

Access to Primary Healthcare among Burmese Migrants in London

Cross-sectional descriptive study

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ABSTRACT

INTRODUCTION:

In the recent decade, the migrant population in the UK increased dramatically and policy regarding free access to health care by migrants had been restricted in 2004 April by the National Health Service (NHS). Burmese migrants, being one of the ethnic minority groups in the UK, having an estimated population size of 10,000, may have faced some degree of difficulties/problems in access to and utilisation of health care. Although several research studies have been conducted on migrant health issues in the UK, to date, no research has been carried out with the primary focus on Burmese migrants' health access. The major aim of the proposed study is to explore the level of knowledge and extent of health care services utilisation and barriers toward health care utilisation among Burmese migrants in London.

OBJECTIVES:

1. To assess the current level of primary health care utilisation among the Burmese migrants in London
2. To identify socio-demographic and cultural factors and language barriers associated with primary health care utilisation by Burmese migrants in London
3. To assess the extent of knowledge among Burmese migrants on the costing and their rights to health care in England (London)

METHODS:

A mixed method approach of qualitative and quantitative research was applied. A self-administered structured questionnaire survey using anonymous postal return was conducted for quantitative research using snowball sampling method to recruit respondents. A total of 137 questionnaires (57% response rate) were returned during the study period. Qualitative in-depth interviews with key informants were conducted before (6 interviews to validate the questionnaire and map Burmese migrant population in London) and after the survey (5 interviews to triangulate and complement the quantitative findings). The current level of knowledge on and utilisation of primary health care and barriers to access were determined.

RESULTS:

The research findings revealed that Burmese migrants in London are of moderately educated middle class Burmese with a high level of knowledge on health care entitlement in the UK resulting in a high GP registration rate among the respondents (80%, N=136). Although there

was a high level of GP registration, some were left out due to the reasons such as “having unstable immigration status (asylum seeker, overstayers and student with a visa less than 6 months) (adjusted odd ratio=5.54, ‘p’ value= 0.027)” or “not having NINo registration (adjusted odd ratio = 9.97, ‘p’ value= 0.006)”, “not having foreign experience before coming to UK (adjusted odd ratio=9.592, ‘p’ value= 0.052)”. Also intrinsic factor like not having experienced with similar GP registration system back home in Burma¹ had delayed Burmese migrants from GP registration to a certain extent.

Among those who have registered with a GP, barriers to still exist as a result of Burmese being migrants of first generation. As a result, 27% of Burmese migrants reported that they were willing to use interpreting service and only 15.7% of those consulting GP were offered interpreting service during last visit.

Although the overall GP registration rate among the respondents was considerably high, the rate of primary health care utilisation was still low (only 47.4% went for GP consultation during their last illness). The main reasons which deterred the uptake of primary health care utilisation were “self-medication” and “longer waiting time to get a GP appointment”. In addition, high level of self-medication among Burmese migrants raises a public health concern which should further be explored among all international migrants.

In conclusion, health care service to be universally accessible and being utilisation equally by the whole population, health care service provision should be socio-culturally appropriate for different groups of users. This study provides the socio-cultural and structural barrier encountered by a small minority ethnic group like Burmese which could be applied for other minority groups with similar socio-cultural and economic background.

¹ In Burma there is not GP system as point of entry to health care. People go and get treatment from any private clinic or government hospital of their preference only when they get sick.