



# Insights on forest-goer health seeking journeys for febrile illness in Cambodia and Vietnam using respondent-driven sampling

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## BACKGROUND

Substantial recent progress has been made towards malaria elimination in the Greater Mekong Subregion (GMS). According to WHO, the number of reported malaria case declined by 74% and number of malaria related deaths declined by 95% between 2012 and 2018. However, malaria continues to disproportionately affect forest workers and migrants. Due to forest-goers' hard-to-reach and often mobile status, novel data collection methods are required to gain behavioral insights from this group to inform appropriate malaria elimination interventions.

## METHODS

In 2019, Population Services International (PSI) conducted a population-based survey of forest goers in Cambodia and Vietnam using respondent-driven sampling (RDS) to identify eligible respondents and measure their malaria related behaviors.

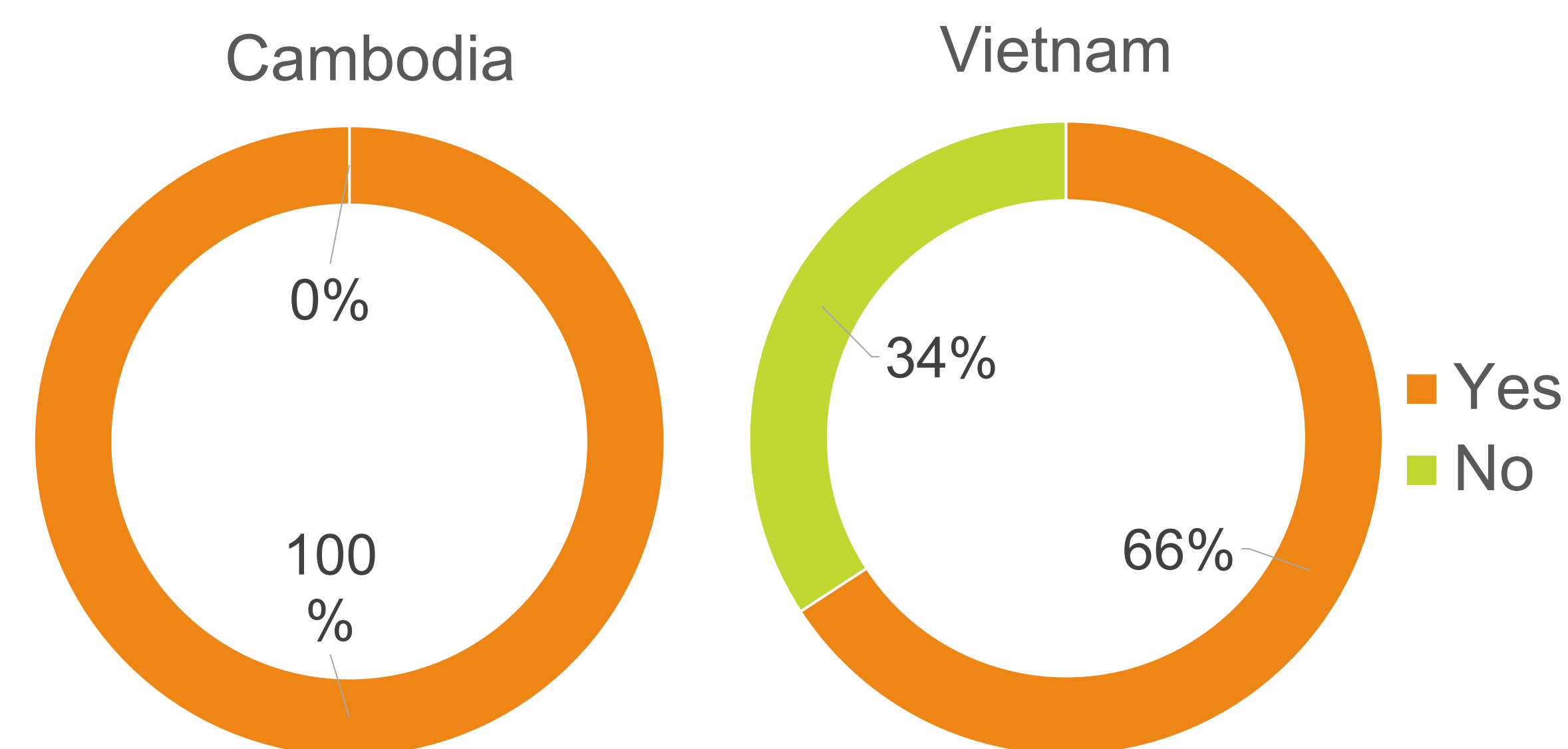
Forest-goers were defined as people who live within 15km of the forest and visit the forest at least 1 night a week or 4 nights a month. A total of 648 (Vietnam) and 675 (Cambodia) forest-goers were recruited from 15 and 21 initial seeds.

Data were analyzed using the RDS model in tata 15. Analysis was performed separately for each country.

## RESULTS

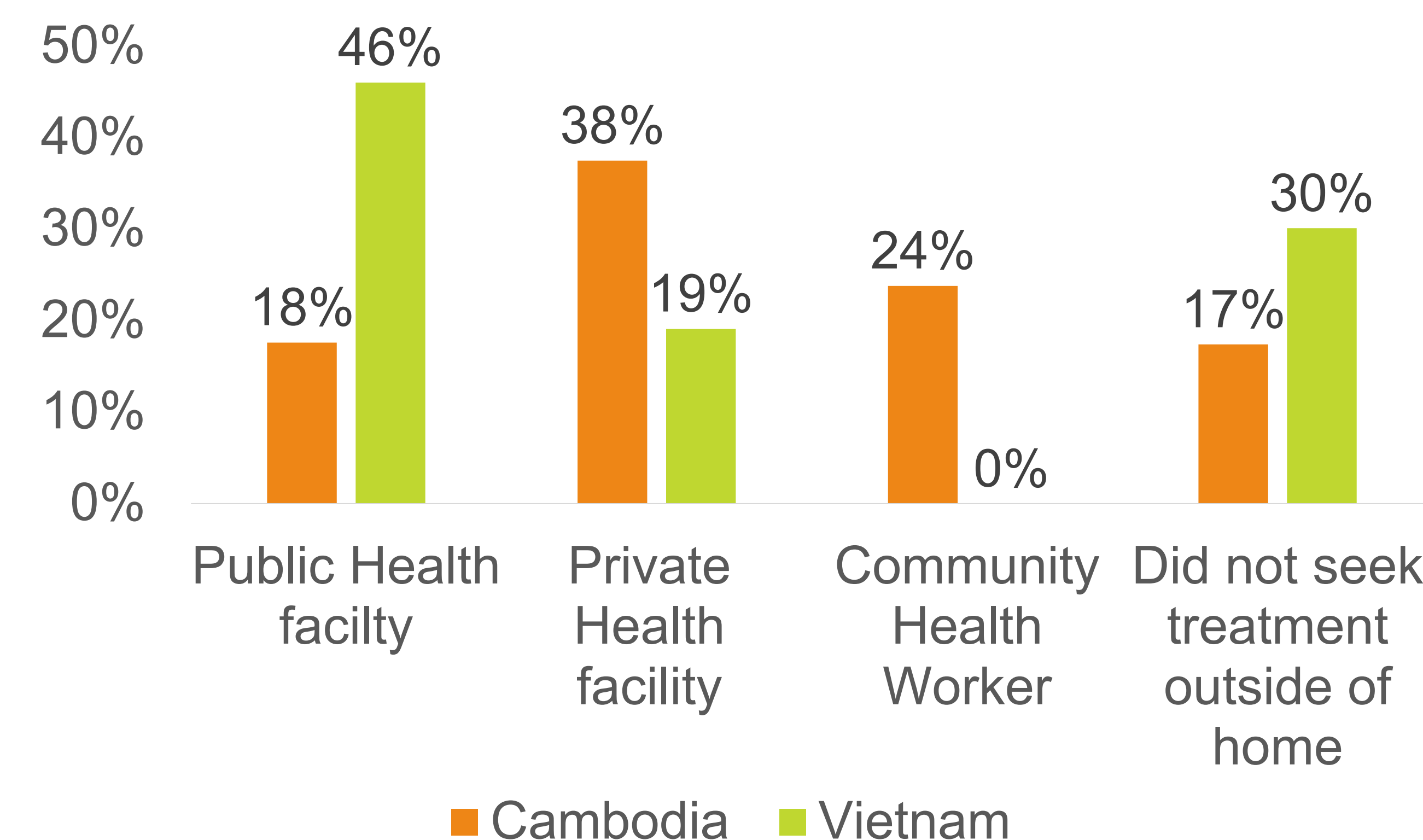
Majority of forest-goers were married (84% and 85% in Cambodia and Vietnam respectively) and male (86% in Cambodia and 95% in Vietnam).

Population with fever in last 30 days (Weighted)



All participants in Cambodia and 66% in Vietnam reported an episode of fever in the past 30 days. Among these respondents, 75% (Cambodia) and 63% (Vietnam) sought treatment, though levels of prompt care seeking were suboptimal (28% Cambodia; 33% Vietnam). Recourse to a private health facility was more common in Cambodia than Vietnam, while public sector treatment seeking was more common in Vietnam. Almost quarter of respondents sought care from community-based providers in Cambodia while this was not cited as a source of care in Vietnam.

First source of care



The top three reasons cited for forest-goers' choice of treatment source in Vietnam were proximity (88%), cost (73%) and perceived service availability (49%). In Cambodia, trust in providers (64%), cost (62%) and proximity (56%) were the top three reasons for choosing a provider.

## CONCLUSIONS

Forest-going is a major risk factor for malaria in Cambodia and Vietnam, however, economic pressures compel people to undertake this activity. Programs can use RDS as a powerful tool to gather insights into forest-goers' behaviors and inform the design and targeting of malaria elimination interventions. In Cambodia, these results are being used to contribute to national behavior change guidelines, design tools and refine interventions.

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