



CHAPTER V

CONCLUSION AND DISCUSSION

The purpose of the research are to study the common health seeking behaviors of Shan migrant workers and their minors of sign and symptom of illness or sickness cause them can't go to work in San Phak Wan Sub – District, Hang Dong District, Chiang Mai Province. This chapter describes the conclusion and discussion of the study in 5 parts.

Part 1 Social Economic data of Shan migrant workers participated in this study.

Part 2 Health seeking behaviors of Shan migrant workers.

Part 3 The barriers in seeking health services.

Part 4 The overall satisfaction of health service.

Part 5 The factors related between the socioeconomic data and the barriers of access to health service.

Part 1 Individual Social Economic data of Shan migrant workers

The results of in this study, 181 Shan migrant workers from 13 provinces in Shan State are from the results Shown that a total of 181 Shan migrant workers were interviewed. There were 13 parts of hometown in the questioner 2.8 percentage from Taunggyi and from Muse also 2.8 percentages. From Hsibaw was 5.5 percentages and from Loilem also 5.5 percentages. From Kyaukme was 1.7 percentages and from Lang Khur was 12.2 percentages, from Mong Pan was 6.6 percentages. From Keng Tong 5 percentages and from Lashio also was 5 percentages. From Techileik was 2.8 percentages and 1.7 percentages from Mong Hpayak and 3.9 percentages from Mong Hsat and 44.8 percent from other 61.9 percentages of them were male and 38.1 percentages were females. Age of ranged for respondents from 19 to 59 years.

The results Almost of the respondents 89.5 percentages were Buddhists. Only few of them were Christian 6.6 percentages and Muslim 3.3 percentages. Age of the respondents ranged from 19 to 59 years. Length of stay in Chiang Mai was one years and maximum was 25 years.

The results show that Individual Social Economic data of Shan migrant workers participated in this study. About half of the respondents 65.7 percentages were married 29.8 percentages were singles and those who divorce were 2.8 percentages and widowed were 1.7 percentages. About 43.1 percentages of respondents had three to four family members in Chang Mai and 37.6 percentages had one to two family members and 6.6 percentages had more than five family members and 12.7 percentages had only one number of family in Thailand. It can be seen from the table that around half 49.7 percentages of Shan migrants workers were registered and the remaining 29.3 percentages were Labor card, only few 0.6 percentages of them were Health card and 1.1 percentages were Social security card and 19.3 percentages were others.

The results shown that 84.5 percentages of Shan migrant workers were registered and 15.5 percentages were unregistered. According to educational status, more than one third of participants were illiterate 42.0 percentages. Another one – third got primary school 29.3 percentages and another one – third got middle school 21.5 percentages 6.1 percentages reached to high school and 1.1 percentages graduate. This data collected shown the occupation of Shan migrant workers. The majority 60.8 percentages of the participants were working in Construction sites 6.1 percentages were working in Hotel sectors, farming 1.7 percentages and 6.1 percentages were other.

The results shown that monthly income 67.4 percentages were 5,000 to 10,000 Thai baht per month 29.8 percentages were more than 5,000. Thai baht per month 1.7 percentages were 10,000 to 15,000 THB and 1.1 percentages were more than 15,000 THB 80.1 percentages were working 9 hours per day and 19.9 percentages were working more than 9 hours. Two – third 79 percentages were 4 days off per month and 5.5 percentages were 5 days off per month, 2.8 percentages were 2 days off per month 0.6 percentages were 3 days off per month and no days off per months. Two – third 79 percentages were 4 days off per month and 5.5 percentages were 5 days off per month, 2.8 percentages were 2 days off per month 0.6 percentages were 3 days off per month and no days off per months. Two – third 79 percentages were 4 days off per month and 5.5 percentages were 5 days off per month, 2.8 percentages were 2 days off per month 0.6 percentages were 3 days off per month and no days off per months.

Part 2 Health seeking behaviors of Shan migrant workers

The health seeking behavior in sample group when they got minor sickness were in the following ordinal number

1. They always go to local drug store 27.6 percentage
2. They often take western medicine 26.0 percentage
3. They sometimes take a rest 19.9 percentage
4. They rarely take a rest 16.0 percentage and
5. They never go to factory clinic 27.6 percentage

According to the results, Shan migrant workers never go to the factory clinic when they get sick. They were rarely and sometimes likely to take a rest, often take western medicines and go to the local drug store seen always for their health seeking behaviors among them.

Part 3 The barriers in seeking health care services

The barriers of Shan migrant workers' access to health service center in the questionnaire, potential barriers are categorized into 15 items: Afraid of being absent from work, Afraid of treatment, Complicated medical procedure, Discrimination, Fear of being an illegal, Financial problem, Language barrier, Long distance, Long queue, No free time, No friend accompanying, Not allowed to take leave, Not seriously ill, Poor service, and Difficulty of transportation.

Result show that the top 3 Strong agree with the barriers in access to health service were

- 1) Long Queue was 4.4 percentage.
- 2) Afraid of being absent from work was 3.3 percentage and
- 3) Poor service was 4.4 percentage.

And the top 3 agree with the barriers in access to health service were

- 1) Long Queue was 39.2 percentage.
- 2) Complicated medical procedure was 33.1 percentage and
- 3) Not seriously ill was 32.0 percentage.

There were strongly agree and agree with the barriers in access to health service with long queue it may concern of their minor sickness not important for them to go to health center, when they are going to health center they have to wait for long waiting time and if too much spend time it may

made them absent work. The reason take a long time at health center because few of physician was available at health center answers of them and it agree with the poor service of the health center.

Part 4 The overall satisfaction of health care service

The satisfaction of nurse and staffs was 51.4 percentages replied average result with politeness and friendliness 50.3 percentage was replied in good result for satisfaction of social communication of nurse and staffs 48.6 percentage was replied in good results with readiness to assist patients.

The satisfaction of physician was good results and 65.2 percentages was replied with professional medical skills 64.6 percentage was replied in good results with friendliness and kindness of physician 63.0 percentages was replied in good results with pay attention to patients of physician

The satisfaction of service was in good results and 59.7 percentage were replied with the facilities of health center 56.4 percentage was replied in good results with location of health center 55.2 percentage was replied in good results with medical fees. 47.5 percentages was replied will come and visit again to health center and 47.0 percentages was replied will recommended to family and friend.

This part point that not all of participate were used to health care service but some of them or their relatives when went to got health center and just asking the satisfied of them. They have used to once a time or taking their friend or relative to any health service center in Chiang Mai, the results show that satisfaction of nurse and staffs was average result replied on politeness and friendliness, good results on social communication of nurse and staffs and good results with readiness to assist patients of nurse and staffs. Good satisfied with the physician professional medical skills, kindness of physician and good satisfied on pay attention on their problem. The satisfaction of service were in good results replied on the facilities of health center, good results on location of health center and good results with medical fees. Good results replied on will come and visit again to health center and replied good results will recommended to family and friend.

Part 5 The factors related between the socioeconomic data and the barriers of access to health service

The data analysis to find the relationship includes socioeconomic data such as hometown, gender, age, and religion, so on. The relationship calculated by Chi – square test. The level of significance for relationship between them set at $p - \text{value} = 0.05$.

The result shown there were no factors related between socio economic data and barriers, because the results show that sample group of this study were in working age, not focus on seriously illness and most of them were registration status, no fear on the illegal status and no financial problem for the health status. In health seeking behaviors for minor illness results most of them going to buy drug store and also taken western medicine. Strongly agree with the long queue barriers and not seriously ill also the reason not access to health service. On the general satisfaction on health center there were all in good results of satisfaction in nurse and staffs, physician and general service and overall satisfaction. So it can see there were no affect between the socioeconomic data and the barriers in access to health services.

Discussion

Now a day the registration status was not a major problem as a past five years. Every registration status made them effort the health center for 30 Baht at government hospitals but only few were used of the service because afraid of long waiting queue from health center and afraid to be absent from work (afraid can't get the payment of who working per day), It not concern the bad service of health center and all of them replied good results on nurse and staffs, physician and all service from health center.

The reason of they never go to factory clinic was the expenses of medications and the low quality of medication using and giving of information from factory clinic. Often taken of western medicine than traditional medicines were the good results for their minor illness for examples if got the fever, headaches or muscle pain have to take pain killer for example the medication was Paracetamol. Some were answer for rare take a rest because if they take rest they didn't get payment for working day, some of them were working on daily payment. If some working on monthly payment were answer sometimes take a rest because they got the sick leave on their working place. The reason always go to local drug store for the most health seeking behaviors among them were easy to get the

good medicines and right information from the pharmacist from drug store without service charge and it very easy and save time and cost than go to clinic.

There were strongly agree and agree with the barriers in access to health service with long queue it may concern of their minor sickness not important for them to go to health center, when they are going to health center they have to wait for long waiting time and if too much spend time it may made them absent work. The reason take a long time at health center because few of physician was available at health center answers of them and it agree with the poor service of the health center.

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Good results replied on will come and visit again to health center and replied good results will recommended to family and friend.

The facts found out in this study are related to previous studies mentioned in related literature review. Peng et, al. (2010) stated that only 36.4 % of 2,478 participants visited to health care services while most of the migrant workers chose self – medication or take no measure at all. This is resemble in this research that Myanmar migrant workers participated in this research went to local drug store (27.6 %) and also took western medicine (26.0 %). Moreover, Aung T, Pongpanich S. & Robson M. (2009) mentioned that Myanmar migrant workers from Ranong province went for Drug Store and self – treated minor health problems by themselves. Furthermore, Pimonpan Isarabhakdi (2004) found out that migrant ethnic groups mostly prefer traditional medication for health problems. Therefore, the Shan migrant participants of this research has similar attitude towards previous study in which self – treatment is the most common solution for minor illness rather than going to health care service providers.

However, Community Health project from Medicine National University of Singapore (2012/20013) mentioned that migrant workers in Singapore did not go to see health care service provider for non-serious illness mainly because, they scare of their illegal immigrant status will be exposed. In this study, Shan migrants worker also do not choose to see health care service provider while they suffer non serious illness.

Conclusion

This study was done in San Phak Wan Sub – District, Hang Dong Province. Totally 181 Shan migrant workers who were come from different part of Shan state and working in construction site, factory workers included in the study. Data was collected by using the questionnaire on March 2017.

The research objective of the study was to find the common health seeking behavior of Shan migrant workers in San Phak Wan Sub – District, Hang Dong, Province their minor's illness or sickness cause them can't go to work and what are they doing in case of sickness. To study the barriers in access to health service and the factor affecting the cause of health care service problem of Shan migrant workers.

It can be seen from the table that around half 49.7 percentages of Shan migrants workers were registered and the remaining 29.3 percentages were Labor card, only few 0.6 percentages of them were Health card and 1.1 percentages were Social security card and 19.3 percentages were other. Now a day the registration status was not a major problem as a past five years. Every registration status made them effort the health center for 30 Baht at government hospitals but only few were used of the service because afraid of long waiting queue from health center and afraid to be absent from work (afraid can't get the payment of who working per day), It not concern the bad service of health center and all of them replied good results on nurse and staffs, physician and all service from health center.

The reason of they never go to factory clinic was the expenses of medications and the low quality of medication using from factory clinic as they replied. Often taken of western medicine than traditional medicines were the good quality of medicines made good outcome for their minor illness for examples if got the fever, headaches or muscle pain have to take pain killer such as a medication was Paracetamol. Some were answer for rare take a rest because if they take rest they didn't get payment for working day, some of them were working as daily payment. If some working on monthly payment were answer sometimes take a rest because they got the sick leave on their working place.

The reason always go to local drug store for the most health seeking behaviors among them were easy to get the good medicines and right information from the pharmacist from drug store without service charge and it very easy and save time and cost than go to clinic.

There is no related that the relationship include socioeconomic data such as Age, Length of stay in Chiang Mai, Legal status, Occupation were the most related with barriers item .The relationship calculated by Chi – square test. The level of significance for relationship between them set at p – value = 0.05.

Recommendation

1. Improving factory clinic and providing more information on the factory clinic.
2. Providing the coverage and benefits of 30 Bath health insurance and providing more information on the coverage and to use the benefits to reduce of medical expense.
3. Supporting and sharing of health education and health information to the Shan migrant workers is necessary.
4. Volunteers and Community health workers could be providing and supports of health information and services to the Shan migrant workers.
5. Number of NGO health center increase and have to share the health information in their own language among the migrant workers.

Recommendation for future study

As the findings of this study show there were no strongly barriers to access to health service. So it could be find out in migrant of other ethnics group and those who are working and not working. Only minor illness was mentions in this study so should be finding out about the major illness on this working group. Occupational health education and environmental health conditions should be do in the migrant working group focus on hygiene of living and working place, to find the factor of working place and pollution, health impact, soil, water and air the landscape and socio economic data of Shan migrant workers.