CHAPTER III

RESEARCH METHODOLOGY

3.1 Objectives

3.1.1 General Objective

To assess the health needs of Myanmar refugees who resettled in Glen Innes, Auckland, New Zealand.

3.1.2 Specific Objectives

a. To identify the health status of Myanmar refugees as perceived by members of the Myanmar community themselves
b. To identify the health service providers' concerns about Myanmar refugees in Glen Innes
c. To identify the existing health services in Glen Innes area for Myanmar refugees
d. To identify the health seeking behaviours of Myanmar refugees for their health
e. To identify the accessibility of health services for Myanmar refugees
f. To explore possible solutions to address the health needs of Myanmar refugees

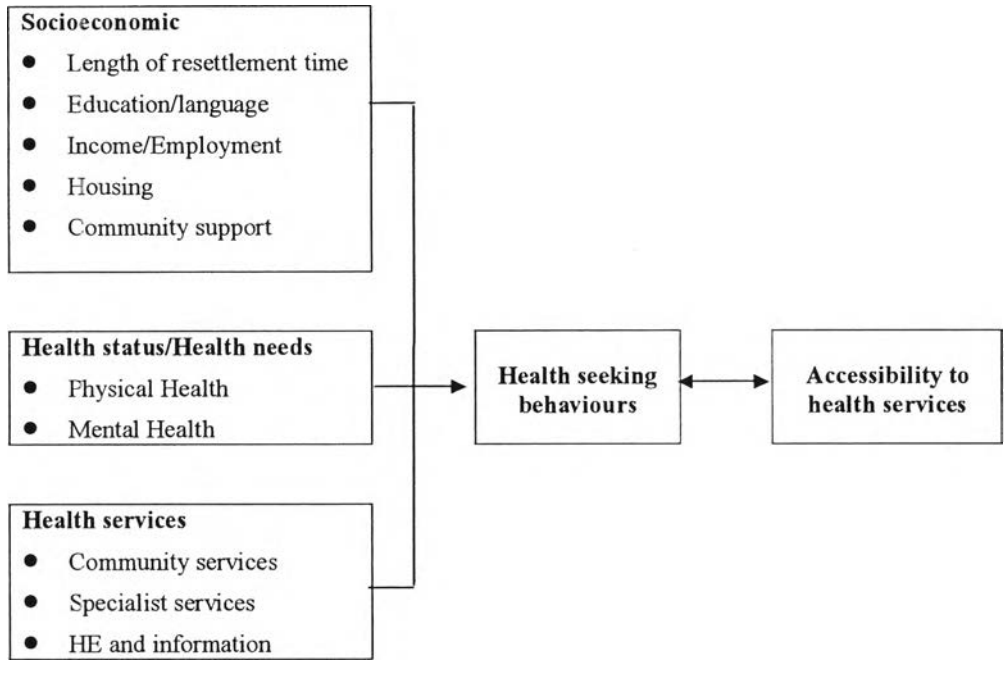
3.2 Conceptual Definitions

Needs: are problems that concern refugees at present. Those refugees would like to see the problems alleviated. Needs are classified into three main domains of physical health, mental health and social health

Perception: ability to see, hear, or become aware of something through the senses

Solution: what is required by refugees to fulfil their needs. The solution must include the possibility of achieving some desired end to alleviate the problems

3.3 Conceptual Framework



Modified on WHO, (1999)

Figure 3.1 Conceptual Framework

3.4 Methodology

3.4.1 Study Design

This study was a Descriptive Study by using qualitative and quantitative research methods.

3.4.2 Data Collection Tools

3.4.2.1 Community mapping

The project facilitator identified the community health resources and location of Myanmar refugee households in Glen Innes, Auckland, through the assistance of community leaders and the Ka Mau Te Wero group from the Glen Innes community. A community resource map and the location of Myanmar refugee households are in Appendix 4.

3.4.2.2 Focus Group Discussion (FGD)

Guideline questions on health needs and possible solutions were outlined for FGD with key community members to assess current health needs. According to Patton (1990), focus group interviews are essential in the evaluation process: as part of a needs assessment, during a program, at the end of the program. The project facilitator consulted with the religious leaders and the community leaders to identify the participants for FGD.

Basic demographic information such as date, time, place, resettlement duration, characteristics of participants were taken for all participants. Names and addresses were noted down with permission from participants only for analysis and possible future contact. Nine guidelines questions (Appendix 2) which

related to health needs assessment and a general question about solution would be prepared in English and then translated into Burmese. Kreuger (1988) suggests that a focused interview should include less than ten questions and often around five or six. The focus group discussion was conducted in Burmese language by volunteer key community members and me, as the project facilitator.

3.4.2.3 In-depth interview

The doctor from the local PHO, the practice nurse from the same PHO and the midwife who provided services to the Myanmar refugees were interviewed by the project facilitator. In the interview the project facilitator used the five guiding questions (Appendix 3) related to the available health services for the refugees in the Glen Innes area and service providers' concerns about Myanmar refugees' health.

3.4.2.4 Observation

The project facilitator observed each refugee family's socio-economic and living conditions and general health appearances when he delivered the questionnaires to the refugees' homes.

3.4.2.5 Survey structured questionnaire

A structured questionnaire for a quantitative survey among the refugee community was constructed based on the results from the FGD. There were seven sections in the questionnaire:

a) Demographic data

b) Recreational activities

c) Health status

d) Health services accessibility and satisfaction

e) Emotional stresses

f) Accident

g) Perception of health care, knowledge and comments

All questions would be prepared in English (Appendix 11) and translated into Burmese (Appendix 12) by the project facilitator. The questionnaire was field tested for face validity with 20 refugees (who came from Myanmar and possessed similar characteristics to Myanmar refugees from Glen Innes) in North Shore City. After consultation with two consultants it was revised as necessary before the final survey.

3.4.2.6 Review and analysis of existing data

A Myanmar community leader provided the number of households, and total population for the project. The local PHOs did not record their data separately under the categories of refugees or Burmese. They noted "Asian" for the ethnicity. There was no health survey of Myanmar refugees in Glen Innes. However, using the health service providers' in-depth interviews and a newspaper article about the Myanmar refugees, health related concerns were reviewed.

3.4.3 Study Samples and Sample Selection

3.4.3.1 Focus Group Discussion

Stewart and Shamdasani (1990) suggest that convenience sampling can be employed, that is, the group must consist of representative members

of the larger population. The participants for FGD were purposively selected from the Myanmar refugee community based on following criteria;

1 having resettled to New Zealand from Myanmar

2 currently residing in Glen Innes area or working with the Glen Innes Myanmar refugee community

3 either male or female

4 commitment to participate in discussion

Five community members attended the focus group discussions. Two key community leaders also attend and co facilitated the FGD. They represented different age groups, different genders and duration of resettlement in New Zealand. Only one FGD was conducted before the survey.

3.4.3.2 Myanmar Community Members

Targeted to all (205 people from 56 households) Myanmar refugees who live in Glen Innes. However, only 156 people (76 % of community) from 39 households agreed to answer the survey questionnaires.

3.4.4 Data Collection Management

The FGD was facilitated by two community leaders and me. The facilitator requested the participants to record the discussion using a tape recorder and a community leader helped to record in a field notebook.

The project facilitator used guideline questions and asked all participants to answer and brainstorm. When health needs were identified, the

participants were to brainstorm and list all the possible solutions. The session was taped with the participants' consents.

The project facilitator interviewed the local PHO doctor, the practice nurse and the midwife and taped the sessions with interviewees' consents.

The project facilitator prepared information sheets about the project for the service providers and community members. The information sheet for the community members was translated into Burmese and back translated for accuracy and edited with the reference group for the final version. The project information was explained at a Myanmar community information session in the community and information sheets were delivered by the community leaders.

Self-administered survey questionnaires were delivered to the refugee houses that had registered their interest in participating in the project. Where there was a literacy issue, the project facilitator facilitated the process of answering the questionnaire with the community member by using survey question cards. The majority of adult refugees aged 17 and over answered the survey questionnaire themselves. Parents of children under thirteen answered the questionnaire with their children together. The project facilitator delivered the structured questionnaires to the refugees who had registered their interest in participating in the survey. At the same time, he observed each refugee family's socio-economic and living conditions and general health appearances and recorded observations in the research diary.

3.4.5 Data Analysis

Community mapping

- Availability of Community health services and Myanmar refugee households were indicated on the community map and matched with other findings

Focus Group Discussion and In-depth interview

- Data recorded from FGD and in-depth interviews were directly translated into English and transcripts were recorded. Discussed health needs and solutions were transcribed
- Validation of FGD and in-depth interviews outcomes was obtained by cross-checking with participants
- Data recorded from FGD and in-depth interviews were analysed by method of "Content Analysis", transcribed and triangulated with survey results (Methodological Triangulation)

Questionnaire

- Content validation of the questionnaire was checked by consulting with two experts
- Data from the questionnaire was analysed using a descriptive analysis including frequencies and comparison among relating data, by using SPSS software programme
- Identify the relationship between health status, chronic diseases, emotional concerns, resettlement time and gender and age by Chi square test

Review and analysis of findings

- All data were triangulated with survey findings, observation records and FGD information to analyse the health needs

3.4.6 Ethical Consideration

Prior to the start of every activity, the facilitator explained the purpose of the activity to the participants and also asked for their consents for recording and documentation. Confidentiality was ensured throughout the process. All participants' names were separately documented on the reference sheets and kept in a secure place that only the project facilitator could access. The structured questionnaire excluded respondents' names and the purpose and informed consent was explained prior to administering them. The survey results were presented back to the community at the community meeting.

3.5 Timeframe

Table 3.1 Time line for the project

	Steps to develop the action plan	September 2005	October 2005	November 2005	December 2005	January 2006
1	Sharing concerns, community mapping and analysis of the existing data	x x				
2	Focus Group Discussion, in-depth interviews & developing questionnaire	x x				
3	Pretest	x				
4	Observation and Survey		x x x x			
5	Data Analysis and drafting the report			x x x x x x x x		
6	Report writing & presentation to the school of public health					x x x x