

CHAPTER III

DATA EXERCISE

Rapid Needs Assessment among Myanmar Migrant Factory Workers at the outskirts of Mae Sod District, Tak Province, Thailand

3.1 Introduction

The number of migrant workers in Thailand has been steadily increasing for the past ten years and remained stable to over two million during past few years. In order to get a more accurate picture of the number of migrant workers in the country and to control these workers, the Thai Cabinet Resolution in August 2001 allowed a broad range migrant workers to register on a yearly basis work permits in various occupations unconditionally. Out of the estimated two million workers, only about a quarter of them or 559,541 workers managed to register by the year 2001. The rest became undocumented and live illegally throughout the country. Among all registered workers, about 80% or 447,093 workers are from Myanmar (Raks Thai Foundation, 2002).

Migrant workers from Myanmar, both registered and unregistered, makes up a significant proportion among all migrant workers in Thailand. These migrant workers from Myanmar are concentrated, at most in Bangkok, at lesser in central regions and border provinces. Among 76 provinces all over Thailand, Tak province shared the third

highest number of registered migrant workers (47,489 workers) during the year 2001 registration, preceded by Bangkok and Samutsakorn province. In Tak province, most of all registered migrant workers (40,000 workers) registered in Mae Sod district alone. The Tak Public Health office estimated the total number of migrant workers, both registered plus unregistered, in Mae Sod could be double up to 100,000 similar to the number of Thai population of Mae sod at 105,228 in year 2000 (Tak provincial Statistical Office, 2000).

The high number of migrant workers in Mae Sod may due to the fact that many jobs are available, being a diverse city, and being the main western border pass of the country. There are about 210 factories, mainly garment business, located in Mae Sod district alone (Ekachai, 2003) with a large number in the outskirts of the district. These factories rely on cheap migrant workers making migrant factory workers take major part of migrant workers in Mae Sod district. The other jobs besides factory workers include water transportation, general labour, domestic work, shop helper, and construction workers. All of these make Mae Sod town became one of the main targets of most migrants who decide to leave from Myanmar. While in Myanmar, the economic hardship and continuous human rights violations by their military government steadily push peoples' decision to seek their livelihoods in other countries (ILO, 1999).

As mentioned in the previous chapter, the problems that migrant workers generally face in the host country are due to disruption, characteristic difference from host people, difficulties to access services and deception. These effect migrant workers'

Quality of Life in general. A poor environment including insecurity and poor living and working conditions create actually a more vulnerable health situation for migrants.

There are several research studies and reports providing information on migrant workers from Myanmar in Mae Sod. Most of them focus on public health risks, such as reproductive health and HIV/AIDS vulnerabilities. Some others express concern about labour exploitation issues (Ekachai, 2003). The most recent one is a survey on household and health database of migrant workers in Mae Sod municipality (Mae Sod General Hospital, 2003). However, knowledge on main problems and needs perceived by these migrant workers themselves is limited.

3.2 Background

Currently several informal groups initiated by Burmese-in-exile and a few Non Government Organizations (NGOs) are providing limited health and social services to a small proportion of migrant workers, mainly in the inner Mae Sod town. Their humanitarian but unauthorized activities are variously constrained, tolerated, or fostered by Thai authorities. A number of migrant workers also volunteer to help these groups in areas of networking and advocating their service activities with the wider migrant worker population.

I met with one key informant, who is migrant worker and used to be employee, but is currently self-employed. He has been very enthusiastic in helping and offering support to many migrant workers in Mae Sod for a few years. Workers in his network are working and living in eight factories, which are scattered in the southern outskirts of

Mae Sod town. His network in the factories is also widely known by other workers because they often offer support and help other fellow workers. He realizes that the needs of migrant workers are complicated and very extensive, his networking can not deal with all their problems. He has been looking for assistance from every possible organization and individuals to help him to establish a program to alleviate migrants' problems.

His intention inspired me to offer him an initial constitution by conducting a rapid needs assessment within his network and fellow workers. Taking into account that similar demographic populations often perceive their needs as being very different from each other (Witkin & Altschuld, 1995), the needs perceived by these target workers needed to be explored.

A needs assessment of specific networks could derive information and perceptions of values as a guide to decisions in program development that will benefit specific groups of migrant workers. His migrant network could be used as a channel to access the wider migrant worker community and to identify current problems and possible solutions. His network could play an important role in planning and implementing the program. He is also seen to be a potential leader for the program based on his vision and trust that he has built with many workers.

This data exercise aimed to assess needs and identify possible solutions with the migrant workers from the above network. Prioritization of potential solutions was applied in the wider migrant work force from the same factories where those networks

exist. Qualitative and quantitative research methods were used in this exercise. Consequently, findings will assist the networks to decide a possible intervention to respond to key needs in order to improve the quality of life for migrant workers.

3.3 Objectives

3.3.1 General Objective:

To assess the needs and possible solutions among Myanmar migrant factory workers at the outskirts of Mae Sod district, Tak province, Thailand.

3.3.2 Specific Objectives:

Followings are specific objectives for this study:

1. To identify perceived needs of migrant social network members
2. To explore possible solutions with migrant social networks members
3. To prioritize potential solutions with migrant factory workers in the selected factories

3.4 Definitions

Needs: are problems that migrant factory workers concern at present and would like to see them changed and classified into 4 domains of Quality of Life concept as physical health, psychological health, environmental health and social relationships.

Perception: ability to see, hear, or become aware of something through the senses (Oxford University Press 1999, 2000).

Solution: what is required by migrant factory workers to fill their needs with possibility to achieve some desired end to alleviate the problems

3.5 Methodology

3.5.1 Study Design

This study is a cross-sectional rapid assessment.

3.5.2 Target Site

The study targeted to 8 factories at the outskirts of Mae Sod district

3.5.3 Study Population

The target populations are migrant factory workers in 8 target factories. The estimated number of workers in each factory and types of factory were presented in Table 3.1.

Table 3.1: Estimated Numbers of Factory Workers and Types of Factory

List of Factories	Number of workers	Type of factories
A	120	Knitting
B	348	Knitting
C	820	Knitting
D	900	Knitting
E	1,000	Knitting
F	1,080	Knitting
G	1,200	Knitting
H	500	Steel Pipe
Total	5,968	

3.5.4 Method

Qualitative and quantitative research methods were applied for this study. The first step used qualitative method by focus group discussion (FGD) technique with migrant workers from the social networking group to identify their needs and possible solutions. The second step applied quantitative method by conducting a survey with wider migrant factory workers to prioritize the identified possible solutions.

3.5.5 Sample Size and Sampling Technique

3.5.5.1 Qualitative: The participants for FGD were purposively sampling from migrant social networks members based on following criteria;

- a) being migrant from Myanmar
- b) currently working in one of targeted 8 factories
- c) either male or female
- d) commit to participate in discussion
- e) either posses or not posses a work permit

One network member from each factory was expected to participate in a FGD. Date and time for FGD was set on convenience of majority of these workers. Due to the unpredictability of the participants' time off and work demand, arrangement would be made three to four days prior the FGD by the key informant. However, there were 8 workers from three factories (B, C and F) showed up for the FGD.

3.5.5.2 Quantitative: The appropriate sample size for the survey among target population of 8 factories was calculated as following formula (Daniel, 1987):

$$\begin{aligned}
 n &= \frac{N z^2 p q}{d^2 (N-1) + z^2 p q} \\
 &= \frac{5,968 (1.96)^2 \times 0.5 \times 0.5}{(0.05)^2 (5,968-1) + (1.96)^2 \times 0.5 \times 0.5} = 361
 \end{aligned}$$

Then 10% would be added to total sample size for estimated loss of samples.

Therefore, total samples would be $361 + (10\% \times 361) = 397$

n = estimated sample size

N = number of migrant factory workers in 8 factories

z = the reliability coefficient at the 95% CI = 1.96

p = expect proportion of practice assumed at 50% = 0.5 as it would give the maximum sample size

q = $1-p = 0.5$

d = absolute precision of difference = 0.05 or 5% acceptable error

The proportionate samples for each of 8 factories would be $397 / 5968$ or 6.7%

Then, the workers of each factory would be randomly selected using their identification numbers (labeled for wage receipt).

Due to difficulties for the outsiders to enter the factories, the FGD participants would be the key persons who expected to help in distributing and collecting questionnaire in the factories and they would be trained at the end of FGD. By the time of conducting FGD, there were 8 participants from only 3 factories were able to participate due to police crack down on the way. As security concern with time constraint, therefore these 3 factories were purposively selected for questionnaire interviews. Although full sample size for this study could not be covered as first planned, these 3 factories had covered main characters of other targeted factories such as sizes of factory (small, medium, large), scattered location, availability of health services (one has Burmese health provider, one has basic medicines provided and one has no health service), These different characters could be found in the rest factories.

Due to time constraints for data collection, little free time of workers, my dependence on FGD participants to distribute questionnaire and experiences of workers on being questionnaire objects so often, the appropriate sample sizes for the 3 survey factories could not be applied according to the above formula. All participants agreed to distribute 30 survey samples in each factory. Numbers of random samples in each factory were given to FGD participants for questionnaire distribution in their factories.

3.5.6 Data Collection Tools

3.5.6.1 Focus Group Discussion (FGD)

Guideline questions on problems concerned and possible solutions were outlined for the FGD with target respondents (see Appendix 1). Basic demographic information such as date, time, place, characteristics of participants was taken for all

participants. Names and workplaces were noted down with permission from participants only for analysis purpose and possible future contact. Guidelines were prepared in English and translated into Burmese. The FGD was conducted in Burmese language by myself and a Burmese co-moderator.

3.5.6.2 Survey

A structured questionnaire for a quantitative survey among the wider migrant factory workers was constructed based on the results from the FGD. These included the needs and solutions identified by the FGD as well as socio-demographic variables (see Appendix 2). All questions were prepared in English and were translated into Burmese. The questionnaire was field tested with 11 migrant factory workers out of the target factories and was revised before implementation.

3.5.7 Data Collection Management

3.5.7.1 FGD

I took a visit to the community and factory sites of the migrant workers on the southern outskirts of Mae Sod district with the key informant on 6 March 2003. The key informant made appointments with his networks from 8 factories for FGD on 12 March 2003 at his teashop in Mae Sod market. The initial plan was that all participants would first gather at the teashop, then be transferred to his house for the FGD. Due to travelling difficulties, safety concerns and work demand, only 3 workers from one factory could show up at the first hour causing delay to conduct the FGD, finally the FGD took place in the teashop.

The Focus Group Discussion was co-moderated and interpreted by one of my Burmese friends who speaks Thai and is experienced with research methodology and collecting data with migrant workers in the Mae Sod area. All participants were asked for freely discussion on their concerns and problems then possible solutions. Most of discussion main points were interpreted directly to me in Thai language during the discussion. My fairly understanding and speaking Burmese language was helpful for my input, cross-checking and understanding general interactions during the FGD. This FGD took over 3 hours and was audio recorded. Keynotes were written on flipchart during FGD to enable participants to overview the problems they identified and to think of responses to those identified problems. This flipchart was also kept as study records.

3.5.7.2 Survey

All FGD participants were explained on the purpose of structured questionnaire, which would be prepared according to results from this FGD. They agreed to help collecting data for the structured questionnaire with other workers in their factories. They were explained how to collect data. Meeting points, date and time for questionnaire distributions to each factory were arranged by the end of FGD. At the meeting point, participants were explained how to administrate the questionnaire. They also were supposed to assist respondents in clarifying questions if necessary or reading the questions for illiterate respondent. The completed questionnaires were collected two days later at each factory. Collected data were rechecked then coded and entered in the SPSS program. Double entry was done to crosscheck errors.

3.5.8 Data Analysis

3.5.8.1 FGD

- Data recorded from FGD were directly translated into English and transcripts were made, then codes were developed to conduct content analysis using the long-table approach in addition to the flipchart summaries created during the FGD.
- Validation of FGD outcomes was obtained by crosscheck with participants.

3.5.8.2 Survey

- Data from the structured questionnaire were analyzed using a descriptive analysis including frequencies and distributions using the SPSS software program.
- Content validation of the questionnaire was checked by consulting with two experts
- The questionnaire was pre-tested with 11 migrant factory workers and was adjusted before distribution

Table 3.2: Summary of Methods Applied:

Method	Qualitative	Quantitative
Technique	FGD	Survey
Tool	FGD guidelines	Structured Questionnaire <ul style="list-style-type: none"> • Content validated with 2 experts • Pre-tested with 11 factory workers
Samples	Migrant social network members	Migrant factory workers
Sample Size	8 from 3 factories	90 from 3 factories (30 each factory)
Data Analysis	<ul style="list-style-type: none"> • Content analysis • Outcome validated by crosscheck with participants 	Statistical descriptive analysis

3.5.9 Ethical Considerations

Prior to the Focus Group Discussion was started, my Burmese co-moderator introduced me and explained the purpose of the FGD and also asked for their consents for recording and documentation. Confidentiality was ensured, as the participants' names were not documented. Structured questionnaire excludes respondents' names and the purpose and informed consent was explained prior administering.

3.6 Findings

3.6.1 Findings from FGD

3.6.1 A. Socio-demographic Profile of Participants:

There were eight migrant factory workers from 3 factories participated in the discussion. All of them voluntarily participated as requested by the key informant. They

all shared willingness to help their fellow workers in common. Five of them were males and three were females. All of them aged less than 30 years old and two were single. All are Burman ethnic, except one who was Arakan. Five of them had attended high school, two had attended secondary school and one had attended only primary school. Of eight, two could speak a little bit Thai while the others could not. Six of them had work permits and the other two held other peoples' permits. The participants who came from different factories did not know each other before. However, they all seemed to be comfortable to express their opinions equally both men and women.

3.6.1 B. Problems Identified:

Identified problems from FGD were concluded into 4 domains of Quality of Life concept as; a) environmental health, b) physical health, c) social relationships, and d) psychological health

a) Environmental Health

- **Access to health services:** the work permit registration fee also included health insurance with the Government hospital. According to the insurance policy, the workers need to pay only 30 bahts for each visit. Despite knowing this fact, most of the workers prefer not to use the hospital service. Followings are various barriers of access to health services:
 - **Language barrier:** Most workers did not understand Thai language and Thai public health services do not provide interpreter. The workers were aware of difficulties in communication with Thai health workers, which made them

reluctant to use the hospital services. If they needed to go to the hospital, they would have to take along a friend who can speak Thai to interpret for them and many times they had to pay the interpreter too. Sometimes the factories sent their sick workers to the health stations or hospital but they left the workers there with no assistance.

Verbatim (P2) "Because there is no interpreter, we have to spend long time in the hospital and things that should be happened still were not happened."

Verbatim (P1) "Now near our factory there is Mae Ku health station. If we go there we pay only 30 bahts. But when we go there, there was a difficulty. When they said we did not understand when we said they did not understand. We're really afraid if they injected us any wrong drug. There was no interpreter, it is difficult."

Verbatim (P2) "I would like to go to see any clinic that is good and speak Burmese as myself. In Thai clinic they speak Thai and I don't understand. It is the problem, so we don't want to go."

- **Distance:** The hospital and a free service clinic running by Burmese NGO are quite far from the factories that participants worked. They had to pay quite high transportation cost. Motorcycle taxis usually charged 50-70 bahts for a trip from the factory to the hospital while most workers also earned 50 to 70 bahts per day. Moreover, it was very often that the workers were arrested by police on the way to the hospital even though they told the police that they were sick.

Verbatim (P2) "The NGO clinic gave us blood test card. When we travel to this clinic, we showed this card with whatever document we had to the police but they always arrested us. So we're very afraid. Now we showed this paper (issued for hospital check up) with other documents they did not arrest us. We just got this paper this month. If I did not have this paper with me they would arrest me"

then made me trouble and I had to spend more days (in the police station), thus the factory would not like to call me back."

- *Cost* is the major factor for most workers to make decision for their access to health care service. The workers needed to balance their expenses on transportation, police bribe, interpreter, medication cost and whether they possess original work permit or not. Therefore, workers who do not own work permits even had less chance to access qualified health care.

Verbatim (P4) "If not severe sickness we just go to see the medic in another factory not far from our factory. Although we have to pay him but comparing with round trip taxi cost and risk of being arrested on the long way, we would rather go to see him."

- *Unskilled medicine dispenser:* Some factory had basic medicines available for their workers and distributed by Thai staff who explained how to use each medicine to Burmese workers who understand Thai to dispense medicines to other workers. Their medicine dispensary skills were unknown, sometimes wrong medicine was given. As a result, a lot of workers went to see and pay for a Burmese medic who was hired by other factory. This medic used to serve Burmese Army before, however his competency is also unknown.

Verbatim (P1) "There were a lot of household medicines provided in my factory. They cut our wages 10 baths per month for these medicines. In the office, there was a Burmese staff who gave these medicines for us as arranged by the office clerk. Once one worker got eye pain, he gave ear-drop. We knew because later he came to ask the result as he gave the wrong drug. It's lucky that nothing's happened. They did not have the skills."

- **Living Condition**

- *Illegally confinement* was a critical issue among workers in some factories. Almost all factory workers lived in the accommodations that provided by their factories and most of these shelters are in the factory compounds. Going outside the compound needed permission and the workers had to leave some bondage or they were seen as really severely sick.

Verbatim (P1) "The factory manager asked us 4,500 bahts in cash or one baht weight (15 grams) gold as a bond if we wanted to go outside the factory either close or far or even to go to hospital unless we were severely sick. If I didn't have money, it was difficult. I had to borrow from my friends. The manager wanted to insure that we would come back to work and not leave the factory."

- *Unsanitary shelters* which overcrowding and non-ventilation were reported by most factory workers. They were living in a barrack style building without window except from two doors. The shelter in one factory put long mezzanine along both sides of the hall and let single workers slept on the upper step and the couples slept on the lower floor. Each couple had to make separation by using blankets or card-box paper for their own space. There was privacy of any worker.

Verbatim (P8) "In my factory, the living place had very low roof. It's so hot that make it's difficult to live. When somebody got sick it's easy to transmit to other people in next two to three days. There was no window, only 2 doors. There was not good lighting. We could not stay in the room during day time because the room was too hot."

Verbatim (P4) "When labor official came to inspect our factory, employer told them that they had recreation area, table tennis, drawing room including karaoke and also morning tea for workers."

But there was no recreation place and we had to pay 5 baht for the tea. They put tissue paper and soap in the toilet but when the officials had gone the manager kept everything. ”

- **Security:** Some workers complained that their factory’s shelter is built behind the factory without fence and surrounded by dirty bushes and rice field. They feel insecure for their properties and for themselves

Verbatim (P5) “Our sleeping building has no fence, people from outside can get in easily from the bushes around. When we were working, nobody in the building, so they can steal our properties.”

- **Working Conditions**

- ***Refuse to pay wages, pay late, under pay and wage deduction*** are common practices reported by most migrant factory workers. Wage payment in the knitting factories was based on the number of products that each worker could produce. It might be given weekly or fortnightly at least a week after the work had been done. If any worker left from the factory, they would not get any pay for their previous work. The factory manager deducted some part of wages for work permit fees, food, shelter, tax and police fee. Sometimes workers received under pay by clerk’s mistake and the workers couldn’t get their balance from that mistake. On the other hand, if the workers were over paid, the clerk usually deducted that surplus money in the next payday.

Verbatim (P1) “Sometimes the factory paid wages late 3 to 7 days after pay day. We could not pay back our credit to the glossary shop

on time, so the shop's owner refused to continue our credit for the food. Someone borrowed money with interest and they could not return the money on time, so they had to pay interest for another one more month."

Verbatim (P8) "Before having work permit, the employer deducted us 30 bahts per 1,000 bahts of our wages for police. After getting work permit, they cut us 40 bahts per 1,000 baht wages to pay for tax. We wanted to know what the real government policy is about the taxation. What is the minimum wages that we had to pay tax because the employer cut us 4 baht every 100 baht wage."

Verbatim (P3) "We heard that by law if people earned less than 5,000 baht a month they did not need to pay tax. Our employer cut our wages for tax so they did not need to pay by their own money. They got all profit. Now we earned less than the time we had no work permit. We were willing to pay according to the laws but what we got was the unfair treatment."

Verbatim (P5) "They also cut our wages for rice. Male workers got 700 grams and females got 600 grams of rice each day while the same amount of money was cut to all."

➤ ***Forced to work for long extra hours and irregular employment*** were regularly happened when the factories got large amount of orders. The employers would ask or force current workers to work extra hours, often with very little rest. Sometimes they demanded more workers from outside. When the factory had less order, some workers would be simply dismissed. Some workers had to borrow money from their manager for their living while waiting for the order, then paid back when there was order again.

Verbatim (P7) "There are 3 kinds of workers in my factory; salary, daily wages and contract job. The one who worked on contract job could not earn money when there was no job. Sometimes they had to wait for job for one month without working but they still needed to eat and spend money. For the whole year, they could work and earn only about 7-8 months."

Verbatim (P6) "When the labor officers came to inspect our factory, the employer let them meet the group of workers whom selected by the employer. The employer gave 200 baht to each worker to answer the officers that they earned 135 baht per day and they received it on time and worked only 2-hour overtime and not working on weekend. In reality, we had to work overtime more than 4 hours, sometimes almost whole night including Saturday and Sunday when there were an urgent order."

Verbatim (P4) "Sometimes we had to work over night and at midnight they gave us 2 packs of instant noodle. Later on they gave us only one pack, we didn't know whether the Burmese supervisor or the employer cut it. Every factory had this kind of person who suppressed employees and tried to get favor from employer."

- **Unable to move to work with other employers:** work permits allowed workers to work with the employers that they first registered with. Changing employer is possible only if agreed by both old and new employers, which made it hardly to be happened. Participants complained in this issue that they could not move to work with any other employers even they were not satisfied with their present employers. This made them continue being exploited by their employers.

Verbatim (P2) "Even we had work permit we did not have any right. We could not change the factory. They keep cutting our wages 300 baht every month for permit fee. They control us as they claimed that they made work permit for us. If we had no work permit we could have change to other factory."

- **Access to information**

- **Language Barrier:** most workers have difficulty in communication in Thai language with their employer, manager or any other Thai staff in their factories. When the workers

would like to negotiate or get explanation for any mistake or problem, they could not communicate well with employers and they could not get any satisfactory solutions either.

Verbatim (P2) "we could not speak Thai. The one who speak some Thai had to represent us and they also had to take their risk to talk to them (employer)."

- **Safety and Security**

- ***Not possess own work permit:*** The factory managers did not give original work permit documents to their workers but gave them photocopies instead. This prevents the workers to run away to work somewhere else. If any worker left the factory, the employers would replace those positions with new workers by continuing using those ex-workers' names and work permits. The employers also continued deducting new workers' wages regularly for the permit fees as the employers had paid full cost of permit fee in advance¹.

Verbatim (P8) "In my factory, not all workers had work permit, about 47 workers had no permit. These workers were dismissed when factory had no job."

Verbatim (P2) "They (factory) gave us only copies, not the original ones. The paper they gave us we did not know what they were."

Verbatim (P1) "In some factories, some workers had no work permit. For example, if there were 100 workers, 70 workers had permit. In one factory that the owner's husband is police, they had a lot of workers without work permit. If the workers wanted to go out

¹ Despite the Thai cabinet resolution issued that the fees (about 4,500 Baht each) for one-year work permit of migrant workers would be under responsibility of the employers. However, in practice most factory owners paid these fees in advance and later got these expenses back by deduction from workers' wages.

of the factory, the owner did not take any responsibility. They guaranteed only if the workers stayed in their factory. When police came to raid the factory, the one who had no work permit had to leave the factory to stay outside for a while."

Verbatim (P4) "Some workers used other peoples' work permit. They had to pay for the fee and had to hide in some place when the police raided the factory. When it was time to renew the permit, employer took their photos and changed in the permits (using the old people's name)."

Verbatim (P5) "The difference between having and not having work permit is that we could feel free a little bit when we went outside the factory."

- ***Confiscation of documents and arrest by officials.*** Despite holding actual work permit, some workers were often assaulted by the police on their way that polices were claiming on not holding the real permit. Most workers paid 200- 300 Baht directly to the police as a bribe instead of wasting their time in the police station waiting for their employers to get them out.

Verbatim (P2) "The police always wait to arrest us on the main road from the factories to the hospital. Although we said we got sick, they did not believe unless we looked very severe."

b) Physical Health

- Disease that some workers had most concerned during the time of FGD was eye pain (conjunctivitis), which can be spread to many people. They took time to cure and deteriorate their work ability.
- Other less concerns were common illnesses such as common cold, body ache, headache, fatigue and low or high blood pressure.

Verbatim (P1) "There were eye problem in our factory at this moment, not recovered yet. It was the health problem. Eye pain could not be recovered easily. We went to NGO clinic. Anybody who

had eye pain one time, they would got re-attacked two-three times, then their eyes become not good and could not see clearly. Everyone could get eye problem. It took so long time to recover.”

c) Social Relationship

Beside confining workers not to leave the factory for their business, some factory also did not allow visitors of migrant workers to come in the factory except on day off even through there is an urgent request. This causes their social and family connection become disrupted.

Verbatim (P2) “I think they (employer) did not let us meet our visitors because when many people compete to get their visitors to come in, it looked very disorderly. Therefore when it was very important like brother and sister wanted to meet for some urgent reason, they could not meet each other.”

d) Psychological Health

Most migrant workers do not express their concern directly to psychological health problem. However throughout the discussion, their expression, worry, fear and complaint on their problems could reflect to their unhealthy psychological status.

3.6.1 C. Proposed Solutions

Based on problems identified by the FGD participants, the possible solutions were brainstormed among all participants. All of them feel that it was difficult to manage the problems on their own and some problems even might not be solved at all. So I encouraged them to think of whatever channel that should be possible to do. They proposed as followings:

- 1) Health Care Service: Most participants had heard the idea that proposed by the key informant on setting up a clinic near their factories, so they wanted to support that idea. If possible they would like to have

Burmese speaking skilled health worker running health care service or clinic near their location and not only factory workers, other farm workers and migrant nearby would be able to use the service as well. After the service set up, it would maintain by systematic financial support from most of workers themselves.

Verbatim (P1) "If clinic was established by assistance of organization with agreement of employer it would be good for workers."

Verbatim (P4) "If there was that kind of clinic I would like to support. I am very glad. I would like to go to see any clinic that is good and speak Burmese. In Thai clinic they speak Thai and I don't understand. It is the problem, so we don't want to go there."

Verbatim (P5) "We preferred some NGO to run the clinic with their own funding at the first few months. So the workers could see benefit of the clinic and they may help contribute funding later on."

Verbatim (P1) "We preferred to get a stable clinic in one place. To get out to the clinic, we could manage it."



- 2) Health Education: Participants agree upon an idea from one's experience that health education sessions in the factories would benefit migrant workers and could be done during free time of workers.

Verbatim (P4) "We want some organization to help us. An organization to come to discuss with employer and systematically provide health service and may be on Sunday should provide health education. Because in the factory a lot of people were lack of health knowledge. For example, HIV/AIDS health education, if discuss with employers, they would help to conduct health education in their factories."

Verbatim (P5) "We could not change crowded living situation, however we would like to learn how to live healthily in this situation. Some workers did not take care the common place especially dormitory and cooking area. These people may change if there was health education session."

- 3) Learning Thai Language: Limitation in Thai language is the main barrier causing various problems for migrant workers. Most participants agreed that it would be good for the workers to have a chance to learn Thai language.

Verbatim (P5) "If there were more workers could speak Thai and help talk to employer it may get more power to negotiate as they might not want to fire a lot of people. But we cannot speak Thai so we need to learn some important Thai words."

- 4) Ombudsman² and Advocacy: Most participants agreed that they need an ombudsman to help interpretation in the hospital and for employees and employers. Some participants proposed that the person who had to talk with employer should be an outsider not the employee because most employees are afraid of being targeted by employers if they speak out for other workers. This might cause them losing job. If possible

the participants would like to have an organization advocate on behalf of employees to negotiate or talk with employers when they needed. Some participants gave the opinion that it was also important to build discipline among all workers to make the employer more cooperative.

Verbatim (P1) "If there is interpreter in the hospital, it is good for us. We needed to pay only 30 Bahts per visit so we did not need to spend a lot of money."

Verbatim (P4) "If anyone who speak Thai helped us contact labor office they did not take action how will we do."

Verbatim (P5) "We could not speak Thai and the one who represented us would take risk to talk to them. When we advocate with employer. It depends on employer what they like. Someone allowed 4-5 persons came to talk. Someone did not want to talk at all."

Verbatim (P6) "Workers need to have discipline like when the worker took too much rice and throw away. I tried to talk with workers to take only what they need. Later on they just took only 1-2 plates and no more rice littering around. So the employer very happy and gave me 1,500 bahts when I wanted to go home because he afraid that I would leave the factory."

- 5) Protesting: When the factory workers were exploited or unfairly treated by their employers, they tried to discuss and negotiate with employer first. If they were not satisfied, a number of workers would stop working to protest or strike and demand for their rights and fairness. Though many times these workers were dismissed from their factories immediately, the protest seems to be the only choice they could do for their rights.

² an official appointed by a government to investigate individuals' complaints against public authorities (Oxford Dictionary & Thesaurus, 1996)

Verbatim (P5) "If nobody help us. We could help ourselves by talking with employer. But if they disagreed, we could not do anything. In one factory all workers strike, the employers fired all of them and they could not say anything. They went to look for other job and other factories did not want them as well. We could not do anything."

Table 3.3: Summary of Problems Findings and Responding Solutions Identified

Quality of Life Domain	Needs / Problems	Feasibility	Solutions
a) Environmental Health	<ul style="list-style-type: none"> • Access to health services <ul style="list-style-type: none"> - Language - Distance - Cost - Unskilled provider • Living condition <ul style="list-style-type: none"> - Illegal confinement - Unsanitary shelter - Unsafe shelter • Working condition <ul style="list-style-type: none"> - Refuse to pay wage - Force to work excessively - Unable to change employer • Access to information <ul style="list-style-type: none"> - Language barrier • Safety & Security <ul style="list-style-type: none"> - Not possess own work permit - Confiscated document & arrested 	<ul style="list-style-type: none"> ✓ ✓ ✓ ✓ ✓ +/- ✓ +/- +/- +/- +/- +/- - +/- +/- +/- 	<ul style="list-style-type: none"> • Health care services & HE by NGOs and supporter • Ombudsman / Advocacy or Protesting • Health Education • Ombudsman / Advocacy • Ombudsman / Advocacy or Protesting • Learning Thai language • Ombudsman / Advocacy
b) Physical Health	<ul style="list-style-type: none"> • Communicable diseases esp. conjunctivitis • Common illness e.g. cold, ache, fatigue, hypertension, injury 	<ul style="list-style-type: none"> ✓ 	<ul style="list-style-type: none"> • Health care services & HE by NGOs and supporter
c) Social Relationships	<ul style="list-style-type: none"> • Relatives/ friends cannot get inside factory 	<ul style="list-style-type: none"> - 	
d) Psychological Health	<ul style="list-style-type: none"> • Frustration • Worry, fear 	<ul style="list-style-type: none"> - 	

Note: ✓ feasible
 +/- may be feasible but difficult to do
 - not feasible

3.6.2 Findings from survey

3.6.2 A. Description of respondents

From 90 questionnaires distributed, 88 workers responded the questionnaire. Their demographic characteristics are presented in Table 3.4 by frequency and percentage. It shows that 53 of 88 respondents are male (60.2%). Almost one-fourth (24%) of all respondents aged under or equal to 20 years old and majority (66%) aged between 21 to 30 years old. Ninety three per cent of respondents are Buddhist and the rest are Christian, Islam and Hindu. The majority (76%) is Burman ethnic, followed by Karen (8%), Mon (7%) and others. Sixty-nine per cent is single. All but one was living inside factory. About half (49%) of respondents were living on their own without family or relative.

About half (52%) of all had attended high school level and only one cannot read and write. Majority (58%) of respondents cannot speak Thai language, 31.4% can speak Thai language a bit and 10.5 % can communicate in Thai language. Fifteen respondents (17%) did not have their own work permits, and 7 of these 15 were using the other peoples' work permit. Majority of workers (69%) have worked in the same factory for more than one year. About half (53%) of all respondents earned 1,000 to 2,000 bahts per month and 10% earned more than 3,000 bahts a month. Most of all respondents (86%) felt that they had sufficient income and 39% of all can save some money.

Table 3.4: Demographic Characteristic of the Migrant Workers (n=88)

Characteristic	No. of respondents	Percentage
Gender		
• Male	53	60.2
• Female	35	39.8
Age (years)		
• < = 20	21	23.9
• 21-30	58	65.9
• 31-40	9	10.2
Religious		
• Buddhism	82	93.2
• Christian	3	3.4
• Islam	2	2.3
• Hindu	1	1.1
Ethnicity		
• Burman	65	75.6
• Karen	7	8.1
• Mon	6	7.0
• Shan	2	2.3
• Arakan	2	2.3
• Pa-O	1	1.2
• Others	3	3.5
Marital Status		
• Single	61	69.3
• Live with spouse	23	26.1
• Live far away from spouse	3	3.4
• Separated/ divorce	1	1.1
Living in/outside factory		
• Inside	75	98.7
• Outside	1	1.3

Table 3.4: (Cont.) Demographic Characteristic of the Migrant Workers (n=88)

Characteristic	No. of respondents	Percentage
Living with		
• On my own	43	49.4
• With family	28	32.2
• With relative	16	18.4
Education Level		
• Primary level	9	10.2
• Secondary level	32	36.4
• High school	35	39.8
• Higher than high school	11	12.5
• Cannot read and write	1	1.1
Thai speaking		
• Cannot speak Thai	50	58.1
• Can speak a bit	27	31.4
• Can communicate	9	10.5
Work Permit		
• Have own work permit	73	83
• Use other people's work permit	7	8
• No work permit	8	9.1
Length of work in the factory		
• < 6 months	17	19.3
• 6 months to 1 year	10	11.4
• >1 year to 2 years	34	38.6
• > 2 years	27	30.7
Income per month		
• < 1,000 B	9	10.3
• 1,000 – 2,000 B	46	52.9
• 2,001 – 3,000 B	23	26.4
• >3,000 B	9	10.3
Financial Status		
• A lot of debt	6	6.8
• Insufficient	6	6.8
• Just adequate	42	47.7
• Can save some money	34	38.6



3.62 B. Needs on the Solutions

Table 3.5: Needs of Migrant Workers on Solutions (n=88)

Needs	Frequency	Percentage
Necessity of having a clinic with a Burmese provider nearby		
• Yes	85	96.6
• No	1	1.1
• Not sure	2	2.3
Will use of clinic if available?		
• Use if free	2	2.4
• Use and can pay some	26	30.6
• Use and can pay as requested	15	17.6
• Use and will donate regularly	38	44.7
• Not sure	4	4.7
Necessity of having health education session provided		
• Yes	78	89.7
• Not sure	9	10.3
Will attend health education session if provided?		
• Attend only interesting topic	15	17.9
• Attend all topics	54	64.3
• Not sure	15	17.9
Necessity of learning Thai Language		
• Yes	60	69
• No	10	11.5
• Not sure	17	19.5
Want to learn Thai Language		
• Sometimes	22	25.3
• Learn as possible	55	63.2
• Not sure	10	11.5
Need someone to speak out on behalf for your problem		
• Yes	74	86
• No	6	7
• Not Sure	6	7
Necessity to demonstrate to objecting employer when you got exploited		
• Yes	70	80.5
• No	2	2.3
• Not sure	15	17.2
Will you join the objecting demonstration?		
• Join if got exploited	20	22.7
• Join if anyone got exploited	42	47.7
• Join only friend got exploited	9	10.2
• Not join	2	2.3
• Not sure	15	17

Almost all respondents (97%) agreed that it is necessary to have health service by Burmese speaking health worker near their area. If this service is available, forty-five per cent of respondents think that they will use the service and will donate regularly, while the other forty-eight per cent will use and will pay some or as requested.

Ninety per cent of respondents think that it is necessary for health education in the factory. If health education session is available in the factory, sixty-four per cent of respondents will attend all topics and 18% will attend the topics they are interested.

Sixty-nine per cent of respondents think that it is necessary to learn Thai language and if Thai language class is available in the factory, sixty three per cent of all respondents will learn it as possible and 25% will learn it sometimes.

Eighty-six per cent of respondents think that it is essential to have someone to speak out for them to the employers. About eighty-one per cent of respondents think it needs to organize protest when there is disagreed problem and 48% will join if anyone got exploited by employer while 33% will join only if themselves or friends got exploited.

The figures and percentages in table 3.5 show that among five needs, the need for health service ranked highest among respondents (96.6%) and need to learn Thai language ranked lowest response (69%).

3.7 Discussion

3.7.1 Study Limitations

3.7.1 A. Illegal status of participants created difficulties in data collection

According to immigration laws, contact, assisting, especially hosting undocumented migrants are restricted and prohibited in Thailand. Therefore, contact and dealing with these migrants are limited and sensitive. Most of employers and migrant workers suspect any stranger to their factories as fear for being targeted by police. Properly approach through existing migrant networks is a crucial key to gain reliable information from the target migrant community.

Although documented, the status of most migrant workers is not much different from undocumented workers as they cannot hold their work permit and always got exploited by employers and polices. The benefit seems to be only that the documented do not need to escape police when their factories were raided. Conducting study with undocumented alone is not an easy task. In this study even though majority of participants were documented migrant workers, it was not easy to collect both qualitative and quantitative data.

Less or no free time: Most factory workers had to work whole day until late evening with almost no days off unless they got special permission from employer or the factory had no job order. Appointment with FGD participants at 3 factories for questionnaire distribution needed very specific time during lunchtime or in the evening

before they started overtime work. There was also limited time to get all respondents to fill all questionnaire.

3.7.1 B. Gender bias

The percentage of male respondents (60%) to questionnaire were more than females, while during FGD all participants indicated that there were more females than males in their factories as about 70% were females. This may due to unclear understanding in research methodologies of the workers who help collecting data, as it is difficult to make them well understand in a short time. Although data collection process was explained to them after FGD especially how the samples selected, in practice some of them did not distribute questionnaire as condition agreed. They distributed as their convenience and thought that it should not make any difference.

3.7.1 C. Study location

It is difficult to find safe place for appointment with workers from different factories. The FGD finally had to conduct in the teashop which was the common meeting place of workers and key informant. This teashop also had karaoke service causing loud noise disturbing discussion.

Security: All factories in this study were in remote location without public transportation. Motorcycle is the only mode of travelling for workers and myself. To contact the workers at the factory, I need to meet them the evening after working hour while it was not safe to travel with motorcycle when getting dark. Meanwhile when workers traveled to town for FGD, they had to take their risk for being arrested. The

factory concerned of their security and aware of stranger in their factory. Therefore, I could not conduct questionnaire interview by myself.

Communication: Contact with the workers for appointment or any inquiry was difficult due to the distances of the factory sites, tight security in most factories and lack of personal phone. Only few workers could be accessed through friends' mobile phones. The FGD appointment with each participant mostly made directly in person (if met) or through some persons from the same factory. Any delay and absence of FGD participants or their difficulties could not be inquired.

Budget: The study site is not my local residency area. I had to bare cost of living, accommodation and transportation and other expenses on my own.

3.7.1 D. Sample size survey

Being research objects so often: Many migrant workers in the factories experienced of being objects for various questionnaires in the past and see no tangible outcome after those surveys. This attitude impacted the understandings of FGD participants on necessary to conduct the quantitative study. They were reluctant to help collecting data at the beginning.

Considering limitation of time, cost of study and convenience of questionnaire distributors, minimum numbers of 30 samples from each factory were decided for the quantitative study. The sample size was small comparing with the number calculated by formula. As a result the study population may not represent whole population, limiting findings to be generalized.

3.7.1 E. Language

Accurate translation is needed in preparing questionnaire. My Burmese co-moderator cannot understand English. She can speak Thai but cannot read. The questionnaire was prepared in English and translated into Burmese by the one who was not involved in the study. Then another English-Burmese literate who also not involve in the study double check the Burmese version and interpreted for me in English, some points were found misinterpreted. These mistakes then were confirmed by my Burmese co-facilitator, who interpreted it to me in Thai. Therefore, my facilitator and I had to sit together to edit Burmese version with our Thai explanation.

3.7.1 F. Earning loss

Taking time off to attend FGD resulting participants lost their wage on that day and they also had to spend some money for transportation. Therefore, it might be difficult for some workers to participate in FGD.

3.7.2 Triangulation of findings

Findings from survey confirm the findings from FGD as the need of health service, which runs by skilled Burmese speaking health worker near the workers location, received highest response among all needs asked in the questionnaire. Although there was Burmese health worker provided in one factory, most workers still would like to use the clinic if it is available.

3.7.3 Relation with reviewed literatures

Problems of migrant workers in Mae Sod are similar to of other migrant workers in other parts of Thailand as presented in chapter 2. Health care need and barriers in access to health services found in this study are the similar to other areas found in previous research with migrants from Myanmar (Caouette, Archavanitkul and Pyne, 2000). This would be helpful in considering of any program initiation among migrant worker population.

A high number of respondents (80%) expressed to be willing to join strikes if they were exploited. This is in line with several reports of strikes by migrant factory workers to their employers in Mae Sod despite low level of success (according to FGD finding and reviewed literature (Ekachai, 2003). This indicates their attempt to help themselves for their rights while there has been no effort by other organizations.

3.8 Conclusions

Although the findings from this assessment cannot be generalized, it could fulfill the purpose of the study. From this study, most of needs that migrant factory workers concerned situate in the environmental component of quality of life which are; 1) living condition, 2) working condition, 3) safety and security and 4) access to public services including health services. Other problems are physical health problems. Factors determining their decisions on accessing health care were language barrier, distance from their factory to the health care services and costs that they may need to pay for, such as transportation, police, interpreter and treatment fee.

The participants perceived the needs for a clinic provided by Burmese health worker near their factories and health education as highest needs. They also expressed willingness to contribute to sustain the services in their neighborhood. Other solutions they proposed are learning Thai language in the factory, having ombudsmen or advocacy on their behalf and organizing protests or strikes if they got exploited by their employers.

Although FGD participants perceived the last three solutions as challenging, the majority of survey respondents perceived all solutions as important. Findings from this study could be useful to initiating program to respond the needs of migrant factory workers in the outskirts of Mae Sod district.

3.9 Lesson Learned

Planning for data collection:

I learnt from the exercise that planning of activities is very crucial and contingency plan is really necessary, especially when dealing with viable population and illegal issues. Although, I thought that I already had well plan but when practice the situation was not as I expected and I had to change or adjust the plan spontaneously esp. study samples.

Development of data collection tools:

I have learnt the importance of proper development of data collection tools to fulfill the objectives of the data exercise. Some questions may not be necessary, some needed to be adjusted after pre-test and FGD.

Implementing data collection:

I have gained a lot of experiences from conducting FGD and questionnaire interview with interpreter. It was difficult to control the situation. For example, it was often that more than one person talked at the same time during FGD and I did not want to stop anyone as it might interrupt the flow of discussion. I feel if I had more experience and could speak better Burmese I would lead or control the situation better. I also need to be more aware of collecting data through distributors, who were not really well trained of research methodology as they might unexpectedly bias.

Triangulation:

Findings from qualitative and quantitative methods in this study were compared and cross-validated. Even though only one FGD was conducted in this study, but its findings were supported by findings from survey. It also confirmed informal conversation that I preliminarily had with the key informant before conducting this data collection. The qualitative data collection is very useful to find out the perception of the respondents in more details and quantitative data is benefit to gain specific information from wider target population within short duration.

REFERENCES

- Caouette T. M., Archavanitkul, K. and Pyne, H. H. (2000). **Sexuality, Reproductive Health and Violence: Experiences of Migrants from Burma in Thailand**. Institute for Population and Social Research, Mahidol University.
- Ekachai, S. (8 July 2003). Shattered Dreams. Outlook Page. **The Bangkok Post**.
- Preliminary Report, The 2000 Population and Housing Census (2000)**. Tak provincial Statistical Office, National Statistical Office, Office of the Prime Minister, Thailand.
- Mae Sod General Hospital. (2003). **Baseline Health Assessment among Myanmar Migrant Population in Mae Sod Municipality**. Tak, Thailand.
- RaksThai Foundation (2002), **Accessibility to Health and Health Promotion**: Paper prepared for the Conference on Migrant Workers on 30 April 2002.
- ILO. (1999). Fact Sheet No. 24, **The Rights of Migrant Workers**, Office of the United Nations High Commissioner for Human Rights, Geneva, Switzerland.
- Witkin, R.B. and Altschuld, W. J. (1995). **Planning and Conducting Needs Assessments - A Practical Guide**. Sage Publications.
- Yoddumnern-Attig, B., Attig, G. A., Boonchalaksi, W., Richter, K. and Soonthorndhada, A. (1993). **Qualitative Methods for Population and Health Research**. Institute for Population and Social Research, Mahidol University, Thailand.