

ABSTRACT

Background

Myanmar promotes health sector reform for achieving Universal Health Coverage (UHC) by 2030. Both the Ministry of Health and Sports (MOHS) and the Social Security Board (SSB) under the Ministry of Labour, Immigration and Population (MoLIP) provide medical services. Insured workers are supposed to use the SSB medical services. Utilization of the SSB medical services by insured workers, however, has not been adequately studied.

Objective

The objective of this study was to identify the utilization of SSB medical services with special focus on child delivery. In addition, the study aims to determine the barriers to access SSB services, and evaluate the satisfaction of workers with the services.

Method

A cross sectional study of 265 female workers of three insured working places in Haling Tharyar (HTY) Industrial Zone, Myanmar was conducted in November and December 2018. A self-administered questionnaire was used to collect data on medical service use of both SSB and non-SSB. Qualitative data were collected by focused group discussion (FGDs) with workers and key-informant interviews (KII) with managers.

Result

Mean age of workers was 26.4 (range: 18-56) years old. About 62.3% were not married, 89% were Burman ethnicity, 98% were Buddhist, 36% worked less than one year, and 71% were manual workers. Among 225 workers who visited health facilities in the previous 12 months, only 13% used the SSB services. About a half of SSB users waited more than 30 min while 22% of non-SSB users waited more than 30 min; 33% of SSB users paid travelling cost of more than 1200 kyat (0.079 US\$) while only 9.9% of non-SSB users paid the same amount; 84.9% of SSB users travelled more than 15 minutes while 56.3% of non-SSB users travelled the same time. Uneducated low-paid workers used the SSB services more than educated well-paid workers. Among 49 workers delivered babies in the past, 14 cases had the SSB insurance. But, only one out of 14 cases gave birth at the SSB hospital.

Conclusion

This study found the very low utilization of SSB services, while the SSB office makes efforts to extend the coverage of service. SSB should focus all the workers under the insurance. SSB services should harmonize more with non-SSB (private and public health sectors) for achieving UHC. Further researches for harmonizing all the medical services in Myanmar are needed.

(377 words. See Appendix 1 for longer abstract)