


**HEALTH NEEDS OF MYANMAR REFUGEES
IN CURRENT RESETTLEMENT PERIOD
IN GLEN INNES, AUCKLAND,
NEW ZEALAND**

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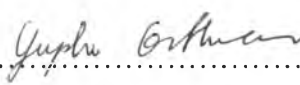
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The Myanmar refugees have been resettled in New Zealand for five years and this survey was the first and only one survey which identified exclusively Myanmar refugees' health needs. Total 344 Myanmar refugees were resettled in New Zealand. Total population of 205 Myanmar refugees, 56 households were in Glen Innes, Auckland. The general objective of this survey was "to assess the health needs of Myanmar refugees who resettled in Glen Innes, Auckland, New Zealand". The descriptive study was conducted in September 2005 at Glen Innes in the Myanmar refugee community, by using quantitative (survey questionnaires) and qualitative (focus group discussions, in-depth interviews) research methodologies, community mapping and observation methods. Qualitative data were analysed by content analysis and methodological triangulation. Quantitative data were analysed by comparison of percentages and chi-square test for possible statistical relationships among the findings. Myanmar refugees' identified their own health status and general health statuses of Myanmar refugees were good. Three months prior to the survey 57.6% of respondents fell sick and 36.5% of respondents suffered from one or more chronic diseases. Astmas, allergy, and hepatitis B are common chronic diseases. Health professionals expressed concern for hepatitis B carriers and identified the social-emotional health areas of parenting and couple relationship, self-esteem and unemployment. All primary health care facilities are located in the Glen Innes community centre and no problem of geographical accessibility, and service availability. In terms of health-seeking behaviour, Myanmar refugees treated health issues as a high priority and they came to consult in the early stages of illness and they never left this up to the last stage. However 72.4% of respondents used over-the-counter medications for their acute illnesses as their first priority. Accessibility to the primary health care services was very high, 91.7% of respondents were able to see their family doctor, if they need to see one. However, financial difficulty (financial accessibility) and language problem (socio-cultural accessibility) were barriers to access the primary health care services. Develop a project for interpreter availability at the primary health care setting, translate health education materials to Burmese language about common diseases in the Myanmar community, develop and deliver parenting, couple relationship and family resilience programmes might be possible solutions to address the health needs of Myanmar refugees at the current resettlement period.

Field study Health system development Student's signature.....

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LIST OF ABBREVIATIONS

AUT	Auckland University of Technology
FGD	Focus Group Discussion
GP	General practitioner
HNZ	Housing New Zealand
MOHNZ	Ministry of Health New Zealand
MRRC	Mangere Refugee Resettlement Centre
NSW	New South Wales
NZIS	New Zealand Immigration Service
PHO	Primary Health Care Organisations
PTSD	Post Traumatic Stress Disorders
RAS	Refugees as Survivors
RMS	Refugee and Migrant Service
UNHCR	United Nations High Commissioner for Refugees
WHO	World Health Organisation