Uncovering Key Factors in Healthcare Utilization among Myanmar Migrant Workers in Chiang Rai, Thailand

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Abstract: Since 2021, there has been a significant surge in Myanmar nationals entering Thailand as migrant workers, necessitating urgent research on their healthcare utilization, which is closely linked to disease occurrence. This study aimed to identify key factors influencing healthcare utilization among Myanmar migrant workers in Mueang District, Chiang Rai province, Thailand. A cross-sectional study was conducted with 355 Myanmar migrant workers, aged 18 to 60, in Mueang District. Data were collected through face-to-face interviews using a validated questionnaire. Descriptive analysis and inferential analysis, including Chi-square and Fisher's Exact tests were performed. Of the 355 participants, 55.8% were male, and 44.2% were female, with a mean age of 35 years (SD ±9.46). A significant proportion (70.7%) had health insurance, and 96.3% had documented legal status. Regarding healthcare utilization, 49.6% of participants accessed healthcare services for illnesses in the past six months. Healthcare utilization was associated with factors such as the person assisting in seeking care, monthly income, monthly expenses, health insurance coverage, and daily working hours, all showing statistically significant relationships (p-value ≤ 0.05). This study identified key factors influencing healthcare utilization among Myanmar migrant workers in Chiang Rai. The findings provide valuable insights for healthcare professionals and policymakers, enabling them to design more effective interventions and tailored programs that promote healthcare inclusivity and equity for this marginalized population. A mandatory contribution to the Social Security Scheme by both employers and employees should be implemented to ensure broader healthcare coverage.

Keywords: Healthcare Utilization, Myanmar Migrant Workers, Chiang Rai, Border Health

INTRODUCTION

Since 2021, a significant surge of Myanmar nationals has entered Thailand as migrant workers, primarily driven by the economic and political instability in Myanmar. As conditions continue to deteriorate, this exodus places these migrants in vulnerable and marginalized populations. Compared to the local population, migrant workers are at a higher risk of occupational injuries,

infectious diseases, and other health-related challenges(Porru & Baldo, 2022). Their marginalized status often results in reduced healthcare utilization, exacerbating health disparities and increasing the strain on host country healthcare system(Dang et al., 2018; Davies et al., 2006). As of January 16, 2024, the Chiang Rai Provincial Employment Office has recorded a substantial presence of Myanmar nationals among the foreign workforce(Chiang Rai Provincial Employment Office, 2024). To ensure that migrant workers can live and work healthily in their host country, a thorough understanding of their healthcare utilization patterns is essential. This knowledge is increasingly urgent due to the growing number of migrant workers. Previous research has examined the healthcare utilization of Myanmar migrant workers in other provinces of Thailand and various countries, highlighting factors such as legal status, language barriers, lack of health insurance, and limited knowledge of the local healthcare system(Aung et al., 2009; Naing et al., 2012; Nu Nu Htay et al., 2020). However, the healthcare utilization of Myanmar migrant workers specifically in Chiang Rai has not yet been studied. This study aims to fill this knowledge gap. Developing effective healthcare policies and programs requires a comprehensive understanding of healthcare utilization. This knowledge is important for identifying potential challenges in early diagnosis and effective treatment, facilitating the implementation of appropriate interventions. Moreover, it is closely linked to disease occurrence, frequency, and severity of complications. The findings from this study will provide valuable insights for healthcare professionals and policymakers, enabling them to design targeted interventions and tailored programs that promote healthcare inclusivity and equity for this marginalized population.

METHOD

A cross-sectional study was conducted in June 2024 to examine the healthcare utilization of Myanmar migrant workers in Mueang District, Chiang Rai Province, Thailand. The study population was comprised of individuals aged 18-60 years who resided in Mueang District, Chiang Rai Province, Thailand. The eligible population included migrant workers with all legal statuses who had been living in Chiang Rai for at least six months during the study. Inclusion criteria in this study were Myanmar migrant workers with any legal status in the working-age group (18 to 60 years). Exclusion criteria in this study were individuals who were unwilling to participate and had severe acute disease and chronic diseases such as stroke and hearing loss. The sample size was calculated using the formula $n = \frac{N}{1+N(e^2)}$

n= no. of required sample size.

N= Total population of Myanmar migrant workers in Chiang Rai province= 13,243.(Chiang Rai Provincial Employment Office, 2024)

e= margin of error= 0.05.

The final required sample size was 388 participants; however, data collection was completed with only 355 participants due to difficulties in conducting fieldwork with migrant workers. Simple random sampling was then conducted to select the participants. To ensure randomization, each participant was randomly selected from each household. Every participant was explained information about the research and its objectives. Participation was voluntary, and informed consent was obtained during the data collection. The research team constructed the questionnaires with an extensive review of relevant literature. The questionnaires included four parts. Research tool validity was checked before being used in the field. The Index of Item-Objective Congruence (IOC) was calculated for the validity test based on three experts' opinions. Questions scoring less than 0.5 were excluded from the questionnaire set, questions scoring between 0.5 and 0.7 were revised according to the reviewers' comments, and questions greater than 0.7 were included in the questionnaire set. The questionnaire was tested in a pilot study with 30 Myanmar migrant workers in other districts of Chiang Rai province. Statistical analysis was performed using the computer program Statistical Package for the Social Sciences (SPSS) Version 20. Descriptive statistics were employed to summarize the general characteristics and healthcare utilization factors of the participants, including frequency percentages, means, standard deviations (SD), medians, and interquartile ranges (IQR). Associations between these factors and healthcare utilization were examined using Chi-square and Fisher’s Exact test. Study protocol has been reviewed and approved by the Mae Fah Luang University Ethics Committee on Human Research (EC 24046-18).

RESULTS

A total of 355 Myanmar migrant workers were recruited for the study. The sample comprised 55.8% males and 44.2% females, with a mean age of 35 years with SD±9.46. 38.3% of participants had achieved middle school education in Myanmar. Occupationally, 53.2% of the participants worked as manual laborers. The mean year of migration in Thailand was 9 years with SD±7.22 Lastly, 58.9% of participants reported seeking health care by self. (Table 1)

Table 1. General Characteristics

General Characteristics	n	%
Sex		
Male	198	55.80
Female	157	44.20
Age(years)		
18-27 year	76	21.40
28-37 year	146	41.10
38-47 year	92	25.90
48-60 year	41	11.50
Mean age =35; SD±9.46		
Education		
Grade 1-5(Primary School)	94	26.50
Grade 6-9(Middle School)	136	38.30
Grade 10-12(High School)	98	27.60
Undergraduate	9	2.50
Monastery education	18	5.10
Occupation		
Construction	104	29.30
Manual Labor	189	53.20
Shop front seller	52	14.70
Housemaid	10	2.80
Migration duration in Thailand (years)		
<1 year	60	16.90
1-9 years	99	27.90
10-19 years	155	43.70
≥20 years	41	11.50
Mean= 9; SD±7.22		
Min=1, Max=30		
Assisting person in seeking health care		
Husband	30	8.50
Wife	9	2.50
Friend	41	11.50
Self	209	58.90
Translator	66	18.60

Among the participants, mean income per month was 9905 THB with SD±2301. Additionally, mean expenditure per month was 3797 THB, SD±1929. A significant majority (70.7%) had health insurance, with 62.9% of those insured being covered under the Social Security Schemes. Regarding legal status, 96.3% of participants were documented. 47.9% reported experiencing a language barrier when seeking healthcare. Most participants (75.2%) worked 8 hours or less per day with a median (IQR) of 8 (8, 8). For minor illnesses, 63.1% preferred to self-care such as buy drugs from a pharmacy, while 96.3% preferred to go to a public hospital for major illnesses. Health

information was primarily obtained via social media, with 72.7% of participants receiving health knowledge through the Internet, and 99.2% of those using Facebook. Moreover, 79.5% reported using this platform as needed. 49.6% of participants utilized healthcare services in the past six months. (Table 2)

Table 2 Healthcare Utilization Factors

Factors	n	%
Monthly income		
<5000 THB	6	1.70
5001-10000 THB	265	74.60
>10000 THB	84	23.70
Mean=9905; SD±2301		
Min=4500; Max=21000		
Monthly expenditure		
≤2000 THB	64	18.00
2001-3000 THB	136	38.30
>3000 THB	155	43.70
Mean=3797; SD±1929		
Min=500; Max=15000		
Health insurance		
Yes	251	70.70
No	104	29.30
Type of health insurance(n=251)		
Social Security Schemes	158	62.90
Migrant Health Insurance Schemes	90	35.90
Private Health Insurance	3	1.20
Legal status		
Documented	342	96.30
Undocumented	13	3.70
Language barrier while seeking health care		
Yes	170	47.90
No	185	52.10
Working hours per day		
≤8 hours	267	75.20
>8 hours	88	24.80
Median=8; IQR= (8,8)		
Min=3; Max=18		
Preferred actions when minor illness		
Self-care	224	63.10
Health facility	131	36.90
Preferred actions when major illness		
Public hospital	342	96.30
Private hospital	13	3.70
Sources of health knowledge		
Healthcare professional	20	5.60
Internet social media	258	72.70

Factors	n	%
Family and friends	18	5.10
Do not know	59	16.60
Type of social media (n=258)		
Facebook	256	99.20
Tik Tok	2	0.80
Pattern of social media usage(n=258)		
Daily	22	8.50
Weekly	13	5.00
Monthly	18	7.00
When need	205	79.50
Utilize healthcare service in past six months		
Yes	176	49.60
No	179	50.40

In the comparison of associated factors with healthcare utilization in the past six months; assisting person in seeking healthcare, monthly income, monthly expenditure, health insurance status, and working hours per day were found to be statistically significant, with p-values ≤ 0.05. (Table 3)

Table 3 Factors associated with healthcare utilization

Factors	Utilizing healthcare service				p-value
	Yes		No		
	n	%	n	%	
Assisting person in seeking health care					
Husband	17	56.70	13	43.30	0.047*
Wife	8	88.90	1	11.10	
Friend	23	56.10	18	43.90	
Self	102	48.80	107	51.20	
Translator	26	39.40	40	60.60	
Monthly income					
<5000 THB	6	100.00	0	0.00	0.043*
5001-10000 THB	128	48.30	137	51.70	(Fisher's
>10000 THB	42	50.00	42	50.00	Exact)
Monthly expenditure					
≤2000 THB	27	42.20	37	57.80	0.010*
2001-3000 THB	58	42.60	78	57.40	
>3000 THB	91	58.70	64	41.30	
Health insurance					
No	43	41.30	61	58.70	0.046*
Yes	133	53.00	118	47.00	
Working hours per day					

≤8 hours	124	46.40	143	53.60	0.040*
>8 hours	52	59.10	36	40.90	

* Statistically significant level at p-value ≤ 0.05.

DISCUSSION

The role of an assisting person in seeking healthcare services is crucial, particularly in the context of migrant health. In this study, most participants sought healthcare services independently, while others required assistance from spouses, friends, or translators. The finding of this is consistent with other studies in sub-Saharan African regions and Uganda(Akinyemi et al., 2019; Musoke et al., 2014). This can be attributed to language difficulties when accessing healthcare. The study revealed that half of the participants encountered language barrier during their healthcare visits. This finding is also consistent with a study on Myanmar migrant workers in Khon Kaen province, which similarly highlighted language barrier(Win et al., 2023).

Monthly income and expenditure were the associated factors in healthcare utilization. Similar findings have been observed in studies on Filipino migrant workers in Australia, as well as among migrant workers in China and Nigeria(Latunji & Akinyemi, 2018; Maneze et al., 2015; Peng et al., 2010). In this study, participants with higher incomes tended to spend more on healthcare. As a result, they were able to afford services such as private clinics, where care is quicker and more convenient, often paid for out of pocket.

Insurance coverage was one of the key factors in healthcare utilization in this study. This finding is consistent with studies conducted on migrant workers in Thailand, China, and the United States(Arcury & Quandt, 2007; Aung et al., 2009; Dang et al., 2018; Peng et al., 2010). Interestingly, the majority of participants had documented legal status, which was correlated with having insurance coverage. Most of those with insurance were covered under either the Social Security Scheme or the Migrant Health Insurance Scheme. However, not all documented participants had insurance. Out of 342 documented individuals, only 251 were covered by insurance. This discrepancy can be attributed to several factors, including non-compliance with social security contributions by employers and employees, frequent job changes, and the limited scope of the Migrant Health Insurance Scheme, which only allows coverage at the hospital where the migrant first registers.

Working hours per day is a significant factor in health seeking behavior. Research has shown a relationship between long working hours and unhealthy lifestyles, such as cigarette smoking, alcohol consumption, physical inactivity, and insufficient sleep, all of which can lead to more health problems(Lee et al., 2021). Other studies have found that longer working hours cause a significant barrier to accessing health services. In those studies, individuals with shorter working hours had more spare time to seek healthcare when they were sick, while those with longer hours struggled to find time to access healthcare services(Arcury & Quandt, 2007; Maneze et al., 2015; Peng et al., 2010).

CONCLUSION

The assisting person in seeking healthcare services, monthly income, monthly expenditure, health insurance coverage and working hours per day were key factors associated with healthcare utilization of Myanmar migrant workers in Chiang Rai province. The findings provide valuable insights for healthcare professionals and policymakers, enabling them to design more effective interventions and tailored programs that promote healthcare inclusivity and equity for this marginalized population. A mandatory contribution to the Social Security Scheme by both employers and employees should be implemented to ensure broader healthcare coverage.

CONFLICT OF INTEREST

We declare no conflicts of interest.

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