การสำรวจความไม่เท่าเทียมในการใช้บริการสุขภาพในกลุ่มแรงงานข้ามชาติชาวเมียนมา ในอำเภอเมือง จังหวัดเชียงราย ประเทศไทย

ซอ มิ่น พ.บ.*, พิษณุรักษ์ กันทวี ปร.ด.**, ภมรศรี อินทร์ชน ปร.ด.*, สิรินันท์ สุวรรณาภรณ์ ปร.ด*., สุรสักย์ ธไนศวรรยางค์กูร ส.ด.***, รเมศ ว่องวิไลรัตน์ พ.บ.****, พิมณทิพา มาลาหอม สม.ม.*****

บทคัดย่อ

ความเป็นมา : แรงงานข้ามชาติมีความเปราะบางต่ออันตรายในอาชีพ โรคติดเชื้อ และปัญหาสุขภาพอื่นๆ มากกว่าประชากรในท้องถิ่น จึงมีความจำเป็นอย่างยิ่งที่จะต้องเข้าใจรูปแบบการใช้บริการสุขภาพของแรงงานข้ามชาติให้ดียิ่งขึ้น โดยคำนึงถึงสถานะที่ไม่มั่นคงและมักถูกกีดกันในระบบสุขภาพ

วัตถุประสงค์ : การศึกษานี้มีจุดมุ่งหมายเพื่อระบุรูปแบบการใช้บริการสุขภาพของแรงงานข้ามชาติชาวเมียนมาในอำเภอเมือง จังหวัดเชียงราย ประเทศไทย

วิธีการศึกษา : การศึกษาภาคตัดขวางดำเนินการในกลุ่มแรงงานข้ามชาติชาวเมียนมาอายุ 18 ถึง 60 ปี จำนวน 355 คน ในอำเภอเมือง ข้อมูลถูกรวบรวมโดยใช้แบบสอบถามที่ผ่านการตรวจสอบความถูกต้องแล้ว ผ่านการสัมภาษณ์แบบตัวต่อตัว

ผลการศึกษา : จากผู้เข้าร่วมการศึกษาจำนวน 355 คน มีเพศชาย ร้อยละ 55.80 และเพศหญิง ร้อยละ 44.20 โดยมีอายุเฉลี่ย 35 ปี (S.D.±9.46) แรงงานส่วนใหญ่ ร้อยละ 70.70 มีประกันสุขภาพ และ ร้อยละ 96.30 ได้ขึ้นทะเบียนแรงงานข้ามชาติ สำหรับการใช้บริการสุขภาพ พบว่า ร้อยละ 49.60 เข้ารับบริการสุขภาพจากอาการเจ็บป่วยในช่วงหกเดือนที่ผ่านมา ปัจจัยเช่น อายุ ค่าใช้จ่ายรายเดือน ความครอบคลุมของประกันสุขภาพ และชั่วโมงการทำงานต่อวันมีความสัมพันธ์อย่างมีนัยสำคัญกับการใช้บริการสุขภาพ ($p \leq 0.05$)

สรุปและข้อเสนอแนะ : การศึกษานี้ได้พบประเด็นสำคัญที่มุ่งปรับปรุงการใช้บริการสุขภาพและผลลัพธ์ด้านสุขภาพของแรงงานข้ามชาติในประเทศไทย โดยเฉพาะอย่างยิ่งพบอัตราการใช้บริการสูงในจังหวัดเชียงราย การพัฒนานโยบายที่มีประสิทธิภาพควรมุ่งเน้นไปที่การรณรงค์สร้างความตระหนักรู้เฉพาะกลุ่มเพื่อให้ความรู้แก่แรงงานข้ามชาติเกี่ยวกับบริการสุขภาพที่มีอยู่ สิทธิของแรงงานข้ามชาติ และประโยชน์ของการใช้บริการสาธารณสุข การเพิ่มความตระหนักรู้เป็นสิ่งสำคัญในการลดช่องว่างระหว่างความรู้และการใช้บริการสุขภาพอย่างจริงจัง โดยการดำเนินกลยุทธ์เหล่านี้ ผู้กำหนดนโยบายจะสามารถเพิ่มการเข้าถึงและผลลัพธ์ด้านสุขภาพสำหรับแรงงานข้ามชาติในประเทศไทยได้อย่างมีนัยสำคัญ

คำสำคัญ : แรงงานข้ามชาติชาวเมียนมา การใช้บริการสุขภาพ เชียงราย สุขภาพชายแดน

*สำนักวิชาวิทยาศาสตร์สุขภาพ มหาวิทยาลัยแม่ฟ้าหลวง จังหวัดเชียงราย ประเทศไทย
**หน่วยวิจัยเชิงพื้นที่สุขภาพของชุมชนชายขอบ สำนักวิชาวิทยาศาสตร์สุขภาพ มหาวิทยาลัยแม่ฟ้าหลวง
***สถาบันวิจัยระบบสาธารณสุข (สวรส.) นนทบุรี
****โรงพยาบาลแม่สอด จังหวัดตาก
*****นักวิชาการอิสระ

Corresponding Author: Phitsanuruk Kanthawee E-mail: Phitsanuruk.kan@mfu.ac.th
Received: 1 October 2024 Revised: 3 November 2024 Accepted: 4 November 2024

EXPLORING HEALTHCARE UTILIZATION DISPARITIES AMONG MYANMAR MIGRANT WORKERS IN MUEANG DISTRICT, CHIANG RAI, THAILAND

Zaw Min, MBBS*, Phitsanuruk Kanthawee, Ph.D.**, Pamornsri Inchon, Ph.D.*, Sirinan Suwannaporn, Ph.D.* , Surasak Thanaisawanyankoon, Ph.D.***, Ramet Wongwilairat, M.D.****, Pimontipa Malahom, M.Sc.*****

ABSTRACT

BACKGROUND: Migrant workers are more vulnerable to occupational hazards, infectious diseases, and other health concerns compared to the local population. There is a critical need better to understand the healthcare utilization patterns of migrant workers, considering their precarious status and frequent exclusion from the healthcare system.

OBJECTIVE: This study aimed to identify the healthcare utilization patterns of Myanmar migrant workers in Mueang District, Chiang Rai, Thailand.

METHODS: A cross-sectional study was conducted among 355 Myanmar migrant workers aged 18 to 60 years old in Mueang District. Data was collected using a validated questionnaire through face-to-face interviews.

RESULTS: Of the 355 participants, 55.80% were male, and 44.20% were female, with a mean age of 35 years old (S.D. ± 9.46). Many were insured workers (70.70%), and 96.30% had legal documentation. Regarding healthcare utilization, 49.60% sought healthcare services for illness within the past six months. Age, monthly expenses, health insurance coverage, and daily working hours were significantly associated with healthcare utilization ($p \leq 0.05$).

CONCLUSIONS AND RECOMMENDATIONS: This study provides essential data aimed at improving healthcare utilization and outcomes for migrant workers in Thailand, particularly noting a higher utilization rate in Chiang Rai. Effective policy development should prioritize targeted awareness campaigns to educate migrant workers about available healthcare services, their rights, and the benefits of using public healthcare facilities. Increasing awareness is crucial for bridging the gap between knowledge and actual healthcare utilization. By implementing these strategies, policymakers can significantly enhance healthcare access and outcomes for migrant workers in Thailand.

KEYWORDS: Myanmar migrant workers, healthcare utilization, Chiang Rai, Border Health

*School of Health Science, Mae Fah Luang University, Chiang Rai, Thailand
**Unit for Area-based Research and Innovation in Cross-Border Health care, School of Health Science, Mae Fah Luang University, Chiang Rai 57100, Thailand.
**Health System Research Institute, Nonthaburi
***Maesot Hospital, Tak Province
****Independent Scholar

Corresponding Author: Phitsanuruk Kanthawee E-mail: Phitsanuruk.kan@mfu.ac.th
Received: 1 October 2024 Revised: 3 November 2024 Accepted: 4 November 2024

Introduction

Migrant workers are more vulnerable to occupational hazards, infectious diseases, and other health concerns compared to the local population.[1] Additionally, migrants' lower tendencies to seek timely healthcare may exacerbate the strain on healthcare resources and systems in destination cities.[2] Consequently, there is a critical need better to understand the healthcare utilization patterns of migrant workers, considering their unique and often marginalized status within healthcare systems. As of January 16, 2024, data from the Chiang Rai Provincial Employment Office showed that Myanmar nationals formed the majority of the foreign workforce legally permitted to work under Cabinet resolutions from July 5, 2022, and October 3, 2023. Of the 13,860 approved foreign workers, 13,243 were from Myanmar.[3] This highlights the significant role of Myanmar migrant workers in Chiang Rai's labor force and underscores the importance of addressing their healthcare needs and challenges.

Myanmar migrants, who make up roughly 54.50% of the total authorized migrant workforce, often choose Thailand as a destination. However, migration whether voluntary or forced presents various challenges, affecting both documented and undocumented workers' ability to access healthcare services.[4] Social determinants of health, alongside migrants' reluctance or inability to seek healthcare, create additional pressure on destination city healthcare systems.[5]

In this study, healthcare utilization refers to the various ways migrant workers manage their health needs, encompassing visits to hospitals and clinics, purchasing medications from pharmacies, resting, and using herbal remedies as appropriate treatments for illness. Both physical and mental health needs, as reported by the participants, are considered in this analysis. However, the study did not account for certain confounding factors, such as active public health interventions (e.g., mass vaccination and mobile clinics) or workplace healthcare services (e.g., safety officers and regular workplace checkups). By excluding these factors, the analysis can focus more directly on the healthcare utilization of migrant workers. In this study, illness refers to any self-reported physical or mental condition that affects an individual's ability to carry out their daily activities, regardless of severity. It includes both acute and chronic health conditions, ranging from common colds and minor ailments to more serious or persistent health issues. Illness, as defined here, encompasses symptoms that lead participants to seek healthcare services, purchase medications, rest, or use alternative remedies such as herbal treatments.

In this study, we examined various parameters influencing healthcare utilization among migrant workers in Thailand, recognizing that social determinants of health play a critical role in shaping their healthcare utilization patterns. Sex, age, education, occupation, migration duration, mode of entry into Thailand, and the responsible person for seeking healthcare, whether it be a husband, wife, friend, self, or translator. Additionally, we considered monthly income and expenditure, health insurance status, legal status (documented vs. undocumented), and language barriers encountered while seeking healthcare. Working hours per day and preferred actions when experiencing illness their impact on healthcare utilization over the past six months. Understanding these factors is essential for addressing the reluctance or inability of migrants to utilize necessary healthcare, which ultimately creates additional pressure on healthcare systems in destination cities.

A thorough understanding of healthcare utilization patterns among migrant workers is vital to make sure they can live and work healthily in their host country, especially given the growing number of Myanmar migrant workers. Developing effective healthcare policies and programs requires a clear understanding of how migrant workers use healthcare services. Such insights are essential for identifying potential challenges to early diagnosis and effective treatment and enabling targeted interventions.[6] Healthcare utilization is closely linked to disease incidence, the frequency and severity of complications, and overall outcomes. Early detection of symptoms, seeking prompt medical care, and following appropriate treatment protocols can reduce morbidity and mortality.

Previous studies on Myanmar migrant workers in other provinces of Thailand and other countries have identified common barriers to healthcare access, such as legal status, language barriers, lack of health insurance, and limited understanding of the local healthcare system.[7–12] Despite existing literature on healthcare utilization among Myanmar migrants, significant knowledge gaps persist, particularly regarding the impact of increasing migrant populations and changing socio-economic conditions. As the number of migrants continues to grow, their healthcare needs and the challenges they face in accessing services may have evolved, potentially influencing healthcare utilization patterns. Therefore, this study aims to fill the knowledge gap of evolving healthcare utilization patterns among Myanmar migrant workers in the Mueang District of Chiang Rai province, to inform the development of healthcare policies and programs for this marginalized population in Thailand.

Objective

This study aimed to identify the healthcare utilization patterns of Myanmar migrant workers in Mueang District, Chiang Rai, Thailand.

Method

In June 2024, a cross-sectional study was carried out to examine the healthcare utilization patterns of Myanmar migrant workers in Mueang District, Chiang Rai Province, Thailand. The municipal areas of Wiang and Rob-Wiang subdistricts within Mueang District were purposively selected for this study due to the high concentration of Myanmar migrant workers, as reported by the Migrant Workers' Help Center in Chiang Rai.

The study population comprised individuals aged 18-60 years who resided in Mueang District, Chiang Rai Province, Thailand. According to International Organization for Migration (IOM) standards, this age range corresponds to the working age. The eligible population included migrant workers with various statuses, such as Memorandum of Understanding (MoU), Border Pass, National Verification (NV), and irregular types, who lived in Chiang Rai for at least six months before the study. Inclusion criteria in this study were Myanmar migrant workers with any legal status in the working-age group (18 to 60 years). Exclusion criteria in this study were individuals who were unwilling to participate, having severe acute disease or chronic diseases such as stroke or hearing loss.

Sample calculation

The sample size was calculated using the formula[13], considering a proportion of healthcare utilization health problems as 31.50 %, derived from a previous study[8].

$$n = \frac{z^2_{1-\frac{\alpha}{2}} p(1-p)N}{d^2(N-1) + p(1-p)z^2_{1-\frac{\alpha}{2}}}$$

Where;

n= no. of required sample size

N= Total population of Myanmar migrant workers in Chiang Rai province= 13,243[3]

p= proportions from previous study=0.315 [8]

d= margin of error= 0.05

Zα= standard normal deviate for alpha= 1.96 at 95% CI

$$n = \frac{(1.96)^2(0.315)(1-0.315)(13243)}{0.05^2(13243-1) + 0.315(1-0.315)(1.96)^2}$$

$$n = \frac{(3.84)(0.315)(0.685)(13243)}{(0.0025)(13242) + 0.315(0.685)(3.84)}$$

$$n = \frac{10972}{33.92}$$

$$n = 323$$

According to the calculations, the determined sample size was 323. To account for potential incomplete responses and withdrawals from the study, an additional 10% was added. Therefore, the final required sample size was 355.

Research tools

The research team constructed the questionnaires with an extensive review of relevant literature.[2,8,14-17] The questionnaire was initially developed in English and then translated into Myanmar for field use. The translation process involved bilingual professional translators and employed a forward and backward translation method to ensure accuracy and consistency.

The questionnaires included four parts. Part I focused on the general demographic and socioeconomic characteristics of the participants. Part II included enabling factors related to healthcare utilization such as language barrier, health insurance coverage, and financial factors. Part III examined participants' health needs over the past six months. Part IV focused on healthcare utilization within the same period.

Their validity was checked before being used in the field. The Index of Item-Objective Congruence (IOC) was calculated for the validity test based on three experts' opinions. These experts included an academic professor from the School of Public Health, a public health specialist on migrant health, and a deputy director from Chiang Rai Provincial Health Office. The IOC scores were 0.94 for Part 1, 0.92 for Part 2, 0.89 for Part 3, and 0.66 for Part 4. Questions scoring less than 0.5 were excluded from the questionnaire set, questions scoring between 0.50 and 0.70 were revised according to the reviewers' comments, and questions greater than 0.70 were included in the questionnaire set. The Myanmar language questionnaire was pilot tested with 30 Myanmar migrant workers through face-to-face interviews conducted by the principal researcher. This pilot's study aimed to ensure the clarity, comprehension, and acceptability of the questions. Based on the feedback, necessary revisions were made, and the final version of the questionnaire was then used for data collection. Proportionate sampling was performed within the two subdistricts to ensure representative coverage. Simple random sampling was then conducted to select the participants from each subdistrict. To ensure randomization, each participant was randomly selected from each household. All participants were proficient in communicating in the Myanmar language. Data collection was conducted solely by the principal researcher using validated questionnaires through face-to-face interviews in a private setting one by one. The time of the data collection process varied depending on participants' availability, with data collection taking place during weekends (throughout the day) and on weekday evenings. Participation in the study was entirely voluntary. All participants were thoroughly informed about the research and its objectives, and informed consent was obtained before their involvement.

Data analysis and statistics

Statistical analysis was performed using the computer program Statistical Package. Descriptive statistics were used to summarize participants' general characteristics, enabling factors, need factors, and healthcare utilization. For categorical data, frequencies and percentages were reported. For continuous data with a normal distribution, means and standard deviations (S.D.) were used. For continuous data that did not follow a normal distribution, medians and interquartile ranges (IQR) were presented. The chi-square test was used to examine the relationships between the identified factors and healthcare utilization, with a significant level (alpha) set at ≤0.05.

The cutoff points for continuous data were determined as follows: age groups were categorized based on the mean value, which divided the population into younger and older groups, facilitating an analysis of how age impacts healthcare utilization. Monthly income, expenditure, and working hours were categorized using their respective median values, creating two distinct groups those above and below the median to enable more effective comparisons.

Ethical Considerations

The study protocol has been reviewed and approved by the Mae Fah Luang University Ethics Committee on Human Research (EC 24046-18). Every participant was given information about the research and its objectives. Participation was voluntary, and informed consent was obtained during the data collection.

Results

Among the 355 participants, 55.80 % were male, and 55.20% were aged 35 years or younger. The majority (38.30 %) had completed middle school education in Myanmar, while 52.70 % worked in manual labor occupations. On average, participants had lived in Thailand for ten years, with all of them having entered the country via ground crossing. A significant proportion (58.90%) reported being personally responsible for seeking healthcare when they experienced illness. The median monthly income of the participants was 9,000 THB, with a median expenditure of 3,000 THB. Most participants (70.70 %) had health insurance coverage, and 96.30% possessed documented legal status. However, nearly half (47.90 %) encountered language barriers when accessing healthcare services. Most participants (75.20%) worked 8 hours or less per day. When experiencing illness, 35.50 % of participants preferred to visit a private clinic rather than go to a government hospital, even though they had health insurance. In terms of healthcare utilization, 49.60% had used healthcare services within the past six months. (Table 1)

In the comparison of associated factors with healthcare utilization in the past six months, age, monthly expenditure, health insurance status, and working hours per day were found to be statistically significant, with p-values ≤ 0.05. (Table 2) Factors such as sex, education, occupation, migration duration, mode of entry, monthly income, legal status, language barrier in seeking healthcare service, and preferred actions when facing illness were initially included in our study. However, during the preliminary analysis using chi-square tests, these factors did not show a significant relationship with healthcare utilization. Therefore, we chose to focus on age, monthly expenditure, health insurance status, and working hours, as these variables demonstrated influence on healthcare utilization.

We addressed confounders by analyzing the relationships between each selected factor (age, monthly expenditure, health insurance status, and working hours) and healthcare utilization separately. This approach allowed us to isolate the effects of these variables without the influence of those that were not significantly related. In the analysis, only age, monthly expenditure, health insurance status, and working hours were found to be statistically significant (p-values ≤ 0.05). This indicated that these factors had a meaningful impact on healthcare utilization among the participants.

Table 1 General Characteristics (n=355)

Characteristics	n	%
Gender		
Male	198	55.80
Female	157	44.20
Age(years)	Mean age =35; S.D.±9.46	
18-35 year	196	55.20
≥36 year	159	44.80
Education		
Grade 1-5(Primary School)	94	26.50
Grade 6-9(Middle School)	136	38.30
Grade 10-12(High School)	98	27.60
Undergraduate	9	2.50
Monastery education	18	5.10

Table 1 (Cont.)

Characteristics	n	%
Occupation		
Agriculture	1	0.30
Construction	104	29.30
Dressmaking	1	0.30
Manual Labor	187	52.70
Shop front seller	52	14.60
Housemaid	10	2.80
Migration duration in Thailand (years)	Mean = 10; S.D.±7.22	
≤10 years	224	63.10
11-20 years	108	30.40
>20 years	23	6.50
Mode of entry to Thailand		
Ground crossing	355	100.00
Responsible person seeking health care		
Husband	30	8.50
Wife	9	2.50
Friend	41	11.50
Self	209	58.90
Translator	66	18.60
Monthly income (Median=9,000; IQR = (9,000,10,000))	Min=4,500	Max=21,000
≤9000 THB	185	52.10
>9000 THB	170	47.90
Monthly expenditure (Median=3,000; IQR = (3,000,5,000))	Min=500;	Max=15,000
≤3000 THB	200	56.30
>3000 THB	155	43.70
Health insurance		
Yes	251	70.70
No	104	29.30
Legal status		
Documented	342	96.30
Undocumented	13	3.70
Language barrier while seeking health care		
Yes	170	47.90
No	185	52.10
Working hours per day (Median=8; IQR=(8,8))	Min=3;	Max=18
≤8 hours	267	75.20
>8 hours	88	24.80

Table 1 (Cont.)

Characteristics	n	%
Preferred actions when facing illness		
Take herbal medicine	1	0.30
Resting	23	6.50
Buy drugs from the pharmacy	200	56.30
Government hospital	5	1.40
Private clinic	126	35.50
Utilize healthcare service in the past six months		
Yes	176	49.60
No	179	50.40

Table 2 Comparison of associated factors between healthcare utilization

Factors	Utilizing healthcare services in the past six months				χ^2	p-value
	No		Yes			
	n	%	n	%		
Age						
18-35 year	111	56.60	85	43.40	6.75	0.009*
≥36 year	68	42.80	91	57.20		
Monthly expenditure						
≤3000 THB	115	57.50	85	42.50	9.18	0.002*
>3000 THB	64	41.30	91	58.70		
Health insurance						0.046
No	61	58.70	43	41.30	3.99	
Yes	118	47.00	133	53.00	3.99	
Working hours per day						0.040*
≤8 hours	143	53.60	124	46.40	4.24	
>8 hours	36	40.90	52	59.10		

Discussions and conclusions

The healthcare utilization rate in this study was 49.60%, markedly higher than the 31.50% reported in Ranong province.[8] This difference was due to greater awareness of health seeking behavior among migrant workers in Chiang Rai, where 96.30% of participants had documented legal status, compared to only 32.20% of registered workers in Ranong[8] In this study, males constituted the majority at 55.80%, which was similar to the findings in Ranong, where males represented 68.60 % of participants[8] In the study of Myanmar migrant workers in Ranong, factors such as gender, occupation, legal status, and insurance coverage were found to be significant. In contrast, this study found that these factors were not significant, except for health insurance coverage, which showed consistent findings with the Ranong study.[8]

Despite their legal status, a significant portion of participants (56.30 %) preferred to purchase medication from pharmacies rather than seek formal healthcare. This preference aligns with findings from the Ranong province study[8] Additionally, when experiencing illness, 35.50 % of participants preferred to visit a private clinic rather than a government hospital, despite having health insurance. This preference is consistent with the healthcare-seeking behaviors observed among migrant workers in other parts of Thailand.[8, 18-19] This was likely because they were concerned about the extensive documentation required when visiting a government hospital.

Regarding healthcare access, 70.70% of participants had health insurance, which was consistent with Thailand's guidelines for migrant workers.[5, 20-21] This suggested that Thai employers are largely fulfilling their responsibilities by contributing to social security schemes for their workers. However, not all participants with documented legal status had health insurance, possibly due to unawareness or reluctance of employers to contribute. Similar issues were observed in studies of migrant workers in Australia, Malaysia, and other regions of Thailand.[9,22-23] While the higher utilization rate in Chiang Rai suggested that awareness campaigns about healthcare options might be effective. The significant preference for pharmacies and private clinics indicated that, despite legal status and health insurance, there might be perceived or actual barriers to accessing public healthcare services. Increasing awareness might not be enough. Policymakers needed to examine the underlying reasons why many migrant workers choose pharmacies or private clinics over government hospitals. Addressing these issues requires a comprehensive understanding of migrant workers' experiences within the healthcare system. Additionally, while legal status could enhance access to services, it did not guarantee equitable treatment within the healthcare system. Discrimination, language barriers, and unfamiliarity with the healthcare system can still have significant challenges for migrant workers. Therefore, policies needed to focus not only on improving service delivery but also on creating

an inclusive approach where migrant workers feel safe and supported when seeking health care. Moreover, regarding health insurance coverage being significant in this study, it suggested that effective communication about insurance benefits and coverage were essential. Many migrant workers might be unaware of the full range of services available to them under their insurance plans. Programs designed to provide clear, accessible information about health insurance could facilitate better utilization of formal healthcare services.

In this study, the analysis of associated factors with healthcare utilization revealed that age, monthly expenditure, health insurance status, and working hours per day were statistically significant in influencing healthcare utilization patterns among Myanmar migrant workers.

Age was found to be a significant factor in utilizing healthcare services. This finding aligns with studies on migrant workers in Malaysia.[23] This association can be explained by the increased prevalence of age-related health issues, which naturally leads to a higher need for medical attention. As individuals age, they are more prone to chronic diseases and physical ailments, driving the demand for healthcare services.

Monthly expenditure also showed a significant association with healthcare utilization. However, this finding contrasts with other studies on migrant workers in Thailand and Malaysia, where income or expenditure did not show the same association with healthcare use.[8,23] Those with higher monthly expenditures may have greater financial resources, providing them with the flexibility to spend on healthcare services, particularly for out-of-pocket expenses. This finding is consistent with previous studies indicating that individuals with financial capacity are more likely to access and afford healthcare services.

The presence of health insurance was another critical factor influencing healthcare utilization, consistent with findings from other studies.[8] Participants with health insurance coverage were more likely to seek healthcare services when needed, as insurance reduces the direct costs of medical care. This association underscores the role of insurance in promoting access to healthcare by lowering the financial barriers to treatment, particularly for low-income populations like migrant workers.

Working hours per day were associated with healthcare utilization. This finding aligns with the study of migrant workers in China.[24] Migrants who worked longer hours may experience a higher incidence of work-related injuries or illnesses, often due to non-ergonomic or physically demanding working conditions. Consequently, these individuals may be more likely to seek medical care. Conversely, those working fewer hours may have more time to access healthcare services, further contributing to this association.

In conclusion, this study provides essential data for shaping future programs and policies aimed at improving healthcare utilization and outcomes for migrant workers in Thailand. The findings reveal a higher healthcare utilization rate among migrant workers in Chiang Rai. However, a multifaceted approach is necessary for effective policy development. Factors such as socioeconomic status, employment conditions, and insurance coverage significantly influence healthcare seeking behaviors. Policymakers should focus on enhancing the overall healthcare experience for migrant workers by addressing financial barriers, improving insurance coverage, and considering the impacts of work-related health risks and long working hours. By adopting an inclusive approach that encourages migrant workers to utilize healthcare services, we can ultimately improve health outcomes for this vulnerable population, ensuring equitable access to quality healthcare in Thailand.

Recommendation

To improve healthcare access and outcomes for migrant workers in Thailand, three key recommendations should be prioritized. First, targeted awareness campaigns must be implemented to educate migrant workers about available healthcare services, their rights, and the benefits of utilizing public healthcare facilities. Increasing awareness is critical for bridging the gap between knowledge and actual healthcare utilization. Second, it is essential to address barriers such as financial barriers, improving insurance coverage, and considering the impacts of work-related health risks and long working hours. These measures will help ensure that migrant workers can seek timely and appropriate healthcare services. Finally, enhancing communication regarding health insurance is crucial; developing clear and accessible resources will inform migrant workers about their coverage and benefits, facilitating better utilization of healthcare services. By prioritizing these strategies, policymakers can significantly enhance healthcare access and outcomes for migrant workers in Thailand.

Limitation

A limitation of this study was the reliance on univariable analysis using the chi-square test, which did not account for confounding variables. This approach may have oversimplified the conclusions about factors influencing healthcare utilization among migrant workers. As a result, while some factors appeared significant, the complexity of their relationships was not fully captured. Future research should use multivariable methods, like regression analysis, to better adjust for confounders and provide a clearer understanding of healthcare utilization patterns.

Acknowledgment

The authors would like to thank the Thailand International Cooperation Agency (TICA), Mae Fah Luang University, for supporting the grant and Unit for Area-based Research and Innovation in Cross-border Health Care, Mae Fah Luang University. The authors also would like to thank all the participants for their participation in the study. Special thanks also to the community leaders and representatives from the International Migrant Workers' Help Center in Api Square, Mueang district, Chiang Rai, for their invaluable assistance during the data collection process.

Funding

This study was supported by Mae Fah Luang University, Thailand. However, the funders have no role and involvement in the study.

Conflict of interest

We declare no conflicts of interest.

References

1. Porru S, Baldo M. Occupational health and safety and migrant workers: has something changed in the last few years? Int J Environ Res Public Health. 2022;19(15):9535.
2. Dang Y, Zou G, Peng B, Ling L. Health service seeking behavior among migrant workers in small and medium-sized enterprises in Guangdong, China: does family migration matter? Biomed Res Int. 2018;2018
3. Chiang Rai Provincial Labour Office [Internet]. Chiang Rai: Ministry of Labor Government Center; 2024. Province labour situation; n.d. [cited 2024 Jan 16]. Available from: https://chiangrai.mol.go.th
4. Uansri S, Kunpeuk W, Julchoo S, Sinam P, Phaiyarom M, Suphanchaimat R. Perceived barriers of accessing healthcare among migrant workers in Thailand during the coronavirus disease 2019 (COVID-19) pandemic: a qualitative study. Int J Environ Res Public Health. 2023;20 (10) :5781.
5. Davies AA, Basten A, Frattini C. Migration: a social determinant of the health of migrants. background paper [internet]. Geneva: International Organization for Migration (IOM); 2006. Available from: https://migrationhealthresearch.iom.int/migration-social-determinant-health-migrants
6. van der Hoeven M, Kruger A, Greeff M. Differences in health care seeking behaviour between rural and urban communities in South Africa. Int J Equity Health. 2012;11:31
7. United Nations Development Programme (UNDP). Seeking Opportunities Elsewhere: Exploring the lives and challenges of Myanmar migrant workers in Thailand. New York: UNDP; 2023.
8. Aung T, Pongpanich S, Robson MG. Health-seeking behaviors among Myanmar migrant workers in Ranong Province, Thailand.J Health Res. . J Health Res. 2009;23 Suppl:5–9.

9. Paratthakonkun C, Soonthornworasiri N, Maneekan P, Phone Zaw A, Wai Yan Myint Thu S, Arthan D. Health risk behavior and associated factors among myanmar migrant workers in Samut Sakhon province, Thailand. 2020 [cited 2024 Feb 24]. Available from: https://doi.org/10.21203/rs.2.22500/v1
10. Thi WM, Sornlorm K. Prevalence and factors associated with limited hypertensive health literacy among Myanmar migrant workers in Northeastern Thailand: health literacy among Myanmar migrant workers. International Journal of Public Health Asia Pacific, 2023:2(3);49-60.
11. Uansri S, Kunpeuk W, Julchoo S, Sinam P, Phaiyarom M, Suphanchaimat R. Perceived barriers of accessing healthcare among migrant workers in Thailand during the coronavirus disease 2019 (COVID-19) pandemic: a qualitative study. Int J Environ Res Public Health. 2023;20(10):5781
12. Aung TNN, Shirayama Y, Moolphate S, Lorga T, Yuasa M, Nyein Aung M. Acculturation and its effects on health risk behaviors among Myanmar migrant workers: a cross-sectional survey in Chiang Mai, northern Thailand. Int J Environ Res Public Health. 2020;17 (14) :5108.
13. Daniel WW, Cross CL. Biostatistics: a foundation for analysis in the health sciences. 10th ed. New York:John Wiley & Sons; 2013.
14. Andersen RM. National health surveys and the behavioral model of health services use. Med Care. 2008;46 (7) :647-53
15. Aday LA, Andersen R. A framework for the study of access to medical care. Health Serv Res. 1974l;9 (3) :208-20
16. Li X, Deng L, Yang H, Wang H. Effect of socioeconomic status on the healthcare-seeking behavior of migrant workers in China. PLoS One. 2020;15 (8) :e0237867.
17. Kohno A, Dahlui M, Koh D, Dhamanti I, Rahman H, Nakayama T. Factors influencing healthcare-seeking behaviour among Muslims from Southeast Asian countries (Indonesia and Malaysia) living in Japan: an exploratory qualitative study. BMJ Open. 2022;12(10):e058718.
18. Poe NED, Srichan P, Khunthason S, Apidechkul T, Suttana W. Prevalence and factors associated with hyperglycemia among Myanmar migrant workers in Mueang District, Chiang Rai Province, Thailand: a cross-sectional study.J Health Sci Med Res. 2023;41(1):e2022882.
19. Naing T, Geater A, Pungrassami P. Migrant workers' occupation and healthcare-seeking preferences for TB-suspicious symptoms and other health problems: a survey among immigrant workers in Songkhla province, southern Thailand. BMC Int Health Hum Rights. 2012;12:22.
20. International Organization for Migration. Thailand social protection diagnostic review: Social protection for migrant workers and their families in Thailand. Bangkok: International Organization for Migration, Country Mission Thailand; 2021

21. Extending social health protection in Thailand: accelerating progress towards universal health coverage. Bangkok: OIT; 2021.
22. Maneze D, DiGiacomo M, Salamonson Y, Descallar J, Davidson PM. Facilitators and barriers to health-seeking behaviours among filipino migrants: inductive analysis to inform health promotion. Biomed Res Int. 2015;2015.
23. Htay M, Nu N, Aye LM; San LPP, Naing ZY, Moe S. Health-seeking behaviour of Myanmar migrant workers in Penang, Malaysia. Manipal J Med Sci [Internet]. 2020 [cited 2024 Jan 20];5(1): 7-15. Available from: https://impressions.manipal.edu/cgi/
24. Peng Y, Chang W, Zhou H, Hu H, Liang W. Factors associated with health-seeking behavior among migrant workers in Beijing, China. BMC Health Serv Res. 2010;10:69.