



CHAPTER II

LITERATURE REVIEW

This study was survey research aimed to investigate the socio economic status, health seeking behaviors and the barriers of access to health service and the factors related with the barriers of access to health service of Shan migrant workers in San Phak Wan Sub District, Hang Dong District, Chiang Mai Province. The data collected by questionnaire in 181 Shan migrant workers during March 2017. Data was analysis by descriptive statistic and Chi – square test relationship between socio demographic and barriers of access to health services.

The following statement were all from the related research and literature reviews of health seeking behaviors and access to health service of migrants workers.

Situation of Shan Migrants in Chiang Mai

Migrant workers are a unique phenomenon in the Thailand's economic development and transformation. According to Jirattikorn (2012), over 200,000 Burmese migrants or one sixth of the total population of Chiang Mai are currently dependent labor in all areas of low paying jobs, including construction, agriculture, horticulture, animal husbandry and the manufacturing and food processing industry. Chiang Mai, the second largest province of Thailand which is situated in the Northern part of the country, a well – known tourist destination for its history and culture, has been experiencing a rapid increase in population due to the immigrants and migrant workers of Shan ethnic groups from Myanmar for better life and employment in Thailand. Shan migrant workers have difficulties in social communication and access to health care services when they have health problems or work related accidents/injuries. Most of them are unable to get proper health care and many of them are prohibited from leaving their workplace due to the strictness of the employers or fear of deportation. Thus, they may hinder their use of health care services as being a foreign worker.

Migrant Workers Health Issues

Growing international migration is also thought to be the greatest factor contributing to the rise in the cases and changes observed in the epidemiology of TB in the developed world (WHO, 2001). In China, migrants have made a major contribution to China's industrial development and economic growth, but they face a variety of public health and social problems (Song, 2006). Concerns for migrants' health have been centered on the consequences of dangerous working conditions with high occupational health risks, poor living conditions with crowded housing, and limited access to clean water and sanitation (Li, S.; Huang, H.; Cai, Y.; Xu, G.; Huang, F.; Shen, X. 2009) and Hu, X.; Cook, S.; Salazar, M.A. 2008

According to Choy et al. (2011), migrant workers in Singapore are commonly exposed to several occupational related diseases such as occupational skin diseases, occupational lung diseases, toxin exposure, noise induced hearing loss, and work related musculoskeletal disorders amongst others. Migrants, largely from South Saharan Africa (SSA), represent a considerable proportion of AIDS and HIV reports in European Union, especially among heterosexual and mother-to-child transmission (MTCT) infections (Del Amo et. al. 2011).

Tuberculosis was identified in the nation – wide health examination of migrants, conducted in 2014 by the Thai Ministry of Public Health, as the most common disease of concern among migrants. Since, migrant workers' health issues are being raised up around the world and the well – being of Shan migrant workers in San Phak Wan sub district, Hang Dong district in Chiang Mai, is equally important as other foreign migrant workers. Chiang Mai has not only provided a wider variety of opportunity, goods and services to dwellers, but it also created a widening of the gap between migrants and local residents, Tithirat (2015).

Health Seeking Behavior

Health seeking behavior is 'not even mentioned' in widely used medical textbooks (Steen and Mazonde, 1999). In the present, there is growing acknowledgement that health care seeking behaviors and local knowledge needs to be taken seriously in programs and interventions to promote health in a variety of contexts (Price, 2001; Runganga, Sundby and Aggleton, 2001). Reasons for health seeking behaviors are varied among individuals in times of ill health. (Thomas J & Borraro E., 2014) Health behavior is an action taken by a person in maintaining, attaining or

regaining good health and preventing from illness and diseases. Health behavior is also a reflection of a person's health beliefs. Since migrant workers have different jobs and lifestyles, they may have different health seeking behaviors, different access to health care providers or services in their location. When they suffer major or minor health problems, diseases in relation to health, one's health seeking behavior and utilization of health care services are important to receive immediate treatment. However, they have a number of underlying factors and challenges that prevents them from accessing health care services.

Health Seeking Behavior Model

Scholars have proposed multifaceted models and theories which identify factors influencing health care seeking (Wolinsky, 1988). Health seeking behavior is based on the health belief model (HBM). Jegede (1998) proposed that HBM is a useful tool in understanding and predicting health care seeking behavior. The HBM model proposes that health – related behavior depends on individual's perception of four critical areas; severity of a potential illness, susceptibility to that illness, benefits of taking a preventive action and barriers to taking that action.

Mechanic (1978) General Theory of Health Seeking is a psychological approach to health care utilization. The theory is

- 1) The salience of deviant signs and symptoms
- 2) The individual's perception of symptom severity
- 3) The disruption of the individual's daily life as caused by the illness
- 4) The fluency of symptoms and their persistence
- 5) The individual's tolerance of symptoms
- 6) The individual's knowledge and cultural assumptions of the illness
- 7) Denial of illness as a result of basic needs
- 8) Whether or not response to the illness disrupts needs
- 9) Alternative interpretations of symptom expression
- 10) Treatment availability via location, economic cost, psychological cost (Stigma, Humility, etc.), and treatment resources.

Suchman (1965) Stages of Illness and Medical Care 1965; Figure 1) is a process of individual decision making in utilizing health care services or not.

- 1) The individual's symptom experience of pain, emotion and recognition of experience as symptomatic of illness
- 2) The individual's assumption of a sick role
- 3) Medical care contact
- 4) The assumption of dependent – patient role via acceptance of professional health care treatment
- 5) The individual's recovery from illness

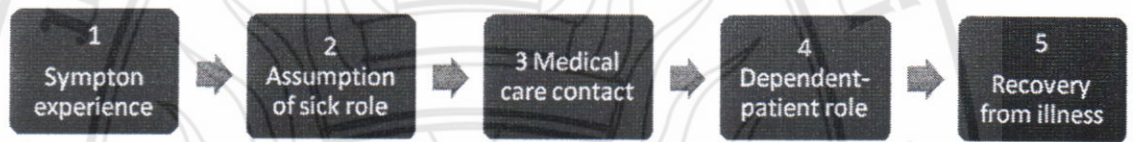


Figure 2.1 : Suchman's Stages of Illness and Medical Care (1965)

Rosenstock, Strecher, & Becker (1994; Figure 2) indicated individual's actions to treat and prevent disease as a Health Belief Model, consists of

- 1) The individual's perceived susceptibility to disease
- 2) The individual's perception of illness severity
- 3) The individual's rational perception of benefits versus costs
- 4) The individual's cues to action

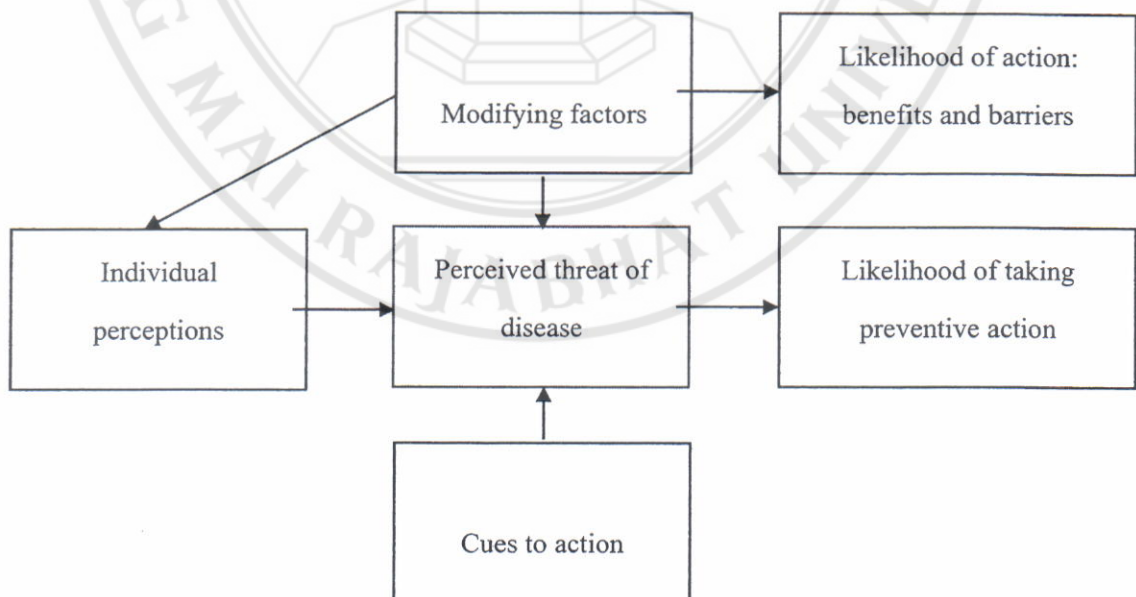


Figure 2.2 : Rosenstock's Health Belief Model

Young (1981) introduced Choice – Making Models which have four important components in choosing individual's health service.

- 1) Perceptions of important
- 2) Knowledge of home treatment
- 3) Faith in remedy
- 4) Accessibility of treatment

Access to Health Care Services

Government healthcare services are available for the registered migrant workers in Thailand according to the National Health Plan by the Thai government. Such health care services can be accessed by the registered migrants with the cost of 30 Baht in order to improve the health status of the migrant workers in the kingdom. On the other hand, there are a large number of unregistered migrant workers who could not be able to get this health care service benefit from the government like registered migrant workers. Such unregistered migrants are hard to get medical care from the government healthcare providers.

Registered migrants are covered by the Compulsory Migrant health Insurance Scheme, while unregistered migrants are denied this right. The outpatient utilization rate for registered is lower than the rate for Thais. It seems, most migrants will only seek health care from hospitals as a last resort if they are seriously ill (Srithamrongsawat, Wisessang, and Ratjaroenkhajorn, 2009: 9)

A significant proportion of registered migrants are denied their rights to access the Thai health system. In 2004, 2005 and 2006, more than half of the registered migrants did not collect their health cards, even though the card entitled them access to the Thai health system. (Pearson and others, 2006: 49, 97 and 157; and Archavanitkul and others, 2007: 27). The employers and migrants do not understand the system (Pearson and others, 2006: xv)

Health care utilization models and theories contain threads of commonality via three factors which influence the process of health care seeking: 1) health care access; 2) culture; and 3) social networks (Rebhan, DP, 2008).

Context of Shan Migrant Worker in San Pak Wan Sub – District Hang Dong District, Chiang Mai

Chiang Mai Province is located about 685 km. (426 mi.) from Bangkok in the Mae Ping River basin and is on average at 300 m. (1,000 ft.) elevation. It is surrounded by the mountain ranges of the Thai highlands, it covers an area of approximately 20,107 km.² (8,000 sq. mi.). Chiang Mai is subdivided into 25 districts. The districts are further subdivided into 204 sub – districts and 2,066 villages.

Hang Dong District is a district in Chiang Mai. Neighboring districts are San Pa Tong, Mae Wang, Mueang Chiang Mai, Saraphi of Chiang Mai Province and Mueang Lamphun of Lamphun Province. Hang Dong District contains 11 sub – districts.

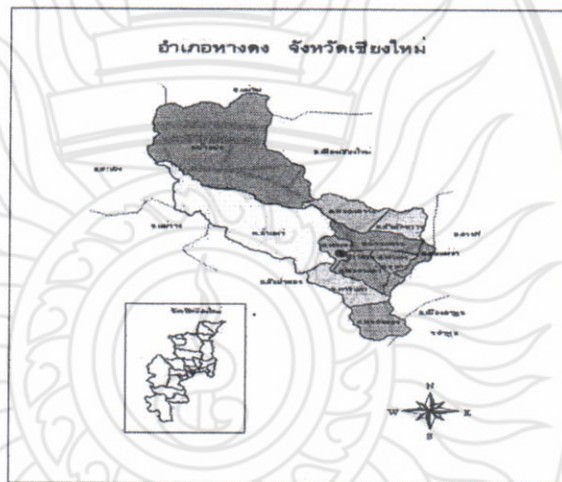


Figure 2.3 : Map of Hang Dong District, Chiang Mai Province, Thailand

San Phak Wan is (Sub – districts) of Hang Dong District, In Chiang Mai Province, Thailand. San Phak Wan sub – district municipalities consists of the complete sub – district San Phak Wan. The hospital located in area is Ban Pa Tan health promotion hospital.

In 2015 it had a total population of 8,928 people. The Tampon contains 7 villages. Most of Shan Migrant workers are living in Moo 3 Ban Tao Pha Yu and Moo 6 Ban Kho Deng.

There are five zones targeted and selected villages in this research. All participate were interviewed for their health seeking behaviors and how access to health center as follow;

1. New Concept camp there were 50 people of Shan migrant workers in working ages.
2. Ton Ho Soi. 1 camp also were 55 people of Shan migrant workers in working ages.

3. Ho Phak lon Tont camp were 74 people of Shan migrant workers in working ages.
4. Kankanok View 10 camps were 52 people of Shan migrant workers in working ages.
5. Ban Khao Daeng is situated in Moo. 6 and there were 109 people of Shan migrant working ages and the largest camp in the research.

Related Studies

There are a number of research studies related to Health Seeking Behavior had been done in the past few years. One of the researches looked in depth into health seeking behavior of migrant workers in Singapore that highlighted the demographics, working conditions, difficulties (work, pay and compensation), beliefs and barriers of health seeking behavior of the migrant workers. Other research had been done on the infectious diseases in the migrant workers' population. Pannarat Apornpisan. (2015) stated that Factors Affecting Access to Health Services of Myanmar Transnational Workers: In this study of Thai Seafood Processing Industry in Samutsakhon Province. The purpose of this study was the factors cause the access to health services of Myanmar transnational workers of Thai seafood processing industry in that area. Using quantitative research method and the populations were Myanmar transnational workers who working in seafood industry and, employing more than 500 Myanmar workers, in that area and the samples were 400. Collecting data is used by questionnaire. Illuminated statistical techniques by statistics such as frequency, percentage, mean and standard deviation and inferential statistics. Correlation coefficient to test relationship between independent and dependent factors and multiple regressions to test the hypotheses. Outcome showed that Independent variables, the attitude toward the health services and the health policy of transnational workers, had positive relationship to dependent variable, access to Health Services of Myanmar Transnational Workers, and could predict the dependent variable at statistically significant level of .05.

The other related study from Community Health project group 7 Yong Loo Lin School of Medicine National University of Singapore (2012, 2013), according to this paper the intention is to enquire this paper a health – seeking behaviors of migrant workers, look for the barriers access to healthcare service in Singapore and common illnesses and injuries among migrant workers. In the study, the researcher is used A cross – sectional study of 525 male migrant

workers, ≥ 21 years old from Indian, Bangladeshi or Myanmar nationality was living in a commercial dormitory in Jurong. Data collected by general demographics, medical conditions and health – seeking behaviors possible and personal income. Chi – square, test is used explore related between demographics and health – seeking beliefs. Maximum 73.1 – 91.7 percentages of migrant workers would go to medical care and even deny the suggestion of their manager for all 4 outlines circle from the common flu to make worse physical. The most common cause mention for good health – seeking behavior is ownership of health and the most common reason for don't go to see a physician is recognized non – serious of illness; however migrant worker mention scare of illegal immigrants as most important reason. Participators with non – education were seen to have big scare in losing their jobs and don't want to taking leave ($P = 0.04$). Most migrant workers willingly to seek healthcare when they are sick and there are no demographic factors that going to health seeking behavior. However, for the few, more education and denominate to insurance able a best solution.

Peng et, al. (2010) stated that Factors associated with health – seeking behavior among migrant workers in Beijing, China. Migrant workers are a unique phenomenon in the process of China's economic transformation. The household registration system classifies them as temporary residents in cities, putting them in a vulnerable state with an unfair share of urban infrastructure and social public welfare. The amount of pressure inflicted by migrant workers in Beijing, as one of the major migration destinations, is currently at a threshold. This study was designed to assess the factors associated with health – seeking behavior and to explore feasible solutions to the obstacles migrant workers in China faced with when accessing health care. A sample of 2,478 migrant workers in Beijing was chosen by the multistage stratified cluster sampling method. A structured questionnaire survey was conducted via face – to – face interviews between investigators and subjects. The multilevel methodology (MLM) was used to demonstrate the independent effects of the explanatory variables on health seeking behavior in migrant workers. The medical visitation rate of migrant workers within the past two weeks was 4.8 %, which only accounted for 36.4 % of those who were ill. Nearly one – third of the migrant workers chose self – medication (33.3 %) or no measures (30.3 %) while ill within the past two weeks. 19.7 % of the sick migrants who should have been hospitalized failed to receive medical treatment within the past year. According to self – reported reasons, the high cost of health service was a significant

obstacle to health – care access for 40.5 % of the migrant workers who became sick. However, 94.0 % of the migrant workers didn't have any insurance coverage in Beijing. The multilevel model analysis indicates that health – seeking behavior among migrants is significantly associated with their insurance coverage. Meanwhile, such factors as household monthly income per capita and working hours per day also affect the medical visitation rate of the migrant workers in Beijing. This study assesses the influence of socio – demographic characteristics on the migrant workers' decision to seek health care services when they fall ill, and it also indicates that the current health service system discourages migrant workers from seeking appropriate care of good quality. Relevant policies of public medical insurance and assistance program should be vigorously implemented for providing affordable health care services to the migrants. Feasible measures need to be taken to reduce the health risks associated with current hygiene practices and equity should be assured in access to health care services among migrant workers.

Aung T., Pongpanich S. & Robson M. (2009) stated that Myanmar migrant workers in Ranong Province, Thailand this study was conducted to access the health seeking behaviors among Myanmar migrant workers in Ranong Province, Thailand. The data was collected by using a questionnaire to 388 Myanmar migrant workers. The result showed that participator didn't go to hospital except when they get minor problems, so only buying medication from drug store is the most common health seeking behaviors. Fifty percent of result show that they were willing to go to health clinic when their situation of problem is bad. Significantly associated with the going to the health centers with the p – values of 0.038, < 0.001, 0.043 and < 0.001 corresponding going to health center related with personally specific such as gender, occupation, registration status and place of resident respectively. (p – values 0.007, 0.001 and 0.004 respectively) are the important of related to go to health center are health time to travel and doctors' fees. Between of them the health centers, private clinics were preferred more than government hospital and NGO clinics. Details of health insurances information in clearly language and explanation of them is requirement. Preferred health centers, private clinics more than the government hospitals and NGO clinics and they need more information about health insurance coverage and benefits for their knowledge and beneficial. Moreover, trainings and regular supervision of drug stores are needed in that area.

Pimonpan Isarabhakdi *Asian and Pacific Migration Journal*, vol. 13, (1): pp. 107 – 126. First Published Mar 1, 2004. This. There are three mainly ethnic groups Burmese, Karen and Mon who live in Kanchanaburi province and use of health services among cross – border migrants from Myanmar, data from 6,656 people living in 19 villages located in four districts, Sangkhlaburi, Thongphaphum, Saiyok and Srisawat. Qualitative data were also collected to complement findings from the quantitative survey in the study. Most of them are agricultural workers and uneducated. In the study six focus group and interviews with three ethnic groups who can speak Karen, Burmese, Mon language and two health service providers discuss and get data on their health seeking behaviors and their health believe, access to government or private health service. It was showed that even migrants workers were able to go to health care center and get the medical treatment as Thai nationality they prefer to take traditional medication treatment or going buy medication at drugs store and treatment by themselves. The major problem in this study are illegal document, financial problem and communicate problem. Health beliefs also show the health – seeking behaviors of migrants is individually among them. The results point that ethnicity is an important decided to apply of health services by migrants from Myanmar in Kanchanaburi province.

Conceptual Framework

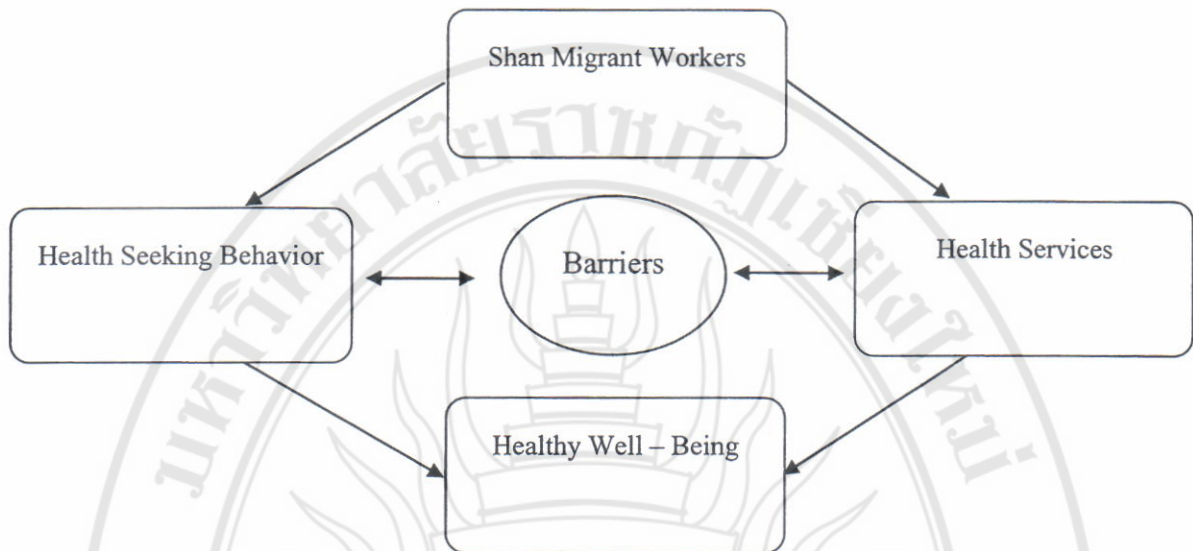


Figure 2.4 : Conceptual Framework

The theory frame work shows the related between Shan migrant worker when they got minor sickness or illness about their health seeking behavior and the barriers to access of health service and the outcome results for healthy well – being among them.