

HEALTH RELATED QUALITY OF LIFE OF MYANMAR MIGRANTS IN TAKUAPA AND KURABURI DISTRICTS, PHANG-NGA PROVINCE, THAILAND

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ABSTRACT: Health related quality of life of Myanmar migrant workers in two districts of Phang-Nga Province, Takuapa and Kuraburi, was explored by Short Form Health Survey 12 item (SF 12) for their health perception on their own health status. The primary objective of this study was to assess health related quality of life of migrants' between 15 and 49 years old and then to explore the association between factors influencing health related quality of life. Phang-Nga province was selected purposively and the two districts were selected by cluster sampling method. Frequency, mean, percentage and standard deviation were utilized for descriptive analysis, whereas for inferential analysis, Mann-Whitney and Kruskal-Wallis tests were applied for test of association between factors influencing health related quality of life. The results showed that one-third of migrants' self-perceived health status was good but nearly half of the respondents revealed that their quality of life was fair and poor. Female, the unregistered migrants, subjects who feared finance and police's arrest were discovered to have higher mean rank of quality of life score by carrying out Mann-Whitney test ($p=0.01$, $p=0.01$, $p=0.03$ and $p=0.03$ respectively). When Kruskal-Wallis test was applying for test of association, it was found that the married migrants, subjects who finished primary educational, migrants who had more than 3 children staying with them, migrants who held pessimistic view on their personal security and subjects who had bad relationship with employer/supervisor at workplace had higher mean rank of quality of life score ($p=0.01$). Further studies need to be carried out for qualitative information because the concept of quality of life is abstract and has different meanings in different socio-cultural contexts.

Keywords: Quality of life, Myanmar migrant workers, Short Form Health Survey 12 item, self-perceived health status

INTRODUCTION: During recent years, Thailand's economic growth has been attracting a huge flow of migrants from its neighboring countries, especially those from Laos, Myanmar and Cambodia. Those people come to Thailand seeking job opportunities and higher payment jobs due to lack of good payable jobs in their countries. Political issue is another factor that pushes them to come into Thailand.

The number of migrant population in Thailand cannot be known with any precision and can be calculated through rough estimation. According to data from Ministry of Labor, the total numbers of registered workers and dependents from Cambodia, Laos and Myanmar are 1,284,920.¹⁾ Up to two-thirds of the

total Myanmar migrants are in the highly productive age group between 15 and 59 years.²⁾

A report of PHAMIT also indicated that provinces in the Southern Regions of Thailand bordering Myanmar have been attracting large numbers of workers³⁾. The estimation of registered Myanmar migrant workers in Phang-Nga Province is 22,284, among the total number of 610,106 Myanmar migrant labor force who registered for work permit in 2004 throughout the whole country, and the figure might be double for non-registered ones.

A report by the World Bank found that quality of life of migrants from Cambodia, Laos and Myanmar in Thailand is not good. They dwell in a place which

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is poorly ventilated and have insufficient hygienic facilities. They are being cheated and exploited by employers and have been impacted by travel restrictions²⁾. There were no standard tools to measure health related quality of life or related studies on Myanmar migrants in Takuapa and Kuraburi Districts so this study aimed to assess health related quality of life of those Myanmar migrants.

MATERIALS AND METHODS: This study design is a descriptive and analytical study aiming to assess health related quality of life and to explore the relationships between quality of life and sociodemographic variables of Myanmar migrant workers in Takuapa and Kuraburi districts in Phang-Nga province, Thailand.

Totally, 241 subjects of both men and women Myanmar migrant workers from 15 to 49 years were included. Phang-Nga province was purposively selected for the study and the two districts were selected by cluster sampling. The standard form of Short Form Health Survey (SF 12) questionnaire was utilized to collect data by well-trained interviewers.

Generic health measurement, the SF 12 was applied because it can save time and resources³⁾. The SF 36 is more time-demanding, compared to SF 12 and SF 1 alone is too abstract and too short for getting sufficient information by asking only general health⁴⁾ the SF 12 questionnaire consists of general health, two items of physical functioning, two items of role physical, two items of role emotional, two items of mental health, bodily, vitality and social functioning. The p value <0.05 was set at the level of significance for test of association by applying both of the tests of Mann-Whitney and Kruskal-Wallis.

RESULTS AND DISCUSSION: Results from the study showed that males outnumbered females (59.3% Vs 40.7%). More than half of subjects (64.3) were married and nearly half of them (48.1%) finished their primary education. They had the mean age of 30 (SD=8.24).

Almost 60% of them replied they did not have children staying with them together. Although the total

numbers of married migrant couples were 64.3%, about 59.3% replied they had no children staying with them. Of those who had families in their home country, men were more likely than women to migrate for work and leave their spouse and children back home⁵⁾. Half of the interviewees (51%) are Dawei ethnicity from Southern Myanmar which is adjacent to Southern part of Thailand. It is assumed that those people come to Thailand because of geographical proximity. This finding was consistent to that of PHAMIT⁵⁾.

Nearly half of the subjects (44.9%) have been dwelling in the community at an average of three years. Some 17.4% have already resided for more than 4 years. IOM also found that migrants' duration of stay in Thailand is relatively long.¹ More than half of them (61%) did not possess registered documents for working or staying in Thailand. Among the total number of female respondents, 49 of them were dependents which is exactly half of the number of female respondents. Rubber plantation (29.7%) and fishery related industries (28.6%) are the two main sectors, among many others, that Myanmar migrants rely most on for their living. One-thirds of them (31%) earned monthly salary less than 4,000 Baht (\$ 130) while about 40% of them earned at an average of 5,000 Baht (\$160).

More than half of the respondents (60.6%) answered they worked for the whole week without any single day-off. In China, Li et al (2006) found that migrants worked ten hours per day and were granted about three days off per month regardless of occupations⁶⁾. In PHAMIT's 2006 report, fishermen were known to work much of their waking hours including working through the night. Moreover, fishermen were usually granted shore leave for only a couple of days either once a month or every forty-five days⁵⁾.

Regarding the social relationship among people in community, the questions asked about to whom they consulted with when they felt sad or depressed, about 64% of married subjects, among some others,

reported consult with their spouses. The findings from Apichatabutr (1997) studying quality of life in slum areas of Bangkok also reported the same result that spouses can be a consultant or a care-take for them to share their feelings and proceed for solutions to handle the situations⁷⁾. About 61.4% of them preferred to stay at home when they did not go to work.

When questioning on their sense of security in the community, majority of them (73.4%) answered police's arrest did not pose a threat to them. Among all of the answers that the respondents mentioned, health is the main concern for migrant workers (61.4%). Followed by police's arrest and financial hardships (29% and 26.6% respectively). There were other concerns such as gangsters and robbery (12.4%), among others that migrant workers were facing.

In terms of workplace situation, half of the interviewees (52%) had normal relationship with either employer or supervisor and majority of them (87%) had job satisfaction.

Gender, migrants' status, things most concerns in community (finance and police's arrest) had a statistically significant association with quality of life ($p=0.01$, $p=0.01$, $p=0.03$, $p=0.03$ respectively) by applying Mann-Whitney test (Table 1).

Table 1 Association between socio-demography, sense of security and health related quality of life by Mann-Whitney test

Variables	n (%)	Mann-Whitney	
		Mean rank	p-value
Gender			
Male	143 (59.3)	102.8	0.01
Female	98 (40.7)	147.6	
Migrants' status			
Registered	94 (39.0)	107.5	0.01
Unregistered	147 (61.0)	129.6	
Things most concerns in community (finance)			
Yes	64 (26.6)	136.5	0.03
No	177 (73.4)	115.4	
Thing most concern in community (police's arrest)			
Yes	70 (29.0)	136.7	0.03
No	171 (71.0)	114.6	

Marital status, educational achievement, number of children staying together, safe from police's arrest, personal security and relationship with employer/supervisor displayed a statistically significant association with quality of life ($p=0.01$) by carrying out Kruskal-Wallis test (Table 2).

Concerning their health status by questioning them with SF 12, approximately 37.3% of the respondents answered that their health status is good. Followed by fair and very good (31.5% and 15.8% respectively). A study in China did by Li et al (2006) illustrating that one-fourth of the respondents had fair or poor health on their general health status⁶⁾. General health status alone can also be understood as perceived health, self assessed health status, overall health status, quality of life and so forth⁴⁾.

Table 2 Association between socio-demography, sense of security, job satisfaction and health related quality of life by Kruskal-Wallis test

Variables	n (%)	Kruskal-Wallis	
		Mean rank	p-value
Marital status			
Single	74 (30.7)	99.9	0.01
Married	155 (64.3)	133.0	
Widowed/separated	12 (5.0)	96.1	
Educational achievement			
No formal education	9 (3.7)	127.4	0.01
Primary education	116 (48.1)	140.0	
Secondary education	80 (33.2)	104.5	
Higher education	36 (14.9)	94.7	
Number of children			
None	143 (59.3)	109.2	0.01
1-2 children	74 (30.7)	134.8	
more than 3 children	24 (10.0)	148.7	
Safe from police's arrest			
Yes	177 (73.4)	107.8	0.01
No	27 (11.2)	136.0	
Not sure	37 (15.4)	147.8	
Personal security			
Yes	130 (54.0)	108.4	0.01
No	77 (32.0)	135.9	
Not sure	34 (14.0)	135.2	
Relationship with employer/supervisor			
Good	85 (44.3)	88.1	0.01
Normal	100 (52.0)	100.0	
Bad	7 (3.7)	148.4	

In terms of physical functioning, the majority of the interviewees mentioned that they had no limitation at all in doing such light work as moving chairs or walking (78.4% and 82.2% respectively). The findings here were different from those in China which found that one-quarter to one-third of the respondents mentioned their health condition had prevented them from performing activities in physical functioning assessment⁶⁾. An item of "climbing several flights of stairs" in original questionnaire was replaced by "walking for two minutes" because of the infeasibility to the study population. One study in the Netherlands⁸⁾ and another study in Taiwan⁹⁾ also changed the item for suitability to their study population in their respective country.

Regarding physical health, nearly half (47.3%) and more than half (58.1%) of the respondents reported they can accomplish their work less than they would like and no limitation at all during the past two weeks respectively. Li et al found that one-quarter and one-tenth of the respondents reported that physical problems had reduced or prevented their work performance and accomplishment in the previous month⁶⁾.

About 44% of the subjects mentioned they can do their work or other activities less or they became less careful and a similar number of subjects mentioned they became less careful due to depression or anxiety. In China's study, about half of the respondents reported that emotional problems had prevented them from achieving their goals or that they suffered emotional unrest in role emotional outcomes⁶⁾.

About 44.8% of the respondents stated that their work and housework had been interfered by pain a little of the time. Finding of bodily pain measurement in China mentioned that 5% of the respondents had physical pain prevented their normal work most or all of the time during the last two weeks. In vitality item, more than one-thirds (36.1%) of the interviewees answered they felt they have a lot of energy in most of the time to do work.

More than half of the respondents (54.8%) mentioned that their social activities had not been interfered by

physical or emotional problems. In social functioning outcomes there was a consistent result with that from China⁶⁾.

CONCLUSION: Gender, migrants' status, finance and police's arrest were statistically associated with quality of life by Mann-Whitney test. Marital status, educational achievement, number of children staying together, safe from police's arrest, personal security and relationship with employer/supervisor illustrated a statistical significant with quality of life by Kruskal-Wallis test. Better health related quality of life can be found in women, unregistered migrants, subjects who though that finance and police's arrest were concerns by carrying out Mann-Whitney test. Whereas in Kruskal-Wallis test, better health related quality of life can be found in the married, subjects finished their primary education; subjects had more than 3 children staying with them, subjects who were not sure their safety from police's arrest, subjects who were not sure their personal security and subjects who had bad relationship with employer/ supervisor.

RECOMMENDATION: Since migrants' status, personal security and relationship with employer/supervisor were highly statistically significant association with health related quality of life, all parties concerned, including policy makers and non-governmental organizations as well, should consider these issues carefully and thoroughly for the betterments and interests of all parties involving.

In this study, as health was the main concern for the majority of Myanmar migrants in Thailand, health services should be ensured delivering to those migrant populations effectively and appropriately.

Moreover, this study assessed health related quality of life only by the quantitative method, further qualitative studies on occupation and environment related should be carried out in order to understand more on their quality of life from all perspectives in Phang-Nga province.

In addition, this study was limited by time constraints and the associations were complicated, future studies

using multiple logistic regression need to be conducted by looking through these factors at the same time.

Also, the results presented here cannot be a representative for a large part of Myanmar migrant workers population in Takuapa and Kuraburi Districts of Phang-Nga province or even the whole migrant population in Thailand or even the whole migrant population in Thailand.

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สุขภาพที่เกี่ยวข้องกับคุณภาพชีวิต ในผู้อพยพชาวพม่าในอำเภอตะกั่วป่า และอำเภอกระบุรี จังหวัดพังงา

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บทคัดย่อ: การศึกษาเรื่องสุขภาพที่เกี่ยวข้องกับคุณภาพชีวิต ในแรงงานอพยพชาวพม่าในอำเภอตะกั่วป่า และอำเภอกระบุรี จังหวัดพังงา โดยใช้แบบวัดสุขภาพที่เกี่ยวข้องกับคุณภาพชีวิตฉบับย่อ 12 ข้อ(SF-12) มีวัตถุประสงค์เพื่อประเมินสุขภาพที่เกี่ยวข้องกับคุณภาพชีวิต ในแรงงานอพยพชาวพม่ากลุ่มอายุ 15 -49 ปี และเพื่อหาความสัมพันธ์ของปัจจัยที่มีผลต่อสุขภาพที่เกี่ยวข้องกับคุณภาพชีวิต โดย เลือกศึกษา อำเภอตะกั่วป่า และอำเภอกระบุรี จังหวัดพังงา สถิติที่ใช้ในการวิเคราะห์ได้แก่ ค่าเฉลี่ย ร้อยละ สำหรับการหาความสัมพันธ์ของปัจจัยที่ต่างๆ ที่มีผลต่อสุขภาพที่เกี่ยวข้องกับคุณภาพชีวิต ใช้สถิติ Mann Whitney Test และ Kruskal-Wallis Test พบว่า 1 ใน 3 ของกลุ่มตัวอย่างคิดว่าตนเองมีสุขภาพดี และเกือบครึ่งหนึ่งของกลุ่มตัวอย่างคิดว่าตนเองมีคุณภาพชีวิตอยู่ในระดับพอใช้ และต่ำ พบว่าเพศหญิง การไม่ได้จดทะเบียนเป็นแรงงานต่างด้าว ความกังวลเรื่องการเงิน และการกลัวถูกตำรวจจับ ของกลุ่มดังกล่าว เมื่อใช้หาความสัมพันธ์ Mann Whitney Test พบว่า มีช่วงค่าเฉลี่ย (mean rank) ของคะแนนสุขภาพที่เกี่ยวข้องกับคุณภาพชีวิตสูงกว่าอย่างมีนัยสำคัญทางสถิติ ($p=0.01$, $p=0.01$, $p=0.03$, และ $p=0.03$ ตามลำดับ) และเมื่อหาความสัมพันธ์ โดยใช้ Kruskal -Wallis Test พบว่า สถานภาพสมรส การจบการศึกษาระดับประถมศึกษา การมีบุตรมากกว่า 3 คนขึ้นไปอาศัยอยู่ด้วยในขณะปัจจุบัน และการมีทัศนคติทางบวกในเรื่องความปลอดภัยส่วนบุคคล และการที่มีความสัมพันธ์ที่ดีกับนายจ้าง ของกลุ่มดังกล่าวมีช่วงค่าเฉลี่ย (mean rank) ของคะแนนสุขภาพที่เกี่ยวข้องกับคุณภาพชีวิตสูงกว่า อย่างมีนัยสำคัญทางสถิติ ($p=0.01$) ในการศึกษาครั้งนี้ต่อไป ควรทำการศึกษาเชิงคุณภาพ เนื่องจากคุณภาพชีวิตมีความหมายหลากหลายในแต่ละบริบททางสังคมวัฒนธรรม

คำสำคัญ: คุณภาพชีวิต แรงงานอพยพชาวพม่า แบบวัดคุณภาพชีวิตSF12 การรับรู้เรื่องสุขภาพ

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