



ปัจจัยที่ส่งผลต่อการประกันสุขภาพในมุมมองของแรงงานข้ามชาติ: กรณีศึกษาจังหวัดชลบุรี Factors Affecting Access to Health Insurance by Migrants: A Case Study in Chonburi, Thailand

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บทคัดย่อ

การศึกษาแบบภาคตัดขวางนี้มีวัตถุประสงค์เพื่อวิเคราะห์ปัจจัยที่ส่งผลต่อการประกันสุขภาพของแรงงานข้ามชาติในมุมมองของแรงงานข้ามชาติโดยประยุกต์แนวคิดเรื่อง The Behavioral Model for Vulnerable Populations เป็นกรอบแนวคิด กลุ่มเป้าหมายคือแรงงานข้ามชาติจำนวน 348 คนที่สุ่มด้วยเทคนิค Time- Space Sampling โดยเลือกวิธี Venue-Based Sampling เก็บรวบรวมข้อมูลจากแบบสัมภาษณ์เรื่อง ปัจจัยที่ส่งผลต่อการเข้าถึงการประกันสุขภาพและการประกันสุขภาพของแรงงานข้ามชาติ ซึ่งผ่านการตรวจวิเคราะห์ค่าดัชนีความตรงเชิงเนื้อหาจากผู้เชี่ยวชาญได้เท่ากับ .79 และ .81 และค่าความเที่ยงโดยใช้สูตรสัมประสิทธิ์แอลฟาของครอนบาค ได้เท่ากับ .74 และ .76 วิเคราะห์ข้อมูลด้วยสถิติพรรณนาและสถิติ Logistic Regression ผลวิจัยพบว่า

กลุ่มแรงงานข้ามชาติส่วนใหญ่ ร้อยละ 58.91 ไม่มีสิทธิหลักประกันสุขภาพใดๆ โดยร้อยละ 51.44 คิดว่าค่าใช้จ่ายในการประกันสุขภาพรายปีไม่เหมาะสมโดยส่วนใหญ่คิดว่าแพงเกินไป (ร้อยละ 97.21) ปัจจัยที่ส่งผลต่อการมีประกันสุขภาพ ได้แก่ กลุ่มที่เข้าเมืองอย่างถูกกฎหมาย ($OR_{adj}=6.64$, 95%CI 2.95-14.19) และกลุ่มที่สามารถสื่อสารด้วยภาษาไทย ($OR_{adj} = 2.65$, 95%CI 1.82-5.96) ทั้งสองปัจจัยนี้สามารถทำนายการมีประกันสุขภาพของแรงงานข้ามชาติได้ร้อยละ 14.07

ดังนั้น หน่วยงานที่เกี่ยวข้องกับกลุ่มแรงงานข้ามชาติควรพัฒนาการสื่อสารด้วยภาษาไทยและการปรับกลไกที่มีอยู่ให้เป็นรูปธรรมในการกำหนดให้แรงงานเข้าเมืองอย่างถูกกฎหมาย

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Abstract

This cross-sectional study aimed to analyze factors affecting access to health insurance by migrants in Chonburi, Thailand. The behavioral model for vulnerable populations was applied as the conceptual framework. The 348 participants were randomly selected from three economic sectors by using time-space sampling and randomized with venue-based sampling techniques. Data about factors affecting accessibility to health insurance by the participant were collected through two interview questionnaires, which were validated and had a content validity index of 0.79 and 0.81, respectively. Reliability of questionnaires was tested using cronbach's alpha coefficient, yielding values of 0.74 and 0.76, respectively. Data were described by frequency and percentage. Logistic regression model was performed to explore the factors affecting accessibility to migrant health insurance.

Research results indicated that 58.91 percent of participants had no health insurance. More than half of them (51.44%) thought that the cost of annual health insurance was inappropriate, while most of them (97.21%) believed that it was too expensive. Affecting factors for having health insurance were being a legal migrant ($OR_{adj} = 6.64$, 95%CI 2.95-14.19) and the ability to communicate into the Thai language ($OR_{adj} = 2.65$, 95%CI 1.82-5.96). Both factors had 14.07 percent of predictive value for having migrant health insurance.

Therefore, it is recommended that organizations related to migrants should help with the cost of health insurance, as well as improve Thai communication skills for immigrants and adjust the legal mechanisms for migrant registration.

Keywords: Migrants, Health Insurance, Chonburi

Introduction

Health insurance is a way to provide human security and protect human right (Anand, 2012) Therefore, migrant health insurance coverage is an important factor for accessing to health care service in the destination country (Poonpoksin, 2018). The Thai policy to force the legal and illegal immigrants to subscribe to a compulsory migrant health insurance (CMHI) the by Ministry of Public Health (Limanon, & Peungposop, 2011) started in 1994. Health insurance for Thai citizen includes three schemes as the Civil Servant Medical Benefit Scheme (CSMBS) for government officer, the Social Security Scheme (SSS) for private employees, and the Universal Coverage Scheme (UC scheme) for the general Thai population who have any health insurance scheme (Patcharanarumol, Tangcharoensathien, Limwattananon, Panichkriangkrai, Pachanee, Pongkantha et al, 2011). In addition to migrant health insurance, Thailand has two insurance systems for registered migrant workers: there is the Social Security Scheme for legal migrant employees, with the same seven benefits as Thai workers, and the Compulsory Migrant Health Insurance (CMHI) for legal migrants who are processing for the SSS, or illegal migrants with temporary registration and their followers (Srithamrongsawat, Wisessang, & Ratjaroenkhajornm, 2009). Apparently, no health insurance is available for undocumented migrants.

Migrants, especially those without legal documents, generally have limited access to health facilities and resources in Thailand. Most of undocumented migrants are low-skilled workers. For better understanding among low-skilled migrants, Archavanitkul (2012) classifies migrants into three groups by the legal migration status. First group is “legal migrants”, who have the residential right, not only having gone through the process of nationality verification but also having been officially imported in accordance with MOU. The second group is “registered migrants” who have been illegal across border but who are temporary registered by Thailand temporary policy for irregular migrants. The last group is “the undocumented migrants” who have illegal migration status and work without work permit or do not have any government document.

The first and second groups have the legal employee status and should have registered in the SSS. However, the registered migrants who are low-skilled or seasonal workers have to insure in the CMHI. In reality, the database of Ministry of Public Health (2013) and Ministry of Labour (2013) showed that only 20 percent of registered migrant had health insurance in 2011. Meanwhile, most of them did not have any kind of health insurance while living and working in Thailand.

Chonburi, in Eastern Thailand, has numerous legal or registered immigrants from Cambodia, Myanmar, and Laos. In 2012, approximately 76 percent of migrants with work permit have health insurance (Health insurance group, Chonburi provincial public health office, 2013 and Chonburi employment office, 2013). This is the reason why we want to explore how the migrants perceive information about health insurance and what are the predictive factors influencing the migrants subscription to health insurance.

Previous studies showed that, rather than migratory process factor, many other factors related with the accessibility to migrant health service are indeed socio-economic factors, legal factors, and ecological factors (Fleischman, Willen, Davidovitch, & Mor, 2015; Suphanchaimat, Kantamaturapoj, Pudpong, Putthasri, & Mills, 2015; and Harkins, & Ahlberg, 2017). Based on the assumption that every migrant should have health insurance, not only to improve their health status and quality of life while living in Thailand but also to develop the system for protection of human security and human rights in Thailand.

Objectives

Therefore this study aimed to analyze factors affecting to being covered by health insurance among migrants who work in all economic sectors, for better recommendation based on an appropriate understanding of how the migrant health insurance is working.

Conceptual Framework

This study focused on the accessibility to health insurance among low-skilled migrant workers. We applied the behavioral model for vulnerable population (Gelberg, Anderson, & Leake, 2000) as the conceptual framework to meet our hypothesis. The behavioral model for vulnerable populations included demographic characteristics as the predisposing factors, the

enabling factors such as the family support or resources, the need factors as the perceived need and the evaluated need, and finally the outcome domain as the health status and satisfaction with care. The conceptual framework was framed to structure for interviewing the migrants. There were predisposing factors (demographic characteristics), enabling factors (working field, income and ability to pay), and need factors (illness status and health risks), as details in figure 1.

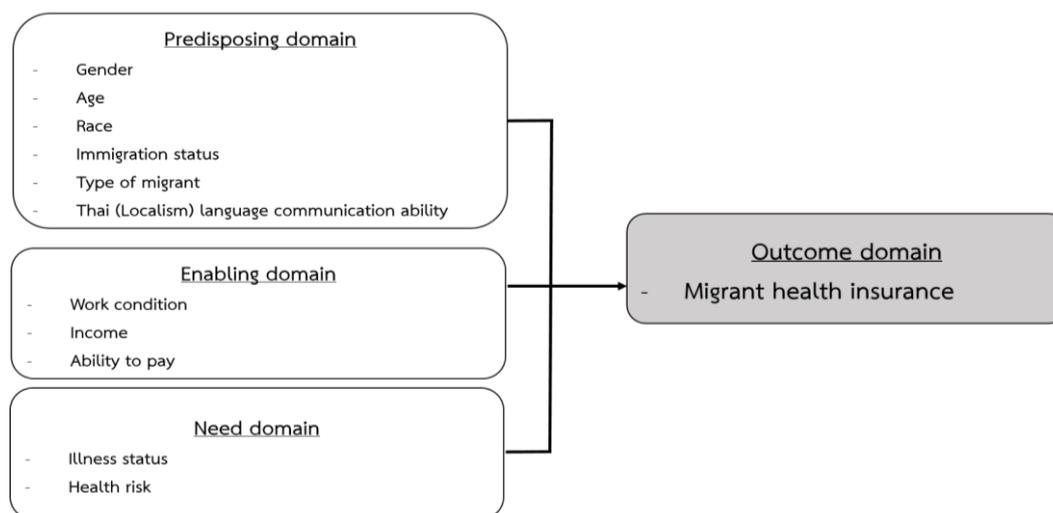


Figure 1 Conceptual Framework

Methods

A cross sectional study with face-to-face interviews administering the structured interview questionnaires was designed and implemented. Adult migrant workers (15-60 years old) from neighboring countries were selected as participants if they met the inclusion criteria: they had to work in Chonburi province for more than one year, could communicate with translators of research team, and provided the informed consent for voluntary participation in this study.

Population and Sample groups

The studied migrant population was calculated for sample size by using Cochran formula (Cochran, 1977). Among 19,009 migrants who lived and worked in Chonburi (Office of Foreign workers administration, Ministry of Labour, 2013) were considered and calculated, and about 348 migrants were drawn for the sample size participating in the research project. The process for migrant random sampling comprised by time space sampling with the venue based sampling (Nandi, Galea, Lopez, Nandi, Strongarone, & Ompad, 2008) at the different places and time. First, we created the sampling frame from three economy sectors including 1) Saensuk municipality, Meuang district as tourism economic area, 2) Bang phra municipality, Sriracha district as the agricultural area, and 3) Chaophraya Surasak municipality, Sriracha district as the industrial area. Secondly, researchers contacted the public health officers and local government officers to survey the communities of migrants in each area. Thirdly, we used simple random sampling to select the communities of migrants. Finally, by purposive sampling, we approached individual migrants who met inclusion criteria to collect data.

Research Instruments

Demographic and health data were collected by semi-structured interview questionnaires for this study. The interviewer used translated and back-translated structured questionnaires in Thai, English, Myanmar and Cambodian language.

According to the WHO process of translation and adaptation of instruments (WHO, 2009), all the study instruments were translated into Thai, Myanmar and Cambodia languages and back translated into English and retranslated into Myanmar, Cambodia and Thai by independent language experts and reviewed with edited by researchers after pilot testing among migrant workers who live in other provinces.

Almost all interviewers were migrant health volunteers and health officers from the target areas. Fifteen-minute interview-based questionnaires consisted of 3 parts: 1) predisposing factors; 2) enabling factors and the need factors, and; 3) outcome variables such as health insurance. Migrant health insurance was categorized as have insurance and have not insurance for the analysis.

The content validity index of questionnaire about the factors affecting accessibility in compulsory migrant health insurance and migrant health insurance interview questionnaires were determined by health insurance experts, yielding a value of 0.79 and 0.81 respectively. Reliability of the questionnaires were tested using Cronbach's alpha coefficient yielding a value of 0.74 and 0.76 respectively. All instruments were carried out by well-trained investigators.

Data Collection

The most challenging aspect of the survey design was to determine the immigration status and the type of migrant. All interviewers were required to carefully ask about the migrants' port of entry to Thailand and other Thai government documents. For self-report of migrant type, we relied on government documents such as the Tor Ror38/1 card (irregular migrants with registration), passports (nationality verification), or MOU migrant workers with the same status as legal migrant workers. For health status, respondents were asked to consider their health status over the last 12 months, and were classed as having poor health if the reply indicated illness or accident and classed as having good health if they reported no illness or accidents in the past 1 year. Health service use was assessed by the migrants' experiences of recent visits to health care professionals or institutions.

Data Analyze

Data were analyzed using two-tailed chi-square test for bivariate associations. We developed a series of binary logistic regression model between the variables of interest (such as demographic characteristics) and accessibility to health insurance. Backward elimination method with p -to-remove > 0.10 was used for associated factor from univariate analysis and adjusted by gender and age. The level of significant was 0.05.

Ethical Consideration

This research received the ethical approve with the Burapha university ethics committee (No.22/2557). All study participants provided oral consent during the interview. To human

protection, we preserved participants' anonymity, no identifying personal information as name and address was collected about our participants.

Results

Almost all the participants can communicate with local Thai language. We and the migrant health volunteers who acted as research assistants went to interview migrants at their work field. In addition to the self-report about their demographic characteristics, health status, health insurance and health service use, as well as the emic view among migrant workers in Thailand were showed in this result. This reflected our health promotion and disease prevention strategy to take good health care among the migrants and Thai people as they lived and shared together in this area.

1. Participant characteristics

Study results indicated that more than a half of migrants (64.37%) came from Cambodia, 53.16 percent of men whose age of 15-24 years (44.83%) with the mean age 28.61 (± 9.20) years, married (60.35%) and had the primary education level (43.39%). Most of them (65.80%) were across the border through the natural border pathway to come. For the legal migration status, 66.38 percent were irregular migrants with Thai registration. Only 24.71% of migrant workers who could have Thai communication skills but most of them (63.22%) could only speak and listen to Thai (see Table 1).

Table 1 Participation rate in demographic characteristics

Characteristic	Number	%
Predisposing factors		
Nationality		
Myanmar	61	17.53
Laos	63	18.10
Cambodia	224	64.37
Gender		
Men	185	53.16
Women	163	46.84
Age, y		
15-24	156	44.83
25-34	108	31.03
35-44	54	15.52
45-54	28	8.05
> 55	2	0.57
Mean (SD: y)	28.61 (9.20)	
Educational level		
No education / less than primary	126	36.21

Table 1 (Continue)

Characteristic	Number	%
Primary	151	43.39
Secondary and higher than	71	20.40
Marital status		
Single	136	39.08
Married	210	60.35
Widowed/ Divorced/ Separated	2	0.57
Immigration across pathway		
Natural border path	229	65.80
Legal border path / Checkpoint	119	34.20
Legal migration status		
Undocumented	54	15.52
Irregular migrants with registration (Tor Ror 38/1)	231	66.38
Nationality verification or MOU	63	18.10
Thai language communication ability		
Cannot	42	12.07
Speaking and listening	220	63.22
Speaking, listening, reading and writing	86	24.71

In addition to the enabling factors (Table 2) as the occupation of migrant workers, most of workers (52.59%) were an industrial workers, 33.91% as service and tourism workers, and 13.50% were the agricultural workers. Approximately, more than half of them (51.76%) had an income between 6,001-9,000 baht per year; they shown their enough income (7,699.43±3,590.53 baht/year). For the health expenditure and any cost when they got illness, most of them can afford the total health expenditure (49.14%) and total additional cost (60.06%).

Need domains were based on the conceptual framework, almost migrants (77.59%) were the healthy workers. Over 53.16 percent had health risks during work. Most of migrants (71.30%) had physical risks and risks to accident (20.37%) as showed in Table 2.

Table 2 Participation rate in the enabling and health need factors among migrants

Characteristic	n	%
Enabling factors		
Occupation		
Agriculture	47	13.50
Industry	183	52.59
Service	118	33.91
Income (Baht/y) n= 340 missing 2.3%		
< 3,000	45	13.24

Table 2 (Continue)

Characteristic	n	%
3,001 - 6,000	58	17.06
6,001 - 9,000	176	51.76
9,001 - 12,000	43	12.65
>12,001	18	5.29
Mean (SD: y)	7,699.43 (3,590.53)	
Adequacy of income		
Inadequate	72	20.69
Adequate	276	79.31
Ability to pay (Health expense)		
No	56	16.09
Partial	121	34.77
Total	171	49.14
Ability to pay (Additional expense)		
No	42	12.07
Partial	97	27.87
Total	209	60.06
Health need factors		
Health status		
Healthy	270	77.59
Illness	78	22.41
Health risk		
No	163	46.84
Yes	185	53.16
Physical risk	154	71.30
Chemical risk	44	20.37
Biological risk	18	8.33

According to table 3 related to the border pathway to cross to Thailand, most migrants (65.80%) used the natural border path so that they could not access to migrant health insurance (58.91%). As shown in Table 3, more than half of the insured migrants (53.85%) had the Social Security Scheme (SSS). Low cost (39.08%) was the main reason to access the migrant health insurance. To check their opinion about the appropriate cost, they thought it was too low (95.36%) for physical examination and too high (97.21%) for health insurance. Over 60.34% of migrant indicated the appropriate expense for children health insurance. In Table 3, all of migrants wanted to pay 474.09 (± 943.62) baht per time for physical examination. For the annual health insurance, they wanted to pay 1,125.99 ($\pm 1,838.34$) baht per migrants per year for migrant health insurance, 982.25 ($\pm 1,788.65$) baht per person per year for followers, and 331.72 (± 378.43) baht for children health insurance.

Table 3 Participation rate in migrant health insurance characteristics

Characteristic of migrant health insurance	n	%
Migrant health insurance		
No	205	58.91
Yes	143	41.09
SSS	77	53.85
CMHI	66	46.15
Appropriateness of pay for Physical examination (600 bath/time)		
No opinion	18	5.17
Not appropriate	194	55.75
Too much high	9	4.64
Too much low	185	95.36
Appropriate	136	39.08
Mean (SD: y)	474.09 (943.62)	
Median (Q1-Q3)	400 (200-500)	
Appropriateness of pay for health insurance (2,200 bath/year)		
No opinion	33	9.48
Not appropriate	179	51.44
Too much high	174	97.21
Too much low	5	2.79
Appropriate	136	39.08
Opinion for cost of health insurance for migrant (n=324)		
Mean (SD: y)	1,125.99 (1,838.34)	
Median (Q1-Q3)	1,000 (300-1,600)	
Opinion for cost of health insurance for followers (n=320)		
Mean (SD: y)	982.25 (1,788.65)	
Median (Q1-Q3)	900 (100-1,600)	
Appropriateness of pay for Children health insurance (365 bath/year)		
No opinion	39	11.21
Not appropriate	99	28.45
Too much high	20	20.20
Too much low	79	79.80
Appropriate	210	60.34
Mean (SD: y)	331.72 (378.43)	
Median (Q1-Q3)	400 (200-500)	
Reason to access the migrant health insurance		
Low cost	111	31.89
Believe in Thai health service system	70	20.12
Long period in Thailand	92	26.44
Health risks	25	7.18
Legislation	50	14.37

Binary logistic regression

In bivariate analyze (Table 4), health insurance was associated with the following characteristics: Cambodia migrants ($p < 0.001$), the legal status of migrant that not only the national verification but also the bilateral memorandum ($p < 0.001$), and the industrial workers ($p < 0.001$).

Table 4 Results for bivariate association between variables of interest and migrant health insurance

Factors	Migrant health insurance		Crude	
	Have insurance	Have not insurance	OR	P
Gender				
Women	75 (46.01%)	88 (53.99%)	ref.	
Men	68 (36.76%)	117 (63.24%)	0.682	0.080
Age, y				
15-34	116 (43.94%)	148 (56.06%)	ref.	
> 35	27 (32.14%)	57 (67.86%)	0.604	0.057
Nationality				
Myanmar	24 (39.34%)	37 (60.66%)	ref.	
Laos	39 (61.90%)	24 (38.10%)	1.17	0.602
Cambodia	80 (35.71%)	144 (64.29%)	2.92	<0.001
Immigration across pathway				
Natural border path	62 (28.44%)	156 (71.56%)	ref.	
Legal border path / Checkpoint	70 (58.82%)	49 (41.18%)	1.82	0.178
Legal migration status				
Undocumented	8 (14.82%)	46 (85.18%)	ref.	
Irregular migrants with registration	116 (50.22%)	115 (49.78%)	2.48	0.054
Nationality verification or MOU	19 (30.16%)	44 (69.84%)	5.80	<0.001
Thai language communication ability				
Cannot	15 (35.71%)	27 (64.29%)	ref.	
Speak and listen	86 (39.09%)	134 (60.91%)	1.15	0.681
Speak, listen, reading and writing	42 (48.84%)	44 (51.16%)	1.72	0.163
Occupation				
Agriculture	30 (63.83%)	17 (36.17%)	ref.	
Industry	48 (26.23%)	135 (73.77%)	0.201	<0.001
Service	65 (55.08%)	53 (44.92%)	0.695	0.306
Adequacy of income				
Inadequate	118 (42.75%)	158 (57.25%)	ref.	
Adequate	25 (34.72%)	47 (65.28%)	1.40	0.219
Ability to pay (Health expense)				
No	23 (41.07%)	33 (58.93%)	ref.	

Table 4 (Continue)

Factors	Migrant health insurance		Crude	
	Have insurance	Have not insurance	OR	P
Partial	59 (48.76%)	62 (51.24%)	1.36	0.341
Total	61 (35.67%)	110 (64.33%)	0.80	0.468
Health status				
Healthy	109 (40.37%)	161 (59.63%)	ref.	
Illness	34 (43.59%)	44 (56.41%)	1.14	0.611
Health risk				
No	68 (41.72%)	95 (58.28%)	ref.	
Yes	75 (40.54%)	110 (59.46%)	0.95	0.824

A model to explain factors effecting on migrant health insurance showed that the legal migrants with the national verification or MOU workers (OR_{adj} = 6.64, 95%CI 2.95 – 14.91) who understood and had ability to communicate with Thai language (OR_{adj} = 2.65, 95%CI 1.82 – 5.96), had statistically significant effects on health insurance as showed in table 5. The overall of variables of interest could predict health insurance about 14.07%.

Table 5 Results for multiple logistic regression of associated factors with migrant health insurance

Factors	OR adj	95%CI	p-value
Legal migration status			
Undocumented	ref.		
Irregular migrants with registration	2.48	0.98, 6.29	0.057
Nationality verification or MOU	6.64	2.95, 14.91	<0.001
Thai language communication ability			
Cannot	ref.		
Speak and listen	1.74	0.84, 3.61	0.134
Speak, listen, reading and writing	2.65	1.82, 5.96	0.018

Multiple logistic regression of Migrant health insurance outcome (binary data of have (1) and Have not (0) insurance). OR adjusted for gender ($p=0.052$) analyzed by backward elimination method with p -to-remove >0.10 and age variable was remove when $p=0.207$.
Cox & Snell $R^2=10.44\%$, Nagelkerke $R^2=14.07\%$

Discussion

By employing a cross sectional descriptive study to identify the migrants' views about their characteristics, health status and health insurance. We found relationship between the predisposing characteristics, enabling factors, health needs and migrant health insurance and also the factors influencing the migrant health insurance as follows.



Predisposing characteristics

The results showed the most migrants are male workers who came from Cambodia, aged 15-24 years old, married, graduated in the primary educational level and could communicate with Thai language. By the border pathway, they usually were across the nation via the natural border path along border area. Therefore, most migrants illegal immigrated across to Thailand but the Thai government policy postponed to launch registration by Ministry of interior; so, all of them should get the (pink color) card or Tor Ror 38/1.

We found the conflict number about the migration process and right to health as accessibility on health insurance. Because of the high number of migrants were across the natural border path, but with Thai policy after 2004 that the national committee on illegal worker administration made the resolution to allow both migrant workers and their followers to temporarily reside and apply for permission to residency in Thailand (Srithamrongsawat, Wisessang, & Ratjaroenkhajornm, 2009).

It was clear that there were still the group of undocumented migrants who did not have any kind of health insurance or health security. We found results relevant with the several studies that most of sick migrants usually bought the over-the-counter (OTC) drugs to treat themselves (Thai Health Project, 2013). Although the migrant always visited the health service center in case of serious illness or accident however we found that some of the injured migrant with seriously illness went to drugstore by themselves.

We found that the Cambodia nationality, the legal migration status, and the industrial workers were statistically significant related with the migrant health insurance. In addition, there were the high number of Cambodia workers in this area and some of them already passed the process to verify their nationality. Therefore by Thai legislation, they had to have access the health insurance among migrants; organized by the government.

Predisposing characteristics could predict access to migrant health insurance even after accounting for the enabling and health need factors, including financial, family and social resources, implying that other mechanisms may be operating here. Two potential pathway linking predisposing factors to access the migrant health insurance might be both the legal migration process and the ability to communicate with Thai language. Because of the legally personal status might lead the human right and right to health. But some previous studies suggested that language communication was the key barrier to prevent migrants from having access to health service center or health insurance (Thai Health Project, 2013; Wang, & Kwak, 2015). Some of migrants entered to the health insurance scheme without understanding on how to access to hospitals (Thai Health Project, 2013).

Enabling characteristics

Socioeconomic characteristics may be key determinants of migrant health insurance. Previous work suggested that socioeconomic factors, including income and ability to pay for health expenditure, were important determinants of health insurance (Goldman, Smith, & Seed, 2005). By contrast, we found only the work condition or occupational type was the key factor related to the migrant health insurance. Most migrants were industrial workers. They usually

contacted many health risks including physical risk and accident while they worked in their field. If they had many chances to face health risks, they usually had access to migrant health insurance.

Health need characteristics

By self-report including the perceived need and the evaluated need of migrant workers, we found that most migrants were healthy workers but had a lot of health risks or accident while working. Results showed that health status and health risk had no statistical significance related with the migrant health insurance. As Isarabhakdi (2004) had found in the study, the illness status and need for curative care were common reasons for accessing health care services, and also health risks related with health insurance (Liu, 2006). By contrast for this study, respondents reported themselves in the questionnaire as being “healthy or illness” status. Therefore, the health need had no relation with the migrant health insurance in this study.

Factors affecting migrant health insurance

The legal migrant and ability of local language communication could predict the health insurance about 14.07 percent with statistical significance. Migrants who were across the border by the MOU or registered with Thai government were influencing access to health insurance as what were found in the prior studies of Grit, Otter, & Spreij (2012) and Cheng, Nielson, & Smyth (2014); they revealed that characteristics of immigration and employment contracts were influencing access to health services and social security assurance.

Local language communication ability was the major factor and had statistically significant effects on health insurance. Thai language communication was essential to enable the migrant workers to access to health services and health information from the health care providers (Nandi, Galea, Lopez, Nandi, Strongarone, & Ompad, 2008 and Wang, & Kwak, 2015). Migrants who could communicate with Thai language had also more chance to receive more information, especially health related, via the communication technology and their employers.

Limitations

From this study, migrants had to pay annual fee. Generally, the fee was paid in advance by their employers, by being deducted from the migrant’s wages. In this study, we focused on what information about health insurance the migrants perceived, and what determinants predict the accessibility to health insurance among not only legal migrants but also illegal migrants. However, during the data collection period, there was the political change in Thailand by the National Council for Peace and Order launching the measurement for problem solving on migrants and human trafficking. The migrants must register at One-Stop Service in each province. It might affect data about migrant health and health insurance.

Implication of the result

It was recommended that, for the immediate action, Thai health officers should be the key person to support not only the employers but also the migrant workers to improve Thai communication skills for the better learn their essential rights and other information. On the



other hand, in the long term, Thai migrant-related organizations should review and adjust legal migration mechanisms to assist the irregular migrant to have legal status with the nationality verification for well-being while they resided in Thailand.

Recommendation of the future study

The coverage of health insurance among migrants was the important factor to improve health service utilization and health status (Zuber, 2012). From this research, factors affecting health insurance among migrants were the legally migrated and the abilities to communicate in Thai language. Therefore, the legal migration was the key factor in accessibility to health insurance. It was recommended to conduct multi-disciplinary research to develop system and mechanism to facilitate migrants entering the country only through legal routes so that they could be eligible for any legal rights. In addition, the health communication was also crucial factor. The further research should consider two issues to improve their health literacy. First, the way is to improve Thai understanding and communication, and second, health information should be in the forms of multilinguals, including Thai, Burmese, and Khmer, and diversity information channels. The last but not east, employers also played the important role in migrant health care. Therefore, the further study should explore to what extent the employers could play the role of health coaching to improve the migrants' health.

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