

CHAPTER VI

CONCLUSION

The research project was conducted exclusively for the Myanmar refugees and their health needs were found to be similar to other refugees' health needs. Generally Myanmar refugees' health status was found to be good and they consulted early for their illnesses. Most of the refugees also felt that their health status was "good". Health professionals expressed concern about hepatitis and alcohol consumption, low self-esteem, parenting issues and domestic violence. The majority of lifestyle and recreational activities were non-active activities. Fifty-seven people (36.5%) answered that they had one or more chronic diseases, however only 8.9% of respondents with chronic diseases needed to rely on the sickness benefit. One-hundred-and-forty-three people (91.7%) answered that they were able to see their family doctors, if they needed to see them, and there was a high level of accessibility. The majority of respondents used healthy coping mechanisms, however some used negative coping mechanisms and these need to be addressed. The less than thirteen years age group was the largest group and 75.4% from that population were married, so that paediatric health, reproductive health and family planning might be first priorities for Myanmar refugees at the moment. More males stated that their health status was poor, compared with female respondents. This area needs to be explored further with appropriate support for men put in place. There was a very strong social support system which was a consequence of the close proximity of their houses. However, in terms of economic health, the majority of residents were concerned about their incomes and

most of the refugees lived on social welfare benefits. This research also built a platform for future research in areas of chronic diseases and lifestyle influences on the particular diseases to be found in the Myanmar refugee community, and for future comparative studies among different ethnic refugees. This research also put forward a number of practical and achievable recommendations for actions to address the Myanmar refugee community's health needs. These recommendations were also based on the respondents' suggestions, so this research was facilitated to allow the community's voice to be heard by the health care providers.