



CHAPTER III

RESEARCH METHODOLOGY

3.1 Study Area

This study was done in Ranong Province, Thailand. The estimated migrant population is about 100,000, of which 61,895 are registered and the rest are working illegally (unregistered). Migrants are working as fishermen, fishery-related workers, construction workers, agriculture/ rubber plantation workers, factory workers, and some as general labors, domestic helpers (housemaids) and sex workers. (Ranong Provisional Health Office, 2005a; World Vision Online Article, 2007).

Among the five districts of Ranong Province, Muang District holds about 80,000 migrant workers. (80% of all the migrants in the whole province). There are around 15,000 registered workers and 65,000 unregistered workers (Muang District Health Office, Ranong, 2007).

3.2 Research Design

A cross-sectional study design was used to assess health seeking behaviours among Myanmar migrant workers in Ranong Province, Thailand.

3.3 Study Population

The primary unit in this study was Myanmar migrant worker aged 18 years and above, male and female, registered and unregistered, from different backgrounds,

working in five main types of occupation which are fishing, seafood processing, construction, plantation and factories in Muang District, Ranong Province.

3.4 Sample Size

The sample size was calculated by using the following formula.

$$\text{Sample size, } n = \frac{Z^2_{\alpha/2} (p \times q)}{e^2} \quad (\text{Cochran, 1963})$$

n = sample size

Z = standard value for 95% confidence interval = 1.96

e = absolute precision of study = 0.05 (acceptable error)

p = the proportion of targeted population with reported illness

= 56% = 0.56 (from the study of (Isarabhakdi, 2004))

$q = 1 - p = 1 - 0.56 = 0.44$

$$n = \frac{(1.96)^2 (0.56) (0.44)}{(0.05)^2} = 378.6 = 379$$

Sample size = 379 subjects. A total of 388 subjects were participated in this study.

3.5 Sampling Technique

There are five districts in Ranong province; Muang District was selected purposively. Then the respondents were chosen from 5 main types of occupation. All Myanmar migrant workers aged 18 years and above were asked from each occupation group until the required sample size is obtained.

3.5.1 Inclusion criteria

Myanmar migrant workers

- Who are aged 18 years and above.
- Who can speak Burmese language
- Who are working as fishermen, fishery-related workers, construction workers, agriculture/ rubber plantation workers and factory workers
- Who are willing to participate in the research.

3.5.2 Exclusion Criteria

Myanmar migrant workers

- Who are working in other occupations rather than the five main types stated above or who are not working at the time of survey.

3.6 Data Collection Tool

Data collection tool was a questionnaire developed and translated into Burmese language by the investigator, which consists of;

3.6.1 Independent Variables

Individual characteristics

Age, gender, ethnicity, marital Status, education, duration of stay in Thailand, occupation, household income and expenditure, migrant status in Thailand, Thai language skill, smoking and drinking habits, decision making power to health care, living and working conditions.

Accessibility to health care services

Presence of health insurance, traveling time, traveling costs, consultation fees, opening time of the health center, crowding and waiting time at the health center, hospitality of healthcare personnel, given time to talk about health problem, privacy of the treatment room, overall satisfaction to the health center.

3.6.2 Dependent Variables

Health seeking behaviours (Take a rest, Do exercise, Take herbs, Consult monk, Consult traditional healer, Buy drugs from drugstore, Go to Government health service, Go to Private health service, Go to NGO health service and Do nothing) for the perceived minor and major health problems.

3.7 Pilot testing

Pilot testing of the questionnaire was conducted on thirty Myanmar migrant workers with similar occupations and similar living conditions in Samut Sakorn Province one month before doing an actual survey. The purpose of pilot testing is to evaluate the clarity of the questionnaire. Wordings in the questionnaire were modified as suggested by feedback from participants.

3.8 Data Collection

Data was collected by face-to-face interview with the respondents by the researcher and five interviewers who understand Myanmar language well. The interviewers were the Migrant Health Volunteers (MHVs) from World Vision organization of Ranong. The researcher asked for the permission from the

organization to hire these MHVs as interviewers. The interviewers were then trained by the researcher one day prior to the data collection.

The researcher and interviewers went to the respondents' homes or the workplaces depend on the situation. As most of the Myanmar migrants in Ranong were working without the registration status, they were afraid to be asked questions from the strangers. A culturally sensitive approach was expressed before and during the interview by using appropriate wording and manners so that the participants feel at ease and could answer the questions conveniently. The questionnaires were checked by the researcher on a day to day basic.

3.9 Data analysis

All data were organized and analyzed by the researcher using the Software Package for Social Studies (SPSS) version 16.

Data analysis was conducted to address the specific objectives of the study which are

Specific Objective 1: To describe the individual characteristics including living and working conditions.

Descriptive statistics such as frequency, percentage, mean and standard deviation were used.

Specific Objective 2: To describe the accessibility of healthcare services

Descriptive statistics such as frequency, percentage, mean and standard deviation were used to describe the accessibility of healthcare services.

Specific Objective 3: To describe the health seeking behaviours of Myanmar migrant workers in Ranong province

Descriptive statistics such as frequency, mean and standard deviation were used to describe the health seeking behaviors of Myanmar migrant workers for their perceived minor and major health problems.

Specific Objective 4: To determine the relationship between (1) individual characteristics (2) accessibility to the health services and health seeking behaviours for the perceived major health problems of Myanmar migrants

Pearson's Chi-square test was used to identify possible relationships.

3.10 Ethical Consideration

Approval from the ethical committee of Chulalongkorn University was obtained prior to data collection. Before interviewing the participants, the principal investigator and interviewers gave clear verbal explanation to each potential participant on the purposes and procedures of the study, the expected duration, the possible risks and benefits and that their responses will be kept confidential. Each potential participant was also informed that participation in the study is completely voluntary and that they can withdraw at any time, and that withdrawal of consent will not affect them. The informed consents were then obtained from the participants willing to participate. The name of respondent was not recorded. A unique numerical code was assigned to each participant and recorded on the questionnaires. None of the questionnaires could be traced back to the respondents.

3.11 Limitations of the study

- This study was done only in Ranong province and so the findings could not be generalized to the whole Myanmar migrant workers population in Thailand.
- As this study showed the health seeking behaviours of migrant workers in general, the findings would not be exactly the same with health seeking patterns for specific diseases.
- As this is a cross-sectional study, it could not conclude the changes among migrant population overtime.
- Due to the working hours of the respondents, the samples were selected based on convenience and there could be, therefore, some bias in this study.
- Due to the time constraint of the researcher, only the relationship between independent variables and the most common health seeking behaviour i.e. going to the health centers for perceived major health problems was analyzed.
- This study used the Chi-square test to analyze the association between factors that influence the health seeking behaviours for major health problems, but no further statistical analysis was done. Therefore, the results could not say which the most influential factor is.

3.12 Expected Benefits and Applications of the Study

This study is expected to give the baseline data on the patterns of health seeking behaviours among Myanmar migrant workers in Ranong province.

It is expected that the findings of the study would be useful for the review and planning of healthcare interventions for the migrant workers and improving access to critical healthcare services.