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Thailand's health screening policy and practices: The case of Burmese migrants with tuberculosis

Supa Vittaporn*, Pimpawun Boonmongkon

Department of Society and Health, Faculty of Social Sciences and Humanities, Mahidol University, Nakhon Pathom 73170, Thailand

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ABSTRACT

Burmese migrant workers who work legally in Thailand have to follow a migrant registration system, which includes a health screening procedure. This paper investigates the health screening procedure of Burmese migrants in Thailand. Since ethnography is very useful for social research, the investigator of this study employed an ethnographic perspective, in which the dual roles of the ethnographer are used to develop an understanding of what it is like to live in a particular setting: the investigator must both become a part of the lives of the participants of the study while also maintaining the role of an observer. The information in this study was also derived from in-depth interviews, field notes, and formal and informal interviews with 13 migrant workers with tuberculosis (TB), 4 members of a TB self-help group, 4 migrant health volunteers, 17 family members of TB patients, and 5 hospital staff.

The results of the study showed that the screening of the health of Burmese migrant workers was associated with discrimination, fear that the migrants might spread TB, and the government's concern about the treatment cost. The screening for the health of migrants is especially presented as a health policy to monitor health issues and to prevent the spread of infectious disease to the Thai people.

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Introduction

Tuberculosis (TB) is associated with the socio-economic status of the patient in that the disease is more prevalent among poorer than among wealthier people (Darbyshire, 1996 cited in Barrett, Kuzawa, McDade, & Armelagos, 1998; Godfrey-Faussett & Ayks cited in Allotey & Guapong, 2008). Many environmental and social factors associated with the occurrence of the disease include crowded living, dangerous working conditions and occupations, inadequate sanitation, and poverty. Poverty has a strong relationship with poor health (World Health Organization, 2004). Poverty and TB

could be seen as either side of the same coin (Enarson, ElSony, Chen-Yuan, & Rusen, 2009). Patients with this illness experience stigmatization and discrimination due to the disease itself, and changes in their physical and health condition. TB patients can be found among people migrating from poor countries to countries with a higher socio-economic level of income (Godfrey-Faussett & Ayks cited in Allotey & Guapong, 2008).

When people migrate, they carry the culture and health conditions of the original location with them, and some might carry TB with the potential to spread infection. The poor health conditions of transnational migrants affect the health situation of the host country (Boyle, 2004 cited in Jatrana, Grahamand, & Boyle, 2005). Several studies have claimed that legal, transnational migrant laborers were found to be in better health than the population of the

* Corresponding author.

E-mail address: supa.vitt@hotmail.com (S. Vittaporn).

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destination country (Anson, 2004 and Rosenwaike 1990 cited in [Jatrana et al., 2005](#)). By contrast, illegal undocumented migrants often have poorer health status after they had migrated from their home country to other locations.

The Bureau of Tuberculosis, of the Department of Disease Control, from the Ministry of Public Health, reported that the number of migrant workers suffering from TB in Thailand tends to be higher in provinces bordering Myanmar and in highly industrialized provinces. Burmese migrants with active TB spread the disease through droplet infections when singing, talking, sneezing, or coughing in confined spaces, usually over an extended time period. It has been shown that 5.3 percent of the TB patients that live in the area along the border between Thailand and Myanmar have a drug-resistant form of TB. Based on medical records from 2007, 72.2 percent of the total number of TB patients treated were migrant workers (it was expected that this proportion amounted to 85%); the fatality rate was 6.2 percent while 14.4 percent failed to complete the treatment ([Bureau of Tuberculosis, 2011](#)). Migration is associated with epidemiological transition and demographic changes in human populations. Migrant health status is assessed by annual health checks. People from neighboring countries migrate to Thailand and work in the border area or in towns of industrialized zones.

Materials and Methods

The purpose of study was to investigate the health care services system, the prevention and control of TB, and the relevant health policies of the Thai government.

The ethnographic approach was used to investigate migrant workers attending health care services at Sinsamut Hospital (pseudonym used to preserve anonymity). The researchers made use of existing records and performed in-depth interviews and participant observation during health screening, TB treatment, and home visits. Research participants were purposively selected and consisted of: 13 migrant workers with TB, 4 members of a TB patient self-help group, 4 migrant health volunteers, and 17 family members of TB patients. Sinsamut Hospital operates an outpatient clinic (OPD) for TB treatment every Thursday. At the clinic, the researchers were able to recruit Burmese migrants with TB into the study and observe the process of health service provision to migrant TB patients, while developing a friendly relationship with them. Once the TB patients gave consent to participate in the research, the researcher asked for their permission to visit them at home. The researcher planned to visit migrants with TB about 3–5 times in order to conduct in-depth interviews with them and family members, including their care givers. Observation was also conducted during the home visits.

In total, 13 Burmese migrants with TB (10 females and 3 males) were recruited for the research. Criteria for sample recruitment were: (1) being a TB patient; (2) being Burmese and having been treated or presently undergoing treatment; (3) being treated for more than two months; (4) living in Thailand for more than two years; (5) being a patient and migrant worker with or without health insurance; and (6) ability to communicate in the Thai language.

The researcher analyzed the data using content analysis. Data compilation was conducted by verbatim transcript from audio tape. The researcher reviewed the content numerous times to ensure clear understanding of the context of migrant community life, the transnational migration experience, and the behavioral norms of different communities. Data of similar types were grouped under the same theme while data of different types were put into separate themes.

A triangulation approach was employed in the whole analysis process. Information sources and data collection from in-depth interviews and observation were cross-checked, interpreted, and verified. This study was certified by the Ethics Committee, Faculty of Social Sciences and Humanities, Mahidol University.

Results

Thailand's Labor Migration Policy

A person who is at risk of being infected with TB is one who has low immune status. Migrant workers are considered to be a group at risk of TB infection and they are stigmatized for spreading infectious disease to Thai people. Since 2004, the Thai government has been implementing stricter controls to manage the number of migrant workers in the country and reduce undocumented foreign workers from Myanmar, Lao PDR, and Cambodia, who cross the border illegally to work in Thailand. At present, undocumented migrants may identify themselves to the Illegal Alien Workers Management Committee where they might receive a Thor Row 38/1 document, which enables them to stay on a short-term basis in Thailand as a “temporary resident.” This authorization is restricted to employment as a domestic helper or unskilled laborer.

The Ministry of Labor co-operates with the Ministry of Public Health in preventing and controlling migrant workers with infectious disease. The hospitals in the areas of large concentrations of migrant workers provide annual health checkups, treatment, health promotion activities, disease prevention, and intensive surveillance. When the migrant workers apply for a work permit, they have to have health screening, including a chest x-ray. If the result of the x-ray is not clear, then sputum must be taken for a laboratory test. If the result is positive, the migrant is allocated to a support group for TB patients and is suspended from work until the case is cured.

People from neighboring countries enter Thailand illegally and work illegally in the private sector, particularly in industry and agriculture due to a shortage of Thais seeking low-skilled work. Migrant workers partly support economic growth of the country but, at the same time, they are stigmatized for spreading diseases, including TB, as reflected by the comment of a staff person from the Disease Control Unit of the Sinsamut Hospital:

“That foreign workers come to Thailand may be good for the economy but it is not good for public health. Are they all staying in Thailand legally? I assume, not all of them and, if they are TB sufferers, the disease will spread all over the country.”

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