awareness of available services, legal and administrative constraints, and reliance on informal or traditional healthcare providers. This section explores the availability of healthcare services for migrants and highlights the key barriers that hinder their ability to access timely and adequate medical care.

3.4.1 Availability of Healthcare Services for Migrants

Myanmar's public healthcare system is structured to provide services through township health centers, rural health clinics, and public hospitals, aiming to deliver accessible care to all citizens, including local migrants. Despite this framework, migrant workers often encounter substantial barriers when attempting to access these services. Urban health facilities are frequently overburdened, and many lack sufficient medical staff, equipment, or medications. Migrant workers may also be unfamiliar with their healthcare rights or the services available to them, causing delays in seeking care and leading to more severe health outcomes.

Due to these limitations, many migrant workers turn to private healthcare providers. Private clinics tend to offer faster service, more reliable access to medications, and a generally higher quality of care. However, these benefits come with significantly higher costs. For low-income migrant workers, especially those in the informal sector, the out-of-pocket expenses of private healthcare can be financially crippling. Without employer-provided insurance or access to public subsidy programs, many must choose between treatment and other basic needs, deepening their vulnerability (World Bank, 2021).

Traditional medicine remains a widely used alternative for many local migrants in Myanmar. Cultural familiarity, ease of access, and affordability make it an appealing choice, particularly for rural migrants. Practices such as herbal remedies and spiritual healing are common, and in many communities, traditional healers serve as the first point of contact for health issues. While some traditional methods may offer symptomatic relief, their effectiveness and safety are not always supported by medical evidence, and dependence on them can delay necessary formal treatment.

In addition to traditional care, many migrants also rely on informal healthcare providers, including unlicensed practitioners and mobile drug sellers. These options are often more accessible to workers with irregular schedules or limited mobility. However, the informal nature of these services poses serious risks, such as incorrect diagnoses, improper treatments, and unsafe medications. Nonetheless, for many migrant workers facing structural obstacles in the formal health system, these informal channels remain a critical if risky source of care (ADB, 2020).

To address these persistent challenges, strategic policy interventions are needed. Expanding mobile clinics, training community health workers, and conducting awareness campaigns about healthcare rights could help bridge the

accessibility gap. Equally important is the development of affordable health insurance schemes tailored to informal sector workers. Without these targeted efforts, local migrant workers will continue to face health inequities that undermine both individual well-being and broader public health goals in Myanmar (ILO, 2023).

3.4.2 Barriers to Healthcare Access

Migrant workers in Myanmar face numerous economic barriers that restrict their access to healthcare services. Many are employed in low-paying and informal jobs, making the cost of medical care a significant obstacle. Without access to employer sponsored health insurance or government health schemes, most migrant workers must pay out-of-pocket for treatment, which often leads to delayed care or reliance on self-medication and informal providers. This lack of financial protection increases the risk of untreated illnesses and long-term health complications.

In addition to financial hardship, structural challenges further hinder access to primary healthcare. Migrant communities are frequently located far from health facilities, and traveling to hospitals or clinics can be time-consuming and costly. Even when they reach a facility, the quality of care may be compromised by overcrowding, insufficient staffing, and limited medical supplies. These issues discourage timely medical consultation and contribute to worsening health conditions that could otherwise be managed with early intervention.

Social and cultural factors also limit migrant workers healthcare access. Language barriers, especially for ethnic minority migrants, can lead to poor communication with healthcare providers and misunderstandings during treatment. Fear of discrimination also plays a role, as past experiences of stigma may discourage individuals from seeking formal medical care. In many cases, migrants turn to traditional medicine, drawn by cultural familiarity and trust in indigenous practices. While these alternatives may offer comfort, they can delay proper treatment and worsen health outcomes if used inappropriately (Tun, 2022). To improve healthcare access for migrant workers, targeted interventions are essential. These include expanding affordable healthcare coverage, increasing investment in local health infrastructure, and promoting culturally sensitive services that build trust between providers and migrant communities (World Bank, 2021).

3.5 Government Policies and Initiatives for Migrant Healthcare

Government policies and institutional initiatives play a pivotal role in shaping healthcare access for migrant workers. In Myanmar, as in other countries, the extent to which migrants are included in health systems often depends on legal recognition, policy design, and implementation capacity. This section examines the existing policy frameworks, national strategies, and government-led programs aimed at addressing the healthcare needs of local migrant workers. It also considers gaps in coverage and the effectiveness of current initiatives, providing insight into how Myanmar's policy landscape can be strengthened to ensure equitable and inclusive health services for migrant populations.

3.5.1 Myanmar National Health Plan (2017–2021)

The Myanmar National Health Plan (NHP) 2017-2021 aimed to advance universal health coverage by improving access to primary healthcare, particularly for vulnerable groups such as informal workers and local migrants. The plan prioritized strengthening township hospitals, training health personnel, and expanding essential health services. While it set progressive goals, implementation was hindered by financial constraints, political instability, and inadequate healthcare infrastructure, leaving many local migrants, especially those in informal employment, outside the reach of formal healthcare systems (MOHS, 2017).

A major shortfall of the NHP was its lack of targeted strategies for migrant workers. Although the plan emphasized equitable access, it did not directly tackle the structural barriers migrant workers face, such as the lack of insurance coverage and unaffordable out-of-pocket medical expenses. Many migrants without legal documentation remained excluded from public healthcare programs. Although the plan led to the expansion of community health workers and outreach efforts, these improvements fell short in addressing the needs of growing migrant populations especially in urban areas with overstretched health facilities. The situation worsened during the COVID-19 pandemic, which further exposed the vulnerabilities of migrant workers in accessing essential health services (MOHS, 2021).

3.5.2 Primary Health Care Strategy in Myanmar

Primary health care (PHC) is the foundation of Myanmar's health system, aiming to assure accessible, equitable, and affordable health services for all. Local

migrant workers who often face occupational hazards, poor living conditions, and limited access to healthcare—PHC plays a vital role in promoting health and preventing disease. The Ministry of Health and Sports (MOHS) has developed multiple strategies to extend PHC coverage to these vulnerable populations.

Workers frequently face challenges in accessing health services due to informal employment, lack of health insurance, and long working hours. Many live in peri-urban or industrial zones where public health infrastructure is either lacking or overstretched. Recognizing these issues, Myanmar's NHP (2017–2021) emphasized inclusive healthcare access, particularly targeting underserved populations, including migrant and informal sector workers.

In line with the NHP, the government has promoted the strengthening of township and rural health centers, ensuring that essential PHC services such as maternal and child healthcare, immunization, and treatment of communicable diseases are made available closer to industrial zones. Efforts also include capacity building for community health workers to provide outreach services in factories and labor-intensive areas.

Mobile clinics and public-private partnerships are also part of the PHC strategy, aiming to deliver services like tuberculosis screening, sexual and reproductive health education, and general outpatient care. NGOs and international partners, such as WHO and ILO, have collaborated with local health authorities to reach workers in garment factories and construction sites with culturally appropriate and flexible service schedules.

Despite these efforts, challenges remain; language barriers, discrimination, and lack of awareness still hinder some migrant workers from utilizing available services. Additionally, workplace-based health interventions are not yet systematic across all regions, with incompatible employer engagement in health promotion.

The government has begun integrating factory health needs into broader urban PHC planning. For example, some industrial zones in Yangon and Mandalay now receive targeted health programs, such as regular health screenings, health literacy campaigns, and COVID-19 vaccination drives that prioritize high-density workplaces (MOHS, 2017).

Health financing remains a barrier, especially for workers outside the formal Social Security Board (SSB) system. Expanding SSB coverage and increasing enrollment of informal workers has been discussed as a way to ensure sustainable

PHC financing. Health insurance reform, aimed at more inclusive models, is needed to reduce out of pocket spending and improve continuity of care.

Moving forward, Myanmar's PHC strategy must focus on more integrated, participatory, and decentralized health planning that involves employers, workers' unions, and community groups. Strengthening surveillance, data collection, and community engagement will also help tailor PHC services more effectively to factory and migrant worker populations (ILO, 2020).

3.5.3 Social Security Board and Healthcare Access

The SSB in Myanmar is a state agency under the Ministry of Labour, Employment and Social Security, tasked with managing the country's social insurance system. Established under the 1954 Social Security Act and revised in 2012, the SSB aims to provide a safety net for formal sector workers through various insurance schemes, including health care, workplace injury compensation, and maternity benefits. Both employers and employees contribute to the fund, and businesses with five or more employees are required by law to register their workers within 30 days of operation.

For local migrant workers, especially those engaged in the informal or semiformal labor sector, access to SSB benefits remains limited. Even among registered workers, many are unaware of the full range of services offered by SSB, such as treatment at designated clinics, hospitals, and financial assistance during periods of illness or maternity. Challenges such as lack of employer compliance, bureaucratic barriers, and limited outreach efforts have contributed to low participation rates among migrant workers, thereby affecting their health-seeking behavior and timely access to care.

Research suggests that expanding awareness and improving access to SSB services can significantly enhance health outcomes for migrant populations. When workers feel protected by a functioning social insurance system, they are more likely to seek care from formal healthcare facilities instead of delaying treatment or relying on unregulated providers (ILO, 2022). Understanding the effectiveness of SSB coverage is therefore essential in analyzing the broader factors influencing HSB in Myanmar.

3.5.4 NGO and Community-Based Health Programs

Recognizing the gaps in public healthcare, NGOs and community-based health programs have stepped in to provide essential medical services to migrant workers. Several local and international NGOs operate mobile health clinics, community health centers, and outreach programs to offer free or low-cost medical consultations, maternal and child healthcare, and health education for migrants (STC, 2020). These initiatives have been crucial in reaching underserved communities, especially in informal settlements and industrial zones where public healthcare facilities are scarce.

However, the coverage of these programs remains limited due to financial and logistical constraints. Many NGOs rely on donor funding, which can be unpredictable, leading to interruptions in service delivery. Additionally, while some programs focus on preventive healthcare and primary care, access to specialized treatment, hospitalization, and long-term medical support remains inadequate. Migrant workers who require advanced medical care often face difficulties due to the high costs of private healthcare and the limited availability of government-funded services. The lack of coordination between government health initiatives and NGO-led programs further complicates healthcare accessibility, creating gaps in service provision.

Despite these limitations, NGO and community-based programs have played a crucial role in advocating for migrant-friendly healthcare policies. Some organizations have partnered with local health authorities to train community health volunteers, improve health literacy among migrants, and promote awareness of available healthcare services. However, without stronger government support and policy reforms, these efforts alone are not enough to ensure comprehensive healthcare access for Myanmar's growing migrant workforce. Strengthening collaboration between the government and NGOs, expanding funding for community health programs, and integrating migrant healthcare needs into national health policies are essential steps toward improving healthcare access for migrant workers.

3.5.5 Challenges in Accessing Affordable and Quality Healthcare

Despite government and NGO efforts, migrant workers in Myanmar continue to face significant barriers to affordable and quality healthcare. Economic constraints remain a major challenge, as many migrants work in informal sectors with low wages

and no health insurance. The high cost of medical services, combined with transportation expenses and lost income due to time off work, discourages many migrants from seeking medical care unless absolutely necessary. As a result, many workers delay treatment or rely on self-medication, leading to worsened health conditions and higher healthcare costs in the long run (STC, 2020).

Structural barriers also limit healthcare accessibility for migrants. Public healthcare facilities are often overcrowded and understaffed, leading to long waiting times and inadequate patient care. Additionally, many migrant workers, especially those in urban slums or peri-urban areas, live far from government hospitals and clinics, making it difficult to access timely medical assistance. Language barriers, discrimination, and fear of mistreatment by healthcare providers further discourage migrants from using formal healthcare services. These issues highlight the need for a more inclusive and migrant-friendly healthcare system that ensures equitable access to medical services.

To address these challenges, Myanmar's healthcare policies must prioritize migrant-inclusive health initiatives. Expanding universal health coverage to include informal workers, integrating mobile health clinics into government healthcare programs, and improving healthcare affordability through subsidized medical services are crucial steps toward ensuring equitable healthcare access for migrants. Additionally, strengthening legal protections for migrant workers, promoting health insurance schemes tailored to informal sector employees, and increasing investments in healthcare infrastructure can help bridge the healthcare gap and improve overall health outcomes for Myanmar's migrant population.

CHAPTER IV

SURVEY ANALYSIS

4.1 Survey Profile

This survey aims to explore the key factors affecting the HSB of local migrant workers residing in Shwe Pyi Thar Township, Yangon. With a target sample size of (200) participants, the study focuses on understanding the barriers and enablers to timely and appropriate health care access within this vulnerable group. Local migrant workers often face poor living conditions, limited access to healthcare services, and financial instability, which influence their decisions about when and where to seek medical help.

Key influencing factors may include income level, education, knowledge of available health services, health services utilization patterns, awareness about health insurances, cultural beliefs, and legal status. Additionally, work-related constraints such as long working hours and lack of employer support may discourage them from seeking timely care. The survey explored the health care access barriers and perceptions of illness severity in shaping health behaviors. Data was collected through face-to-face interviews using structured questionnaires.

The findings contributed to a deeper understanding of the health-seeking patterns among local migrant workers, supporting policymakers and health organizations in designing targeted interventions to improve healthcare access and outcomes in industrial zones like Shwe Pyi Thar.

4.2 Survey Design

This descriptive survey is designed to assess the factors influencing health seeking behaviors among local migrant workers in Shwe Pyi Thar Township, Yangon. A total of 200 respondents were selected using stratified random sampling to ensure representation across various workplaces in 17 Ward, Shwe Pyi Thar Township, Yangon. The study targeted individuals who have migrated from other regions and are currently employed in factories, workshops, or informal sectors within the township.

Data collections conducted through face-to-face interviews using a structured questionnaire, developed in the local language. The questionnaire composed of 5 parts covering demographics, healthcare utilization patterns, barriers to healthcare access, health insurance and awareness and health beliefs and attitudes. Key themes included availability, affordability, acceptability, and accessibility of healthcare services. The main objective of this study is to identify health seeking behaviors of local migrant workers and examine the key factors that influence their health decisions.

4.3 Survey Results

This study explored the health-seeking behaviors of local migrant workers in Shwe Pyi Thar Township through a structured survey involving 200 randomly selected participants. The questionnaire was organized into five key sections: (1) sociodemographic profile, (2) health utilization patterns, (3) barriers to healthcare access, (4) health insurance and awareness, and (5) beliefs and attitudes toward health. The results revealed meaningful insights into the factors that influence how migrant workers respond to illness and seek medical care. Financial constraints, lack of information, cultural beliefs, and logistical challenges were identified as major factors shaping their healthcare behaviors. These findings highlight the complex realities faced by migrant workers in accessing appropriate health services and underscore the need for responsive and inclusive health interventions.

4.3.1 Demographic Characteristics of the Respondents

The demographic profile of local migrant workers in Shwe Pyi Thar Township is essential to analyze their health-seeking behaviors. This survey included 200 respondents, focusing on age, gender, education, income, occupation, family size, and duration of stay in the area. The data provides insight into the social and economic backgrounds that shape how and when individuals access healthcare services. By examining these demographic factors, we can better understand the needs and challenges faced by migrant workers, allowing for more targeted and effective health interventions in urban and industrial settings like Shwe Pyi Thar. Understanding these characteristics helps reveal specific vulnerabilities, such as the health risks associated with low-income or physically demanding jobs. Demographic trends can also highlight disparities in service utilization across different population groups. This

information is vital for designing inclusive policies that address both preventive care and emergency medical needs.

Table (4.1) Demographic Characteristics of the Respondents

No.	Description	No. of Respondent	Percentage
1	Age		
	Under 34	117	58.5
	35-44	66	33
	45 and above	17	8.5
	Total	200	100
2	Gender		
	Male	95	47.5
	Female	105	52,5
	Total	200	100
3	Education		
	Formal Education	0	0
	Primary School	0	0
	Middle School	3	1.5
	High School	86	43
	Higher Education	111	55.5
	Total	200	100
4	Monthly Income		
	Below 100,000	0	0
	100,000 – 300,000	17	8.5
	300,000 – 500,000	131	65.5
	Above 500.000	52	26.0
	Total	200	100

Table (4.1) Demographic Characteristics of the Respondents (Continued)

No.	Description	No. of Respondent	Percentage
5	Job		
	Factory worker	110	54
	Construction worker	16	8
	Agriculture worker	8	4
	Jobber	16	8.5
	Vendor	50	24.5
	Total	200	100
6	Family Members		
	1 to 3 persons	93	46.5
	4 to 5 persons	104	53
	6 person and above	3	1.5
	Total	200	100
7	How long you have been here		
	Under 1 year	39	19.5
	Between 1 to 3 years	96	48
	3 years and above	65	32.5
	Total	200	100

Source: Survey data, 2025

In Section (1), the demographic data reveals that the majority of respondents (58.5%) are under the age of 34, indicating a predominantly young workforce. Females slightly outnumber males at (52.5%), suggesting relatively balanced gender representation. Education levels are notably high, with (98.5%) of respondents having completed high school or higher education, which may positively influence health awareness and decision-making.

Income distribution shows a relatively stable financial status, with over (91%) earning MMK 300,000 or more per month. Most respondents (54%) work in factories, while vendors account for (24.5%), reflecting the industrial and commercial nature of Shwe Pyi Thar. Family size is moderate, with (53%) living in households of 4 to 5

persons, indicating potential economic dependency that could influence healthcare choices.

Regarding migration history, (48%) have lived in the township for 1–3 years, suggesting a relatively new but settled migrant population. These characteristics highlight a young, educated, and economically active community, which is essential for designing targeted healthcare programs.

4.3.2 Healthcare Utilization Patterns

Understanding healthcare utilization patterns among local migrant workers provides important insights into how they respond to illness and access medical services. This section presents data from 200 respondents in Shwe Pyi Thar Township, focusing on the frequency of health care seeking behavior, preferred service providers, and travel time to health care facilities. These patterns reflect not only individual health beliefs but also practical factors such as cost, convenience, and accessibility. By analyzing where and when people seek care, we can identify gaps in service delivery and the reliance on self-medication, guiding future improvements in healthcare access for this population. Such analysis is particularly relevant in rapidly growing urban areas, where infrastructure often struggles to meet the needs of vulnerable populations. Recognizing these usage trends also allows local health authorities to prioritize resource allocation more efficiently.

Table (4.2) Healthcare Seeking Behavior and Access Time

No.	Description	No. of Respondent	Percentage
8	Do you seek healthcare when your family feel unwell?		
	Never	0	0.0
	Only when symptoms are severe	38	19.0
	Occasionally	55	27.5
	Regularly (minor illnesses)	107	53.5
	Total	200	100.0
9	When you or your family faces a health problem, where do you seek healthcare services?		
	Public hospital	48	24
	Private clinic/hospital	48	24
	Traditional healer/Traditional medicines	0	0
	Pharmacy/self-medication	104	52
	Employer-provided health service	0	0
	Social security board (SSB)	0	0
	Total	200	100.0
10	How long does it take for you to reach the nearest healthcare facility?		
	Less than 30 minutes	113	56.5
	30 minutes – 1 hour	71	35.5
	More than 1 hour	16	8.0
	Total	200	100.0

Source: Survey data, 2025

The data shows that a majority of respondents (53.5%) seek healthcare regularly, even for minor illnesses, while (27.5%) do so occasionally and (19%) only when symptoms are severe. This indicates generally proactive health behavior among the migrant workers. However, when choosing healthcare providers, over half (52%) rely on pharmacies or self-medication, suggesting limited use of formal medical services. Public and private hospitals are equally used by (24%) each, while no respondents

reported using traditional healers, employer-provided services, or social society boards. In terms of accessibility, (56.5%) can reach a healthcare facility within 30 minutes, and another (35.5%) within one hour. Only a small group (8%) faces longer travel times. Overall, while physical access is relatively good, the preference for self-medication points to potential issues with cost, awareness, or trust in formal healthcare services.

Table (4.3) Healthcare Spending and Decision-Making

No.	Description	No. of Respondent	Percentage
11	How much do you typically spend per healthcare visit (in MMK)?		
	0 – 10,000	106	53.0
	10,001 – 30,000	54	27.0
	30001 – 50,000	31	15.5
	More than 50,000	10	5.0
	Total	200	100.0
12	Who usually decides whether you seek healthcare?		
	Myself	109	54.5
	Family members	91	45.5
	Employer	0	0
	Total	200	100.0

Source: Survey data, 2025

According to Table (4.3), Section (2), healthcare utilization patterns among 200 respondents reveals spending and decision-making behaviors. Regarding expenditure per healthcare visit, (53%) of respondents typically spend between 0 and 10,000 MMK, indicating that low-cost visits are most common. Meanwhile, (27%) spend 10,001 to 30,000 MMK, and (15.5%) spend 30,001 to 50,000 MMK. Only (5%) of respondents spend more than 50,000 MMK per visit, suggesting higher healthcare costs are relatively rare.

In terms of decision-making about seeking healthcare, (54.5%) of respondents decide for themselves, while (45.5%) rely on family members. No respondents reported employers or others as decision-makers, highlighting that healthcare-seeking

decisions are primarily personal or family-driven. These findings emphasize the importance of individual autonomy and family support in accessing healthcare services.

Table (4.4) Traditional and Cultural Health Practices

No.	Description	Yes
13	Have you or your family ever performed to traditional worship when facing health problems?	52(26%)
14	Have you or your family ever consulted astrology or performed protective charm to ward off bad omens when facing health problems?	148(74%)
Total		200(100%)

Source: Survey data, 2025

According to the survey data presented in Table (4.4), Section (2), traditional and cultural practices play a significant role in healthcare utilization among the 200 respondents. When faced with health problems, (26%) of respondents or their families have engaged in traditional worship as a coping mechanism. This indicates that over a quarter of the population still relies on spiritual or ritualistic methods alongside or instead of conventional medical care.

More notably, a substantial majority (74%) reported consulting astrology or performing protective charms to ward off bad omens related to health issues. This high prevalence suggests that beliefs in supernatural protection strongly influence health seeking behaviors within the community. These practices reflect the deep cultural roots and trust placed in traditional methods for managing health concerns. The data highlights the importance of considering cultural context in designing effective healthcare interventions, as addressing both medical and cultural needs can improve health outcomes and acceptance of healthcare services.

Table (4.5) Medical Check-Up Experience

No.	Description	Yes
15	Have you ever undergone a medical check-up?	41(20.5%)
16	If yes, how often do you undergo a medical check-up?	
	Once a year	23(11.5%)
	Every few years	6(3.0%)
	Only when feeling unwell	12(6.0%)
	Total	41(20.5%)
17	If no, why have you not undergone a medical check-up?	
	Too expensive	49(24.5%)
	No time	44(22.0%)
	No perceived need	44(22.0%)
	No available healthcare facilities nearby	22(11.0%)
	Total	159(79.5%)

Source: Survey data, 2025

According to the survey data in Table (4.5), Section (2), only (20.5%) of the 200 respondents have ever undergone a medical check-up. Among those who did, the majority (11.5%) have a check-up once a year, while smaller proportions undergo check-ups every few years (3.0%) or only when feeling unwell (6.0%). For the (79.5%) who have never had a medical check-up, the main reasons include cost, lack of time, and no perceived need, each cited by roughly (22%) to (24.5%) of respondents. Additionally, (11%) reported the absence of nearby healthcare facilities as a barrier. These findings highlight financial constraints, time limitations, and a low perceived necessity as key factors limiting regular medical check-ups. Improving access, affordability, and awareness could encourage more proactive health monitoring within this population.

4.3.3 Barriers to Healthcare Access

This section explores the barriers to healthcare access faced by the surveyed population. Identifying these obstacles is essential to understand why some

individuals do not seek or receive timely medical care. Barriers may include financial constraints, limited time, lack of nearby healthcare facilities, and low perceived need for medical check-ups. By examining these factors, this section aims to highlight the key challenges that hinder healthcare utilization and suggest areas where interventions can improve access and health outcomes.

Table (4.6) Barriers to Healthcare Access

No.	Description	Yes	
18	Have you ever experienced being unable to access healthcare services?	117(58.5%)	
No	Description	No. of Respondent	Percentage
19	What is the main reason you do not seek healthcare when needed?		
	High cost of treatment	136	68.0
	Long distance to health facilities	27	13.5
	Lack of time due to work commitments	25	12.5
	Lack of trust in healthcare services	12	6.0
	Prefer home remedies/traditional me	0	0
	Total	200	100.0
20	If you were sick and unable to work, how would you handle medical expenses?		
	Pay from savings	107	53.5
	Borrow from family/friends	81	40.5
	Employer assistance	0	0
	Delay seeking treatment	12	6
	Total	200	100.0

Source: Survey data, 2025

According to the survey data in Table (4.6), Section (3), many people face barriers when trying to access healthcare services. More than half of the respondents (58.5%) said they have experienced difficulty getting healthcare. The main reason for not seeking healthcare when needed is the high cost of treatment, which affects (68%)

of people. Other reasons include long distance to health facilities (13.5%), lack of time because of work (12.5%), and lack of trust in healthcare services (6%).

When sick and unable to work, most respondents (53.5%) pay for medical expenses using their savings. Another (40.5%) borrows money from family or friends. Only a small number delay treatment (5.5%), and none receive help from their employer. These findings show that cost is the biggest barrier to healthcare, and people often rely on personal savings or borrowing to pay for medical care.

4.3.4 Health Insurance & Awareness

This section focuses on awareness and registration related to the Social Security Board (SSB) and health insurance among the surveyed population. It examines how many people have heard about the SSB and its benefits, as well as how many are currently registered under the program. For those not registered, the survey explores common reasons such as lack of knowledge, employer neglect, doubts about usefulness, or ineligibility.

Additionally, the section looks at general awareness of health insurance and free healthcare services available to local workers. It also considers whether having access to free or low-cost healthcare services would encourage more migrant workers to seek medical care. Understanding these factors helps identify gaps in knowledge and access, which can inform policies to improve healthcare coverage and utilization.

Table (4.7) Social Security Board (SSB) Awareness and Registration

No.	Description	Yes
21	Have you ever heard about the Social Security Board (SSB) and its benefits?	123(61.5%)
22	Are you currently registered under the SSB program?	34(17.0%)
23	If not registered, what are the reasons?	
	I don't know how to register	83(41.5%)
	My employer hasn't registered me	17(8.5%)
	I don't think it's useful	66(33.0%)
	I am not eligible	0
	Total	200(100%)

Source: Survey data, 2025

According to the survey Table (4.7), Section (4), (61.5%) of respondents have heard about the Social Security Board (SSB) and its benefits. This indicates that most people are aware of the SSB program and the support it offers to workers. However, a significant number of individuals remain unaware of these services, suggesting there is room to improve information sharing about the program.

Only (17%) of respondents are currently registered under the SSB program, showing low participation despite reasonable awareness. Among those not registered, (41.5%) said they do not know how to register, while (33%) believe the program is not useful. Additionally, (8.5%) reported that their employer has not registered them. These findings highlight the need for increased education and employer support to boost registration rates.

Table (4.8) Health Insurance Awareness and Access

No	Description	Yes
24	Are you aware of any health insurance or free healthcare services available for local workers?	93(46.5%)
25	Do you have any form of health insurance?	24(12.0%)
26	Would you be more likely to seek healthcare if there were free or low-cost services for migrant workers?	88(44.0%)

Source: Survey data, 2025

According to the survey data in Table (4.8), less than half of the respondents (46.5%) are aware of health insurance or free healthcare services available for local workers. This shows that many people may not know about these important benefits that can help reduce healthcare costs.

Only (12%) of respondents currently have some form of health insurance, indicating that most do not have financial protection for medical expenses. However, (44%) of respondents said they would be more likely to seek healthcare if free or low-cost services were available for migrant workers. This suggests that affordable healthcare options could encourage more people to get medical help when needed. Overall, the data highlights the need to increase awareness and improve access to affordable healthcare for workers.

4.3.5 Health Beliefs and Attitudes

This section examines health beliefs and attitudes among the respondents. It explores how people perceive their risk of illness, the importance of seeking medical care, and their confidence in using health services. The section also looks at beliefs about the effectiveness of medicines and treatments provided at health centers. Understanding these attitudes is important because they influence whether individuals seek timely healthcare and follow medical advice, which can impact their overall health and well-being.

Table (4.9) Health Beliefs and Attitudes Summary

No.	Description	Mean	Std
27	I believe I am at risk of getting sick if I don't seek medical care.	3.14	0.91
28	I believe that ignoring symptoms can lead to serious health problems.	3.37	0.98
29	I believe that using health services can help me recover faster or prevent illness.	3.72	0.83
30	I feel confident in my ability to seek health care when needed.	3.59	0.72
31	I believe the medicines or treatments given at health centers are effective.	3.98	0.58
32	How satisfied are you with the healthcare services you receive?	3.04	0.93
	Overall	3.47	0.83

Source: Survey data, 2025

According to the survey data in Table (4.9), Section (5), respondents generally have positive beliefs and attitudes toward health and healthcare. The highest agreement was with the statement that medicines or treatments given at health centers are effective, with a mean score of 3.98. This shows strong trust in medical treatments.

Most respondents also believe that using health services helps them recover faster or prevents illness (mean 3.72) and feel confident in their ability to seek healthcare when needed (mean 3.59).

There is a slightly lower, but still positive, belief that ignoring symptoms can lead to serious health problems (mean 3.37) and that they are at risk of getting sick if they don't seek medical care (mean 3.14).

The respondents reported that most people feel moderately satisfied with healthcare services they receive, averaging (3.04) out of 5 with a standard deviation of 0.93, indicating some variability in their responses.

The overall mean score of (3.47) suggests that people generally understand the importance of healthcare and have a positive attitude toward seeking medical help, which can encourage better health outcomes.

4.3.6 Survey Results Summary

The findings from the survey conducted among 200 local migrant workers in Shwe Pyi Thar Township provide a valuable glimpse into the health-related behaviors, access, and attitudes of a dynamic and economically active population. The demographic profile of the respondents indicates that the majority are young adults, with (58.5%) under the age of 34. This youthfulness reflects a vibrant labor force likely to engage in physically demanding employment. Slightly more women (52.5%) than men participated in the study, suggesting a relatively balanced gender representation within the migrant workforce. Educational attainment among the respondents is high, with 98.5% having completed high school or higher, which may have implications for greater health awareness and better decision-making regarding healthcare.

In terms of economic indicators, most respondents (91%) reported monthly incomes of at least MMK 300,000, and the predominant occupation is factory work, accounting for (54%), followed by vendors at (24.5%). Household sizes are moderate, with the majority (53%) living in families of four to five members, hinting at the presence of dependents and potential financial strain. Migration history data reveals that nearly half (48%) have resided in the township for one to three years, indicating a relatively new but established community of internal migrants who may still be adapting to urban life and navigating local healthcare systems.

Healthcare utilization patterns suggest generally proactive health behavior, with over half of the respondents (53.5%) seeking care regularly, even for minor illnesses. Nonetheless, a notable (52%) rely on pharmacies or self-medication, highlighting a preference for quick, accessible solutions, possibly due to cost concerns or time limitations. Public and private hospitals are used equally by (24%) of the sample, while no usage of traditional healers or employer-provided services was reported. Accessibility seems favorable, with (92%) reaching a facility within one hour, but this does not necessarily translate to formal care use. When it comes to expenses, a majority (53%) spend less than MMK 10,000 per healthcare visit, suggesting that low-cost services are the norm. Interestingly, healthcare decisions are mostly autonomous (54.5%), or made with family input (45.5%), emphasizing the personal and household centered nature of health choices.

Cultural beliefs continue to play a significant role in healthcare behavior. Despite high educational attainment, traditional worship practices remain common, with (26%) of respondents engaging in ritualistic healing or religious responses to illness. Even more prevalent is the consultation of astrology or use of protective charms, reported by (74%), reflecting deep-rooted cultural influences in health management. These insights point to a coexistence of modern and traditional health-seeking strategies among the migrant worker population.

The uptake of preventive health measures, such as medical check-ups, remains low. Only (20.5%) of respondents reported ever undergoing a medical check-up. Most who have done so do it annually, while others do so sporadically or only when symptoms arise. The barriers cited for not receiving regular check-ups include high costs, lack of time, and a perception of not needing care each cited by roughly a quarter of the non-checking population. Additionally, (11%) mentioned a lack of nearby healthcare facilities as a reason, further underscoring the multifaceted nature of access challenges.

When examining direct barriers to healthcare access, the cost of treatment emerged as the most prominent issue, affecting (68%) of those who reported difficulties. Other significant constraints include long distances to facilities (13.5%), insufficient time due to work demands (12.5%), and mistrust in healthcare services (6%). Financial strategies when ill are telling: most respondents (53.5%) rely on personal savings, while (40.5%) turn to family or friends for loans. Only a marginal proportion delay treatment, and notably, no employer support was reported. This

reliance on informal networks suggests gaps in formal healthcare and social safety mechanisms.

Awareness of institutional support systems is mixed. Although (61.5%) have heard of the Social Security Board (SSB), only 17% are registered. The reasons for nonregistration include lack of knowledge on how to register (41.5%), skepticism about the usefulness of the program (33%), and lack of employer facilitation (8.5%). General awareness of health insurance or free healthcare services is also limited, with only (46.5%) informed, and just (12%) of the sample actually covered by any form of health insurance. However, there is a clear indication that improved affordability would increase service utilization, as (44%) reported they would be more likely to seek care if free or low-cost services were available to migrant workers.

Respondents' attitudes toward healthcare are generally positive. There is strong confidence in the effectiveness of treatments received at health centers (mean score: 3.98 out of 5), and a belief that using such services helps accelerate recovery and prevents illness (mean: 3.72). People also express confidence in their own ability to seek medical help (mean: 3.59), though slightly lower agreement exists around the consequences of ignoring symptoms or the risks of becoming ill without treatment. On average, satisfaction with the healthcare services received is moderate (mean: 3.04), with some variation in experiences. The overall attitude score of 3.47 suggests a healthy appreciation of the importance of formal healthcare, but perhaps tempered by systemic and economic constraints.

Collectively, these findings paint a nuanced picture of healthcare access and behavior among local migrant workers. While many show a willingness to seek care and trust in modern medicine, structural barriers particularly cost and limited health coverage still inhibit full utilization. Cultural traditions and informal systems continue to shape responses to illness. Strengthening awareness campaigns, expanding affordable healthcare options, and encouraging employer participation in formal health schemes like the SSB could go a long way in improving health outcomes for this vital yet underserved segment of the urban workforce.

CHAPTER V

CONCLUSION

5.1 Findings

This study was conducted among 200 local migrant workers living in Shwe Pyi Thar Township. The main objective of this study is to identify health seeking behaviors of local migrant workers and examine the key factors that influence their health decisions. From the survey, several important findings were discovered.

Most respondents were young, with more than half of them below 34 years old. There were slightly more female participants than males. Almost all of them had completed high school or higher education. Many worked in factories or were vendors. Most of them earned at least 300,000 MMK per month. Their family sizes were moderate, with many living in households of 4 to 5 people. Nearly half had moved to the area within the past three years. These facts show that the group was young, working, and educated, but still adjusting to city life.

When they got sick, most workers sought medical help. Over half of them went to see a doctor even when the illness was minor. However, many still used self-medication or visited pharmacies instead of going to clinics or hospitals. This showed that while they cared about their health, they might have chosen easier or cheaper ways to treat illness.

Access to healthcare was quite good. More than half could reach a clinic or hospital within 30 minutes. Another third could do so within an hour. But when it came to spending, most workers tried to limit costs. The majority spent less than 10,000 MMK per visit. Only a few spent more than 50,000 MMK.

Decisions about seeking care were mostly made by the workers themselves or their family members. No one said their employer made the decision. This showed that personal or family opinion was important in choosing whether to go for treatment.

Some traditional beliefs still played a role in health behavior. About one-fourth of the workers said they or their families practiced traditional worship for

health problems. Even more about three-fourths used astrology or protective charms to avoid illness. This shows that modern and traditional beliefs existed side by side in their lives.

Very few workers had regular medical check-ups. About (20%) had ever gone for a check-up, and most of them did it only once a year or when they felt unwell. The rest said they did not go for check-ups due to cost, lack of time, or feeling that it was not necessary. A few said there were no nearby healthcare centers. This shows that preventive care was still weak among the workers.

Barriers to healthcare were also found. More than half of the workers had trouble getting medical help. The biggest reason was the cost of treatment. Other reasons were distance, lack of time, and lack of trust in the system. When workers became sick and could not work, most used their savings or borrowed money from family or friends. A small group delayed treatment. No one got help from employers. This means most workers paid for healthcare on their own.

Awareness of social security and health insurance was low. Though (61.5%) had heard of the Social Security Board (SSB), only (17%) were registered. Many did not know how to register. Others thought the program was not useful, or their employers had not enrolled them. Less than half knew about health insurance or free healthcare services for workers. Only (12%) had any insurance. But (44%) said they would go for treatment if there were free or low-cost services available. This shows that better awareness and support could help more workers get care.

The workers attitudes toward health were generally good. Most believed that medicines and treatments from clinics or hospitals were effective. They also thought that using healthcare services helped them recover faster. They felt confident in going to get medical help. But fewer workers believed that ignoring illness could cause serious problems. Satisfaction with the healthcare they received was average.

In brief, the study found that migrant workers in Shwe Pyi Thar were young, educated, and working, but still had problems with healthcare. They showed interest in staying healthy but faced barriers such as cost, lack of support, and limited information. They used both modern and traditional health practices. Most paid for treatment from their own pockets, and few were covered by health insurance or social programs.

5.2 Suggestions

The results from this study show that many local migrant workers still face challenges when trying to get healthcare. To help improve their health and make healthcare more accessible, several actions should be taken.

Awareness about the Social Security Board (SSB) should be improved. Many workers said they had heard of the SSB, but most did not register. Some do not know how to register, while others think it is not useful. Simple education campaigns in workplaces and communities can help explain what the SSB is and how it supports workers. If more workers understand the benefits, they may join and get help when they are sick.

Health insurance is also important. Very few workers are covered by insurance, so they pay for healthcare by themselves or borrow from others. This puts a burden on their lives. If low-cost or free health insurance plans are offered to migrant workers, they may seek treatment more often and earlier. Insurance can help protect them from high medical bills.

Healthcare services should try to reduce costs. The survey shows that expensive treatment is the main reason many do not get care. Some avoid clinics and use pharmacies or self-medication because it is cheaper. Clinics can provide discounts for low-income workers or create payment plans. The government can support clinics by giving them funding to lower their fees. Special health camps or mobile clinics can also visit the areas where workers live and work.

Encouraging regular check-ups can help prevent serious illness. Most workers do not get medical check-ups, often because they feel it is not necessary or they are too busy. Health education campaigns should explain why regular check-ups are important. Employers can support this by letting workers have time off to visit clinics or by inviting doctors to workplaces. When health problems are found early, they are easier to treat.

Traditional beliefs are still strong among many workers. Some use worship or charms when they feel unwell. Healthcare workers should understand and respect these beliefs when giving advice. If healthcare services work together with local traditions and values, workers will be more willing to listen and follow medical advice. Community leaders and spiritual guides can also help spread health messages in a way that people accept.

Employers should support the health of their workers. The survey shows that no one received help from their employer when they were sick. This needs to change. Employers can help by registering workers for SSB, paying part of their medical fees, or arranging transport to clinics. Healthy workers can work better and miss fewer days, which help both the worker and the employer.

Access to healthcare should be easier. Some workers said they could not go to clinics because they were too far or they didn't have time. Health centers should consider opening after working hours or on weekends. Transportation services can be organized in areas with poor access to clinics.

Healthcare workers need to build trust with the community. Some workers said they did not trust health services. This may be because of past experiences or lack of communication. Health workers should be kind, speak clearly, and treat patients with respect. When people feel safe and welcome, they are more likely to return for care.

To make real improvements, health policies should focus on affordable care, better education, stronger employer involvement, and easier access. Local and national leaders must listen to the voices of workers. By removing the common problems they face, the health of migrant workers can improve. A healthier workforce also supports stronger communities and a better future for everyone.

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APPENDIX

Factors Influencing on Health Seeking Behaviors of Local Migrant Workers in Shwe

Pyi Thar Township

Questionnaire

1. Demographic Information

No.	Statement	Answer
1	What is your age?	
	Under 34	
	35-44	
	45 and above	
2	What is your gender?	
	Male	
	Female	
3	What is your highest level of education?	
	Formal Education	
	Primary School	
	Middle School	
	High School	
	Higher Education	
4	What is your current monthly income (MMK)?	
	Below 100,000	
	100,000 – 300,000	
	300,000 – 500,000	
	Above 500.000	
5	What type of work do you do?	
	Factory worker	
	Construction worker	
	Agriculture worker	
	Jobber	
	Vendor	
6	Family Members	
	1 to 3 persons	
	4 to 5 persons	
	6 person and above	
7	How long you have been here	
	Under 1 year	
	Between 1 to 3 years	
	3 years and above	

2. Healthcare Utilization Patterns

No.	Statement	Answer
8	Do you seek healthcare when your family feels unwell?	
	Never	
	Only when symptoms are severe	
	Occasionally	
	Regularly (minor illnesses)	
9	When you or your family faces a health problem, where do you seek healthcare services?	
	Public hospital	
	Private clinic/hospital	
	Traditional healer/Traditional medicines	
	Pharmacy/self-medication	
	Employer-provided health service	
	Social security board	
10	How long does it take for you to reach the nearest healthcare facility?	
	Less than 30 minutes	
	30 minutes – 1 hour	
	More than 1 hour	
8	Do you seek healthcare when your family feels unwell?	
	Never	
	Only when symptoms are severe	
	Occasionally	
	Regularly (minor illnesses)	
9	When you or your family faces a health problem, where do you seek healthcare services?	
	Public hospital	
	Private clinic/hospital	
	Traditional healer/Traditional medicines	
	Pharmacy/self-medication	
	Employer-provided health service	
	Social security board (SSB)	

No.	Statement	Answer
10	How long does it take for you to reach the nearest healthcare facility?	
	Less than 30 minutes	
	30 minutes – 1 hour	
	More than 1 hour	
11	How much do you typically spend per healthcare visit (in MMK)?	
	0 – 10,000	
	10,001 – 30,000	
	30001 – 50,000	
	More than 50,000	
12	Who usually decides whether you seek healthcare?	
	Myself	
	Family members	
	Employer	

No.	Statement	Yes	No
13	Have you or your family ever performed to traditional worship when facing health problems?		
14	Have you or your family ever consulted astrology or performed protective charm to ward off bad omens when facing health problems?		
15	Have you ever undergone a medical check-up?		
16	If yes, how often do you undergo a medical check-up?		
	Once a year		
	Every few years		
	Only when feeling unwell		
17	If no, why have you not undergone a medical check-up?		
	Too expensive		
	No time		
	No perceived need		
	No available healthcare facilities nearby		

3. Barriers to Healthcare Access

No.	Statement	Yes	No
18	Have you ever experienced being unable to access healthcare services?		
19	What is the main reason you do not seek healthcare when needed?		
	High cost of treatment		
	Long distance to health facilities		
	Lack of time due to work commitments		
	Lack of trust in healthcare services		
	Prefer home remedies/traditional me		
20	If you were sick and unable to work, how would you handle medical expenses?		
	Pay from savings		
	Borrow from family/friends		
	Employer assistance		
	Delay seeking treatment		

4. Health Insurance & Awareness

No.	Statement	Yes	No
21	Have you ever heard about the Social Security Board (SSB) and its benefits?		
22	Are you currently registered under the SSB program?		
23	If not registered, what are the reasons?		
	I don't know how to register		
	My employer hasn't registered me		
	I don't think it's useful		
	I am not eligible		
24	Are you aware of any health insurance or free healthcare services available for local workers?	Yes	No
25	Do you have any form of health insurance?		
26	Would you be more likely to seek healthcare if there were free or low-cost services for migrant workers?		

7. Health Beliefs and Attitudes

No.	Statement	1	2	3	4	5
27	I believe I am at risk of getting sick if I don't seek medical care.					
28	I believe that ignoring symptoms can lead to serious health problems.					
29	I believe that using health services can help me recover faster or prevent illness.					
30	I feel confident in my ability to seek health care when needed.					
31	I believe the medicines or treatments given at health centers are effective.					
32	How satisfied are you with the healthcare services you receive?					