

The study of an Impact of immigrant-workers on Public Health: A Case Study in SaKaeo Province, Thailand.

Nawasanan Wongprasit, Rajabhat Rajanagarindra University, Thailand.

The Asian Conference on the Social Sciences 2016
Official Conference Proceedings

Abstract

This qualitative research aimed to study impact of immigrant-workers on public health in SaKaeo, and to propose strategies to improve it. In-depth interview was used for collecting data. The data were analyzed by content analysis. This study was conducted in the 20 immigrant-workers in 200 communities and 5 Tambon Health Promoting directors in Aranyaprathet district Sakaeo province, Thailand.

It was found that: the impacts of immigrant-worker on public health were more infectious diseases transmitted by them. The respiratory tract infection disease was found. All of them had not been registered officially, thus they had not gone through a physical check-up process. They lived together in crowded and unhygienic surroundings. The children born from these women were not vaccinated and lacked immunity. It was found one diphtheria case in boy. The impact of immigrant-workers on health professionals and government budget was increased work load for health professionals and government budget requirement to take care of them. The researcher proposes some strategies to reduce the health problems caused were employing strong measures upon illegal workers and building employers' awareness of their obligations in hiring them, also requiring immigrant-workers to register with health service providers for screening diseases and to have medical insurance, cooperation among government and private units with responsibility for immigrant-workers health. The immigrant children should be got vaccinated and immunity the same as Thai children in order to reduced the emerging infectious disease in the future.

Keywords: Immigrant-workers, Public Health, SaKaeo Province, Thailand

iafor

The International Academic Forum
www.iafor.org

Introduction

According to the globalization, the development of technology and communication were rapidly improved. The travelling and communication to other countries around the world were easier and more convenience than the past. Every countries must be adapted and developed their human resources include social, culture and economic for rapidly changing. In 2015, there were 10th countries including; Brunei Darussalam, Viet Nam, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, Philippines, Singapore and Thailand gathered to be ASEAN COMMUNITY which had the policy of free zone trading to stimulate foreign investment among ASEAN country and freedom immigrant-workers, transportation and communication. Based on the free zone trading, the illegal-workers would be increased that caused the health risk of food and product imported which were illegal and non-standardize product. (International cooperation office department of disease control Ministry of Public Health, 2014). All these factors, there would be effected the increasing of immigrant that will caused the frontier community health situation similar to Coker, et al. (2011, pp: 599-609) stated that population growth and movement urbanization, changes in food production, agriculture and land use, water and sanitation, and the effect of health systems through generation of drug resistance were reasons at risk from emerging infectious diseases in southeast Asia.

Public health referred to all organized measures (whether public or private) to prevent disease, promote health, and prolong life among the population as a whole. Its activities aimed to provide conditions in which people could be healthy and focused on entire populations, not on individual patients or diseases. Thus, public health was concerned with the total system and not only the eradication of a particular disease. The three main public health functions were: 1) the assessment and monitoring of the health of communities and populations at risk to identify health problems and priorities, 2) the formulation of public policies designed to solve identified local and national health problems and priorities and 3) to assure that all populations have access to appropriate and cost-effective care, including health promotion and disease prevention services (World Health Organization, 2016).

In Thailand, one of the most challenging obstacles was the migrant's public health, especially the illegal migrants. Because of the long border around 2,401 kilometers between Thailand and Myanmar, 1810 kilometers(702 kilometers by land and 1108 kilometers by Mae Kong river) between Thailand and Laos PDR and 803 kilometers between Thailand and Cambodia so there were more than 1,078,767 illegal migrants from Myanmar, 110,854 illegal migrants from Laos PDR and 124,761 illegal migrants from Cambodia in the year 2009. Because of the different standard and quality of health service system among Thailand and its3 neighboring countries, many migrants carries contagious diseases that were already controlled in Thailand. Pulmonary Tuberculosis, Syphilis, Leprosy, Malaria and Elephantiasis were the 5 most common contagions/communicable diseases. The Diarrhea, Influenza, Dengue hemorrhagic fever were more difficult to eradicate among the undocumented migrants in the urban area. These diseases can also spread into Thai people by many vectors and routes in the tropical climate. The sanitation and environment of the migrant's communities were poor and because of the un-registration housing due to the fact that these illegal immigrants were inapplicable to services from local authorities. (Tharathep, N.D.)similar to Presert Thongcharoen (Bangkok Business online, 2015), who

foundation President of influenza promotion studying, stated that Emerging diseases was a challenge for public health staff that new infectious disease transmitted such as diphtheria, pertussis, mumps, rubella, polio and meningococcal meningitis, founded these patients in several provinces due to the migrant workers transport specially diphtheria disease that disappeared from Thailand for 20 years ago.

Sakaeo province was in the eastern of Thailand which has border with Cambodia along 165kilometers.It was the Special Economic Zone Province policy. There were increased in industrial investment but shortage of workers, so entrepreneurs often employment of migrant workers. Most of the immigrant-workers were Cambodia, Lao and Burman respectively. Sakaeo labour(2015) show the amount of legal immigrant-workers on June 2014 was 232persons who was Cambodia 181 persons or 78.02 percents, Laos was 48 persons or 20.69percents and Burma was 3 persons or 1.29 percents that legal immigrant-workers less than illegal immigrant-workers. The illegal immigrant-workers could be caused the problem of economic, social, public health and cure budget. Related to Sakaeo public health hospital information, there was an expense of legal and illegal immigrant-worker for more than 10 million baht per years. In 200-2014, the public health of Sakaeo province had a large cure expense nearly 70 million baht (Thairath online, 2014). The 200 community located on Aranyaprathet district at Sakaeo province which lived in the rental house for Cambodian labour. There was 300-400 families lived together mostly illegal labour, in crowded and unhygienic surroundings. They work with Thai owner in TaladRongkrue with daily wage.

The researcher intended the importance of prevention disease from illegal immigrant-workers who did not pass health checking from Thailand public health authorities. They lived and worked for a time and went back to home that could be cause the disease transmitted problem. Some disease was restricted in Thailand but it was an endemic in Cambodia: If these diseases transmitted to Thailand, it would be a problem of Thai public health. If people of the country had an illness and weakness health, the development of country would be slower than the countries which had healthy people. Due to a convenience travelling all worldwide it causes the quick epidemic, people would be illness and it causes the problem of social and economic development So the researcher interested in finding an impact of immigrant-workers in Public Health topic and would be propose the strategies to improve it: A case study in Sakaeo Province, Thailand. The result of this study might be useful the guideline for public health government sector creating the policy which developed immigrant workers quality of life in the next future.

Research Questions

What were the impacts of immigrant-worker on Public Health in SaKaeo Province, Thailand?

Purpose of the study

1. To study the impact of immigrant-worker on public health in SaKaeo Province, Thailand
2. To propose strategies to improve it

Research Methodology

This research used a qualitative research methodology. This study was conducted in the illegal immigrant-worker in 200 communities, and Tambon Health Promoting directors in Aranyaprathet district Sakaeo province, Thailand; and living between January and December 2016. This study was purposive sampling using a snowball technique. The participants including, 5 health promoting hospital directors and 20 immigrant workers who satisfied provide the data. Their profiles were 20 males and 5 females. The in-depth interview technique was used to collect the data. The interview guide was employed as a suitable format for qualitative interviewing of this study. A pilot study was conducted with one promoting hospital directors and one immigrant worker who were not part of the final sample to ensure the appropriateness of the interview guide. After reviewing their answers, the researcher revised the interview guide to make it appropriate for this study. The semi-structured interview was conducted using open-ended questions, as listed in the interview guide that had been generated by the researcher (Patton, 1990). This study used two methods to achieve trustworthiness: 1) the researcher made reflexive notes during the process of data collection and the data analysis process. These were about dependability and confirmation criteria; 2) triangulation technique was applied, such as documents and other written evidence, including pictures that could assist what participants reported, such as newsletters, project documents, annual reports and pictures of activities.

Data Analysis

The content analysis was used in this study; three types of coding were employed: open coding, axial coding and selective coding (Strauss & Corbin, 1998:101-161). This study used the open coding; line-by-line coding the data and describing the idea or concepts which emerged from the interviews. The open codings were 101 items that were summarized through axial coding into 50 abstract concepts. In selective coding, the concepts were condensed into one central category or a few words to explain what “this research was all about” (Strauss & Corbin, 1998:146). This research concerned , the study of an Impact of immigrant-worker on Public Health: A Case Study in SaKaeo Province, Thailand, was classified into 8 categories. This study analyzed each participant’s data by comparing and connecting them with others as categories emerged. All the open codes were analyzed and the researcher named the categories by relating together the codes, using the ATLAS.ti 7 software program.

Research Finding

This section was presented in two sections and several subsections. The first part reported on the impact of immigrant-workers on Public Health with 7 categories; living in crowded and poor sanitation conditions followed by daily worker conditions have not social security or provided other insurance, self-care when little illness and back Cambodia when critical illness, most of illnesses were respiratory tract infection disease and spread quickly, their children had not vaccinated like Thai children, a diphtheria case was found in young boy, government of Thailand increased the budget and staff to serviced immigrant workers and finally part report on strategies to improved impact of immigrant-worker on Public Health with 1 categories as present bellow.

Impact of immigrant-worker on Public Health as follow:

Living in crowded and poor sanitation conditions;

The result found that all of immigrant workers were Cambodian and lived at rented-house which residents crowded, shared bathroom, many families live together or around 300-400 people. They purchased water for drinks from stores while groundwater supply from owner rented-house. Garbage's houses were left unsanitary according to one participant said that "They live in the house rent; Rentals were many families, crowded" (P.10). (P meaning was person)

Daily Worker Conditions have not social security or provided other insurance;

The result found that most of them were not legally registered for resident permit with the Immigration Commission of Thailand so they did not pass the check up process before work according to the Immigration Act B.E. 1970 similar to one participant said that "I have not registered because I did not have a boss in Thailand. I just did contractors daily work. In Thailand, if you had boss they would pay social security or provided other insurance for you but you must live with them for a long time. I did not live here when farming in my hometown" (P.3).

Self-care when little illness and back Cambodia when critical illness;

The result found that if they had little sick they would buy drug to treat themselves while when they had critical sick they would go to hospital in Cambodia according to one participant said that "When I sicked in Thailand I would brought medicine from pharmacist around Aranyaprathet district, but If I had seriously ill I would be gone over to Cambodia because of the communication problem" (P.1).

Most of illnesses were respiratory tract infection disease and spread quickly;

The Conditions of common illnesses found that most of them illness with respiratory tract infection disease such as fever and gastrointestinal disease such as diarrhea. It was found that when had patients first one then often found spread among immigrant workers who live in a rented house with several other immigrant worker according to one participant said that "The disease was the most common respiratory diseases, diarrhea, colds, insect bites, as he worked on the farm dry weather and climate majority." (P. 20).

Their children had not vaccinated like Thai children;

It was found that most of the children had not fundamental vaccinated follow by the standard of Ministry of Public Health Thailand, according to one participant said that "Not vaccinated, there were no health authorities took over responsibility for the care of his parents by not legal and therefore not listed in the immigration system"(P.8).

A diphtheria case was found in young boy;

The importance finding the impact of immigrant-worker on Public Health were the diseases had disappeared from Thailand and then returned emerging from the children

of immigrant parent's workers such as diphtherias, according to one participant said that "There was one pediatric patient with diphtheria who came from Cambodia with their parent. He was 1.5 years old. In Thailand, whose children rarely got this disease due to vaccination from birth follow by the policy of the ministry of public health of Thailand" (P.17).

Government of Thailand increased the budget and staff to service immigrant workers;

The government of Thailand must to increase the budget for provided health care service for immigrant workers according to one participant said that "If they already ill, we would be provide services such as took medicine, even without immigration legislation. It was in the discretion of the health authorities. The case was admitted to hospital treatment was not charged so hospital income loss and waste of resources to take care patients" (P.15). It found that increase the number of medical personnel and has made Thai people lack the opportunity to access the services of the state due to long queues. However, we must treat all patients equally, according to the patient's right, could not been denied. (P. 19).

Strategies to improve Impact of immigrant-worker on Public Health;

For the public health officer level, Strategies used to resolve such problems were health officials should be offered to provide service to patients as symptomatic without discrimination according to one participant said that "When we come across any patient, we must serve everyone, without restrictions as migrants or Thailand" (P.20).

For the policy maker level, Strategies used to resolve such problems were the policy of increasing the number of medical personnel and the budget in the supply of medical devices served the immigrant patients. Administration the process of service for reduces the wait time to access the health care service by corporation with Cambodia government to build the hospital for Cambodia people according to one participant said that "To coordinate the management of Health of Cambodia to work together to build a hospital, where Cambodian to receive services without overflow Cambodia to Thailand."(P. 19).

Discussion: How to prevention and control diphtheria and other emerging diseases in illegal immigrant workers

Based on the result of the study, it was found diphtheria in a young boy with migrant parent who was illegal immigrants similar to Hardy et al. (2003) stated that diphtheria was found among the population with the migration. Because of, diphtheria was an acute, toxin-mediated disease caused by the bacterium *Corynebacterium diphtheriae*. Preventive Measures; for close contacts, especially household contacts, a diphtheria booster, appropriate for age, should be given. For prevention them, CDC (Center for Disease Control and Prevention, 2016) suggest that DTaP (diphtheria and tetanus toxoids and acellular pertussis vaccine) are the vaccine of choice for children 6 weeks through 6 years of age. The usual schedule is a primary series of 4 doses at 2, 4, 6, and 15-18 months of age. The first, second, and third doses of DTaP should be separated

by a minimum of 4 weeks. The fourth dose should follow the third dose by no less than 6 months, and should not be administered before 12 months of age. In Thailand, The Ministry of Public Health had a policy of the National the health of the set children 0-5 years all the vaccinated free basis under construction the extra immunization such as vaccine against diphtheria, pertussis, tetanus since year 1970. (Ministry of Health, 2015) Therefore, in no outbreak of diphtheria in a period of almost 20 years (Tongcharean, 2014). In general, when an outbreak of this diseases that children who got vaccinated would strong for resistant disease, In contrast, if the child had not been immunized , such as an outbreak of disease , it was also a source of illness and spread it to others , because this disease would transmit by contact with respiratory cough, phlegm. Especially in crowded communities which lived and used bathroom together, often a contributing factor to the spread of germs easily. The child came with parents, migrant workers who were not registered immigration legalization Thailand. They did not receive health checks from health authorities of Thailand had not been vaccinated, based in Thailand. Also, it might be that parents did not awareness, lack of knowledge and understanding about the importance of vaccination to prevent infection or spread of disease, because most parents were poor and lacer daily, In other words, they could only spend each day if any would not work no income. Most parents had to work out every day so they may not be employed at the health care of the ball, as they should. Also, many parents were lack of awareness about vaccination because they had never experienced before receiving the vaccine as well. From those reasons, it might be took them did not take their children to vaccinated according to Dempsey et al. (2006) found that, factors that resulted in parents refusing to take children vaccinated against cervical cancer, the attitudes and awareness of parents more knowledge about the vaccine alone, similar to the study of Tongpua and Cheawchanwattana (2013) found that, there were several factors associated with parents' decision on purchasing OVs; parental factors, perception and products). Sufficient, accurate, complete, explicit and clear information were necessary for parents' decision making on their children's immunization. It was evidence that during childhood, the parents would decide to take their children to be immunized for children's health depends on knowledge, understanding and awareness of parents. The distribution of information from medical personnel and public health agencies were supported their decision as well.

In conclusion, the important factor in cover immunization in children who migrant parents were the parents of this child had a better understanding and awareness about the importance of vaccination and impact of the dangers did not take children to vaccination. The importance thing was the parents to be aware enough to change behavior by requiring children to be vaccinated in time to work and return to work at home already. According to Hankumpa & Thato (2014) found that factors could be predicted the behavior modifications in female high school students to get vaccinated protected cervical cancer from HPV infection were third factor; 1) the perceived severity of cervical cancer 2) perceived benefits of the HPV vaccine and 3) perceived barriers to vaccination against infectious HPV.

Therefore, from the result of this study, the emerging disease prevention and control, including diphtheria epidemic in children with migrant parents, the public health agencies should be strong provide the knowledge and awareness of disease to immigrant parents in order to make them can perceive severity of diphtherias and others emerging disease. The public health agencies should be to prevent the outbreak

by making it possible to modify the behavior of the parents did not take their children to take vaccination, to take their children to vaccination by proactive strategies without discriminated who child's migrants or Thai's children's. Also, they should be survey this area and provide appropriate vaccine in every child and other people, who have risk for source of this disease and other emerging diseases.

Implications: For the agencies which involved in immigration workers

From the study found that children with parents immigration illegal, making it not to got a health check by the Health Authority of Thailand, the lack of a vaccine and the disease disappeared emerge for instance diphtheria. The agencies which involved in immigration, both directly and indirectly: 1) directly agency; the agency responsible for the immigration offense (Sakaeo Immigration Thailand), there should be strict measures to track down a group of migrant workers who were not registered to register properly and coordinate the public health workers for check up, and basic vaccinations for their children as same as Thai children, to reduce the incidence of disease and prevent the spread of communicable diseases border. 2) Indirectly agencies; including the Office of Public Health Sakaeo province as a provider of health services to all citizens of all religions, principals should make public health agencies that provide health services to all people equality although legal or illegal immigration, and should be family health assessment, if a child was not vaccinated according to the basic requirement should be encouraged parents bring their children to vaccination. Also public health workers should be home visits immigrants worker to evaluate the serviced as a whole. In addition, they should be keep records of migrant workers and report by real information to the Ministry of Public Health to formulate a national defense policy that was effective and meets the most actual information and 3) agencies nationally Including the Ministry of Public Health; should be guidelines for the surveillance and control of the disease together with other countries, for development of international health cooperation. Focus on assisting in the diagnosis and control emerging diseases to neighboring countries and encourage cooperation in the regulation to prevention diseases with international organizations to improve quality of life and eventually reduce national health care costs in the future.

Recommendations for Future Research

The next research should further study on the quality research about emerging diseases in the migrant workers who were not registered in the provinces bordering Thailand and to compare the approaches to the prevention of emerging diseases in the area each of the people living in border areas such as the North East, South and West, and so on in Thailand and ASEAN community.

References

- Bangkok Business online. (2015). *Emerging diseases was found from animals to humans*. Retrieve from: <http://manager.co.th/Local/ViewNews.aspx?NewsID=9560000003541> (Accessed 2 February 2016).
- Bureau of Emerging Infectious Diseases. (2559). *Emerging Infectious Diseases*. Retrieve from: http://beid.ddc.moph.go.th/beid_2014/home (Accessed 20 February 2016).
- Board strategic plan of the National Emerging Infectious Diseases (B.E 2555-2559). (2014). *Strategic Plans Prepare Prevention of Emerging Infectious Diseases of the National. (B.E. 2556-2559)*. Bangkok: Agricultural Cooperatives of Thailand.
- Center for Disease Control and Prevention. (2016). *Vaccines & Immunizations*. Retrieve from: <http://www.cdc.gov/vaccines/index.html> (Accessed 3 May 2016).
- Coker, R., Hunter, M.B., Rudge, W., Liverani, M., & Hanvoravongchai, P. (2011). *Health in Southeast Asia 3: Emerging infectious disease in Southeast Asia: regional challenges to control*. TheLancet.com. Retrieve from: http://ac.els-cdn.com/S0140673610620041/1-s2.0-S0140673610620041-main.pdf?_tid=06e38910-ece4-11e5-9373-00000aab0f6c&acdnat=1458290161_8335b65d581724ed47b78012cd684ac5 (Accessed 23 January 2016).
- Cresswell, J. W. (2009). *Research design: Qualitative, quantitative, and mixed methods approaches*. Thousand Oaks, CA: Sage.
- Dempsey, A.F., Zimet, G.D., Davis, R.L., & Koutsky, L. (2006). *Factors That were Associated With Parental Acceptance of Human Papillomavirus Vaccines: A Randomized Intervention Study of Written Information About HPV*. American Academy of Pediatrics. Retrieve from: <http://pediatrics.aappublications.org/content/117/5/1486.full> (Accessed 23 January 2016).
- Hardy, I.R.B., Sutter, R.W. & Dittmann, A. S. (2003). Current situation and control strategies for resurgence of diphtheria in newly independent states of the former Soviet Union. *The Lancet*. 347, Issue 9017, 1739–1744.
- Hankumpa, T. & Thato, R. (2014). FACTORS PREDICTING HUMAN PAPILLOMA VIRUS VACCINE UP TAKE OF HIGH SCHOOL FEMALE STUDENTS, BANGKOK METROPOLLIS. *Kuakarun Journal of Nursing*. 21 (2), 97-112.
- International cooperation office department of disease control Ministry of Public Health. (2014). *Weekly Disease Forecast*. Retrieve from: <http://www.ddc.moph.go.th/eng/> (Accessed 1 February 2016).

Patton, M.Q. (1990). *Qualitative evaluation and research methods* (2nd ed.). Newbury Park, CA: Sage.

Polchaniko, T. (2013). *Strategic Plans Preparation Preventing and emerging infectious diseases National B.E.2556-2559*. Department of Communicable Disease Control Ministry of Public Health. Retrieve from: http://beid.ddc.moph.go.th/beid_2014/home. (Accessed 21 January 2016).

Ministry of Public Health. (2015). *Textbooks vaccines and immunization in Year 2013*. Bangkok: SuanSunandhaRajabhat University

Sakaeo labour. (2015). *Data of labour*. Retrieve from: <http://sakaeo.mol.go.th/> (Accessed 1 January 2016).

Srithongtham, O., Songpracha, S., Sanguanwongwan, W. & Charoenmukayananta, S. (2013). *The impact of Trans-national migrant from Burma, Laos, and Cambodia to the burden of health care service of the community hospital at border area of Thailand*. E-Library, Retrieve from: http://elibrary.trf.or.th/fullIP/RDG5510008//RDG5510008_abstract.pdf (Accessed 21 January 2016).

Sumning, C. (2016). *Workers in the informal sector Unstable state And problems the state*. Retrieve from: <http://www.siamintelligence.com/thailand-labor-force-formal-and-informal-sector/> (Accessed 11 January 2016).

Strauss, A., & Corbin J., (1998). *Basics of qualitative research: Techniques and procedures for developing grounded theory*. Thousand Oaks: CA: Sage. Publications.

Thairath online. (2014). *The Ministry of Health informs diseases transmitted from animals to people, a high number of 271 diseases*. Retrieve from: <http://www.thairath.co.th/content/319378> (Accessed 11 March 2016).

Tongpua, S., & Cheawchanwattana, A. (2013). Factors associated with parents' decision on purchasing optional vaccines: An interview study at Health Promotion Center 6, KhonKaen. *IJPS*. 9(2), 37-49.

Tharathep, C. (N.D.). *Migrants health in Thailand*. Retrieve from: https://www.gfmd.org/.../gfmd_swiss11_moldova_presentation_s3-03b-Thailand (Accessed 11 March 2016).

World Health Organization. (2016). *Emerging diseases*. Retrieve from: http://www.who.int/topics/emerging_diseases/en/ (Accessed 1 March 2016).

Contact email: nawasanan@gmail.com