

NATURE OF ACCESSIBILITY TO HEALTH CARE SERVICES AND HEALTH-RELATED QUALITY OF LIFE AMONG ADULT MYANMAR MIGRANT WORKERS IN MAHACHAI SUB-DISTRICT, SAMUT SAKHON PROVINCE, THAILAND

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ABSTRACT: The objective of this research was to assess the health-related quality of life among adult Myanmar migrant workers (age 18-59 years) in Mahachai Sub-district, Samut Sakhon Province, Thailand. It was a cross-sectional study with 400 respondents for quantitative research, and two health care service providers for qualitative research. The data was collected in early February 2009. For quantitative study, the instrument used was a constructed and pre-tested face-to-face interviews adapted from WHOQOL-BREF with ethical approval from Chulalongkorn University. Data were analyzed by applying descriptive statistics (frequency, percentage, mean, standard deviation, range and median) and inferential statistics (unpaired t-test and one-way ANOVA) to examine the relationship between health-related quality of life and socio-demographic characteristics, living and working conditions, and accessibility to health care services. Statistical significance was set as $p < 0.05$. The results revealed that 94.00% of respondents reported moderate level of health-related quality of life. The rest were low and high, 3.25% and 2.75% respectively. For socio-demographic characteristics, respondents' marital status, having family members living in Thailand, Thai language skills, income, occupation, history of sickness and getting treatment when sick were discovered to have association with health-related quality of life. For living and working conditions, respondents' living place, work permit, length of current job and satisfaction on work conditions were significantly associated health-related quality of life. For accessibility to health care services, perception on difficulty to go to the health facility, crowdedness of the health facility and having health insurance card were found to be associated with health-related quality of life. Further longitudinal researches are recommended to avoid seasonal variation, and policies to improve access to health care services and higher health-related quality of life for migrant workers in Thailand deserve the governmental agency's attention.

Keywords: health care services, health-related quality of life, migrant

INTRODUCTION: Health is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity¹⁾. Health is recognized as a fundamental right of all, and migrants are no exception. Thailand can be considered as a hub for migrants from her neighbours, Myanmar, Cambodia and Laos, whose people are in search of a better quality of life²⁾. Quality of life (QoL) is a broad concept which can be defined in many different ways. World Health Organization (WHO) defines QoL (or health-related quality of life) as "individuals' perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards, and concerns"³⁾. In addition, WHO 2008 stated that an improvement of the health and quality of life is a crucial constituent for the new public health and health promotion⁴⁾. There are still

important populations whose quality of life is rarely assessed, for example, people living in highly stressful situations, such as migrants and refugees. Samut Sakhon is a major destination of migrant workers in Thailand due to the concentration of labour-intensive industries in the province⁵⁾. This study is thus intended to measure the health-related quality of life among adult Myanmar migrant workers in Mahachai Sub-district, Samut Sakhon Province, Thailand.

MATERIALS AND METHODS: In this cross-sectional survey, the sample size was 400 adult Myanmar migrant workers in the age of 18-59 years, both males and females, who could communicate in Burmese language and agreed to participate. Two health care service providers (one NGO physician and one drug store keeper) were chosen purposively for an additional in-

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depth interview to consolidate the quantitative research results since they could speak Burmese. Mahachai Sub-district, Muang district, Samut Sakhon province, was also selected purposively as the study site. There are 32 communes in Mahachai Sub-district. The communes were selected randomly and all adult Myanmar migrant workers (age 18-59 years) in the commune had an equal opportunity to be selected. If the sample was not enough in one commune, another commune was selected until the sample met the required number. There were a total of four communes in this present study. Data were collected by face-to-face interview through the use of validated pre-tested questionnaires and WHOQOL-BREF which was translated into Burmese language by the first author who is a Burmese by origin. The questionnaire passed the Ethical Review Committee for Research Involving Human Research Subjects, Health Science Group, Chulalongkorn University, Bangkok, Thailand. The WHOQOL-BREF comprised of 4 domains - physical health, psychological health, social relationships, and environment - in 26 questions. In terms of QoL measurement, the scores were categorized into 3 groups: 1) low level with the range of 26–60 scores; 2) moderate level with the range of 61–95 scores; and 3) high level with the range of 96–130 scores⁶. Data were analyzed by applying descriptive statistics (frequency, percentage, mean, standard deviation, range and median) and inferential statistics (unpaired t-test and one-way ANOVA) to examine the relationship between dependent and independent variables.

RESULTS: Among the 400 adult Myanmar migrant workers interviewed, most of the respondents had a moderate level of quality of life (94.00%), followed by low (3.25%) and high (2.75%) levels of health-related quality of life, respectively (Table 1).

Table 1 Health-related quality of life among respondents (n=400)

Quality of Life Scores	Number	Percentage
Level of Total QoL		
Low	13	3.25
Moderate	376	94.00
High	11	2.75
Mean $\pm$ SD = 78.90 $\pm$ 9.72 Range = 44 - 103 Median = 79		

According to the results from the data collection, it was found that most of respondents were twenty to twenty-nine years (52.25%). Males were more than females: (54.50%) and (45.50%) respectively. Married respondents constituted 49.50%. Nearly half (48.00%) of respondents had one to two family members living in Thailand and majority of the respondents (32.50%) had duration of stay in Thailand between four to seven years. More than half (53.00%) of the respondents could communicate basically in Thai language and 42.00 % completed the highest education at the secondary school level. The largest group of the respondents had monthly income more than 6,000 Thai baht (46.25%). In respect of occupation, most of the respondents were working in seafood processing industry (58.00%) followed by those working in fishery (20.50%). When looking at the living conditions, 366 respondents (91.50%) were living in rented room.

When analyzed by one-way ANOVA, with statistical significance at the level of $p < 0.05$, respondents' marital status, number of family member living in Thailand, duration of stay in Thailand, Thai language skills, education level, monthly income, types of occupation and types of house showed significant associations with health-related quality of life (Table 2).

For the data of respondents' own sickness, 36.75% had experienced sickness in the past four weeks. Among those who experienced sickness, 120 respondents (81.63%) received health care services. Forty-five respondents had their family members who experienced sickness and received health care services.

Table 2 Relationship between health-related quality of life score and respondents' characteristics, and living condition analyzed by One-way ANOVA (n=400)

Variables	Number	Percentage	Mean	SD	p-value
Marital Status					0.017
Single	187	46.75	78.08	9.70	
Married	198	49.50	80.06	9.20	
Widow, Divorced, Separated	15	3.75	73.93	14.12	
Number of Family Member in Thailand					0.018
None	45	11.25	77.36	9.41	
1-2	192	48.00	77.88	9.92	
>2	163	40.75	80.55	9.39	
Duration of Stay in Thailand (Years)					<0.001
<4	139	34.75	76.02	9.95	
4-7.99	130	32.50	79.74	9.47	
≥8	131	32.75	81.14	9.03	
Thai Language Skills					<0.001
Cannot communicate	82	20.50	74.34	10.74	
Can communicate basically	212	53.00	78.74	9.38	
Can speak fluently	106	26.50	82.77	7.86	
Education Level					<0.001
No education	11	2.75	87.91	8.36	
Primary	89	22.25	78.04	9.78	
Secondary	168	42.00	77.22	9.62	
Higher	132	33.00	80.88	9.24	
Monthly Income (Thai baht)					<0.001
<2,000	10	2.50	70.30	10.05	
2,000-3,999	50	12.50	75.78	12.96	
4,000-5,999	155	38.75	77.34	10.25	
>6,000	185	46.25	81.52	7.20	
Occupation Type					0.032
Seafood processing	232	58.00	78.78	8.80	
Fishery	82	20.50	77.07	11.20	
Others (manufacture, agriculture)	86	21.50	80.98	10.30	
Type of House					<0.001
Lodging in work compound	16	4.00	89.50	7.41	
Rent	366	91.50	78.32	9.42	
Others	18	4.50	81.39	12.09	

Because of overlapping, altogether 141 respondents had been to health facilities and were asked for accessibility items. The reasons for not receiving health care services were found to be buying medicine from drug store, being mild sickness, no time to go to health service center and fear of police arrest due to their unregistered status as migrant workers in the country. When analyzed by unpaired t-test, with statistical significance at the level of $p < 0.05$, respondent's sickness within past four weeks, respondent's receipt of health service, work permit status, length of time in current job, satisfaction on the work place (sound, light,

ventilation, smell, work position and salary), opinion on difficulty to go to the health facility, crowdedness of the health facility, and health insurance status showed significant associations with health-related quality of life (Table 3).

In-depth interviews with health care service providers revealed the living conditions, working conditions, accessibility to health care services of adult Myanmar migrant workers in Mahachai Sub-district, Samut Sakhon Province, Thailand from the perspectives of the health care service providers in length. The most important and alarming finding from the in-depth interviews was the fact that some of The adult Myanmar

Table 3 Relationship between health-related quality of life score and respondents' characteristics and working conditions and nature of accessibility to the health care services analyzed by unpaired t-test

Variables	Number	Percentage	Mean	SD	p-value
Respondents' Sickness in The Past Four Weeks (n=400)					<0.001
Sick	147	36.75	76.38	8.84	
Not sick	253	63.25	80.37	9.93	
Respondents' Receipt of Health Service (n=147)					0.001
Yes	120	81.63	77.48	8.27	
No	27	18.37	71.48	9.75	
Work Permit Status (n=400)					<0.001
Have	288	72.00	80.80	8.36	
Don't have	112	28.00	74.03	11.21	
Length of Time in Current Job (Years) (n=400)					<0.001
<3.99	243	60.75	77.11	9.52	
≥4	157	39.25	81.68	9.40	
Sound Condition (n=400)					<0.001
Dissatisfied	108	27.00	74.62	11.67	
Satisfied	292	73.00	80.49	8.38	
Light Condition (n=400)					0.022
Dissatisfied	38	9.50	74.53	12.16	
Satisfied	362	90.50	79.36	9.33	
Ventilation (n=400)					<0.001
Dissatisfied	80	20.00	74.20	11.32	
Satisfied	320	80.00	80.08	8.99	
Smell Condition (n=400)					<0.001
Dissatisfied	103	25.75	74.52	10.47	
Satisfied	297	74.25	80.42	8.98	
Work Position (n=400)					<0.001
Dissatisfied	93	23.25	75.68	9.22	
Satisfied	307	76.75	79.88	9.67	
Salary (n=400)					<0.001
Dissatisfied	95	23.75	73.32	11.41	
Satisfied	305	76.25	80.65	8.43	
Difficulty To Go To Health Facility (n=141)					0.002
Difficult	19	13.47	71.89	10.10	
Easy	122	86.53	78.30	7.73	
Crowdedness of the Health Facility (n=141)					0.003
Some of the time	113	80.14	78.46	8.05	
Most of the time	28	19.86	73.29	8.34	
Health Insurance Status (n=141)					<0.001
Have and keep card themselves	116	82.27	78.69	7.55	
Don't Have	25	17.73	71.60	9.48	

migrant workers were saving their money while taking the risk of not having health insurance status. The migrants considered themselves healthy and perceived no need to buy insurance. When the migrant workers became sick, they had to pay out-of-pocket money which lead them into trouble as the medical expenses are generally unpredictable.

DISCUSSION: Among the 400 adult Myanmar migrant workers in Mahachai Sub-district, Samut Sakhon province, Thailand, 94.00% had a moderate level of health-related quality of life, followed by low (3.25%) and high (2.75%) levels of health-related quality of life respectively. A study in Phangnga Province, Thailand, using Short Form-12 to assess the health-related quality of life among Myanmar migrant workers showed that one-third of the migrants' self-

perceived health status was good ⁷⁾. Another study that used Short Form-36 to assess the QoL of migrant labours (from Myanmar, Lao and Cambodia) in Samut Sakhon revealed that migrant labours had high satisfactory level in physical and mental components of QoL, 49.50% and 50.20% respectively⁸⁾. These studies used other scales rather than WHOQOL-BREF to measure QoL and all were oriented to measure specific circumstances such as physical functioning, role limitations due to physical health problems, bodily pain, social functioning, general mental health (covering psychological distress and well-being, role limitation due to emotional problems, vitality, energy or fatigue, general health perceptions)⁹⁾. Therefore, it may not be appropriate to compare their results with the findings in this present study. Nevertheless, in general, it can be said that respondents from current study had relatively lower QoL than the previous studies as only 2.75% of them perceived their QoL as high. This may be a consequence from the frequent police arrest cases in the Samut Sakhon Province during the data collection period. It is concluded that longitudinal studies on QoL is preferable for future studies to avoid seasonal variation. Use of health insurance should be promoted and local community-based organizations should be developed for migrants in order to improve their quality of life and protect their reproductive health and occupational health.

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