FACTORS RELATED WITH HEALTH-RELATED QUALITY OF LIFE FOR ADULT MYANMAR MIGRANT WORKERS IN MUANG DISTRICT, CHIANG RAI PROVINCE, THAILAND: A CROSS-SECTIONAL STUDY

Malulie Tongprasert*, Prathurng Hongsranagon and Piyalamporn Havanond

College of Public Health Sciences, Chulalongkorn University, Bangkok 10330, Thailand

ABSTRACT: A cross sectional study, conducted among 401 adult Myanmar migrants between the ages of 18 and 59 years old, was undertaken at Chiang Rai Regional Hospital and Pirom Clinic, located in Muang District, Chiang Rai Province, Thailand. The objectives of this study were: (1) To describe the socio-demographic characteristics, work history, accessibility to health care, and perception related to the Health Belief Model among adult Myanmar migrant workers and (2) To assess the health- related quality of life of adult Myanmar migrant workers. Participants were interviewed through face-to-face interviews guided by a questionnaire comprised of questions regarding socio-demography, work history, accessibility to health care in conjunction with the Health Perceptions Questionnaire (HPQ) and the World Health Organization Quality of Life Survey (WHOQOL-BREF). Frequency, percentage, and standard deviation were utilized for the analysis of the descriptive statistics, whereas the chi-squared test was employed to examine the association between the independent variables and health-related quality of life (HrQoL). Respondents consisted mostly of Myanmar women between the ages of 18 and 29 years old, most of who had never received any formal education and were unable to read Thai or Burmese. In addition to having worked in Thailand from between one year and one and a half years, working primarily in industries such as domestic services or food services, they earn between 2,000 and 3,999 baht per month. Most participants travel anywhere between two to three kilometers to reach their preferred health care facility and encountered a wait time of more than thirty minutes. The majority claimed that there was an inadequate amount of translators and forms in different languages. The results demonstrate that nearly half of the participants (56%) demonstrated a moderate level quality of life, followed by high (43.8%) and low (0.20%). The data revealed that the factor that appeared to be the most associated with a higher quality of life level was individual perception related to the Health Belief Model, most notably within domains of current health, susceptibility and resistance to illness, future health, and worry and concern regarding health.

Keywords: adult, Myanmar migrant worker, Chiang Rai, health-related quality of life, Health Perceptions Questionnaire, WHOQOL-BREF

INTRODUCTION: As more people are living outside their country of birth now more than ever before, migration has become one of the leading issues that not only characterizes the 21st century, but more importantly, bears marked consequence on politics, economics, and culture, and seemingly, on international health[1]. Historically, health has been conceptualized not only as the mere absence of infirmity or disease, but instead, the trinity of physical, mental, and social well-being[2]. It was following the international health conference of Alma Ata in 1978, where the concept of health as a universal right was created and therefore, should be safeguarded through a series of global partnerships[3]. When examining the health-related quality of life among populations such as migrants, however, its precarious state becomes evident and it is an issue that needs to be addressed, especially in cities with high migrant populations [4].

For instance, in cities such as Chiang Rai, Thailand, there has been an exodus of migrants from neighboring countries, with

* To whom correspondence should be addressed.
E-mail: malulie@hotmail.com.Tel.+66 865706415

the highest number of migrants hailing from Myanmar [5]. As the reasons for this diaspora vary from economic opportunity to political refuge, the disparity in health that exists amongst these migrants is an area that requires further study.

The objectives of this study were to describe the socio-demographic characteristics, work history, accessibility to health care, and perception related to the Health Belief Model and assess their respective relationships in regard to the health-related quality of life among adult Myanmar migrants in Muang District, Chiang Rai Province, Thailand.

MATERIALS AND METHODS: This study was a cross-sectional descriptive examination of the independent variables (socio-demographic characteristics, work history, accessibility to health care, and perceptions as it relates to the Health Belief Model) and an analytical assessment of the relationship between these independent variables and the health- related quality of life among adult Myanmar migrant workers. This research took place in February 2010, and included Myanmar migrants between the ages of 18 and 59 years old, who could converse in either Thai or Burmese, and have resided in Thailand for a minimum of six months.

Patients were systematically randomly sampled based on hospital and clinic registration records, obtained from nurses at both locations after permission was granted by each health facility's administrator or coordinator. In each of the two locations, appointments of Myanmar migrant workers during the period of data collection were screened in advance to filter out those who were not between the ages of 18 and 59 years old. Given that the number of appointments at the hospital was higher than the clinic, patients were sampled proportional to size of the population at each health facility, respectively. Based on this proportion, at each location, the total number of appointments for Myanmar migrant workers for an 11- day period and then divided by the number of respondents needed for a sound study. This number represented the interval of patients that were sampled.

Data was collected through face-to face interviews, guided by a questionnaire comprised of indices related to socio-demography, work history, and accessibility to health care services in conjunction with the Health Perceptions Questionnaire (HPQ), which was developed by the RAND Corporation of Santa Monica, California and the World Health Organization's Quality of Life Survey (WHOQOL-BREF).

Furthermore, data obtained from the HPQ portion was scored on a scale of 1-130, with a higher score indicating a more positive perception of health [6]. In addition, the portion of the questionnaire associated with HRQoL was scored according to the method outlined by the World Health Organization as follows [7]:

Table 1 WHOQOL-BREF Scoring

QOL Domain	Low	Moderate	High
1.Physical Health	7-16	17-26	27-35
2. Psychological	6-14	15-22	23-30
3.Social relationships	3-7	8-11	12-15
4. Environment	8-18	19-29	30-40
5. Overall QoL & General Health	2-4	5-7	8-10
TOTAL SCORES	26-60	61-85	86-130

The data was analyzed using SPSS Version 17. Descriptive statistics were utilized to analyze the observed results of the study population, whereas, the chi-squared test was employed to assess the association between the independent variables and HRQoL. This study assessed statistical significance of each analysis against the value of $p<0.05$.

RESULTS: The majority of participants in this study had a moderate level quality of life (56%), followed by high (43.8%) and low levels of health (0.2%), respectively (Table 1).

Table 2 Health- related quality of life among respondents (n=401)

Quality of life score	n	%
Physical Health		
Low	1	0.20
Moderate	175	43.6
High	209	52.1
Psychological Health		
Low	2	0.05
Moderate	163	43.9
High	207	55.6
Environmental Health		
Low	7	1.70
Moderate	271	67.6
High	87	21.7
Social Health		
Low	14	0.04
Moderate	164	43.6
High	198	52.7
Overall Assessment and General Health Facet		
Low	25	6.20
Moderate	225	56.1
High	149	37.3
Level of Total QoL		
Low	2	0.20
Moderate	185	56.0
High	146	43.8

The majority of respondents in this study were females (56.9%) between the ages of 18 and 28 years old (48.4%) of the Myanmar ethnicity, who had never received any formal education (51.8%) and were illiterate in both Thai or Burmese (82.3% and 53.9%, respectively). In addition, the largest group of respondents had resided in Thailand for over four years (46.6%), typically working in industries such as domestic services or food services (52.6%)

The results revealed that 73.3% have work permits with 30.7% of participants having held the same job for between one year and one and a half years and working anywhere between six to twelve hours on a weekly basis (71.3%) seven days per week (59.1%).

Furthermore, when examining accessibility to health care, 28.4% of respondents traveled anywhere between two to three kilometers to arrive at their preferred health care facility. 57.6% of respondents claim that the hours of operation were convenient; however, a majority of them waited for more than thirty minutes before being seen by a health care professional (42.4%). Over half claimed that they possess health care insurance (61.8%) with 48.9% having claimed that it was provided by the Royal Thai Government. In addition, 41.6% claimed that there was an inadequate number of translators available (42.3%) and a lack of forms available in the language that they spoke (41.6%).

In addition, when examining individual perception as it relates to the Health Belief Model from the scores obtained from the Health Perceptions Questionnaire, it could be seen that participants tended to view their health rather positively with a mean score of approximately 106 out of 130. On the other hand, by comparing overall HPQ, the results revealed that there was no statistically significant relationship between the two, demonstrating that although participants had varying overall HPQ scores, it did not affect their quality of life on a statistically significant level.

In addition, when examining individual perception as it relates to the Health Belief Model from the scores obtained from the Health Perceptions Questionnaire, it could be seen that participants tended to view their health rather positively with a mean score of approximately 106 out of 130. On the other hand, by comparing overall HPQ, the results revealed that there was no statistically significant relationship between the two, demonstrating that although participants had varying overall HPQ scores, it did not affect their

quality of life on a statistically significant level (Table 3).

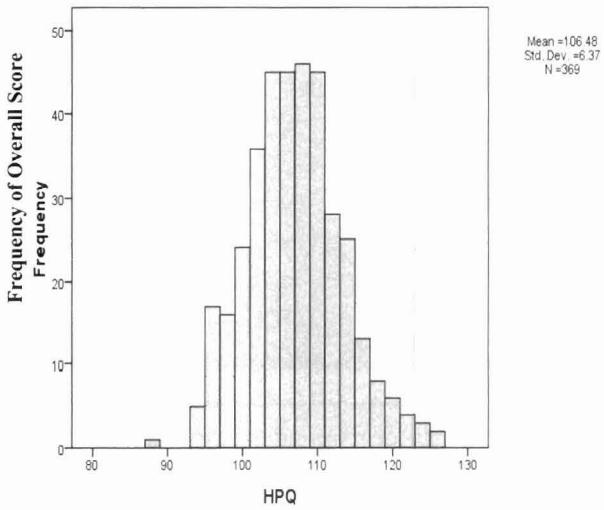
Lastly, when examining the relationship between the independent variables and HRQoL, the data revealed that the socio-demography, work history, and accessibility to health care did not demonstrate a statistically significant relationship with HRQoL, suggesting these variables did not correlate with a higher or lower quality of life in a statistically significant manner. On the other hand, when considering participant perception as it relates to the Health Belief Model, it was seen that in the domains of current health, resistance and susceptibility to illness, concern regarding health, and future health, that there appeared to be a statistically significant relationship with HRQoL on certain indices (Table 4).

DISCUSSION: This study was undertaken with the intention of obtaining baseline data regarding the socio-demographic characteristics, work history, accessibility to health care, and perceptions related to the Health Belief Model among adult Myanmar migrants. The results revealed that there was no statistically significant association between socio-demographic characteristics, work history, and accessibility to health care services.

Furthermore, through analysis, it is shown that individual perception was a key factor associated with the health-related quality of life among Myanmar migrants. This statistically significant relationship is in accordance with previous studies. In a case control study that compared the quality of life in women who have post- menopausal osteoporosis with those who afflicted with other diseases, also post-menopausal, researchers saw that women who are affected by osteoporosis perceived it to be a severe disease with undesirable effects towards their well-being[8]. This perception of their health showed effects on their health-related quality of life with 41% of the women reporting a reduced quality of life.

Overall findings suggested that the health-related quality of life of migrants in Chiang Rai was typically higher than those living in other regions where previous studies have been conducted such as Samut Sakhon Province and Phangnga Province[9,10]; however, further studies should be conducted to examine the long-term health-related quality of life among Myanmar migrants in Chiang Rai in order to gain a longitudinal picture of their health status. In addition, efforts should be undertaken to reduce the wait time of patients at Chiang Rai Regional Hospital and Pirom Clinic as well as providing an adequate number of translators and forms in various languages as to ensure culturally competent care for patients. These efforts can control the spread of communicable diseases, increase the information available to migrants in a culturally sensitive manner, and improve the health-related quality of life for migrants in Thailand.

Table 3: Overall Health Perceptions Questionnaire from Respondents (n=401)



ACKNOWLEDGEMENT: The author would like to express her sincerest gratitude to her Ajarn Prathurng Hongsranagon for her constant guidance and to Ajarn Piyalamporn Havanond for her expertise in statistical analysis. To Dr. Pisanu Kantipong and Khun Pirom Chaisiri for their cooperation and advice through the data collection period, and to Chulalongkorn University for sharing new knowledge and experiences.

Table 4 Selected responses to Health Perceptions Questionnaire (n=401)

Variables	QOL		x^2	df	p-value
According to the doctors you've seen, your health is not excellent	Low/ Mod n(%)	High n(%)			
Definitely false	5(83.3%)	1(16.7%)			
Mostly false	6(22.2%)	21(77.8%)	26.96	4	p<0.001
Neither true or false	10(26.3%)	28(77.8%)			
Mostly true	15(11.8%)	112(88.2%)			
Definitely true	17(12.6%)	118(87.4%)			
Most people get sick a little easier than you do					
Definitely False	4(19%)	17(81%)	11.73	4	0.02
Mostly False	13(17.8%)	60(82.2%)			
Neither true or false	11(22%)	39(78%)			
Mostly True	14(9.1%)	140(90.9%)			
Definitely True	9(30%)	21(70%)			
You are somewhat ill					
Definitely False	18(12.2%)	130(87.8%)	20.02	4	p<0.001
Mostly False	16(14%)	98(86%)			
Neither true or false	5(38.5%)	8(61.5%)			
Mostly True	8(16.3%)	41(83.7%)			
Definitely True	5(62.5%)	3(37.5%)			
When you're sick, you try to keep to yourself					
Definitely False	6(33.3%)	12(66.7%)	16.72	4	.005
Mostly False	12(23.5%)	39(76.5%)			
Neither true or false	2(16.7%)	10(83.3%)			
Mostly True	24(15.3%)	133(84.7%)			
Definitely True	7(7.5%)	86(92.5%)			
Your health is excellent					
Definitely False	6(85.7%)	1(14.3%)	29.56	4	p<0.001
Mostly False	5(20%)	20(80%)			
Neither true or false	6(21.4%)	22(78.6%)			
Mostly True	22(13.5%)	141(86.5%)			
Definitely True	12(11.2%)	95(88.8%)			
You have been feeling bad lately					
Definitely False	13(14.9%)	74(85.1%)	24.48	4	p<0.001
Mostly False	19(11.1%)	152(88.9%)			
Neither true or false	4(50%)	4(50%)			
Mostly True	9(17.6%)	42(82.4%)			
Definitely True	6(46.2%)	7(53.8%)			
Doctors say that you are in poor health					
Definitely False	20(12%)	146(88%)	12.12	4	.016*
Mostly False	14(13.9%)	87(86.1%)			
Neither true or false	7(29.2%)	17(70.8%)			
Mostly True	7(23.3%)	23(76.7%)			
Definitely True	4(44.4%)	5(55.6%)			
You feel about as good now as you ever have					
Definitely False	4(100%)	0(0%)	21.93	4	p<0.001
Mostly False	4(13.8%)	25(86.2%)			
Neither true or false	20(15.5%)	109(84.5%)			
Mostly True	12(14.3%)	72(85.7%)			
Definitely True	12(14%)	74(86%)			

REFERENCES:

1. International Organization of Migration (IOM). 2008. Report of the Secretary-General. Geneva: International

2. Organization of Migration. Department of Economic and Social Affairs (DESA). 2008. Report of Seventh United Nations Coordination Meeting. New York: United Nations.

3. World Health Organization (WHO). 1978. Declaration of Alma-Ata. Geneva: World Health Organization.

4. Huguet, J. and Punpuig, S. 2005. International Migration in Thailand. Bangkok: International Organization on Migration.

5. Ministry of the Interior. 2004. Number of Migrants from Cambodia, Lao PDR, and Myanmar Who Registered with the Ministry of Interior. Bangkok: Ministry of Interior.

6. Ware, J.,and others. 978. Conceptualization and measurement of health for adults in the health insurance study. General health perceptions 5. Santa Monica, California: The Rand Corporation.

7. World Health Organization (WHO). 1996. WHOQOL-BREF: Introduction, Administration, and Generic Version of the Assessment. Geneva: WHO.

8. Bianchi, ML, Orsini MR, Saraifoger S, Ortolani S, Radaelli S, Betti S. (2005). Quality of life in post-menopausal osteoporosis. Health and Quality of Life Outcomes. 3(78): 1-7

9. Thein T. 2008. Nature of Accessibility to Health Care Services and Health- Related Quality of Life among Adult Myanmar Migrant Workers in Mahachai Sub - District, Samutsakhon Province, Thailand. Thailand Master's Degree Thesis, College of Public Health, Chulalongkorn University, Bangkok, Thailand.

10. Ti S. 2007. Health related quality of life of Myanmar migrant workers in Takuapa and Kuraburi districts, Phangnga Province, Thailand Master's Degree Thesis, College of Public Health, Chulalongkorn University, Bangkok, Thailand