

CHAPTER V

DISCUSSION

5.1 Discussion

This study was a cross-sectional study utilizing quantitative method to explore the factors that influenced health related quality of life among Myanmar migrant workers in Takuapa and Kuraburi Districts, Phangnga Province, Thailand by using the self-developed questionnaires on socio-demography and standard Medical Outcomes Study Short Form Health Survey 12 (SF 12). In a case, item had to be replaced by others, because it did not apply to the study population (eg., climbing several flights of stairs was substituted to 'walking' in the question on physical activities because climbing several flights of stairs was not a practical question to migrants). Some studies in the Netherlands (Gerritsen et al., 2004) and in Taiwan (Tseng et al., 2003) also stated that some of the items had to be replaced by others for suitability to the study population.

From the study, more males than females were found (59.3% Vs 40.7%). This may be due to a man's role of breadwinner in a family for making money and taking care of a family or maybe because of the natures of the job like construction sites and fishery related industry, especially fishing. PHAMIT found that men are more like to migrate than women (Raks Thai Foundation, 2006). When the relationship between quality of life and gender was explored, the statistical significance of p value 0.01 was

found with women had better quality of life than men did by using Mann-Whitney test. One study in China using SF 12 to evaluate migrants' health perception and other factors, Li et al (2006) also reported women had better quality of life than men did ($p < 0.0001$).

Regarding to the migrants' age, the majority of the respondents' age in this study were above 25 years (71.4%), which was inconsistent with the findings of Huguet and Punping (Huguet & Punping, 2005). The p value 0.24 showed no association between quality of life and age. Li et al found that the mean age of Chinese migrants appeared to be younger with mean age of 23.5 years ($SD=3.8$). Also, younger migrants tended to be more mobile than their older counterparts (Li et al., 2006). Lubetkin et al studied about the health related quality of life to non-Americans in a community health center in New York City indicating a statistically negative association between age and quality of life ($p < 0.001$) (Lubetkin & Gold, 2000).

More than half of them (64.3) were married. A highly statistically significant association between quality of life and marital status was found with p value 0.01 by Kruskal-Wallis test. Moreover, the better quality of life of those married respondents was found. It can be assumed that they needed somebody to share their feelings, happiness or sadness, or maybe both, especially when they work or live in a foreign country with only a few friends. Or they wanted to be taking care of. One study done by Somboonsithi (1992) in general population found that marital status had positively related to quality of life which is in accordance with the researcher's finding.

Approximately 59.3% of them replied they did not have children staying with them together. There was a highly statistical significance between number of children and quality of life with p value 0.01 by using Kruskal-Wallis test. It was supposed that they can enjoy family life if they had children staying with them. From the mean rank of quality of life score among the groups, a positive association between these two factors was observed. 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 home (Raks Thai Foundation, 2006).

Half of the interviewees (51%) were Dawei ethnicity from Southern Myanmar which is adjacent to Southern part of Thailand. It was assumed that those people come to Thailand because of geographical proximity. A finding in PHAMIT also indicated that provinces in the Southern Regions of Thailand bordering Myanmar have been attracting large numbers of workers to the country (Raks Thai Foundation, 2006). No association between ethnicity and quality of life was found after analyzing by Kruskal-Wallis test. A study in the USA by Lubetkin et al. (2000) also revealed ethnicity had no association with health related quality of life by using SF 12 to assess the health status of Latinos and African-Americans in a community health center in New York City (Lubetkin & Gold, 2000). Sriruksa mentioned that quality of life had different meanings under diverse culture (Sriruksa, 2001). Although the subjects in the study came from the same country of origin, the social contexts of diverse minorities can play a key role in assessing health related quality of life. Also, the findings in this study cannot be generalized to other groups or places as well. There is a need to do this kind of study in different groups and different cultures.

Nearly half of them (48.1%) finished their primary education. By using Kruskal-Wallis test, a highly statistical association (p value= 0.01) between quality of life and educational achievement was found with those who finished their primary education had better quality of life than other groups. There was a negative trend among the different levels of educational attainment. Lubetkin's finding, however, demonstrated a positive association between education and health related quality of life (Lubetkin & Gold, 2000).

Nearly half of the total subjects (44.9%) have been dwelling in the community where they currently reside at an average of three years. Some 17.4% had already been staying for more than 4 years. Among the total number of those staying longer than 4 years, 3.6% out of 17.4% were those who have been staying for more than 10 years in the community. Myanmar migrants' duration of stay in Thailand is relatively long. One study in border cities of Chiang Mai, Tak and Ranong done by World Vision Foundation of Thailand (WVFT) and Asian Research Center for Migration (ARCM) also found that migrants in these cities had been in Thailand for three or more years and 29% had been in the country for over five years (IOM, 2005). Although no association between quality of life and length of staying in community was found, those respondents who have been staying in the community for less than one year had better quality of life among the groups. Maybe those new comers in the community were not recognized by the authorities and they felt they were safe from being annoyed or arrested.

More than half of them (61%) did not possess registered documents for working or staying in Thailand. Data from the Ministry of Labor also revealed that the

unregistered workers outnumbered the registered ones that was consistent with this study (IOM, 2005). The p value of 0.01 mentioned that there is a statistical significance between quality of life and migrants' status by using Mann-Whitney test while the registered migrants had better quality of life than the unregistered ones. This can be understood that the registered migrants had better freedom, no fear of being arrested by the authorities and some other factors that can influence their quality of life. Also, some of the migrants were afraid of being disclosed their status if they got involved in this study made this study more difficult to collect data. Even they voluntarily agreed to participate in the study, their available time for interview such as after they cooked for their lunch or dinner, and time for going to interview were experienced.

Rubber plantation and fishery related industries were the two main businesses, among many others, that Myanmar migrants rely most on for their living (29.7% and 28.6% respectively). No association between quality of life and occupation was found by using Kruskal-Wallis test. Migrants work in rubber plantation, however, had better quality of life than those who work in other sectors by using Kruskal-Wallis test. Partly, this maybe due to higher income. This information was further approved by a study in the USA that income and quality of life had a positive association with statistical significance ($p < 0.01$) (Lubetkin & Gold, 2000).

About 40% of the employed can earn their monthly salary at an average of 5,000 Baht while some 31% of them can earn only $< 4,000$ Baht. There was no association between quality of life and income when analyzing by Kruskal-Wallis test. The finding was not in consistent with that from the USA (Lubetkin & Gold,

2000). The respondents who earn more than 8,000 Baht per month, however, had better quality of life than those who earn less than 8,000 Baht per month. The mean ranks of quality of life score among different levels of income were fluctuated illustrating the data might have some biases.

More than half of the respondents (60.6%) answered they worked for the whole week without any single day-off. They, however, had a few hours for taking a break and were mainly from fishing sectors. Li et al found that migrants worked ten hours per day and were granted about three days off per month regardless of occupations (Li et al., 2006). In PHAMIT's 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 days (Raks Thai Foundation, 2006). No association was found between quality of life and working days in a week by using Kruskal-Wallis test. The interviewees who work for the whole week had slightly better health related quality of life. The instability of the mean rank of quality of life score in the study provided a need to explore more on working days and health related quality of life.

Half of them (51.9%) have more than three family members. No association was found between number of family members and quality of life by using Kruskal-Wallis H test. Those interviewees who had more than 3 members, however, had better quality of life. It seemed that when they had more family members, they can enjoy warmness, family life and so forth, regardless of their socio-economic status in a foreign country. Interestingly, when running the Kruskal-Wallis test, a statistical significance association was found with those who had more than 3 children, but not

with those who mentioned that they had more than 3 family members even though the mean rank of quality of life score showed a positive trend in this group.

The majority of them (74.7%) can communicate in Thai basically. Although some of them have been living in Thai for several years, just only 10.8% of them can speak Thai fluently. No association between quality of life and Thai language skills was observed by using Kruskal-Wallis test. Interestingly, those who cannot communicate in Thai at all, however, had higher mean rank than other groups. This was supposed that they stayed in the communities where there were many Myanmar migrants living nearby. Therefore, they can speak their own language without any difficulty and did not need to practice another language for communicating with outside world. Or, maybe due to some other potential biases.

Among the total number of 241 subjects, 64% of married subjects found that their spouses were the most dependable persons for them to consult with. The findings from Apichatabutr (1997) also suggested the same result that spouses can be a caretaker or a consultant for them to share their feelings and proceed for solutions to handle the situations. No significant association between quality of life and to whom did the respondents consult with when they were sad or depressed by using Kruskal-Wallis test. As consulting with spouses got higher mean rank of quality of life score than other groups, it can imply that their life-long partners were crucial when assessing health related quality of life.

Staying at home without going elsewhere was found to be the main activity when they did not go to work (61.4%). Ways of relaxation like going to temple or church, cooking traditional foods, playing sports, or consulting traditional healers,

were found to be the most common activities for Myanmar migrants in PHAMIT's study (Raks Thai Foundation, 2006). There was a highly significant association between quality of life and ways of relaxation when they did not go to work with p value 0.01 by using Kruskal-Wallis test. This finding can be viewed that when they stay at home, they were safe from police's arrest or were protected by their employers.

In terms of friendliness of people in the community, 73.4% of the respondents held optimistic view on this issue. No association between quality of life and friendliness of people in the community by using Kruskal-Wallis test. Presumably, most of them did not view friendliness of people in community an important factor that can influence their health related quality of life.

Surprisingly, majority of them (73.4%) of the respondents answered police's arrest did not pose a threat to them although 61% of them did not possess any registration card. Through informal discussions with them, the research found that those people had already paid monthly fees for being allowed to stay in the community. This finding was consistent to that of PHAMIT's finding (Raks Thai Foundation, 2006). Personal security was found to be highly statistical significance with quality of life (p value = 0.01) by using Kruskal-Wallis test. It is reasonable that when they felt their personal security was safe, their health related quality of life was good and vice versa.

Among all of the answers that the respondents mentioned, health was the main concern for migrant workers (61.4%). Followed by police's arrest and financial hardships (29% and 26.6% respectively), among many other answers. There were

other concerns such as gangsters and robbery (12.4%), among others that migrant workers were facing. PHTMIT's report in 2006 expressed that Myanmar migrant workers, regardless of gender, were victims of physical violence, vulnerability to theft and extortion, raids by Thai police on workplace, living quarter or en route home and so forth.

Surprisingly, no association was found when exploring the relationship between their concern on health and quality of life by performing Mann-Whitney test (p value = 0.56). Even though no association was found, they may think that health was crucial for them to perform or implement their work well. If they were not healthy, it will affect not only to themselves but put a burden to their family as well. A significant association between quality of life and their concern about finance was found with p value 0.03 by using Mann-Whitney test. Their concern about police's arrest and quality of life was also found to be statistically associated with p value 0.03 when analyzing by Mann-Whitney test. The interviewees' other concerns like gangsters, robbery and so forth were found to have no association with quality of life (p value = 0.44) by utilizing Mann-Whitney test. These concerns on gangsters and robbery, maybe, were found only occasionally or depended on the community in which they stay.

Half of the interviewees (52%) had normal relationship with either employer or supervisor in workplace and majority of them (87%) have job satisfaction. In this study, about 3.7% of the interviewees replied that they had a bad relationship with either employer or supervisor. In PHAMIT's 2006 findings, some workers at ports and factories experienced physical violence and salary deduction from their

employers (Raks Thai Foundation, 2006). Relationship with employers or supervisors and quality of life was found to be highly statistical significance with $p = 0.01$ by applying Kruskal-Wallis H test. Partly, this maybe because making money was the first priority for those migrant workers coming to Thailand. If they had bad relationship with their either employer or supervisor, they might be facing financial difficulties. Interestingly, for those respondents who had bad relationship with their employer/supervisor got higher mean rank (148.4) of quality of life score than other two groups (88.1 and 100 respectively). It seemed that bad relationship in the workplace made better health related quality of life.

The relationship between quality of life and their job satisfaction was calculated by using Mann-Whitney test and marginal significance was found with p value 0.06. Interestingly, those who had no satisfaction on their job got higher mean rank of quality of life score than those who had (114 Vs 93.6). When job related factors such as their concerns on current job, their satisfaction on current job and their relationship with employer/supervisor were analyzed for test of association, it was found that these factors had a negative association with health related quality of life though p value came out to be nearly significant, except relationship with employer/supervisor.

Concerning their health status by questioning them with SF 12, approximately 37.3% of the respondents answered that their health status is good. A study in China studying about 4,208 rural-to-urban young migrants at the mean age of 23.49 years of both males and females illustrated that one-fourth of the respondents reported they had fair or poor health on their general health status by using SF 12 questionnaire. In

the study, nine items, out of the total twelve items, were employed and the composite index was reverse-coded with a higher score indicating a better quality of life. The Cronbach alpha for the nine items was 0.66. These nine items were general health, two items of physical functioning, two items of role physical, two items of role emotional, bodily pain and social functioning (Li et al., 2006).

As stated earlier in this study, general health status can also be understood as perceived health, overall health status, quality of life and so forth (Avery et al., 2006).

The majority of the interviewees (78.4%) said that they had no limitation at all in doing some typical works like moving chair or sweeping floor in their daily activities. Also, the majority of the interviewees (82.2%) responded they have no limitation at all in walking for two minutes. 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 assessment (Li et al., 2006).

Nearly half of the interviewees (47.3%) reported that they can accomplish their work less than they would like a little of the time because of physical health. More than half of the respondents (58.1%) replied they have no limitation at all in doing regular work or daily activities due to physical health. Regarding to role physical scales, study in China 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 month (Li et al., 2006).

Nearly half of the subjects (44 %) mentioned that they can do their work or other activities less due to depression or anxiety. Nearly half of the subjects (44%)

mentioned that they became less careful than usual when they worked or did other daily activities because of depression or anxiety. Li et al reported that about half of the respondents, among the total respondents of 946, reported that emotional problems had prevented them from achieving their goals or that they suffered emotional unrest in role emotional outcomes (Li et al., 2006).

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 last month (Li et al., 2006).

About 34 % of the respondents expressed they had calmness and peacefulness only a little bit of the time. 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. Approximately 41% of the respondents mentioned that they were sad and depressed a little of the time during the last two weeks.

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, however, Li et al stated that there was a consistent result from that of in China which demonstrated 5% of the respondents had limited their social activities most or all of the time due to either physical or psychological problems (Li et al., 2006).

5.2 Conclusion

Gender, migrants' status, finance and police's arrest were statistically associated with health related 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 statistically significant association with health related quality of life by Kruskal-Wallis test. Although they did not have much difficult in physical domain, they got some problems in mental domain. Generally, this study looked through their health from overall perspective, not specifically in physical or mental.

5.3 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.

Recommendation for policy makers

From the study, as health was the main concern for the majority of Myanmar migrants in Thailand, health services should be ensured to be easily and broadly delivered to those migrant workers in community. Besides, primary health care services should be implemented more since many of them did not dare to seek health care treatments in health care centers or hospitals because they were afraid of being arrested or they have difficulties in communicating in Thai language. NGOs can recruit some medical personnel who can communicate with those migrant workers in their language for ensuring the program to be more effective. NGOs also should initiate or extend their health care activities, like mental counseling services and primary health care services since majority of migrants are suffering mental disorders

and many of them cannot access even the health care services in this study, in order to reach those difficult-to-reach populations for their betterment. Health promotions or health interventions in community can be an alternative as well since most of the Myanmar migrant workers prefer to stay at home when they did not go to work.

As migrants' status and personal security also had a statistical association with health related quality of life, if some mechanisms can provide them some documents for working in Thailand, they do not need to fear about their migrants' status and personal security and their health related quality of life might be better somehow.

Regarding relationship with employer/supervisor, all parties concerned like governmental agencies, INGOs, employer association and employee association should work together to encourage the harmonious environment for working. They can hold meetings, discussions and so forth to regularly exchange and express their opinions on work related issues.

Recommendation for further studies

This study emphasized on only health related quality of life by quantitative method, further qualitatively related studies on occupation, environment and the like should be carried out in order to understand more on their quality of life from all perspectives in Phangnga Province.

In addition, this study was limited by time constraints and the associations in this study 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 Phangnga

Province or even the whole migrant population in Thailand since this population is mobile and dynamic in its nature.