

## Health seeking behavior among Myanmar migrant workers in Khon Kaen Province, Thailand

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### ABSTRACT

**Background:** Numbers of migrant workers have been increasing in Thailand, 69% of low skilled migrant workers are from Myanmar. Migrant workers are at highest risk of work-related injury and illness as compared to immigrants. There is limited study focusing on the magnitude of health seeking behavior and its associated factors among Myanmar migrant workers in Thailand.

**Objectives:** To determine the proportion of the health seeking behavior and its associated factors among Myanmar migrant workers.

**Methods:** This was an analytical cross-sectional study using quantitative data where 423 Myanmar migrant workers were included and the study was carried out in the Khon Kaen province, Thailand. Community people working in a fishing net factory and a construction site were selected by simple random sampling method. Data collection was done via face-to-face interviews. Multiple logistic regression was used for data analysis. The association was described with Adjusted Odds Ratio (AOR) and its 95% Confidence Interval (95% CI) at the statistically significant level of p value < 0.05.

**Results:** A total of 423 participants aged between 18 and 56 years (mean: 30.89 ± 7.95 years) and 61.7% currently married were enrolled in this study. Three-fourths (76.36%) of participants had income of more than 10,000 baths per month. Around 87% respondents were healthy. Overall, 46.81% of participants had appropriate health seeking behavior. Factors significantly associated with appropriate health seeking behavior were fishing net factory workers (AOR:1.80, 95% CI: 1.03-3.13), ability to speak Thai (AOR: 2.58, 95% CI: 1.52-4.39), non-drinkers (AOR: 1.60, 95% CI: 1.01-2.53), unhealthy workers (AOR:2.30, 95% CI: 1.21-4.39), injured (AOR: 3.33, 95% CI: 1.67-6.61) and having chronic diseases (AOR: 2.92,95% CI: 1.55-5.52).

**Conclusion:** The proportion of appropriate health seeking behavior of Myanmar migrant workers was unsatisfactory. Occupation, ability to speak Thai, nondrinker, unhealthy, injury and chronic diseases were statistically significantly associated with appropriate health seeking behavior. Language translators should be assigned in the health centres to solve the barrier of health seeking behaviour of Myanmar migrant workers.

**Keywords:** Health seeking behaviour, Myanmar migrant workers, Thailand.

## **1. Introduction**

There have been increasing numbers of migrant's workers in Thailand, 69% of low skills migrant workers are from Myanmar. Due to the ongoing violence and conflict situation in Myanmar, many Burmese refugees cross to the Myanmar-Thai border. In addition to having inadequate knowledge and skills and a poor socioeconomic status, migrant workers are frequently ignored by their employers when it comes to access to adequate healthcare and safety precautions at work [1,2].

Migrant workers are highest risk of work-related injury and illness than non-immigrant [3]. The working conditions and living conditions of Myanmar migrant workers in Thailand often expose them to various health risks. These workers are typically employed in sectors such as construction, agriculture, and manufacturing, where they may face hazardous working environments, long working hours, and poor living conditions. These factors increase their vulnerability to injuries, accidents, and occupational diseases, making access to health services are crucial for their well-being [1,4].

There were no studies has been conducted about the determinants of Myanmar migrant workers, utilization of health services, behavior factors that effect on health seeking behavior

among them in Khon Kean, Thailand. Therefore, this study supported and contributed to the migrant health organizations to improve the health status of migrant workers. The study aimed to investigate the proportion of health seeking behavior and to determine factors that effect on the health seeking behavior of the Myanmar migrant workers in Khon Kaen Province, Thailand.

## **2. Methods**

### **2.1 Study Area and Study Design**

The cross-sectional study design was conducted among Myanmar migrant workers in Khon Kaen province from August to September 2023.

### **2.2 Sample size and sampling procedure**

This study conducted face to face interview using structured questionnaires based on literature review and theoretical support. To reduce the recall bias, well trained interviewers carefully asked the questions. The sample of 423 participants was estimated using Hsieh's logistic regression formula [5]. The sample was randomly selected population to proportion size in community working in a fishing net factory and a construction site in Khon Kaen province, Thailand.

### **2.3 Data Collection**

This study that comprehensively collected the specific information of the migrant workers, containing required information of sociodemographic factors, health literacy, behaviour factors, health status and health care factors. Focusing on acute illness and injury among migrant workers, with a sample of individuals who experienced either of these conditions in the last six months.

The inclusion criteria of the respondents were Myanmar migrant worker's age between 18-59, ability to communicate Myanmar language, Workers lived in this study area for six months, those who experienced acute illness or injury within six months. The exclusion criteria were that they were critically ill and had serious mental illness.

### **2.4 Study outcome**

“Health seeking behaviour (HSB) has been defined as any action undertaken by individuals who perceive themselves to have a health problem or to be ill for the purpose of finding an appropriate remedy”[6,7]. The outcome of study was health seeking behaviour, categorized; hospital, health facilities, health promoting hospital, self-medication, pharmacy, traditional healer, and Myanmar traditional medicine. Appropriate health

seeking behaviour include hospital, health facilities, and health promoting hospital; inappropriate health seeking behaviour include self-medication, pharmacy, traditional healer, and Myanmar traditional medicine.

### **2.5 Statistical analysis**

The categorical variables were presented under the form of frequency and percentage. The continuous variables were presented with mean (standard deviation) and median (maximum; minimum). Health literacy was measured by survey tool regarding to study of HLS-EU-Q47 survey tools [8]. The data analysis was applied to quantify the frequency, percentage, crude odds ratios (OR), Adjusted odds ratios (AOR), and 95% CI between each variable and appropriate health seeking behaviour. Factors with p-value of less than 0.25 were considered into the initial model of the next analysis and checked for the relationship between independent variables with multicollinearity test (VIF <0 10). The association between dependent variable and each independent variables were observed by multiple logistic regression, adjusted OR and its 95% CI. P-values of less than 0.05 were considered statistically significant. Stata version 18.0 (Stata Corp, College Station, TX) was used for all analyses.

### 2.5 Ethical Approval and patient consent

The “Human Research and Ethics Committees of Khon Kaen University” approved this study (HE662120).

## 3. Results

### 3.1 Sociodemographic Characteristics

Around 80% of workers worked in fishing net factory. Male population was slightly more than female with the ratio of 1.5: 1. The mean

age was 30.89 ( $\pm 7.95$  SD) years. One third of the respondents were not married. One third of participants completed high school level of education. A total of 76% of workers got more than 10,000 baht per month salary. The mean family members were 4.38 ( $\pm 1.95$  SD) persons. The half of participants stayed in Thailand for more than two years. Around 20% of participants able to speak Thai (Table 1).

Table 1: Socio-demographic characteristics of the Myanmar migrant workers (n=423)

Characteristics	Number (n)	Percentage (%)
<b>Gender</b>		
Male	254	60.05
Female	169	39.95
<b>Age(year)</b>		
≤19	18	4.26
20-29	181	42.79
30-39	161	38.06
≥40	63	14.89
Mean ( $\pm$ SD)	30.89 ( $\pm 7.95$ )	
Median (mini: max)	30(18: 56)	
<b>Marital status</b>		
Never married	142	33.33
Married	281	66.67
<b>Occupation</b>		
Construction workers	87	20.57
Fishing net factory workers	336	79.43
<b>Education level</b>		
Middle school and below	268	62.36
High school and above	155	37.64
<b>Monthly Income</b>		
< 10,000 Baht	100	23.64
≥ 10,000	323	76.36
Mean ( $\pm$ SD)	10148.3( $\pm 1587.06$ )	
Median (min: max)	10000(4900: 20000)	
<b>Family number</b>		
< 4	158	37.35
> 4	265	62.65
Mean ( $\pm$ SD)	4.39( $\pm 1.95$ )	
Median (min: max)	4(1: 13)	
<b>Duration of stay in Thailand</b>		
<48 months	211	49.88
≥48 months	212	50.12
Mean ( $\pm$ SD)	53.97( $\pm 54.30$ )	
Median (min: max)	48(6: 360)	

Characteristics	Number (n)	Percentage (%)
<b>Able to speak Thai</b>		
Able not to speak	338	79.91
Able to speak	85	20.09

Physical health status and behaviour factors were summarized in Table 2. Around two thirds of participants were nonsmokers. Over half of the participants were non-betel chewers and non-drinkers. The respondents of 13% was unhealthy. One fourth of participants had a family history of chronic diseases, around 13 % of participants had history of chronic disease and experienced injuries. Most of them (96.7%) had experiences acute illness within six months. Nearly all of them (97%) had health insurance cards. Around 2% of participants sought out of pocket to take the health services. Around 60% of participants stayed more than 10km far from health facilities. Around 70% of participants took 12 minutes to reach the nearest health facilities (Table 2).

Table 2: Physical health status and behavioral factors of Myanmar migrant workers (n=423)

Characteristics	Number (n)	Percentage (%)
<b>Smoking</b>		
Never	304	71.87
Former smoking	28	6.62
Current smoking	91	21.51
<b>Betel chewing</b>		
Never	235	55.56
Former chewer	24	5.67
Current chewer	164	38.77
<b>Alcohol</b>		
Never	282	66.67
Former drinker	26	6.14
Current Drinker	115	27.19
<b>Health status</b>		
Healthy	370	87.47
Unhealthy	53	12.53
<b>Acute illness</b>		
No	14	3.31
Yes	409	96.69
<b>Family history of chronic diseases</b>		
No	323	76.36
Yes	100	23.64
<b>History of chronic diseases</b>		
No	365	86.29
Yes	58	13.71
<b>Injury</b>		
No	368	87.00
Yes	55	13.00

The level of the health literacy (access, understand, appraise, and apply) was shown in Table 3. About two third (68.32%) of the Myanmar migrant workers were found to be

limited in health literacy. In assessing health literacy by dimensions, the level of adequate & excellent health literacy was ranged from 25.06% to 34.52%.

Table 3: The level of health literacy among Myanmar migrant workers (n=423)

Health literacy	Number (n)	Percentage (%)
<b>Overall health literacy</b>		
Limited (≤ 66%)	289	68.32
Adequate & excellent (>66%)	134	31.68
<b>Access dimension</b>		
Limited (≤ 66%)	296	69.98
Adequate & excellent (>66%)	127	30.02
<b>Understand dimension</b>		
Limited (≤ 66%)	277	65.48
Adequate & excellent (>66%)	146	34.52
<b>Appraise dimension</b>		
Limited (≤ 66%)	317	74.94
Adequate & excellent (>66%)	106	25.06
<b>Apply dimension</b>		
Limited (≤ 66%)	280	66.19
Adequate & excellent (>66%)	143	33.81

Participants who solved the health problems; visited to the health centres (37.35%), hospital (9.46%), self-medication (6.38%), traditional healer (2.13%), Myanmar traditional medicine (4.96%) and went to pharmacy (39.72%) when

they got acute illness and injury. The proportion of the appropriate health seeking behaviour and inappropriate health seeking behaviour are shown in Table 4.

Table 4: Health seeking behavior among on Myanmar migrant workers (n=423)

Health seeking behaviour	Frequency	Percentage (%)	95% CI
Appropriate health seeking behaviour	198	46.81	43.01 – 52.53
Inappropriate health seeking behaviour	225	53.19	47.46 – 56.98

\*95% CI= 95% Confidence Interval

Table 5 shows the factors associated with appropriate health seeking behaviour. The bivariate analysis with P <0.25 were put into a multiple logistic regression. After controlling confounding factors, occupation (AOR: 1.80, 95%CI; 1.03 – 3.13, P-value= 0.038), able to

speak Thai (AOR: 2.58, 95%CI: 1.52: 4.39, P value = <0.001), alcohol drinking (AOR: 1.60, 95%CI; 1.01 – 2.53, P-value = 0.042), health status (AOR:2.30, 95%CI; 1.21 – 4.39, P-value = 0.011), having injury (AOR: 3.33, 95%CI; 1.67 – 6.61, P-value = 0.001), and having

chronic diseases (AOR: 2.92, 95%CI; 1.55 – 5.52, P-value = 0.001) were significantly associated with the appropriate health seeking behaviour.

Table 5: Factors associated with the appropriate health seeking behavior (multiple logistic regression) (n=423)

Factors	No of samples	Appropriate health seeking behaviour		COR	AOR	95%CI	p-value
		n	%				
<b>1. Occupation</b>							
Construction workers	87	33	37.93	1	1		
Fishing net factory workers	336	169	50.30	1.65	1.80	1.03 – 3.13	0.038
<b>2. Able to speak Thai</b>							
Can't speak	338	145	42.90	1	1		
Can speak	85	57	67.06	2.70	2.58	1.52 – 4.39	<0.001
<b>3. Alcohol</b>							
Yes	146	56	39.72	1	1		
No	277	146	51.77	1.62	1.60	1.01 – 2.53	0.042
<b>4. Health status</b>							
Healthy	370	167	45.14	1	1		
Unhealthy	53	35	66.04	2.36	2.30	1.21 – 4.39	0.011
<b>5. Injury</b>							
No	368	163	44.29	1	1		
Yes	55	39	70.91	3.06	3.33	1.67 – 6.61	0.001
<b>6. Having chronic diseases</b>							
No	365	161	44.11	1	1		
Yes	58	41	70.69	3.05	2.92	1.55 – 5.52	0.001

\*n=number, COR=Crude Odds Ratio, AOR=Adjusted Odds Ratio, 95% CI= 95% Confidence Interval

### Discussion

This study found that 46.8% of Myanmar migrant workers exhibited adequate health-seeking behavior. Similar study of Myanmar migrant workers in Malaysia found that 57.7 % of participants were appropriate health seeking behaviour [9]. They went to hospital and clinic when they got health problems. Another study of Myanmar migrant found that 55.3 % of respondents had appropriate health seeking behaviour and they went to the health facilities when they had health problems [10]. The study of Chinese migrant workers found that 62.2% and 42% of

respondents visited to the medical doctors and hospital [11,12]. When it compared to the migrant workers in China, the proportion of appropriate health seeking behaviour were more than this study [13]. This might be different research methodology (different sampling method, different survey areas, and different meaning of health seeking behaviour). Health seeking behaviour of migrant worker depend on access to health care and out of pockets. According to the study of Myanmar migrant workers in Malaysia, 16.7% of participants were solved the health problems using the health

insurance. The majority of participants (83.3%) used health care expenditure by out of pockets [9]. In this study, a few portions of participants (1.65%) used out of pockets. Documented migrant workers impacted on the health insurance status. They had to buy health insurance because of the Nationality verification process. These results were similar to the health insurance coverage of Thai citizens (99% coverage) [14].

Our study found that fishing net factory workers exhibited appropriate health-seeking behaviour 1.8 times higher than that of construction workers. In the study of Myanmar migrant workers in Malaysia, factory workers exhibited health-seeking behaviour that was 2.3 times higher than that of non-factory workers. [9]. Our findings supported the findings from other studies where occupations were associated with the appropriate health seeking behaviour [15]. The explanation of our study that fishing net factory workers were easier to access the health services (distant from health facility, and financial status), so they were more likely to seek appropriate health seeking behaviour.

Myanmar migrant workers who could speak in Thai were 2.58 times higher odds of having

appropriate health seeking behaviour than who couldn't speak in Thai. Languages [16]. In a study of female migrants in Ghana, language barriers were associated with health seeking behavior, which is consistent with our findings [17,18]. The study of languages barriers and health care (systematic reviews) lead to miscommunication and reduction of the quality of health care [19]. According to the study, 91.% of the Myanmar migrant workers did not understand in Thai about COVID-19 vaccination program and they were limited access to COVID-19 vaccination [20]. The systematic review of immigrant patients among on 140 publication between January 2000 and January 2019 performed that language barrier was one of the factor that caused very limited access to health care services [21]. The explanation of our study was that Myanmar migrant workers can speak in Thai can communicate with the health care provider, so they are more likely to seek the appropriate health seeking behaviour.

Unhealthy migrant workers were 2.3 times higher odds of having appropriate health seeking behaviour than healthy migrant workers. In the study from China, individuals with poor health status were more likely to exhibit health-seeking behaviour than those

with fair health status [22]. Inversely, the study of Chinese migrant workers showed that healthy migrant worker was more likely to seek appropriate health seeking behaviour. This might be different research methodologies, different geographical situations, sample techniques and variations in the meaning of health care seeking behaviour. Experience of injury was 3.33 times more likely to have appropriate health seeking behaviour than those did not experience injury. Increasing number of migrant workers work in dangerous job such as (construction and manufacturing, etc.) and facing high risk of injury and death than host citizens [23]. There were very limited studies of the association between injury and health seeking behaviour. The study of Nepali migrant workers, doctor registration was associated with work related injury [3]. Our study found that 97% of participants had health insurance coverage, with 46.7% choosing health centres and government hospitals for their healthcare needs. This aligns with our observation that injuries were identified as a serious health issue, prompting individuals to seek medical facilities. Nevertheless, the factors like health insurance were not significant with the health seeking behaviour in this study. Moreover, health literacy was not associated with health

seeking behaviour in our study. However, as the health literacy represents the individual's ability to access, understand, appraise and apply information [24,25], the high proportion of limited health literacy among Myanmar migrant workers is needed to be accounted as an important condition in changing their health seeking behaviour.

Having chronic diseases were 2.92 times higher of appropriate health seeking behaviour than not having chronic diseases. Our study's finding was similar to the study of [26], having chronic diseases of Chinese migrant workers were association with utilization of the health services,  $P$  value= 0.001. In contrast, the study of Myanmar migrant workers in Malaysia, presence of preexisting diseases were negatively association with utilization of health care facilities [9]. This might be different research methodology and different health care systems. The study of Turkish migrant workers, chronic diseases were associated with health facilities (appropriate health seeking behaviour) [27,28].

In this study, non-drinkers were 1.60 times higher odds of appropriate health seeking behaviour than drinkers. The study of China, not regular alcohol drinking was association

with the health seeking behaviour [22]. The study of Myanmar migrant seafarers and another study of Turkish migrant workers, alcohol drinking was inversely associated with health seeking behaviour [10,27]. Drinking is associated with various health risks, including mental health issues, and non-communicable diseases [29]. Generally, they need to seek the appropriate health services. This might be cut points about definition of drinkers.

This was the very first report on the health seeking behaviour of Myanmar migrant workers in Khon Kaen province, Thailand even though increasing numbers of Myanmar migrant workers are in different sectors.

Documented migrant workers were represented in this study due to the ethical consideration, so this study had certain limitations. Some variables and self-reported health problems during six months would have recalled bias and information bias.

## **5. Conclusions**

In this study, occupation, language, alcohol, health status, having chronic diseases, and injuries were significant with the appropriate health seeking behaviour. Over half of the participants were found with inappropriate health seeking behaviours. However, the

majority of participants (96.69 %) had health insurance and a few portions of participants (1.65%) used out of pockets when they went to the health facilities. The majority of participants (79.67%) could not speak in Thai and two third of participants were with below high school level of education. They could not discuss their health problems with the health care provider. Therefore, Language translators should be assigned in the health centres to solve the barrier of health seeking behaviour of Myanmar migrant workers. In conclusion, registered Myanmar migrant workers are still with limited access to health care even though high health insurance coverage. In addition, government health policy, health system and migrant workers participation are essential to improve the access to health care of migrant workers.

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### Conflict of interest

The authors declare that they have no competing interests.

### Reference

- [1] IOM. UN Migration [Available from: <https://www.iom.int/>.
- [2] IOM. UN migration. 2023.
- [3] Adhikary P, Sheppard Z, Keen S, van Teijlingen E. Risky work: accidents among Nepalese migrant workers in Malaysia, Qatar and Saudi Arabia. 2017;16(2):3-10.
- [4] IOM. World migration report,2022. 2022.
- [5] Hsieh FY, Bloch DA, Larsen MD. A simple method of sample size calculation for linear and logistic regression. 1998;17(14):1623-34.
- [6] Latunji O, Akinyemi O. Factors influencing health-seeking behaviour among civil servants in Ibadan, Nigeria. 2018;16(1):52-60.
- [7] Olenja J. Editorial Health seeking behaviour in context. 2003;80(2):61-2.
- [8] Pelikan J, Ganahl K, Van den Broucke S, Sørensen K. Measuring health literacy in Europe: Introducing the European Health Literacy Survey Questionnaire (HLS-EU-Q). 2019. p. 115-38.
- [9] Htay MNN, Aye LM, San LPP, Naing ZY, Moe S. Health-seeking behaviour of Myanmar migrant workers in Penang, Malaysia. 2020;5(1):3.
- [10] Kyaw PP, Geater AF. Healthcare seeking preferences of Myanmar migrant seafarers in the deep south of Thailand. 2021;72(1):1-9.
- [11] Azuogu BN, Eze NC, Azuogu VC, Onah CK, Ossai EN, Agu AP. Appraisal of Healthcare-seeking Behavior and Prevalence of Workplace Injury among Artisans in Automobile Site in Abakaliki, Southeast Nigeria. Nigerian medical journal : journal of the Nigeria Medical Association. 2018;59(5):45-9.
- [12] Dang Y, Zou G, Peng B, Ling L. Health Service Seeking Behavior among Migrant Workers in Small and Medium-Sized Enterprises in Guangdong, China: Does Family Migration Matter? Biomed Res Int. 2018;2018:3620436.
- [13] Dang Y, Zou G, Peng B, Ling. Health service seeking behavior among migrant workers in small and medium-sized enterprises in Guangdong, China: does family migration matter? 2018;2018.
- [14] Tawaytibhongs O. Universal Health Coverage for Undocumented Migrant Workers in Thailand: Challenges in Policy Implementation. 2022.
- [15] Bojola F, Dessu S, Dawit Z, Alemseged F, Tessema. Assessment of Health Care Seeking Behavior among House Hold Heads in Dale Woreda, Sidama Zone, Southern Ethiopia, Ethiopia. 2018;18(1):18-29.
- [16] Osman AF, Abdul Mutalib M, Tafran K, Tumin M, Chong CS. Demographic and Socioeconomic Variables Associated With Health Care–Seeking Behavior Among Foreign Workers in Malaysia. Asia Pacific Journal of Public Health. 2020;32(1):42-8.
- [17] Lattof SR. Health insurance and care-seeking behaviours of female migrants in Accra, Ghana. Health Policy and Planning. 2018;33(4):505-15.
- [18] Sithara R, Sebastian, Practice. Health Needs, Health Seeking Behaviour of Interstate Migrants and Health System Response: A Case study. 2017;2(2):58-66.
- [19] Al Shamsi H, Almutairi AG, Al Mashrafi S, Al Kalbani T. Implications of Language Barriers for Healthcare: A Systematic Review. Oman medical journal. 2020;35(2):e122.
- [20] Khai TS. Socio-ecological barriers to access COVID-19 vaccination among Burmese irregular migrant workers in Thailand. Journal of Migration Health. 2023:100194.
- [21] Rasi S. Impact of language barriers on access to healthcare services by immigrant patients: a systematic review. Asia Pacific Journal of Health Management. 2020;15(1):35-48.
- [22] Li C, Sun J. The impact of current smoking, regular drinking, and physical inactivity on health care-seeking behavior in China. BMC Health Services Research. 2022;22(1):52.



- [23] IOM, editor. Occupational Fatalities among International Migrant Workers 2021.
- [24] Nutbeam D, Kickbusch I. Health promotion glossary. 1998;13(4):349-64.
- [25] Sørensen K, Pelikan JM, Röthlin F, Ganahl K, Slonska Z, Doyle G, et al. Health literacy in Europe: comparative results of the European health literacy survey (HLS-EU). The European journal of public health. 2015;25(6):1053-8.
- [26] Zhang X, Yu B, He T, Wang P, policy. Status and determinants of health services utilization among elderly migrants in China. 2018;3(1):1-10.
- [27] Abuduxike G, Aşut Ö, Vaizoğlu SA, Cali S. Health-Seeking Behaviors and its Determinants: A Facility-Based Cross-Sectional Study in the Turkish Republic of Northern Cyprus. International journal of health policy and management. 2020;9(6):240-9.
- [28] Gupta S, Das D, De A, Bhattacharya SK. Morbidity Pattern and Health-Care Seeking among Women Domestic Workers: Perspective from an Indian Metropolis. 2023;67(2):215-20.
- [29] MOHS. National Survey on Risk Factors for Non-communicable Diseases in Myanmar (2014). 2014.