

## Summer Experience 2008 Summer Research Project in Kachin State, Myanmar



The Kachin State, the northernmost state of Myanmar and bordered by China, is populated predominantly by the Kachin ethnic minority group. Health Unlimited, the UK-based nongovernmental (NGO) organization I worked with has been collaborating with the local government of this resource-poor, rural border region for the past decade to build basic health care infrastructure. Some of the major health issues in this area include infectious diseases, maternal mortality, and intravenous drug use.

Health Unlimited identified tuberculosis (TB) as one of the significant health priorities in this region. According to the 2008 WHO Global TB Report, Myanmar ranks 19<sup>th</sup> in TB incidence among the 22 high disease burden countries. There is little information available on TB specific to the Kachin State of Myanmar, although anecdotal evidence offered by health providers in this region indicates a lack of general knowledge on the issue, delays in seeking diagnosis and treatment, and inappropriate self-treatment among TB patients in the community. In order to begin filling in some of the gaps in data, I worked with the local TB coordinator to design and implement a community-wide survey on knowledge, attitudes, beliefs, and health-seeking practices regarding TB.

I learned a lot about the on-the-ground difficulties of carrying out such a project. During my time there, I was able to go through the process of developing the data collection methods, formulating the initial data analysis plan, creating the survey, translating and back translating, piloting, and then initiating the data collection. As much as this project was an academic and problem solving exercise it was an undertaking in cultural exchange. The data collection took me into the villages. Given that it was rainy season, I found myself riding across bumpy dirt roads, trudging through knee-deep mud, and wading through the rice fields in order to reach our destination. I was fortunate to be able to meet with village leaders and chat with the villagers about their daily lives and the health issues they identified to be most significant. In addition to healthcare, access to clean water and basic sanitation were identified as major problems. In these rural areas I was overwhelmed by the community members' hospitality and generosity. I am currently working to analyze the data that was collected and produce a report with specific recommendations for the NGO regarding their TB Control Program.

In addition to the public health research experience, I gained clinical experience through shadowing doctors at the NGO's HIV/AIDS/STIs and TB treatment clinic in the main town. Although the clinic has the medications to treat HIV/AIDS, many of the patients were end-stage

by the time they actually made it to the clinic. I saw patients with CD4 counts of 15. Speaking with the doctors and patients there I learned some of the reasons why patients delayed seeking care. Issues of distance, transportation costs, and fear of stigma all emerged as topics of discussion. These conversations underscored the role of broader social, political, and economic forces in determining ill health.

I came away from my summer experience feeling humbled by the enormity of health problems and access to basic services that continue to plague the majority of the world. The trip reaffirmed my decision to pursue a career working in clinical medicine and public health in underserved areas. The lessons I learned there will be invaluable as I continue to pursue this endeavor.



Rural Health Clinic



A delivery bed in the clinic



TB Program Coordinator  
piloting survey questionnaire.



Health workshop on TB with community members.



Meeting with the village leaders and community members to discuss the TB survey implementation plan.



A local kindergarten sponsored by an NGO