



CHAPTER I

INTRODUCTION

Introduction

The United Nations (UN) defines an international migrant as anyone who changes his/her country of usual residence and the most socially significant migrations can be found within or between developing countries in Asia and Africa. In the international migration report 2015, it can be found that the number of international migrants worldwide has continued to grow rapidly over the past fifteen years reaching 244 million in 2015, up from 222 million in 2010 and 173 million in 2000 and nearly two thirds of all international migrants live in Europe 76 million or Asia 75 million. Dramatic number of migrant workers simultaneously increases the social and health related issues globally. The United Nations (UN), department of Economic and Social Affairs, Population Division (2015).

Globalization of Migrant Workers

Nowadays, migrant workers account for 150 million of the world's approximately 244 million international migrants (International Migration Report, 2015). Globalization, demographic shifts, conflicts, income inequalities and climate change will encourage ever more workers and their families to cross borders in search of employment and security. Migrant workers contribute to growth and development in their countries of destination, while countries of origin greatly benefit from their remittances and the skills acquired during their migration experience. Yet, the migration process implies complex challenges in terms of governance, migrant workers' protection, migration and development linkages, and international cooperation. The International Labor Organization (ILO) implement policies to maximize the benefits of labor migration for all those involved.

Migration in Thailand

Transnational migration and Trans – border migration are well – known phenomenon in Thailand. Chinese traders and laborers are said to be the early and largest immigrant groups who arrived to Thailand in the 18th and 19th centuries. From the Bangkok Census in 1909, it was reported that 162,505 Chinese migrants settled in the capital other nationalities from neighboring countries or Western countries come and settle in Thailand for various reasons such as spreading Buddhism or Christianity, trading, merchandising, education, etc. Due to the economic development of Thailand, foreign laborers are in demand for the abandoned or low skilled jobs by the local people, such as fishing, factories, construction, domestic work, entertainment, agriculture, etc.

According to the Office of the National Security Council (NSC) Thailand, Thailand is the main destination for migrants from neighboring countries mostly Myanmar, Cambodia and Laos. Among them, 80 % of the migrants are from Myanmar; approximately no less than 6 million Myanmar migrants are working and contributing to Thailand's economy. In the report of IOM 2005, Ministry of Labor announced that there are 1,284,920 registered workers and dependents from Myanmar, Cambodia and Laos. Although migrant workers work and contribute to Thailand's economy, they are not fairly treated and humiliated in their workplace or society.

Migration in Chiang Mai

Myanmar is a neighboring country to Thailand and Chiang Mai is bordered by Shan State of Myanmar in the North East. Chiang Mai, the second largest province of Thailand has 1.6 million (1,678,284) population and holds over 200,000 migrant workers from Myanmar. Shan ethnic groups from Myanmar migrant to Chiang Mai because of similarities of its economic, geological location, culture, language and dialect between Thai and Shan language, are the main reasons for the flow of emigration from Myanmar into Thailand and their intent is to reside or settle as permanent residents/citizens or take up an employment for a better life and job opportunity in Thailand.

At the same time, Chiang Mai is a famous tourist attraction and a large number of workers are needed to fulfill the requirement of human resources especially in the construction site hospitality and tourism industry. In the present, Chiang Mai province becomes an urban society of high population growth where there are a number of visitors, foreigners, local and

ethnic population, migrants and refugees create a harmonized social life among them. Therefore, migrant workers are a unique phenomenon in the Thailand's economic development and transformation.

Shan Ethnic Group of Myanmar

Shan State is the largest of 14 administrative divisions by land area in Myanmar, covering 155,800 km², almost a quarter of the total area of Myanmar. Shan people, a well-known Tai ethnic group of Southeast Asia, is also known as Tai Yai in Thai, Tai in Chinese who inhabit primarily in Shan State and also in Mandalay Division, Kachin State and Kayah State in Myanmar as well as in the adjacent regions of Thailand, China and Laos.

Shan Migrant in Chiang Mai

Back to the late 19th century, Shan people migrated into Northern Thailand reaching Phrae and settled in Chiang Rai, Chiang Mai, Mae Sariang, Mae Sai and Lamphang. Mae Hong Son was originally founded by Shan settlers from the west around 1830. Website: The Shan "Tai Yai" People In north Thailand). In 2013 in Chiang Mai, it is reported that almost 70,000 migrants from Myanmar are eligible for work permits and these numbers of 47,290 applied and obtained work permits. Among them 90 % of the population is ethnic Shan because of regionalization, language, culture and job opportunities.

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Characteristic of San Phak Wan Sub – District

San Phak Wan sub – district was 14.8 kilometers far from Chiang Mai Rajabhat University . It's take about 31 minutes driving and the place was situation on route Number 108. From university, drive continue to Chang Phueak Road around 1 minute and turn left at the first cross street onto Chang Phueak Chothana Road, then follow to Stadium Road to Maninoppharat

Road around 2 minutes (950 meters), drive from Siriphum Road, route 1141 and route 108 to San Phak Wan sub – district in 25 minutes.

The location of San Pak Wan was far from Amphoe Hang Dong about 6 kilometers. There has 13 square kilometers or 8,862 Rai. It's has territory connected to the nearby sub district as the following. In North, connect to (Mae Hia) Sub districts and (Pa Daet) Sub district and the West side, there were connected to Nong Khawi and Khun Khong sub – district. The South side connected to Pan Wan, and the East side connected to Mae Kha sub – district, Hang Dong Chiang Mai Province. There are seven Moo Bann in this district are as follow.

1. Moo Ban San Phak Wan
2. Moo Ban Ton wink
3. Moo Ban Ton Phayu
4. Moo Ban Patan
5. Moo Bann Bao
6. Moo Bann KhaoTaing
7. Moo Bann San Pak Wan Noi

There are 14,109 total Population in this district according to Bureau of registration administration, department of the district of Chiang Mai in April 2016.

Health Problem of Migrant

Tuberculosis is the most common infectious disease diagnosed on health screening of guest worker registrants, and the surge in cases, especially in Shan and other ethnic minorities living along the borders of northern Thailand, is straining the capacity of local TB control programs to isolate, treat, and follow – up patients (Amarinsangpen S. Strategic Plan to control Tuberculosis to Meet Decade – end Development Goals, B.E. 2558. A Talk given at seminar, Update on TB Situation in Thailand and Around the World and Launch of New Project in Northern Thailand – TB , Chiang Mai, Thailand. November 28, 2006. The high rates of HIV infection in Shan State and Shan migrants living in northern Thailand; HIV prevalence rates in this population were amongst the highest of all ethnic minorities, up to 8.75 % in one analysis, rates far above their Northern Thai cousins, who had some of the highest HIV infection rates in Thailand widely varying HIV prevalence and risk behaviors among the ethnic minority peoples of

northern Thailand. Beyrer, C., Celentano, DD., Suprasert, S., Sittitrai, W., Nelson, K E., Kongsab B., Go, V., Phanupak, P. AIDS Care. (1997).

In Chiang Mai, AIDS is now the most common disease in Shan migrants that is reported to Thai health authorities (WHO Thailand and Department of Disease Control, Ministry of Public Health Overview of Thai – Myanmar Border Health Situation, 2005)

However, many restrictions and complicated measures registration entails, in addition to misunderstand, language barriers, discrimination, registration costs and other expenses bar most migrants from Burma, particularly Shans, from being legally documented (Tin Tad Clinic Proposal for a Village – Based Health Care Project at Ban Mai Ton Hoong, Fang District, Chiang Mai, Thailand, 2006.)

Today, Mae Hong Son Province, there were border Shan State and home about ten thousands of undocumented individuals, spends over 40 million baht per year on charity care, straining healthcare budgets already stretched thin as a result of insufficient government subsidies (Treerutkuarkul A. Stateless Left in Healthcare Limbo. Bangkok Post. February 19, 2007. NHSO to Cover Those Awaiting Citizenship The Nation. February 4, 2007.

According to the community base organization (CBO) and Non – government organization (NGO) general supporting to Shan migrant worker, San Phak Wan district is where most Shan migrant worker are working in construction site of household project. They and their family are staying in camp nearby and some rent room in the studying area. Therefore, Shan migrant workers are selected to be the participants of the study due to its historical migration and a large population of Shan ethnic group in Chiang Mai.

Migrants has been increased by infection disease, change in lifestyle and diseases of affluence (Diabetes, heart disease, cancers) is major concern (Rafnsson, 2007). Some infectious diseases were found more prevalent among migrants, mainly due to the poor hygiene in living conditions. Therefore, it is without question that migrants are vulnerable group. Migrant populations are likely to have unmet health needs. They may face language and cultural barriers. They may face discrimination. They may be locked into menial jobs. They may leave their homes only to find a bleak future (Margaret Chan, 2007).

Since, Thailand has 1996 started implementing measures to cope with undocumented migrants from Myanmar, Laos and Cambodia, It was only in 2004 that the cabinet for the first time

made a resolution to allow not only migrant workers but also their dependents to temporarily reside and apply for permission to work in Thailand. Today we can divide low-skills migrant workers into four groups, namely;

1. Registered workers
2. Nationality – verified workers
3. Imported workers
4. Unregistered workers

Such suppressions and human violations cause higher physical and psychological problems and prevent who to seek for health care services. Many of the migrants are working as factories and constructions workers, agriculturists, general labors and domestic helpers (housemaid). The commons diseases among migrants worker are hypertension, diabetes, dengue fever, tuberculosis, Hepatitis, Immunizations, HIV/AIDS, women's health and Children's health etc. Some infectious diseases were found more prevalent among migrants, concern to the poor hygiene in living conditions. Psychological and physical stress causing from moving to the new environments can found in Shan migrants workers. However, migrants have been facing serious social problems such as discrimination, unequal/negative treatment at different levels in the workplace and society. They are difficult to survive in such situations by encountering poor working and living conditions, low paid and are forced to work continuously or work in an unsanitary and unpleasant environment. Such suppressions and human violations cause higher physical and psychological problems and prevent to seek for health care services.

Research Questions

1. What and how are the health seeking behaviors of Shan migrant workers and their socio – economic status in San Phak Wan Sub - District, Hang Dong District, Chiang Mai province?
2. What are the barriers in accessing to health care services?

Research Objectives

1. To study the socio economic status of Shan migrant in San Phak Wan Sub – District, Hang Dong District, Chiang Mai Province.
2. To study health seeking behavior and the barriers of access to health service of Shan migrant in San Phak Wan Sub - District, Hang Dong District, Chiang Mai Province.
3. To study the factors related with the barriers of access to health service of Shan migrant in San Phak Wan Sub – District, Hang Dong District, Chiang Mai Province.

Definition of Term

Health seeking behavior means an action taken by a person in maintaining, attaining or regaining good health and preventing from minor illness and diseases. Health behavior is also a reflection of a person's health beliefs. When they suffered from illness, for example, muscle pain, back pain, headache, abdominal pain, fever, etc., they will realize their sign and symptom first then they may do nothing or ignoring or buy medication from drug store or they will rest or take traditional medication or go to private clinic or go to government health care center or take rest or doing exercise.

Minor illness means the sickness or illness example muscle pain, back pain, headache, abdominal pain, fever, etc.

Access to Health Service means to the ability of using the healthcare services in terms of presence of health insurance, travelling time, affordability, opening time waiting time and satisfaction to service at health center, hospitality of health care personnel and satisfaction to service.

Shan migrant worker mean Tai ethnic group of Southeast Asia, live in the Shan State of Myanmar and in adjacent regions of Thailand to find their intent is to reside or settle as permanent residents/citizens or take up an employment for a better life and job opportunity in San Phak wan sub – district, Hang Dong district, Chiang Mai province.

Satisfaction means the perceive or opinion of Shan migrant workers or their relatives who were served in health centers in Chiang Mai and the satisfaction on nurse and staff, physician and all services of health center.