การให้บริการด้านอนามัยเจริญพันธุ์สำหรับแรงงานหญิงชาวลาวย้ายถิ่นในจังหวัดมุกดาหาร

นางสาวยูคิโกะ ไอดะ

วิทยานิพนธ์นี้เป็นส่วนหนึ่งของการศึกษาตามหลักสูตรปริญญาศิลปศาสตรมหาบัณฑิต
สาขาวิชาการพัฒนาระหว่างประเทศ
คณะรัฐศาสตร์ จุฬาลงกรณ์มหาวิทยาลัย
ปีการศึกษา 2549

ISBN 974-14-2627-5

REPRODUCTIVE HEALTH SERVICES FOR FEMALE LAOTIAN MIGRANT WORKERS IN MUKDAHAN PROVINCE

Miss. Yukiko Aida

A Thesis Submitted in Partial Fulfillment of the Requirements
for the Degree of Master of Arts in International Development Studies
Faculty of Political Science
Chulalongkorn University
Academic Year 2006

ISBN: 974-14-2627-5

Thesis Title	REPRODUCTIVE HEALTH SERVICES FOR FEMALE LAOTIAN MIGRANT WORKERS IN MUKDAHAN PROVINCE
By	Ms. Yukiko Aida
Field of Study	International Development Studies
Thesis Advisor	Professor Supang Chantavanich, Ph.D.

Accepted by the Faculty of Political Science, Chulalongkorn University in Partial Fulfillment of the Requirements for the Master's Degree

Charas Suwanmala .....Dean of Faculty of Political Scienc

(Professor Charas Suwanmala, Ph.D.)

THESIS COMMITTEE

Amara Pongsapich .....Chairperson

(Professor Amara Pongsapich, Ph.D.)

Supang Chantav .....Thesis Advisor

(Professor Supang Chantavanich, Ph.D.)

Pavika Sriratanab .....Member

(Pavika Sriratanaban, Ph.D.)

ยูคิโกะ ไอดะ : การให้บริการด้านอนามัยเจริญพันธุ์สำหรับแรงงานหญิงชาวลาวย้ายถิ่นในจังหวัดมุกดาหาร (REPRODUCTIVE HEALTH SERVICES FOR FEMALE LAOTIAN MIGRANT WORKERS IN MUKDAHAN PROVINCE) อ.ที่ปรึกษา: ศ. ดร. สุภางค์ จันทวานิช. 110 หน้า ISBN 974-14-2627-5

นับตั้งแต่มีการจัดประชุมระหว่างประเทศ เกี่ยวกับเรื่องประชากรและการพัฒนาในปี พ.ศ. 2537 ที่เมืองไคโร อนามัยในช่วงเจริญพันธ์ ได้กลายเป็นสาระสำคัญอย่างหนึ่งของกลยุทธ์ในการพัฒนาสุขอนามัย การส่งเสริมอนามัยในช่วงเจริญพันธ์มีอิทธิพลอย่างเห็นได้ชัดในเรื่องความมีอิสระของสตรี ทางเลือกในการมีบุตร การจัดบริการการดูแลสุขภาพอนามัยที่มีคุณภาพสูงสำหรับสตรีที่กำลังอยู่ในวัยเจริญพันธ์ทุกคน โดยปราศจากการเลือกปฏิบัติ

ในประเทศไทย คนงานที่ย้ายถิ่นจากประเทศเพื่อนบ้านสามารถแก้ปัญหาและเติมเต็มความต้องการแรงงานประเภทไร้ทักษะของอุตสาหกรรมต่าง ๆได้ภายใต้การขยายตัวทางเศรษฐกิจอย่างต่อเนื่อง เนื่องจากตลาดงานในประเทศลาวมีจำกัด จึงมีชาวลาวหนุ่มสาวอพยพเข้ามายังประเทศไทยมากขึ้นและมีแรงงานหญิงจำนวนมากกว่าแรงงานชายเพิ่มขึ้นเรื่อยๆ ความต้องการแรงงานลาวในภาคบริการและงานรับใช้ในบ้านค่อนข้างสูง เนื่องจากคนลาวมีวัฒนธรรมและภาษาพูดที่คล้ายคลึงกับคนไทย อย่างไรก็ตาม ในความเป็นจริง การเข้าถึงบริการด้านสุขภาพอนามัยก็ยังไม่เป็นที่รู้กันอย่างทั่วถึงเพราะมีจำนวนแรงงานย้ายถิ่นผิดกฎหมายที่ค่อนข้างมาก

วัตถุประสงค์ในการวิจัยครั้งนี้ เพื่อตรวจสอบสถานภาพเกี่ยวกับอนามัยในช่วงเจริญพันธ์ ความตระหนักและความรู้ของคนงานหญิงชาวลาวที่ย้ายถิ่นเข้ามาในประเทศไทย ศึกษาสาเหตุของความเสี่ยงในหมู่แรงงานหญิงลาวต่อภาวะอานามัยเจริญพันธ์ และสำรวจบริการด้านอนามัยเจริญพันธ์ สำหรับแรงงานหญิงลาว การศึกษาระบบการให้ข้อมูลและให้บริการของภาครัฐองค์กรภาคเอกชนและตัวแทนองค์กรระหว่างประเทศ ก็ต้องนำมาวิเคราะห์ด้วยเช่นกัน การเก็บรวบรวมข้อมูลประกอบด้วยการใช้ข้อมูลทุติยภูมิ การสัมภาษณ์แบบมีโครงสร้างโครงสร้างกับคนงานที่เป็นหญิงลาวอพยพในจังหวัดมุกดาหาร และการสัมภาษณ์ผู้ให้ข้อมูลสำคัญ

จากการวิจัยพบว่า คนงานเพศหญิงชาวลาวมีความรู้ระดับต่ำ และขาดความตระหนักในเรื่องของอนามัยในช่วงเจริญพันธ์ ถึงแม้ว่าจะมีความเสี่ยงน้อยกว่า เมื่อเปรียบเทียบกับคนงานในอาชีพอื่นๆ เช่น คนงานที่ขายบริการทางเพศทางอ้อม แต่แรงงานหญิงเหล่านี้ยังอยู่ในสถานการณ์เสี่ยงในชีวิตประจำวัน การศึกษานี้ยังพบว่าบริการอนามัยสำหรับในช่วงเจริญพันธ์ยังไม่ดีพอในขณะเดียวกัน ความเชื่อ และการปฏิบัติตามค่านิยมท้องถิ่นไม่ส่งเสริมทางเลือกในการคุมกำเนิดในลาว ยิ่งไปกว่านั้นยังพบว่า นายจ้างเป็นผู้ที่มีอิทธิพลในเรื่องอนามัยของแรงงานหญิงด้วยเช่นกัน คู่ครองและเพื่อนๆต่างก็มีบทบาทสำคัญในการส่งเสริมการเข้าถึงบริการสุขภาพ สถานภาพผิดกฎหมายของคนงานทำให้มีความเสี่ยง และเป็นอุปสรรคในการเข้าใช้บริการที่ต้องการ

สาขาวิชา การพัฒนาระหว่างประเทศ .....ลายมือชื่อนิสิต: 会田由貴子.....
ปีการศึกษา 2549 .....ลายมือชื่ออาจารย์ที่ปรึกษา: .....

4881321624: MAJOR: INTERNATIONAL DEVELOPMENT STUDIES
KEY WORD: FEMALE MIGRANTS/ LAOTIAN/ REPRODUCTIVE HEALTH

YUKIKO AIDA: REPRODUCTIVE HEALTH SERVICES FOR FEMALE LAOTIAN MIGRANT WORKERS IN MUKDAHAN PROVINCE: PROFESSOR SUPANG CHANTAVANICH, PH.D., 110PP. ISBN 974-14-2627-5

Since the International Conference on Population and Development in 1994 in Cairo, reproductive health has become an important component of health development strategy. The promotion of reproductive health has been known to have significant influence on the autonomy of women. Reproductive choice, especially access to high quality reproductive health services, must be secured for every woman without discrimination.

In Thailand, migrant workers from neighboring countries fill unskilled labor needs of many industries. Due to a scarcity of jobs within their country, many young Laotians migrate to Thailand. It is estimated that females consist of more than half of total Laotian workers. The demand for service and domestic work is high for Laotians due to their cultural and linguistic similarity with Thais. However, in reality, access to health services is unknown since there are substantial numbers of undocumented migrant workers.

The following are the research objectives. Firstly, the study examines the status of reproductive health, the awareness and knowledge of female Lao migrant workers in Thailand. Secondly, the causes of vulnerability among female Lao migrants are examined. Thirdly, this study investigates reproductive health care services which are available to female Lao migrants. Finally, the reproductive health care and information delivery systems of the government, NGO and international agencies are analyzed. Secondary data analysis, structured interviews with Laotian migrant service workers in Mukdahan province and interviews with key-informants were adopted as research techniques.

The research found that low levels of knowledge and a lack of awareness on concerning reproductive health existed among Laotian female workers. Although their vulnerability is less serious when compared to workers in other occupations, such as indirect sex workers; they are still at risk in their daily lives. This study also found poor availability of reproductive health service, local belief and norms against contraceptive choice in Laos. Furthermore, the influence that employers have on health maintenance of migrants is also confirmed from the findings. Partners and friends were identified to play a significant role in improving access to the health services. The illegal status of workers makes them vulnerable and causes difficulty in accessing public health service at their destination of work.

Field of Study International Development Studies..... Student's signature: 会田由貴子

Academic year 2006..... Advisor's signature: S. Chantavanich

ACKNOWLEDGEMENT

First of all, I would like to thank everyone who gave me advice for this study. This thesis would not exist without the considerable help of a number of kind people. Throughout the process of this study I had many intellectual experiences, and developed great respect for every study by learning how much time it takes to undertake any research project. The study of migrant workers is always interesting to me, but can also be difficult at times. I am sure this thesis is not the last stop for me in this subject area, but it will be an important milestone in my continuing study.

I would like to give a special thanks to my advisor, Dr. Supang Chantavanich, who is a person with great knowledge on my topic and who always gave me insightful comments. Great appreciation also goes to the MAIDS program. Without the assistance of faculty members, the MAIDS staff, and my classmates, this thesis could not have been completed. Among them I am especially thankful to Jill, Robert, Martin, Nwer Mar, Jang and Ms. Wanpen for supporting me in many ways.

I also would like to express my sincere gratitude to Mr. Yasutoshi Takeda, Project Manager of the Second Mekong International Bridge Project, for supporting my field research. The information I received from Ajarn Adisorn and Ajarn Pavika was also essential for me to plan this research, and I am grateful to them for their help.

I still have many people to whom I would like to express my gratitude. My friends in Thailand and home country always cheered me up whenever I got lost in my study, for which I am very thankful. I also would like to acknowledge George Fowler for spending a lot of time editing my English writing. Getting a masters degree for me is not about receiving a certificate, but about knowing myself and the people who support me.

Finally, I want to thank my family, especially my parents Toshiyuki and Setsuko Aida, for all of the support they have given me to continue my study in Thailand.

CONTENTS

LIST OF CHARTS

Page

Figure

Tables

LIST OF GRAPHS

Page

Graphs

LIST OF ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
ARV	Antiretroviral
ASEAN	Association of Southeast Asian Nations
BEAN	Border Esan Action Network
CBO	Community Based Organization
HIV	Human Immunodeficiency Virus
ICPD	International Conference on Population and Development
IEC	Information, Education and Communication
IPPF	International Planned Parenthood Foundation
MOPH	Ministry of Public Health
MOU	Memorandum of Understanding
MSF	Medicins Sans Frontieres
PHAMIT	Prevention of HIV/AIDS among Migrant Workers in Thailand
PLWHA	People Living with HIV/AIDS
RH	Reproductive Health
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
UNFPA	United Nations Population Fund
UNIFEM	United Nations Development Fund for Women
TB	Tuberculosis
WHO	World Health Organization
WV	World Vision

CHAPTER I

INTRODUCTION

1.1 Statement of the Problem

The expanding process of globalization enables more people to cross borders in search of better earnings and better lives. Emerging global criticism towards exploitation of migrant workers[1] leads to the creation of several agreements, such as the bilateral MOUs (Memorandum of Understanding), and the UN convention on migrant workers,[2] which seek to protect their human rights and to regulate work conditions and environment. In view of this global trend, migration of workers has been increasing in recent years as a result of the income gap expanding within and across all countries.

For people living outside of their native country, access to health care service is often difficult due to differences of language, culture or the way of treatment, and mostly because of medical costs. For illegal migrant workers, custody and deportation are major reasons which prevent them from seeking and receiving medical services. Health is important for every person and should be secured as a first priority. It is also an important human right. With regard to communicable diseases, most of them are preventable if proper information is provided and understood. The methods of disseminating health care information to migrant workers also have to be appropriate for their situation.

According to PHAMIT (Prevention of HIV/AIDS Among Migrant Workers in Thailand), the number of migrant workers in Thailand (both legal and illegal) is

---

[1] Migrant workers in this article will refer to all people who have moved from their homes into foreign countries for employment.

[2] International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families was adopted by UN General Assembly on 18 December 1990 and on 1 July 2003, it entered into force.

almost 2 million. Their nationalities are Burmese, Cambodian and Laotian (PHAMIT, 2005). Laotian workers, the target population on of this research, have cultural and linguistic similarities with Thai and which makes them appear on the surface to have less conflict with Thai people. Laos[3] is a landlocked country with population of approximately 6 million. The population density is low and many ethnic groups exist, especially in mountain areas. Most of the large population cities are located alongside the border with neighboring countries. Migration has been increasing in recent years, due to few job opportunities within the country as well as materialistic attractiveness in Thailand. The impact of migration to Thailand is substantial, not only for Laos' economy, but also at the household level.

Although there are several concerns on migrant workers, the issues on reproductive health will be focused on. In particular, cross border transmission of HIV and STDs needs to be prevented with bilateral collaboration between Thailand and Laos at the governmental and non governmental level. Since Laos is a country with a low prevalence of HIV infection, migrant workers who return from Thailand, which used to be one of the highest prevalence in the region, are high potential HIV carriers. This potentially could cause a sharp increase of HIV infection in Laos if prevention practice is insufficient. Early intervention programs should be elaborated to lower infection risks.

Thailand has been successfully decreasing the number of newly HIV infected people, and family planning has been accepted nationwide with efforts of both government and non-government agencies. On the contrary, Laos is still in the early phase of prevention of infectious diseases due to poor health access and facilities. The population in Laos is still increasing, which may further accelerate migration to neighboring countries. Cross-border cooperation is important, but political, economical and social differences often make it difficult.

[3] Laos is referred from its formal country name; Lao People's Democratic Republic

Finding migrants and providing information is not an easy task. Both governments have difficulties collecting data on actual migration cases due to large a large percentage of migration coming through informal border crossing. Specifically, examining health status and access to care needs multi-sectoral cooperation. Project planning and implementation also require bilateral collaborative work.

Firstly, the baseline information should be collected to understand the reproductive health situation of migrants. By assessing migrant workers' reproductive health awareness, knowledge and health care seeking behaviors, common misunderstanding and source of belief will be understood. At the same time, vulnerabilities of female migrants towards specific reproductive health issues will be examined. As the formal educational completion rate is low especially among girls in rural areas (Lyttleton, 1999; Rayanakorn, 2003), it is expected that alternative sources of information exist. Finding this source is useful for planning further projects that target pre-departure groups. Besides reproductive health concerns, other psychological problems which occur as a result of being away from the family should also be understood. Acknowledging the issues of both mental and physical problems will demonstrate migrants' vulnerability and possibly lead to measures that will ensure their health. Secondly, current programs on migrants' health organized by government, non-government and international organizations should be studied. Successful reproductive health promotion projects will benefit not only migrant population but also people in destination countries in the long term, such as reducing medical cost. If current migration is an irreversible phenomenon, an effective intervention mechanism needs to take place.

This research was conducted in Mukdahan Province in Thailand. This location has to be described if we are to understand the current migration situation on the Thai- Lao border areas. Firstly, Savannakhet Province, located across the Mekong River from Mukdahan, is the largest populated province in Laos. Thus, many Laotians cross the border to Mukdahan by small boats. Although most of these visitors to Thailand are short term visitors whose purpose is shopping, business or seeing

relatives, a substantial number of migrant workers are included as well. Mukdahan is a destination for many migrants as well as a transit point. Some illegal workers directly move to Bangkok without stopping at Mukdahan. Secondly, there are more HIV infected cases reported in Savannakhet Province when compared to other provinces in Laos. The only clinic in Laos which provides antiretroviral (ARV) for AIDS patients is located in this province. According to statistics, it was found that 30% of HIV positive people were migrant workers previously. Thirdly, the construction of the second Mekong International Bridge will be completed at the end of 2006. This will certainly cause a greater population flow and increase border crossing cases.

1.2 Objectives of the Research and Research Questions

This study will report the reproductive health perceptions, awareness and support system of female migrants from Laos in Thailand. It is hoped that the research results will be utilized by government and non-government agencies in developing policies and projects which aim to improve the access to reproductive health services and reproductive health status for migrant workers.

The objectives of the research are:

1. To examine the reproductive health status, awareness and knowledge of female Lao migrant workers in Thailand.
2. To examine the cause of vulnerability among female Lao migrants in Thailand.
3. To investigate the reproductive health care services available for female Lao migrants.
4. To analyze the reproductive health care and information delivery system of government, non-government organization (NGO) and international agency to promote reproductive health among female Laotian migrant workers.

The following questions should be considered and answered throughout the research duration. Firstly, assessment of the status and knowledge of reproductive

health will indicate the degree of migrants' vulnerability regarding reproductive health issues. Secondly, causes of vulnerabilities will be analyzed based on the following variables: "demographic", "migration process", "situation in destination", and "RH knowledge". Thirdly, the availability and use of the services in Thailand will be answered by migrant workers. Lastly, there are many actors dealing with migrants' issues in different levels and arenas. Studying each project and its objectives, the researcher hopes to find the possibility of future cooperation among different sectors.

1.3 Hypothesis

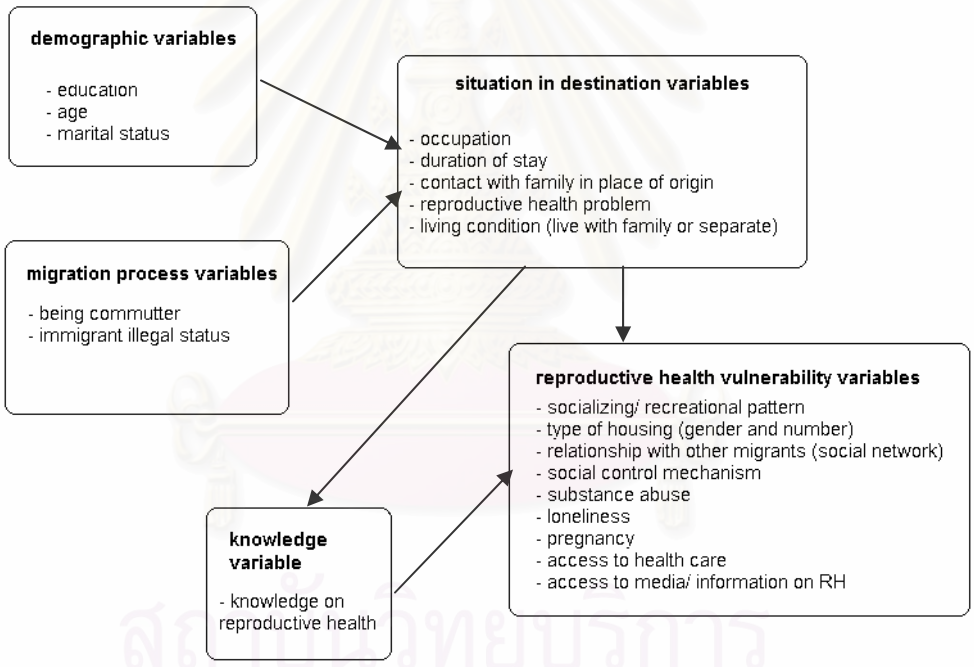
The research would inform us to some extent on the current living conditions of female Laotian migrant workers in Thailand. The hypothesis of this research is that the process of migration makes female workers more vulnerable in terms of maintaining their reproductive health. It is assumed that they have some knowledge and beliefs towards reproductive health. Since many of them do not complete formal basic education, it is assumed that the information is usually learned from their family, friends and neighbors in the community of origin. Thus, the information is often wrong or inadequate in terms of disease prevention or birth control purposes. It is also expected that the awareness towards reproductive health is low among migrants. Furthermore, their vulnerability towards communicable diseases would be confirmed due to lack of social support and risky situations caused by migration. Through the research, it is expected that the best method to increase awareness and knowledge of communicable diseases and the promotion of reproductive health by examining ongoing projects and policies will be identified.

1.4 Conceptual Framework

Previous research has attempted to analyze migrants by focussing on their HIV vulnerability. The synthetic concept of migration and HIV/AIDS vulnerability introduced by Chantavanich fits the comprehensive analysis of this research. Thus,

with some modifications, it is used as a conceptual framework for this research to explain the reproductive health vulnerability among female migrant workers. (Chantavanich, Paul, & et al, 2000) The following conceptual framework model (Figure 1) represents most of the variables related to the investigation of this study. Variables in this model can be classified into five categories; demographics, migration process, situation in destination country, reproductive health vulnerability, and knowledge of reproductive health. Each category is composed of several variables. Each variable influences other variables.

Fig1. Female Migrants' Reproductive Health Variables



Source: adapted from Chantavanich, S. et al. Cross-border Migration and HIV Vulnerability in the Thai-Myanmar Border Sangkhlaburi and Ranong (2000) p. 28

"Demographic variables" (education, age, marital status) correlate to the variables of the "situation in destination" (occupations, duration of stay, contacts with family in place of origin, RH problem and living condition). "Migration process variables" (being a commuter and immigration status) determine the variables of the

"situation in destination" (occupation, duration of stay and living condition). The "situation in destination variables" (occupation, duration of stay, contact with family in place of origin, reproductive health problem, and living condition) are related to the "reproductive health vulnerability variables" (social and recreational patter, type of housing, relationship with other migrants, social control mechanisms, substance abuse, loneliness, pregnancy, access to health care services, access to RH information). And also, knowledge on reproductive health is determined by the "situation in destination variables" (duration of stay, living condition).

1.5 Research Methodology

1.5.1 Data Collection

Female migrants from Laos in Mukdahan are the target population in this study. Both quantitative and qualitative methodologies have been utilized for this research.

Secondary data collection and analysis

There are several research projects on Laotian migrants. A number of reports from academic institutions, international organization (ILO, IOM, UNICEF, UNDP, UNIFEM, WHO) and international NGOs have identified health problems and raised issues among mobile populations, especially HIV/AIDS. Particularly, since the Lao government has set up a division to deal with HIV and STDs, accessibility in receiving updated information on the HIV situation has improved. The statistics of registered migrant workers in each province was available from the Ministry of Labor of the Thai government. From these statistics, the current geographic trend of Laotian migrants was examined. After the agreement of MOUs on migrants[4], there have been

[4] MOU on Employment Cooperation between Thailand and Lao PDR was signed in October 2002

several practices that have taken place to regulate the employment process of migrant workers. Examining the contents of the MOU was the first step of this research.

Key informants interview

In Mukdahan, interviews were conducted with staff of public health sectors, including a medical doctor and nurse at Mukdahan Provincial Hospital and an official of the Ministry of Public Health, and several NGO[5] staff who work on migrant workers issues. The current quantitative migration trend was answered by an officer of Provincial Immigration Office. The impact of the MOU and controlling undocumented workers was assessed through information provided by an officer of the Provincial Employment Office and Mukdahan Provincial Office. In Savannakhet, some information on HIV/AIDS treatment and the health status of Laotian women was received from a doctor at the Savannakhet Provincial Hospital. The current migration trend in the province was informed by NGO staff. Interviews were composed with numerous kinds of questions, including objectives, roles, concerns on cross border migration related issues in the area, cross border cooperation system, health care provision policies, care seeking behaviors of migrants, concerns or problems of migrants are facing and ideas to improve health of migrants. The interview was conducted either in Thai, Lao or English, depending on the preference of the informants.

Structured Interview

The interview was conducted with female migrant workers. It was designed to explore migration status, the knowledge and awareness on reproductive health and care-seeking behaviors amongst migrant workers. The structured interview included both open-ended and close-ended questions and was divided into five parts (Appendix

[5] Planned Parenthood Association of Thailand and Siam Care are currently conducting or recently conducted HIV/AIDS programs at the border area in Mukdahan.

A). The first part was for collecting demographic data, such as job, age, place of origin, marital status, period of time in Thailand, education level, accommodation in the work place, and part-time activities. The second part assessed their health status, awareness and health care seeking behaviors. The third part asked about their relationship with their partner. The fourth part assessed their knowledge and attitude towards family planning and contraceptives. The final part assessed their knowledge and attitude towards HIV/AIDS. Each interview took 15-20 minutes to answer. The Interviewer was a Thai female who can speak the Lao language. The respondents were female Laotian migrants over 16 years old who engage in domestic work and service sectors in Mukdahan (including waitress at restaurants, sales staff at shops and markets).

Translation

As the researcher had only limited skill of Thai and Lao languages, the translator was accompanied whole research period in Mukdahan. The translator Ms. Panvadee Takot is a senior tourism major student of Ubon Ratchathani University. She clearly understood the objectives of the research and prepared the questions translated before every key-informant interview. Several documents received from the informants were also translated by Ms. Takot in Mukdahan. In regard to implementation of structure interview of Laotian migrants, she had no difficulties to communicate with them by speaking Lao as she was a native of Northeastern region. Her outgoing personality contributed to materialize several key-informant interviews as well as finding migrant workers to interview. Since her age is close to the migrants', interview process was often informal and many migrants did not hesitate to answer rather embarrassing questions such as relationship with their partners.

1.5.2 Ethical Issues

The standard ethical consideration of conducting research with human subjects was informed consent. In addition, since this research deals with personal experience, the voluntary participation and confidentiality was emphasized. Written

informed consent was not collected in order to secure high anonymity, particularly for illegal workers.

- *Voluntary participation*

Interviewees of the structured interview were fully informed about the study and given an opportunity to ask questions or express concerns. They were also explained that it was their right not to answer particular questions.

- *Confidentiality*

Many migrant workers in the research area were assumed to be illegal, not possessing work permits and being afraid of arrest and deportation. The confidentiality of the interviewees' answers was emphasized.

- *Ensuring safety of interviewees, interviewers and researchers*

The interviews and data collection require the collaboration of NGOs and the government. Furthermore, interviews with migrant workers were conducted only when their employer understood the research and allowed them to participate. The researcher explained the objectives and content of research to employers in order to receive cooperation.

1.5.3 Research Scope

The research area covers the border crossing areas in Mukdahan (Thailand) and Savannakhet (Laos). The location of interviews was within Mukdahan municipality and city area of Savannakhet Province. The sampling group of the structured interview was female Laotian migrants working in service sectors in Mukdahan. The location of key informants' interviews was determined based on the organization office.

1.6 Limitation

Although this research tries to understand the realities that migrant workers are facing, impacts caused by the language and cultural difference were obstacles for the researcher. Most interviews were conducted in Thai or Isaan, one of Thai dialect which is close to Lao, by the interpreter. Since the researcher's local language skill was very limited, there were several situations that the interpreter had to determine interview progress at her own discretion. However, the researcher always attended every interview, introduced herself and observed the facial expression of interviewees. The most difficult task for implementation of structured interview with Laotian workers was locating female migrant workers due to their undocumented status. Employers usually conceal the fact that they employ Lao workers. Thus, we could not reach one hundred interviewees which was the primary number of target interviewees. This research obstacle situation will be discussed again in a subsequent chapter on research findings.

CHAPTER II

LITERATURE REVIEW

2.1 Introduction

The phenomenon of migration between and in developing countries occurs all over the world. With this phenomenon come many concerns regarding migrant workers. Since it is a matter beyond one country, the situation is complicated and developing solutions usually takes time as there are many factors to be agreed on between the countries that are involved. If we analyze just the health perspective of migrant workers, there are many issues to be discussed.

The health status of migrants is influenced by the health conditions they face in their home country. Due to low GDP, migrants' countries of origin have poor health systems that provide only limited treatment and disease prevention measures (PHAMIT, 2006). Source communities of migrant workers are often economically weakened or may be distressed by natural or human disasters, a lack of health care and other essential services. Residents may have only little knowledge of various health issues and life skills necessary to protect themselves from viruses and other illnesses. (Family Health International, 2006) Many health issues among migrants are the psychosocial determinants of health-related behavior. Regardless of their migration status, some degree of stress always exists. Migration can cause separation from family and friends, can break established social networks, and often requires giving up traditional routines and value systems. Migration also requires adapting to new social and psychosocial environments. (Carballo & Nerukar, 2006)

2.2 Migration in Thailand

2.2.1 Types of Migrant Workers

Migrant workers are divided into two main categories: internal and cross-border. Within these two categories, migrants can be classified further as economic (or voluntary) migrants and forced (or involuntary) migrants. Forced migrants include refugees, asylum seekers, internally displaced persons (IDPs), development displaces, environmental and disaster displaces, returnees, and human trafficking (Castles, 2005).

2.2.2 Conceptual Framework of Cross Border Migration

International Travel Regulations defines a period of one year as the length of stay in a new land which determines migrant status. UNIFEM defines migration as *"People movement abroad for employment, study, family reunification, or personal factors, or people forced to leave countries of origin to escape persecution, conflict, repression, natural/ human-made disasters, ecological degradation, or other situations endangering lives, freedom or livelihood" (UNIFEM, 2005b)*

There are three major perspectives that describe the causes of migration. These are neo-classical economics, political economics and sociology. Neo-classical economists explain that migration occurs due to economic motivation of individuals and their families. Expected income in the destination country determines the decision to migrate. Political economists consider structural perspective as pull factors. An expanding labor market in a capital-oriented economy country pulls workers from less advanced countries to make up for its labor shortage. Sociologists acknowledge the economic pull factor as just one aspect of the migration system. They further indicate economic, social, cultural, legal and political factors to explain the migration

mechanism. These systems also influence the migration processes, which are departure (causes), migration (process and facilitation) and arrival (consequences). (Chantavanich, Paul, & et al, 2000)

2.2.3 Current Migrant Issues in Thailand

Thailand shares borders with four countries with a total of 5,656 kilometers in length. 2,401 kilometers is shared with Myanmar, 1,810 kilometers with Laos, 789 kilometers with Cambodia and 647 kilometers with Malaysia.[6] (Vungsiriphisal, Ausalung, & Chantavanich, 1999) In Thailand almost 2 million workers from Myanmar, Laos, and Cambodia are engaging in unskilled work in several industries. In 2005, just over 700,000 migrant workers and their families registered with Thai government (PHAMIT, 2005). Current demographic statistics are indicated in Table 1.

The registration process has become more expensive over time, with total fees equivalent to one to two months' wages. In most cases, employers pay the registration fees and deduct them from the workers' wages afterward (Migration News, 2006). Failing the medical test usually results in deportation; the workers fail the medical test if they are found to have the following diseases: infectious TB, severe leprosy, severe elephantiasis, severe syphilis, drug addiction, serious alcoholism or mental illness. The issue of pregnant women was initially considered to be a failure of the test, but due to strong protest, the government decided not to refuse the application of pregnant women. Also under current policy, workers who are found to be HIV positive are not categorized into the disease category of deportation. (Muntarbhorn, 2005)

The Thai government requires all migrants requesting work permits to purchase health insurance. The policy also allows all registered migrants, including

[6] Myanmar, Laos and Cambodia are name of countries formally the Union of Myanmar, the Lao People's Democratic Republic, the Kingdom of Cambodia respectively.

unemployed migrants, family members and dependents, to be included in the Thai Universal Coverage System. This system provides treatment for the majority of health problems for a flat fee of 30 Baht per service at assigned hospital. For coverage under this scheme, migrants are required to take the health exam, which costs 600 Baht per person, and then to pay a fee of 1,300 Baht for the health insurance. (PHAMIT, 2006)

Thailand previously had a closed door policy on migration from neighboring countries. This did not work well due to the long border line and the pull factors of the labor market in Thailand, causing many undocumented migration cases. Currently, the country is moving towards to a new and more open door policy. Management of migration through cooperation between the country of origin and Thailand as a destination country has been reinforced over the past few years. (Muntarbhorn, 2005)

Table 1: Migrant in Thailand: fact sheet in the year 2005[7]

(persons)

1	The demand of migrant workers from employers in 3 nationalities	1,881,529
2	Quota considered by Department of Employment	1,773,349
3	Registered migrants from Ministry of Interior from the year 2004	1,161,013
4	Work permit (total of 3 nationalities)	705,293
5	Burmese	539,416
6	Laotian	90,073
7	Cambodian	75,804
8	Unmet demand of migrant workers (difference between No.1 and No.4)	1,176,235
9	Registered workers without work permit (difference between No.3 and No.4)	455,720

[7] Data was received at the presentation of Mr. Sutat Konghuntod, Bureau of Health Service System Department of Ministry of Public Health. On occasion of the roundtable meeting “Cross border Communities of Action” Building Regional Linkages. Bangkok, 21 December 2005

Migrant workers engage every sectors of work, which are categorized as;

- Labor	- Factory worker	- Domestic worker
- Agricultural worker	- Livestock worker	- Truck driver
- Service worker	- Sex worker	- Fisherman

The commonality between all sectors of work is low pay and a high occupational hazard. This is the primary reason why Thai people no longer want to engage in these industries. (Caouette, n.d.) Migrant labor fills the “three-D” jobs, dirty, dangerous and difficult. (Taran, 2001) The period of work also varies; some work is seasonal such as harvest season, and some work is longer term, with some workers staying for several few years. However, most work given to migrant workers is short term. As a result, these workers need to continually move around their host country to look for the work. Male workers engage in sectors which need physical strength while female workers engage in domestic works, factory work, service work and commercial sex work. (ARCM, FHI, & NCCA, 2004). Work duration of migrant workers is influenced by the types of industry they engage in, the areas they live, and their legal status.

2.3 Legal Agreement on Protecting Migrant Workers

Over past few decades, Thailand has experienced rapid economic growth, making it one of the most economically competitive countries in Southeast Asia. During this period of economic growth, there was a gradual change in the domestic labor market. Thailand has now become a country of destination for migrant workers, a change from when it used to be a country sending large numbers of migrant workers overseas. As a result, the issue of incoming migrant workers has become a frequently discussed topic in Thailand. During and after the economic crisis in the late 1990’s, the public complained that many migrant workers took the work of Thai nationals, which resulted in high unemployment amongst Thai nationals. However, as research clarified, it was found that most work done by migrants was work that Thais were

unwilling to do. (Caouette, 1998; Chantavanich, Paul, & et al, 2000)

2.3.1 International Framework to Improve Migrants' Rights

If we look at migrant rights protection in a global context, there are several multilateral agreements which are effective and try to protect migrant workers' human rights, regardless of their legal status. However, actual enforcement largely depends on host countries. One UN convention in particular mentions migrants, the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families. The convention seeks to establish minimum standards for migrant workers and members of their families, irrespective of their migratory status. The convention went into effect on 1 July, 2003. By October 2005, 33 states had ratified or acceded to it. This may indicate an increasing awareness in the international community on the issue of migrant workers. However, none of the Mekong countries have acceded the convention yet. (UNHCR, 2005; United Nations, 1990)

There are two ILO conventions specifically concerned about the protection of migrant workers, though both are yet to be ratified by the Mekong countries; *ILO C143 Migrant Workers Convention 1975 and ILO C097 Migration for Employment Convention (Revised) 1949.* (Harima, Verona, & DeFalco, 2003) Although a government has already ratified a convention such as the UN Convention on the Elimination of All Forms of Discrimination against Women 1979 (CEDAW), it does not guarantee to amend all national policies and laws to match with the convention. Fortunately, at the very least, ratification of the convention creates an arena for discussion. (UNIFEM, 2005a)

The World Health Organization also emphasizes the importance of cross-border initiative activities for control of communicable diseases by providing essential drugs, health education, condoms and other commodities, regardless of

citizenship and legal status. There have been a number of cross-border meetings supported by WHO aiming to strengthen the collaborative work among countries and especially border area communities.(WHO, 2004)

2.3.2 Regional Agreement to Promote Safe Migration

The Bangkok Declaration on Irregular Migration (1999)

In 1999, there was an International Symposium which called ministers and representatives from 19 countries in Asia. All ASEAN countries, Australia, China, Japan, Korea, New Zealand, Papua New Guinea, Sri Lanka and Hong Kong attended. After three days of talk, The Bangkok Declaration on Irregular Migration was issued by all participating countries. It consists of 18 articles and emphasizes the future collaboration among both sending and receiving countries of an information sharing network on migrant workers.

The declaration clearly indicates its objectives to protect illegal migrant workers from exploitation and violence. It also mentions that decreasing illegal migration will promote greater security. Thus, cooperation among countries and improving the national surveillance system should be highly prioritized to reach this goal. At the same time, each country has a responsibility to improve awareness amongst its own citizens to recognize negative aspects of undocumented migration. In Article 14, the health of migrant workers is stated; “Irregular migrant workers should be granted humanitarian treatment, including appropriate health and other services, while the cases of irregular migration are being handled according to law. Any unfair treatment towards them should be avoided.”

This declaration serves as one of fundamental key factors to contribute current transnational cooperation on illegal migrant population. In following years, Thailand has exchanged MOUs on migrant workers bilaterally with Myanmar, Laos, and Cambodia. The Thai government has reinforced its policy towards registered

migrants, while strengthening the check system of registration to decrease illegal workers.

Memorandum of Understanding between Thailand and Laos

- *MOU on Employment Cooperation*

This MOU was signed in October 2002 in Vientiane. The Thai and Laotian governments realized the situation of increasing illegal migrant workers and resulting human trafficking cases, so they decided to set mutual guidelines for worker employment procedures. It consists of 24 articles. Article 4 to 7 mentions the worker selection procedures. In Article 9, it is written that each worker will receive a two year work permit. Renewal will be accepted, though the total period should not exceed 4 years. Workers who have completed their terms of work can reapply again after 3 years have passed after the date of expiration of the previous term. Every worker has to contribute 15% of salary to a "deportation fund" written in Article 11-16(except 13). The fund is to be reimbursed upon termination of employment and return to the home country. In Article 17 and 18, the protection of workers is mentioned. Migrants should be treated equal to national workers, regardless of gender, ethnic and religious identity. In Article 20 and 21, issues on illegal employment are referred to. It emphasizes that both countries should take necessary measures to prevent and intervene in illegal cross-border labor practices and employment. Furthermore, both governments agreed to share information on human trafficking, undocumented entry, unlawful employment, and unlawful labor practices.

- *MOU on Cooperation to Combat Trafficking in Persons, especially Women and Children*

This MOU was recently signed in July 2005 in Bangkok. The main emphasis was on the trafficking of women and children. It states the definition of trafficking and a collaborative, legal enforcement framework in 21 articles. Prevention methodology, providing education and vocational training program as well as improving social services (employment, income generation, health care) in order to prevent women and

children from becoming victims of trafficking are also mentioned. The MOU also encourages disseminating information on risk factors to raise public awareness on migrant trafficking. Cooperation and communication between countries is the key to success. Information and evidence relating to trafficking should be shared (Article 9). Establishing a network of government, national organization, and international organization is encouraged to tackle this cross border problem. This agreement is a good landmark for the future work.

Since human trafficking occurs across the borders of more than two countries, countries in the Mekong Region have developed and exchanged multilateral MOUs on human trafficking, signed in 2004. A quick, positive outcome should not be expected as there are many problems that exist in each country and they work at different levels of speed. Thailand will be a key tractor country which coordinates the cooperative environment with international agencies and NGOs. As the economic growth of Thailand continues and produces more employment opportunity, it is unlikely that there will be a decrease in migrant workers. Locating undocumented migrant workers is essential, if there is to be success.

2.4 Laotian Migrant Workers in Thailand

Since the largest number of migrant workers in Thailand is from Myanmar, a lot of research available in English is focused on them. The migrants' vulnerability in Thailand has been reported in many documents. In contrast, less documents are accessible on migrant workers from Cambodia and Laos, As these two countries are ranked as the least developed countries in the Asia where poverty is still a major problem in these countries. Thus, the remittance of money from migrants working abroad is important source of income for many families. The government of Laos has announced that fighting poverty is its priority. This is emphasized in the country's long term socio- economic development strategy. The country has expanded foreign trade particularly with Thailand which has now become its major trading partner. (Lee,

2003) Laotian workers who move to work in Thailand can be classified by three categories: occupation, immigration status and ethnicity (ARCM, FHI, & NCCA, 2004).

2.4.1 Demographic Data of Laos

Laos is a landlocked country that shares a similar cultural and linguistic background with Thailand. People predominantly engage in the agricultural sector, and because of its mountainous terrain, foreign investment is scarce and there are not enough job markets. The statistics by UNFPA shows the following demographic indicators (UNFPA, 2005) Also Laos is currently experiencing the rapid population growth, the mortality of infants and children are still very high.

Table 2: Demographic, Economic and Social Indicators of Laos and World Average

	Laos	World
Total Population (millions)	5.9	6,464.7
Average Population Growth Rate (%)	2.2 Highest in ASEAN[8]	1.2
Population Living in Urban Areas (%)	21 2nd Lowest	48
Gross National Income per capita PPP[9]$	1,730 Lowest	8,180
Health expenditures, public (% of GDP)	1.5 4th Highest	-
Under-5 Mortality per 1,000 live births M/F	136 / 130 Highest for female	83/81
Infant Mortality per 1,000 live births	84 2nd highest	55
Life expectancy M/F	54.3 / 56.8 Lowest for female	63.7/68.2
% Illiterate (above15 years of age) M/F	23/39 Highest	-

(Source: *State of World Population 2005*, UNFPA)

[8] Status ranking is within ASEAN
[9] Purchasing Power Parity

2.4.2 Characteristics of Laotian Migrant Workers

The largest portion of the cross-border movement between Laos and Thailand is related to labor migration. In many cases, migration often involves whole family members applying for seasonal agricultural works. Therefore, it is not restricted only to individuals. Generally, migrant workers have some idea of where they are going and often pay transportation and administrative costs incurred by travel for the employment. The brokers charge different rates for their services depending on where people want to go. (UNICEF & Ministry of Labor and Social Welfare of Lao PDR)

Many Laotian migrants enter Thailand through a legal channel with a three day stay permit (Border Pass) and overstay to find work, or through informal connections or by depending on smugglers. There are also unofficial channels, such as crossing the border by land or by swimming across the Mekong River and then using smugglers to move further into Thailand. (Harima, Verona, & DeFalco, 2003). Since Laos shares its border with four countries, it establishes a total of 18 international immigration checkpoints, including 3 international airports. The government of Laos has signed a bilateral agreement with the government of Thailand to open the 7 International border crossing points. (Sengsouriya, 2006)

Many Laotian female workers engage in domestic work while men engage in agriculture, construction or fishery and related jobs. Laotians are estimated to make up almost 20% of all people employed in domestic work in Thailand. It is assumed that Laotians are in demand for domestic work because the nature of the work requires a close relationship, understanding and trust between employers and employees. (Harima, Verona, & DeFalco, 2003)

One explanation on the high mobility among females is the higher illiteracy rate and lower education among women. Literacy statistics place Laos low on many global rankings (Lyttleton, 1999). Generally, girls are expected to take care of

household chores. In rural areas, it is necessary for parents to withdraw their daughter(s) from education for safety reasons. (Rayanakorn, 2003) The current scarce job market in Laos is not able to provide work for them. Furthermore, the lack of education and sensitivity towards human rights makes them vulnerable to exploitation during migration and increases the possibility of them falling into human trafficking. (ARCM, FHI & NCCA, 2004)

A quantitative research on current migration conducted in the southern three provinces of Laos among 6,000 households by ILO found the following migration trend:

- *7% of householsd had family members on the move. Thailand is the destination of choice for more than 80% of Lao migrant workers.*
- *Nearly three-quarters of all migration had occurred within three years which implies the acceleration of migration.*
- *More than one-in-five migrant workers are under the age of 18. Two-thirds of them are girls. Young people, especially girls are most vulnerable to exploitation.*
- *About half of migrant children who entered to Thailand had lost all contact with their families back home.*

The national strategy to reduce illegal migration is through rural development and eradication of poverty. Also, the government promotes activities which raise awareness about dangers of ill prepared and un-informed migration.(ILO, 2005)

In Laos, the country is in the process of expanding its market economy, so people are becoming to be more materialistic, even though many traditional values are still preserved. In the era of globalization, only a few Laotians are gaining profits through intensified cross border trade, foreign direct investment and developed information technologies. However, it also increases the risk of instability and marginalization. In other words, only a small group of people have benefited from globalization while a large number of people remain poor. (Lee, 2003) Furthermore, the current political situation limits the arena for civil society groups in

Laos. Only international NGOs are allowed to work on social development issues. Social activism is strictly controlled by the communist government. Political or social change advocating activists are often jailed, put in labor camps or disappear. (Beyrer, 1998).

Although migration affects the concerns of most branches of government, the elaboration of migration-related policies has been dominated in many countries by one or two ministries, usually interior or home affairs. There is still little intra-governmental consultation among other ministries or departments directly affected by migration, and even less effective cooperation and coordination. (Taran, 2001) The role of international organization is crucial in supporting the institutional development of government ministries and mass organizations and promoting cross-sector cooperation. Since many government institutions, particularly those in charge of migration issues still lack of experience, the capacity building programs provided by the international organizations often benefit these institutions. (Harima, Verona, & DeFalco, 2003)

Migration Trend in Mukdahan Province

In Mukdahan Province, a large number of people cross the river from Savannakhet Province for work. According to the study done by ARCM, the source communities of migrants are the Outhoumphon, Songkhon, Xaiphouthong, Champhon and Khanthabouri districts in Savannakhet Province. These communities are located either adjacent or near to the Mekong River. Migrants use passports and border passes to cross the border, and inform the officer that they intend to go shopping in Mukdahan, though they are actually crossing the border for work.

In 2002, approximately 36,286 Lao migrants arrived in the province and 2,742 migrants were deported. Among them, 946 workers came for official work registration. Workers migrate to various places in the Muang, Dontan and Wanyai

districts or they go to work in Bangkok and other big cities. Migrants travel individually or with assistance of job agents. Agents in Mukdahan on the border area contact employers who are in need of workers. They usually charge 2000-3000 Baht per person. Employers will deduct this charge from workers' salary of the first month. The data documented 690 registered workers in Mukdahan in 2002: factory workers (406 people), domestic helpers (173 people), general labors (75 people), agriculture workers (35 people), and livestock workers (12 people).

The reasons for returning to Laos are low pay, abuse, escape from police arrest, and deportation by the Thai authorities. During the journey back to Laos, some migrants experienced robbery by tricycle drivers or threats by police looking for bribes. (ARCM, FHI, & NCCA, 2004)

2.4.3 Feminized Labor

While younger adults are more likely to migrate than older people, the number of women who migrate is increasing and make up nearly half of the international migrant population. Family reunification policies of receiving countries are one factor influencing migration by women. However, women frequently end up in the low-status, low-wage production and service jobs, and are particularly vulnerable to exploitation and abuse, including sexual abuse (Population Issues, 1999). Single women are expected to face the most difficulty in their destination country. For many people, migration results in social isolation and loneliness. This is further enhanced for people who move alone. (Carballo & Nerukar, 2006)

This feminized migration trend has been progressing since the late 1970s. In 1976, women were less than 15% of Asian overseas workers. However, by 2000, they had constituted about 50% or more of the migrant workforce in Asia. Women are recruited into women-specific skilled and unskilled jobs in the formal and informal service sectors. The most concentrated work available for women is domestic work

and prostitution. Women migrate alone as temporary workers, mainly to support families. While migration management is largely conducted by well organized private sectors mainly, informal network of friends and family also draw women to migrate. Due to the growth of irregular migration, especially trafficking of women and children often occurs during the migration process. (UNIFEM, 2005a, 2005b)

The majority of workers who move to work in Thailand from Laos are found to be female. Most of them are from Vientiane, Borikhamxai, Khammouan and Savannakhet provinces. Their previous job before migrating is usually agriculture related. The work in Thailand is classified as either seasonal or non seasonal. After returning to Laos, some of them start businesses by using the skills they gained through work in Thailand. (ARCM, FHI, & NCCA, 2004)

2.5 Reproductive Health of Migrant Workers

2.5.1 Reproductive Health: Definition and History

In 1994, the International Conference on Population and Development (ICPD) in Cairo confirmed the importance of ensuring a comprehensive approach to reproductive health and framing it as a right to receive good quality services. The definition of reproductive health was agreed upon at the conference.

Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. (WHO, 2006)

In addition, it needs to be emphasized that “high-quality reproductive health services” is not only a program priority, but it is a human right. (Sullivan, Maung, & Sophia, 2004)

Since the 1994 ICPD, a number of programs have been implemented to improve the quality of reproductive health in developing countries. The International Planned Parenthood Federation (IPPF) is an important organization in analyzing global reproductive health issues, developed a ‘Client’s Bill of Rights’ that addressed what clients should expect from their service providers. Consequently, another framework was developed which includes the rights of both clients and providers. In this framework, the clients’ rights are: information, access, choice, safety, privacy, confidentiality, dignified treatment, comfort, continuity of care and the right to express opinions about the quality of care received. Providers have rights to training, information, infrastructure, supplies, guidance, back-up, respect, encouragement, feedback and self-expression. (ibid.)

In 2005, the IPPF showed concern on the current situation of reproductive health. Reproductive health failed to be included in the 8 Millennium Development Goals so donor countries, which agreed to provide US$6.1 billion per year by 2005 at ICPD, had less interest in supporting the programs. This is in turn marginalized reproductive health field in marginal position. Up until this point, their contribution was only 40% of the promised commitment. Since the Cairo meeting, the fields of HIV/AIDS and reproductive health have grown further apart. The establishment of the Global Fund for AIDS, TB and Malaria is separate from the sexual and reproductive health section unit dealing with infectious and communicable disease. It is known that 70 per cent or more of new HIV infection cases are sexually transmitted, so this separation of HIV/AIDS prevention efforts from family planning and reproductive health is not effective or realistic. The IPPF describes the current situation as, “Instead of operating in a coordinated and mutually reinforcing way, reproductive health and HIV/AIDS programs find themselves in competition for funds, with the HIV/AIDS side decisively and increasingly in the lead.”(Sinding, 2005)

Freedman argues for the protection of reproductive health and human rights ensure the health of women. Discussions of reproductive health strategies acknowledge the close connection between health and law, and include the importance of “reproductive health choice as a universal human right” as a basic principle. Thus, health policies and programs are unable to handle reproduction as mere mechanisms, as biological events of conception and birth. It should be handled rather as a lifelong process linked to the status and roles of women in their homes and societies. The women-centered approach should be taken when implementing reproductive health strategy since the key to improving reproductive health is women’s autonomy. The law is one tool for conceptualizing, promoting and protecting women’s autonomy. (Freedman, 1993)

2.5.2 Reproductive Health Vulnerability of Migrant Workers

Reproductive health in general, especially among women, seems to be affected by changes in social and economic environment, access to health care, changes in sexual behavior, and social status. Migrant women often face common problems of unwanted pregnancy, poor knowledge about contraception and where to get contraceptive devices and advice on contraception. A study in Spain indicates that requests for abortions from women coming from North Africa and the sub-Saharan region tends to be twice as common compared to non-migrant Spanish women. (Carballo & Nerukar, 2006)

Mobile women are often found to be more vulnerable than their male counterparts. These women, as well as women partnered with mobile men may have little access to sexual health services and may lack the negotiating power to prevent unwanted and unsafe sex during travel and also in their destination country. Undocumented migrants may be vulnerable to HIV since they often lack the power, resources, access to information and services to protect themselves and their partners from HIV, and are often exposed to exploitative, violent environments. (Family Health

International, 2006)

The Mae Tao Clinic in Tak Province is a well-known clinic in Thailand that provides humanitarian medical assistance for migrant workers. Established in 1989, the clinic provides a wide variety of primary health services to migrant workers from Myanmar living and working in Thailand and internally displaced persons within Myanmar who cross the border. As of 2002, the reproductive health services available at the clinic are antenatal care, delivery, family planning, management of obstetric complications including post abortion care, management of STIs and HIV, management of gender based violence and adolescent reproductive health. The clinic has expanded the reproductive health services due to the rise of demand for family planning and antenatal care among the clients. (Sullivan, Maung, & Sophia, 2004)

In the border area where the clinic is located, a large numbers of abortions and unwanted or unexpected pregnancies are reported. Some women with unwanted pregnancies abandon their infants at the clinic. The clinic provides counseling and contraceptives for women who come to receive reproductive health services at the clinic or implement outreach programs on family planning and traditional birth attendants (Maung, 2005).

Mobile populations are reported to be particularly vulnerable to five critical reproductive health issues (Population Reports, 1996).

- Contraceptive access and use are limited.

  Family planning is not used by migrants when compared to urban residents. While attitude differences are part of the reason, access to the service is also major cause.
- Risk of HIV/AIDS and other sexually transmitted diseases (STDs) are high

  The diseases spread more rapidly as the mobility of population is greater.

Confusion of family and community life during migration increases risky sexual behavior and exposure to STDs and HIV.

- Safe motherhood is difficult.

  Among refugees and internally displaced persons, childbearing is almost impossible. Especially in emergency situations, women often lack adequate food, shelter, and sanitation. Prenatal and delivery care often are very limited.

- Violence against women is frequent.

  As they are often alone and powerless, women and children who move are especially vulnerable to sexual abuse.

- Unsafe abortions are common.

  Many unsafe abortions, complications of unsafe abortions and miscarriages could be avoided if women had better access to contraceptives and family planning counseling.

The WHO concerns the expansion of communicable diseases through mobile populations: *Population movements on the border, especially those that involve illegal activities have been identified as the key factor contributing to the exacerbation of the problem of cross-border transmission of communicable diseases over the years." These diseases are such as HIV/AIDS, tuberculosis, malaria... It is emphasized that efforts should be integrated and collaborative and should not look at a disease in isolation. (WHO, 2004)*

2.6 Reproductive Health Situation in Laos and Laotian Workers

2.6.1 Reproductive Health Data of Laos

Documentation of the health status of Laotians is limited and little understood. Medical literature on Laos is few and the media is controlled and censored by the communist government (Beyrer, 1998). The scattered population in a large country also increases difficulty in conducting geographical surveys. The reproductive health

statistics of Laos in the annual report of UNFPA is shown in Table 3. For most indicators related to reproductive health, Laos is ranked as the lowest. The data implies poor health services, not only for reproductive health but also other general services available for people in Laos. Currently, there are several international NGOs working in Laos to improve the reproductive health services, especially for female Laotians (Health Unlimited, 2006).

Table 3: Demographic, Reproductive Health Indicators of Laos and World Average

	Laos		World
Total Fertility Rate[10]	4.55 Highest in ASEAN		2.6
Births with Skilled Attendants[11] (%)	19 Lowest in ASEAN		62
Maternal Mortality Ratio per 100,000 Live Birth	650 Highest in ASEAN		-
Birth per 1,000 Women aged 15-19	88 Highest in ASEAN		56
Contraceptive Prevalence (Any Method)	32	2nd Lowest in ASEAN	61
Contraceptive Prevalence (Modern Method)[12]	29		54
HIV Prevalence Rate aged 15-19 M/F (%)	0.1/ <0.1 Lowest in ASEAN		-

(Source: *State of World Population 2005,* UNFPA)

2.6.2 Family Planning and Contraceptive Usage in Laos

[10] the number of children a woman would have during her reproductive years if she bore children at the rate estimated for different age groups in the specified time period.
[11] skilled health personnel or skilled attendant: doctors (specialist or non-specialist) and/or persons with midwifery skills who can diagnose and manage obstetrical complications as well as normal deliveries.
[12] male and female sterilization, IUD, the pill, injectables, hormonal implants, condoms and female barrier methods.

Based on a few decades of field work in Laos, Ireson- Doolitle and Moreno-Black analyze the livelihood of Lao women from a gender perspective. Generally, the social position of Lao women is relatively high compared to other countries in the region although not fully equal with men. Health care in Laos is underdeveloped. The burden of child delivery, raising children and domestic work are done mainly by women. Early, and/or late pregnancies, short intervals between birth, and high fertility with insufficient nutrition lead to deterioration of maternal health.

A majority of women with three children expressed the desire to stop having children by the 1990s. Ignorance about contraception is still common, even among relatively rich and educated women. This situation can be explained partly because of the socialist government prolific policy after 1975. The policy banned the sales of birth-control devices. In some provinces, government employees received a larger cash bonus for each birth after their third child. After a birth-spacing policy was legislated in 1988, contraceptive pills, injections, and condoms became available in private pharmacies and some Vientiane hospitals started birth-spacing programs in the early 1990s. However, public information or education about the availability or use of family planning methods remains limited.

Women's use of contraception is effective in reducing child mortality as well as female autonomy. Users of contraception were found to be more autonomous according a study. They were more likely to have access to information and household resources, and power to make decisions affecting themselves and others. The study also found that most contraceptive users are urban ethnic Lao women who live with maternal parents with little pressure to bear sons, while most of non-users were in midland and mountainous region and are culturally obliged to bear sons. Currently, birth control has become acceptable and several contraceptive devises are available for residents in urban areas. However, the present high fertility rate can be explained by the limited national family planning programs and the trend of early marriage and

child bearing.

The national study in 1994 indicated that nine out of ten women still gave birth at home. Only four percent of women in rural area delivered in health facilities, such as hospitals and clinics. A much higher proportion of urban women delivered babies at hospitals or at home with the help of a trained birth attendant. Most women who delivered at hospitals were found to have at least secondary school education. Over one third of respondents who answered said they did not have any assistance during delivery. Yet, in many cases, Lao women are often assisted by their husbands or older women. In addition to the complemental relationship between men and women, the kin-based local economy also supports productive and domestic work in the local community. (Ireson-Doolittle & Moreno-Black, 2004)

2.6.3 HIV/AIDS Situation in Laos

The HIV/AIDS epidemic has become a world wide concern. Laos is no exception. There are several obstacles for the Lao government to collect and analyze data on HIV prevalence within the country, due to remoteness between communities and the limited capacity of government. Neighboring countries such as Myanmar, Cambodia, Yunnan (China), and Thailand are known to have a high infection rate of HIV/AIDS, with reportedly about two million people living with HIV/AIDS. Because of Laos' low economical integration with other countries, the infection rate in Laos is still relatively low. (Kaosa-ard & Dore, 2003)

As of June 2005, data provided by the Center for HIV/AIDS/ STI[13] indicates that the number of HIV positive in Laos is 1,636 people, AIDS cases are at 946 and 584 people have died since the first HIV infection identified in 1990. The number of HIV positive and AIDS cases has gone up in recent years. A higher infection rate is

[13] Data was received when students of MAIDS program visited the Center for HIV/AIDS/STI (National Committee for the Control of AIDS Lao PDR) in Vientiane in January 2006.

reported among males at (61%) compared to females. The 25-29 year old age group shares almost 30% of HIV positive people. The total numbers of HIV positive and AIDS cases reported by provinces indicate that about half of the cases were found in Savannakhet Province. Among the 1,636 HIV positive cases found, 456 cases are migrant workers who returned to Laos (approximately 28%). As the numbers of migrants are increasing, especially among youths who do not understand HIV, International agencies and international NGOs are implementing projects on HIV prevention with the cooperation of the government of Laos.

The National Strategic Plan of HIV/AIDS (2006-2010) is composed of the following components:

- Prevention
- Care and Support
- Policy- Legal reform and Advocacy
- Surveillance and Research
- Program Management.

The program focuses on the HIV risk groups as their target, including migrant workers, and conduct numbers of IEC activities with the help of international organizations to improve access to condoms.

Due to the low HIV infection rate within Laos, many men usually do not use condoms. Furthermore, commercial sex establishments are still few in Laos. Because of strong cultural and social regulations, commercial sex is not popular. People feel embarrassed if their family and the local community know about their use of commercial sex services. (ARCM, FHI & NCCA, 2004)

2.6.4 Vulnerability of HIV/AIDS among Laotian Workers

From previous studies, it is already known that international migration is an important epidemiological component of many communicable diseases. Besides the actual risk of virus transmission, migrants are rather more vulnerable to prejudice, discrimination and stigmatization. Migrants can be described as a group with specific prevention needs since they have a different level of knowledge regarding risky behavior and less access to health care services. The establishment of medical services within the reach of migrants is seen as an important general health promotion. Providing individual and group specific health advice could play an important role in preventing the spread of HIV. From the experience of work on migrants' health issues, it was recognized that the health promotion of migrants is not only translating the brochures to their language of use. The method should be based on more holistic approach by including economic, social, cultural settings of the migrants' country of origin. (Hendriks,1991)

There is one qualitative research paper by Lyttleton and Amarapibal on recent HIV/AIDS situation among Lao migrant workers, particularly the border area of Mukdahan in Thailand and Savannakhet in Laos. The increasing awareness towards Lao migrant workers' HIV infection caused a meeting of government and NGO workers to talk on collaboration work. Since the two cities are separated by the Mekong River and only a few hundred meters away, the movement of people between these two cities is very dynamic. These cities acknowledge themselves as sister cities, as many families have relatives living in each side of the river. Countless migrant workers from Savannakhet engage in agricultural seasonal work in Mukdahan. Police control is not strict as Lao laborers are essential for local industries in Thailand. Savannakhet has been reported to have the highest HIV prevalence within Laos. In Laos, because of low prevalence and budget limitation, HIV checking and treatment systems are not sufficient compared to Thailand. Prevention and health education needs to be further developed in Laos.

The research also revealed that Lao male workers do not spend money on commercial sex as it is regarded as wasteful to spend earnings on those purposes. In this regard, this mobile labor population is less risky. However, increased number of men from Mukdahan reportedly crosses the border to Savannakhet in search for sexual service. At the same time, more Lao women in Savannakhet sell services within the local area and also cross the river to earn better incomes. Usually, they are not educated about health issues, which make them vulnerable in terms of HIV infection. Besides the situation analysis, the author put emphasis on the role of civil society including NGOs and local people to tackle the issue of HIV/AIDS. Thailand's experience on HIV/AIDS prevention and the co-existing policy on human rights of HIV/AIDS infected people should be shared with its Lao counterpart. (Lyttleton & Amarapibal, 2002)

The research conducted by ARCM found the following HIV risk factors of Laotian migrants in Thalyiland. Groups at risk are female workers are who engage in sex works and service works. Some sex workers do not demand condom use from their customers. Service workers are also at risk due to the nature of their work which lets them meet many people and leads to multiple partners. Their vulnerability towards HIV/AIDS is explained by following points. (ARCM, FHI, & NCCA, 2004)

- Low condom usage: The use of condom is not popular as it is "uncomfortable". Typical belief is that using condom for birth control only, which explains the lack of HIV/AIDS awareness.
- Multiple partners
- Alcohol consumption: Most sexual intercourse cases occur after drinking alcohol.
- Financial motivation: Some sex workers would receive high payment if agree without using condoms.
- Belief and attitudes: Individual belief regarding to condom use and prevention can cause serious impact on risk behaviors.

- Mobility: Liberation from social and moral sanction system in the community of origin. Widened network of people in the destination community. Inaccessibility of prevention campaigns and condoms.

Although there is a lot of literature and ongoing projects focused on HIV/AIDS in Laos, there are not many published documents particularly focused on the reproductive health among female Lao migrants.

In the Northeast of Thailand, a second cross bordering bridge is under construction which will connect Mukdahan Province in Thailand and Savannakhet Province in Laos. The first bridge connects Nongkai Province in Thailand and Vientiane Capital in Laos, where the largest numbers of Lao border crossings are reported. The completion of the second bridge will enable more Laotians to cross the border. Thus prevention measures should be out into practice soon.

2.7 Approach to Promote Safe Migration

2.7.1 Peer Approach

If the migrant flow can not be decreased, but instead accelerates and increases, prevention measures should be applied to people in Laos before they cross the border. As mentioned, a large percentage of the migrant population is under 20 years old and more youths are on the move. Gaining knowledge on overall reproductive health and HIV/AIDS prevention is important for young migrants to protect themselves. When targeting youths, it is often more effective to use different methods from adults. UNESCO has summarized several works using peer approach targeting adolescent reproductive health education. This methodology has become widely used for projects targeting young generations because of its efficiency. Young people tend to follow and get information from peers. This peer “pressure” has a

positive effect if it is managed properly by facilitators. There are several advantages for peer programs; peer programs can change social behavior and often reaches beyond the target population and into the family and the whole community. Furthermore, peer programs often benefit in the long term. Though difficulty of the evaluation process exists, it is crucial to include this methodology for projects targeting young population. (UNESCO, 2003)

2.7.2 Education on Migration

When the dynamic population movement keeps increasing, what roles are expected through formal education? What can be done in the receiving country to minimize negative impacts caused by migration? It is important for young people to learn about migration issues at an early stage, especially for those who have a high potential to become migrant workers. The article written by Chantavanich suggests integrating migration education into the secondary school curriculum in Thailand and to emphasize to teachers the need to teach students on the wide range of subjects related to international migration. The students need to know the current situation of "refugees, immigrant workers from neighboring countries, Thai workers who migrate to work abroad, and international tourists". Apart from these classification issues, they also need to learn subsequent problems related to migrant workers such as health, protection, illegal migration, returnees, female and children migration and trafficking related issues. (Chantavanich, 2001) This idea can be utilized in any country and will establish better understanding towards migration by correcting wrong norms and perspectives.

2.8 Conclusion

Through research, the situation of migrant workers is found to be complex and has to be dealt with multiple methodologies on many different levels. Overall, difficulties in conducting research are a result of insufficient statistics from the

government. The majority of Lao and Thai migrants use illegal or unofficial channels, which is one reason why there is insufficient data. Through the documents created by government, non-governmental organizations, international organizations and academics, it is found that creating intervention plans is still an ongoing process at many different levels. It is also found that every sector seems to admit that migration is an ongoing phenomena and irreversible as a result of globalization. There is a need for both sending and receiving countries to focus on migrants' health. Physical health is just one factor. Most government departments can also take action to help reduce the isolation and marginalization of mobile people.

In all aspects of life, migrant workers are a vulnerable group when compared to local people. From the literature, there is not particular reference which focused on the reproductive health of Laotian female workers. As emphasized in this chapter, reproductive health has substantial effects on the empowerment of women. In the next chapter, the status of reproductive health of female workers will be introduced by analyzing the results of field research done in Mukdahan province.

CHAPTER III

FINDINGS OF THE STUDY

The data in this chapter was collected in July 2006 for the three weeks during field research in Mukdahan. In addition to structured interviews of female migrants, several key-informant interviews were also conducted in Mukdahan and Savannakhet province. Mukdahan province is located in Northeast region of Thailand. Historically, the Northeast region of Thailand and Laos were once same country. Thus, they share very similar social customs, culture, language and beliefs. Many people in Mukdahan describe Savannakhet as their “Sister City” or “Twin City”. So, many of them actually have relatives on both sides of the river.

Through the structured interviews with forty female Laotian service workers, their migration situation and their knowledge, realities and awareness towards reproductive health issues were examined. Each interview was conducted orally with a Lao speaking Thai female interviewer and took approximately 15 minutes to complete. Key-informant interviews were conducted at the following locations. Most interviews were conducted in Thai language with an interpreter while some informants from NGOs were interviewed in English.

Thai Government Departments

- Mukdahan Provincial Employment Office
- Mukdahan Provincial Office
- Mukdahan Provincial Public Health Office
- Mukdahan Immigration Office
- Mukdahan Provincial Hospital

Thai NGOs

- Friends of Women Foundation (Mukdahan)
- Siam Care (Mukdahan)
- Planned Parenthood Association of Thailand (Mukdahan)
- CARE Raks Thai Foundation (Ubon Ratchathani)
- NGO working on Trafficking (anonymous)

Lao Informants

- Savannakhet Provincial Hospital
- World Vision (Savannakhet)
- Health Clinic for Temporary Workers of the Second Mekong Bridge (Savannakhet)

3.1 Overview of Mukdahan Province

According to Mukdahan Provincial Office[14], the population of Mukdahan is 333,920 people. The main industry of the province is agriculture, with sugar production, rice farming and sweet tamarind production being the major agricultural products. At the same time, tourism is regarded as one of the important industries. The migration of local people to big cities is not especially significant as most young people tend to stay in the province and inherit the family business. Mukdahan province's development plan consists of four strategies:

1) Tourism Development 2) Human Resources Development

3) Border Trade Development 4) Agricultural Production Development

Strategy 1 will be implemented with regional cooperation called "SANUK"; Sakhon Nakhon (Sa), Nakhon Panom (N), Mukdahan (U), Kalasin (K) provinces.

In terms of the economic and social impacts expecting to be derived after completion of the Second Mekong International Bridge, both positive and negative impacts as follows are anticipated:

Positive Impacts

- Increased border trade
- Increased income of local people
- Increased convenience to cross to Laos
- More people would visit Laos

Negative Impacts

- Increased smuggling and illegal trade from Laos to Thailand

The local cooperation among Mukdahan and Savannakhet has been strengthened over the years. A provincial-level meeting currently occurs once a year.

[14] Information was given by Mr. Samart Chantrkot (director)

Mukdahan is a small, quiet city without many tourist attractions. As the flow of the Mekong River is peaceful and relaxing, many locals go to the riverside Indochinese market during the day or spend time at restaurants near the river in the evening. However, the area around immigration office is always lively with cars, and pick-up tricycles which are waiting for boat passengers' arrival. A large number of people cross the border to and from Laos every day. It is said even local people cannot tell who are Laotians and who are Thais as they speak same language. In Mukdahan city, there is one major foreign capital supermarket which is a major grocery shopping destination of locals as well as Laotian shoppers. Inside the store, we can find display boards which are written not only in Thai but also in Lao language.

Upon conducting structured interviews of migrant workers, it was assumed it would not be so difficult to find Laotian workers, as many local people said that most service sectors employ them. The majority of shops and restaurants usually employ Laotian workers through recruiting agency or their relatives in Laos. However, it was found to be a troublesome task, as most workers are illegal and employers usually cover up the fact that they employ Laotian workers. Sometimes, when we went to the shop where many Laotian female workers were said to be working, the shop owner simply said, "They went back to Laos already", or "They are taking a day off". Although we explained our objectives of interview, which does not contain questions on employment legality issues, some female employers seemed to be nervous and stayed around the respondents during the interview and disrupted some parts of the interview. Some respondents seemed to be uneasy as they were afraid of being asked about legal aspects or simply because of the presence of the employers.

3.2 Migration Situation in Mukdahan

A labor force of migrant workers is necessary to support local industries in Mukdahan. The actual number of migrant workers cannot be known due to the large number of undocumented workers. Statistics on registered workers was received from

the provincial employment office.[15] Currently, registered workers in Mukdahan are; 293 people in the domestic sector and 821 people in other sectors. The number has dropped almost in half from the previous year's 2,127 total workers. According to workers' registration statistics from 2005, more than 2,000 workers were from Laos while 14 workers are from Myanmar and Cambodia. Reasons for the decreasing number are thought to be: 1) unclear and inconstant policy on employment of alien labors and, 2) insufficient collaboration among concerned government ministries. Therefore, the people interviewed at the provincial employment office concluded that a clearer and more rigid framework for foreign workers' employment should be developed and understood by all officials in responsible government departments.

Mukdahan and Savannakhet provinces take turns organizing a meeting to discuss the employment of workers based on bilateral MOU on Employment Cooperation. Implementation of employment processes agreed on in the MOU is in difficult due to the large number of unregistered workers. Migrants try to avoid paying compulsory contributions to workers' funds. Registration fees are a big burden for employers. Also, easy escape to Laos makes it difficult to arrest illegal workers.

The population mobility between Mukdahan and Savannakhet is explained by the data received at the immigration office.[16] Table 4 indicates the number of Laotians and Thais who use temporary border passes and the total number of inbound and outbound from/ to Mukdahan Municipal Port. It is evident that the number of Thais using border passes to Laos outnumbers Laotians entering Thailand with border passes. Table 5 shows the breakdown of those arrested at Mukdahan Immigration Office. Laotians account for the majority. It is also noticeable that the number of arrested women outnumbers arrested men.

[15] Information was given by Mr. Jermpong Dongkratok (director)
[16] Information was given by Pol. Lt. Col. Choosak Panasamporn (deputy superintendent)

Table 4: Population Flow through Mukdahan Municipal Port Immigration Office

Period	Border Pass to Thailand (for Laotian)	Border Pass to Laos (for Thai)	Inbound with Passport (all nationalities)	Outbound with Passport (all nationalities)
January- June 2005	19,105	21,770	24,401	24,822
July- December 2005	10,179	21,074	37,370	35,013
January – June 2006	20,080	44,897	49,124	45,893

Table 5: Number of People Arrested at Mukdahan Immigration Office

Period	Men	Women	Total	Lao	Non Lao	Total
January- June 2005	235	260	495	488	7	495
July- December 2005	48	60	125	94	31	125
January – June 2006	97	130	227	201	26	227

According to the immigration office, there are two types of border crossing. “Permanent border crossings” are legal entries where people are requested to show their travel documents (passport or border pass). A border pass is valid for only 3 days and only allows holders to stay within Mukdahan province. The other type of border crossing is so-called “traditional way”. This entry method is considered illegal, yet has been used for long time among relatives who live on both sides of the Mekong River. Since this method is informal, it is difficult to locate and count the number of crossing points.

In response to the question concerning an increasing amount of human smuggling after the completion of the bridge, a strengthened river border patrol was mentioned. However, it was acknowledged that most smugglers and traffickers use the traditional way and avoid using legal entries due to the higher possibility of arrest.

The trafficking situation in Mukdahan is briefly confirmed with the project officer of Thai NGO. This NGO is working on solving trafficking problems in the Greater Mekong Sub-region of Laos, Vietnam and Thailand. They placed one volunteer in each village in Mukdahan province asking to report trafficking cases in the area. At

the same time, they provided a shelter for illegal workers who are in difficult situations, such as experiencing violence. Workers are allowed to stay there up to six months. The informant also mentioned concerns about increasing illegal foreign workers after the completion of the new bridge, which will cause a dynamic population flow not only from Laos but also from other countries in Indochina. This situation also increases the number of illegal workers, the possibility of outbreak of infectious diseases and problems of stateless children.[17]

Further information on human trafficking in Savannakhet was received from the project staff from World Vision Laos[18]. The organization has been conducting activities on preventing trafficking through awareness raising and capacity building programs in target villages of central Mukdahan province. People in Savannakhet province are concerned that more youths are on the move to Thailand. According to the analysis of the informant, 45% of youth migrating cases are broker initiated, 40 % are “fashion”, and only 15% are agreed on by their parents. “Fashion” refers to influences by friends, Thai TV programs and media. Also, the current improved road access encourages the mobility of young people. It was emphasized that although poverty is still a major reason to migrate, fashion of migration is an increasing phenomenon and should not be overlooked. According to the research of World Vision Laos, youth migration characteristics in Savannakhet province are:

1) One or two persons go first and more people follow later
2) Migration duration is typically 6 months to 1 year for the first time and repeat in longer periods
3) Many brokers are local people but not from the same community
4) Many youths are from rural areas in the center of the province
5) Low educational background

In regards to the area of origin, it was mentioned that youths from the western

[17] Informants accepted interview anonymously due to organizational security.
[18] Information was given by Mr. Phonevilay Boualaphady (project assistant)

part of the province, the area near the Mekong River, have less risk of trafficking since they often have relatives near the river in Mukdahan. On the other hand, youths from the central area are more at risk since they often use brokers and do not have contacts in Mukdahan. Usually, youths from the eastern part will not migrate as road access has not been developed.

Migration trends depend on economic and social development in Laos. Currently, Laos has been conducting a large number of infrastructure projects which will take almost a decade to complete. Without discussion, the current economic situation cannot prevent Laotians from crossing borders. The person I interviewed thought that domestic infrastructure improvement with better access to markets, increasing agricultural production and economic growth would gradually decrease mobility of people.

From the research they conducted, the NGO staff of CARE Raks Thai Foundation[19] mentioned that the wages of Laotian workers are 100 to 150 Baht per day in agriculture and factory; and 2,000 to 3,000 Baht per month in service sectors, such as work at restaurants, hotel and domestic work. For domestic workers, accommodation and meals are usually provided in addition to a monthly salary. For indirect sex workers who work in bars and karaoke shops, usually they do not receive salaries but only tips from customers as their income. The wage also fluctuates depending on the season, reading and writing skills, and other technical skills. Household level migration in the agriculture sector often takes place in areas near the Mekong River during the rainy season and harvest season. Many Laotian children seasonally migrate to Thailand with their family and work in farm and rice paddies.

The above is basic information of Mukdahan and migration situation received through key-informant interviews. In order to study the reproductive health issues of

[19] Information was given by Mr. Thanayoth Promdow (CARE Raks Thai Ubon Ratchathani, BEAN)

female Laotian workers in Mukdahan, structured interviews were conducted targeting forty female migrants who are engaged in service work. First, their demographic data and migration situation were asked about.

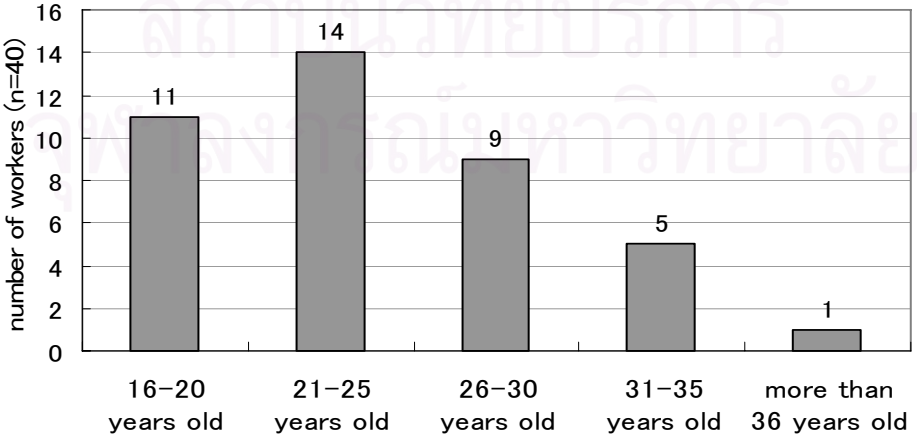
3.3 Basic Information of Laotian Female Migrant Workers

3.3.1 Demographic Data

Overall, implementation of the interview itself was not difficult as most of the interviewees were responsive in answering even rather embarrassing questions about sexual relationships with their partners or contraceptive use. We collected forty Laotian female migrant workers for this structured interview from service sectors including waitresses in restaurants, shop sales people and domestic workers in the Mukdahan municipal area.

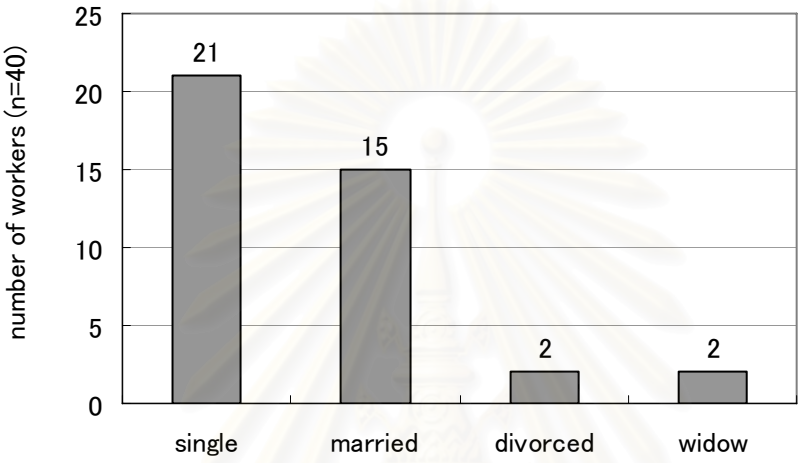
Age of Laotian female migrant workers is indicated in Graph 1. More than half are below age of 25. The mean age was 24.3 years old. The youngest age was 16 years old (5 people). The oldest was 38 years old (1 person).

Graph 1: Age of Laotian Female Migrant Workers



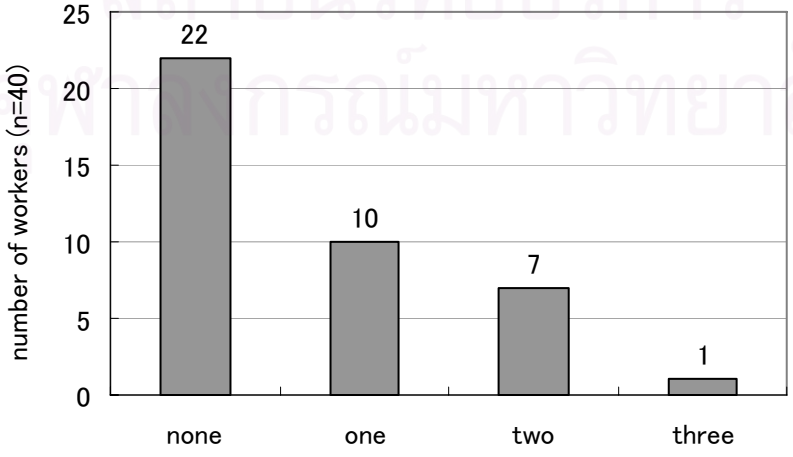
Graph 2 shows the marital status of the interviewed Laotian female migrants. Almost half (19 people) were found to be currently or formerly married. The rest were single although some of them answered to be in relationship.

Graph 2: Marital Status of Laotian Female Migrant Workers



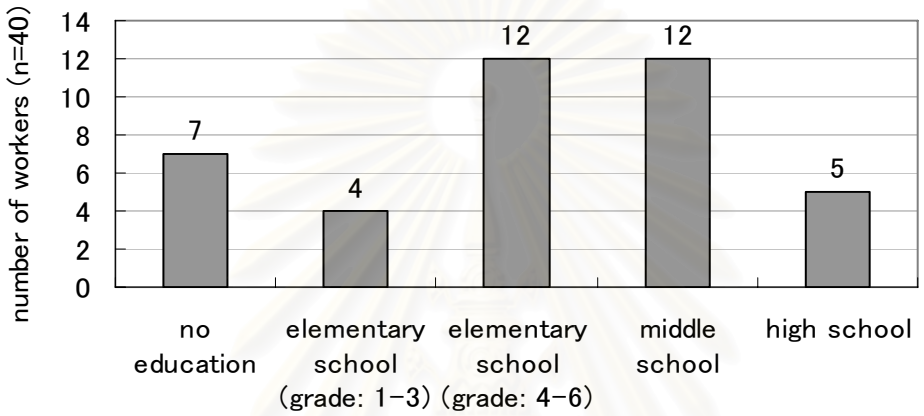
Among them, eighteen answered they have children. As indicated below, most mothers have one or two children. Ten workers answered that they stay with their children in Thailand while six of them answered their children are in Laos. Also, two answered that their child are both in Laos and Thailand. Usually, their relatives in Laos would be taking care of children while their mothers are working in Thailand.

Graph 3: Number of Children



Education completion level is as following. Less than half workers could continue middle school level education. Seven workers answered that they have never been educated at school. There was no significant difference between educational background and occupations they engage.

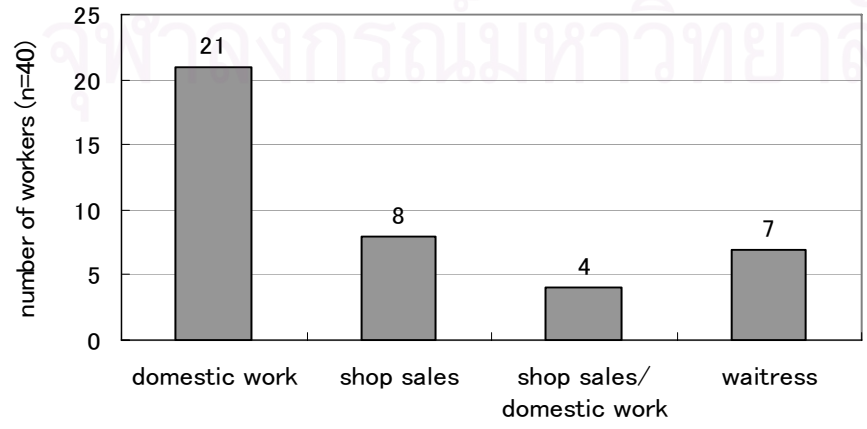
Graph 4: Education Completion Level



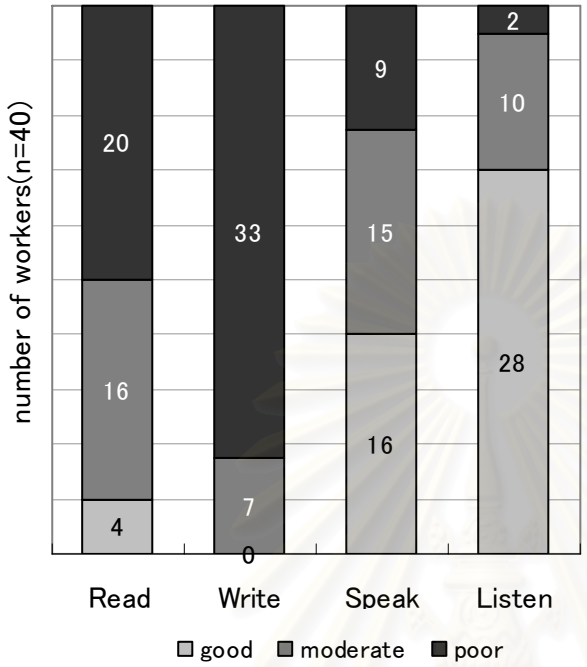
3.3.2 Migration Process and Situation in Destination

Occupational breakdown of workers are indicated as follows. It should be mentioned that even if they are not domestic workers, those who stay with their employers tend to help domestic work at home. For them, it seems that there is no clear distinction between work and free-time.

Graph 5: Type of Occupation



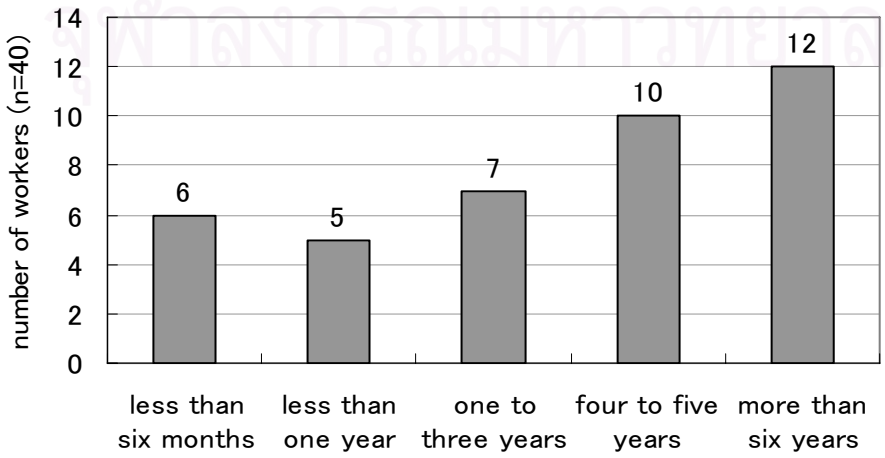
Graph 6: Thai Language Skills



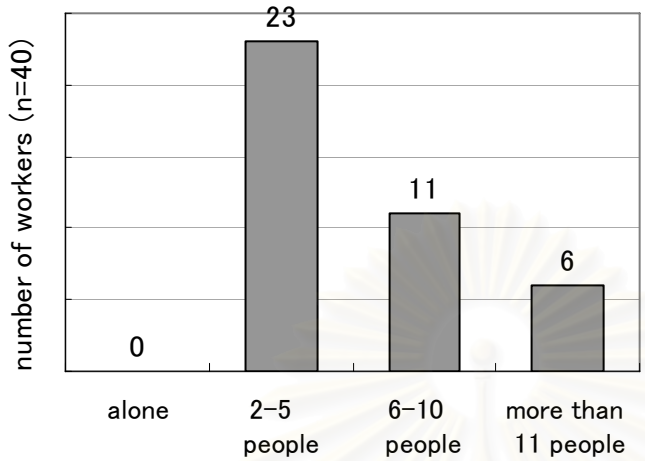
Laotian female migrants were interviewed about four Thai language proficiency skills. Workers reported that their speaking and listening ability is better compared to reading and writing. Although they are able to hear and speak Thai, many preferred to be interviewed in Lao language.

The majority answered that their home town is in Savannakhet province while three answered they came from other provinces. Almost all are found to be staying in Thailand. Only one answered to live in Laos and being a commuter. The period of stay in Thailand is as following. Four of them mentioned that they stay in Thailand more than ten years. Twenty-two Laotian female migrant workers replied they stayed more than five years. Among them, six were single. Six were married to Thai men. Four had Thai boyfriends. Four were married to Laotian men, one was divorced and one was widowed.

Graph 7: Period of Stay in Thailand

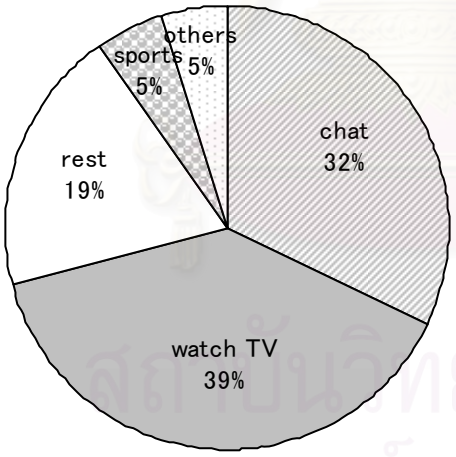


Graph 8: Number of People Stay Together



More than half are staying with 2-5 people at their accommodation. None of them answered they stay alone. The type of housing was also asked. Six workers answered that they stay at an apartment while the rest stay at a house. It is found that more than half stay with their employers. There was no occupation based significant difference on type of housing such as more domestic workers stay with employers.

Graph 9: Free-time Activity (multiple answers)



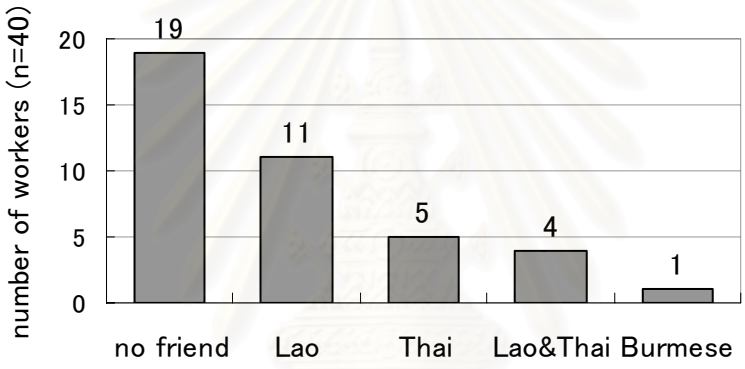
Free-time activities are indicated at Graph 9. Most workers do not dare to go shopping, movies or drinking during free- time as it may waste their earnings. Alcohol consumption is very low since only three of them answered that they drink on occasion. Some workers mentioned that they have no energy left after hard work, so they just want to take a rest.

They imagined that life in a different country might be difficult. However, more than half (25 people) did not find it difficult at all. Among those who found it 'difficult', nine of them found 'hard work' is the main reason. Other difficulties for them are; quarrels with friends or employers, language difficulty, low payment, lifestyle difference, financial difficulty. Feeling of loneliness was also asked about. The majority (32 people) did not feel lonely while the rest found some degree of loneliness.

The occasion is depends on the person. Some miss family in the evenings. Two answered they feel lonely when their work is not so busy although another two answered that they feel so under the pressure from busy work.

In difficulties or time of loneliness, friends are usually someone giving psychological support and advice. The number of friends was also asked to the workers (Graph 10). Interestingly, almost half of them (19 people) perceive that they do not have any close friends in Thailand.

Graph 10: Nationality of Friend



3.4 Access to Health Care Services among Laotian Female Migrant Workers

3.4.1 Health Care Service Provision

To understand the health status of migrant workers, interviews were conducted with public health sectors of Mukdahan. The information received from Mukdahan provincial hospital was useful for understanding and analyzing Laotian workers who use the public health service.[20] The number of Laotian patients of year 2005 and 2006 is shown in Table 6. It is noticeable that more female Laotians visit the hospital compared to males. The list of top ten diseases of Laotian patients is attached in Appendix B. It

[20] Information was given by Dr. Sutit Phisitpayat (vice director) and other hospital doctors and nurses.

was learned that most patients who visit the hospital had symptoms of internal diseases or infectious diseases. Since the following number includes Laotian patients cross the river to seek better health services, it is difficult to measure how many Laotian migrant workers account for the total cases.

Table 6: Number of Laotian Patients at Mukdahan Provincial Hospital

Year	Men	Women	Total
2005	4,148	6,204	10,352
2006 (by June)	3,825	6,109	9,934

(Source: document received at Mukdahan Provincial Hospital, 2006)

According to the informant, employers are charged 1,800 Baht for health services admission upon registration of every foreign worker. Within the cost, 600 Baht is allocated to the hospital while the rest 1,200 Baht is kept at employment office. After the registration, each worker is assigned to a specific hospital in the area. Service available at the designated hospital covers the health check-up fee and treatment cost.

All migrant workers are asked to receive annual health check-up. In 2005, there was a health promotion and disease check-up session on two hundred Laotian registered workers. In the session, several health problems were found among the workers. In regard to reproductive health tract problems, three people were transferred to receive Pap smear test to check cervix cancer, and one person has transferred to antenatal care division. Although this health check-up session could find out some common health problems among Laotian workers, it was also acknowledged that difficulty on checking their health status regularly as they change work place in short intervals.

In case of the foreign patients who do not possess work permit, cost of treatment must be paid by patients. However, patients are often unable to pay for the medical cost. Even though, the hospital still provides treatment due to human rights protection. Thus, the hospital staff mentioned that they have been experiencing budget

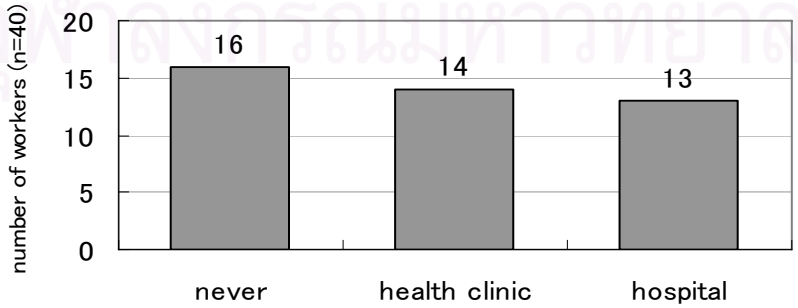
deficit due to treatment cost of foreign patients. In the year 2005, the Mukdahan hospital spent 3 million Baht for the treatment of Laotians who may work in Thailand or come from Laos to seek for the better treatment. However, they were able to collect only 1 million Baht. Although they have already sent this report to the Lao government, they have not received any reply on this issue.

In regards to bilateral cooperation among public health sectors, regional cooperation has been strengthened to prevent communicable diseases. The network called Mekong Basin Disease Surveillance (MBDS) consisting of Mukdahan, Savannakhet and Vietnam, was established to help with preventing the spread of diarrhea, tuberculosis, malaria, cholera and HIV. Patients transfer system has developed for serious cases of above diseases excluding AIDS patients. The network meetings have taken place every three months.

3.4.2 Health Seeking Behavior

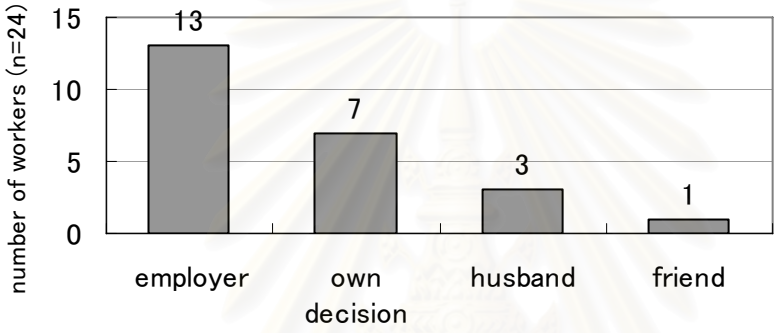
For migrants, access of health facilities is difficult. To verify this question, health seeking behavior of migrant workers were examined through the structured interview. At first, previous health facility usage was asked to the workers. Sixteen answered they never used the health care services since arriving in Mukdahan. Fourteen answered previous usage of clinics. Hospitals were ever used by thirteen workers.

Graph 11: Usage of Health Facilities (multiple answers)

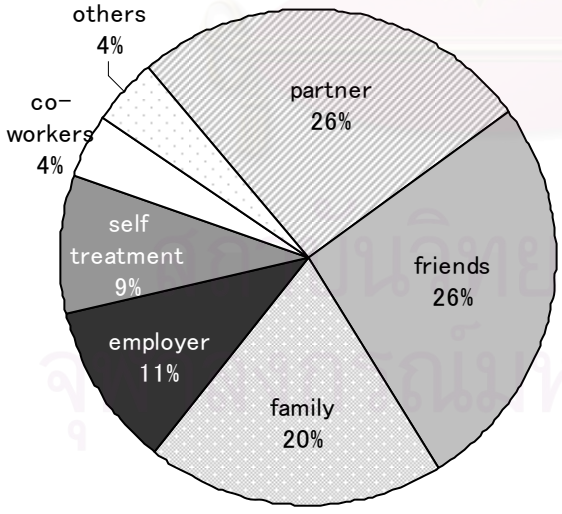


In the following question, the person encouraged to use the health service was asked among who answered the previous usage of health facilities (24 people). The result indicates that the influence of the employer is substantial on health seeking behavior. As Laotian workers often stay with their employers, their relationship with employers is not only based on contract of employment, but sometimes it is rather interpersonal relationship.

Graph 12: Person Recommended of Health Service Usage



Graph 13: Person to Consult when Sickness (multiple answers)



In answering the question “While you are in Thailand, who will be the ones to consult with when sick?” many of them answered to talk with a partner, friends and family. Half of them who answered ‘family’ refer to making a call to their family in Laos. Otherwise, they talk to their family members who also work in Thailand.

During the interview, seven complained about headache while the rest did not have any health problems. Among nineteen who answered that having no close friend (refer to Graph 10), they would consult with; family (6)/ partner (5)/ self treatment (3)/

employer (2)/ co-worker (2)/ never been sick (1). It was found that workers without friends are more reliant on self-treatment or calling family in Laos.

3.5 Reproductive Health Status of Laotian Female Migrant Workers

Throughout the interviews with provincial public health office, it was found there was no particular department dealing with health issues of migrant workers. In other words, it is likely that the public health department often collaborates with local organizations or international agencies for health project implementation targeting migrant population. Thus, it was difficult to identify reproductive health problems of migrant workers through interviews of informants from government sectors. There are several NGOs in Mukdahan aiming to protect migrants from violence, and prevent HIV infection expansion among migrants. Collective information from public sectors and NGOs enable to analyze the health realties of migrants, especially reproductive health tract problems.

The NGO coalition called BEAN (Border Esan Action Network) was established in 2004. Problems of migrant workers, especially health, are one of the most important organization objectives. Their study found that many Laotian workers are familiar to use community health center in case of having health problems. According to the staff[21], unsafe abortion is still carried out in rural communities in the Northeast region. After the operation, some of them suffer from severe infection and visit the community health centers for antiseptic treatment. They may visit the district hospital if they can afford to. The staff found that knowledge and awareness towards family planning and contraceptives among Laotian migrant workers is lower than among Thais. Furthermore, lack of awareness towards general health among Laotian workers is always troublesome. They usually are not aware of their health status. They tend to continue hard work and fail to secure sufficient rest or sleep time. Lack of knowledge of

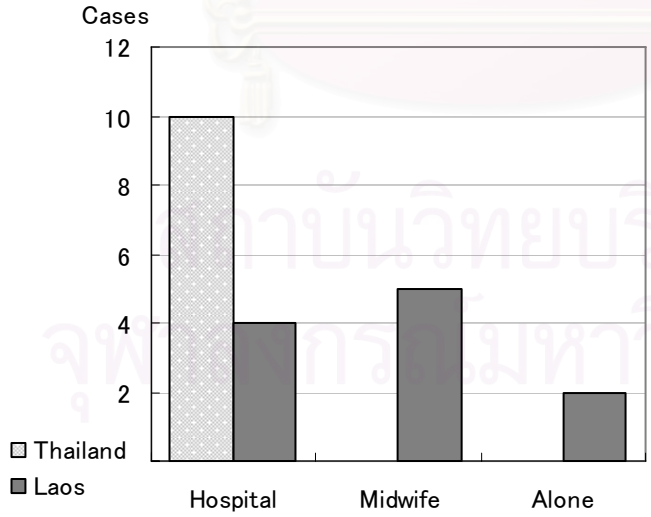
[21] Information was given by Mr. Thanayoth Promdow (ibid.)

nutrition and sanitation, and dependency on using traditional treatments is common. At the same time, the reasons of keeping Laotians workers away from receiving health service are; illegal status, and bid to save more money.

3.5.1 Usage of Reproductive Health Services

From October 2005 to June 2006, total 101 Laotian women delivered their babies at the Mukdahan hospital. Among them, 25 women were registered migrant workers using 30 Baht health scheme while the rest of 76 women delivered with own budget. The number of child delivery of the year 2006 is expected to be increased from the previous year: 107 births. For pregnant women regardless of nationality, the hospital staff provides information on contraception and family planning. Antenatal care is provided for women in pregnancy with periodical health check-ups based on pregnancy period. Throughout the interview with hospital staff, particular reproductive health problems among migrant workers could not been identified.

Graph 14: Place of Childbirth



Graph 14 indicates that usage of antenatal service in Thailand among migrant workers. For those who answered to have children in the previous question (18 people), the place of delivery was asked. It was found all who have delivered in Thailand used the hospital. People who delivered alone in Laos mentioned that their family and husband had helped them. Due to time limitation, the qualification of midwives could not be confirmed upon the interview. Some women who have more than two children gave birth in both countries.

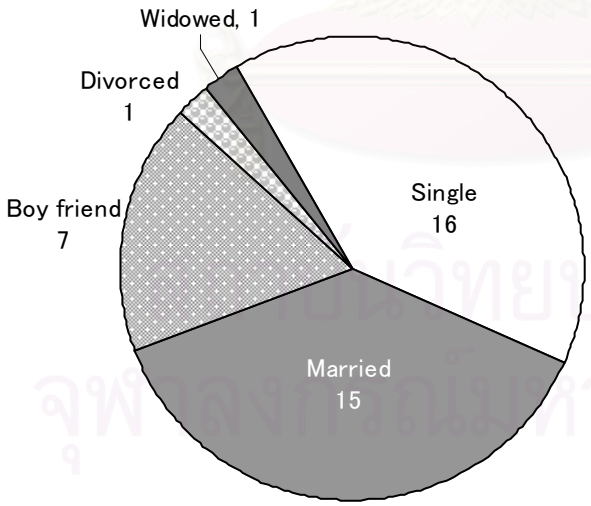
3.5.2 Knowledge and Practice of Contraceptives and Family Planning

Previous research on reproductive health of migrants found mobile populations are particularly vulnerable to (Population Reports, 1996):

1) Limited access to Contraceptive access
2) Higher risk of HIV/AIDS and other STD
3) Difficulty in safe motherhood
4) Violence against women
5) Unsafe abortion

Among five issues, the first two topics are able to be analyzed based on several outputs of structured interview. First of all, their level of knowledge and awareness towards contraceptives and family planning need to be understood in order to examine access to contraceptives.

Graph 15: Marital Relationship Status with Partner



Firstly, current marital relationship was interviewed. Among forty migrant workers, twenty two people answered to have partners, fourteen answered their partner is Thai and the rest answered Lao.

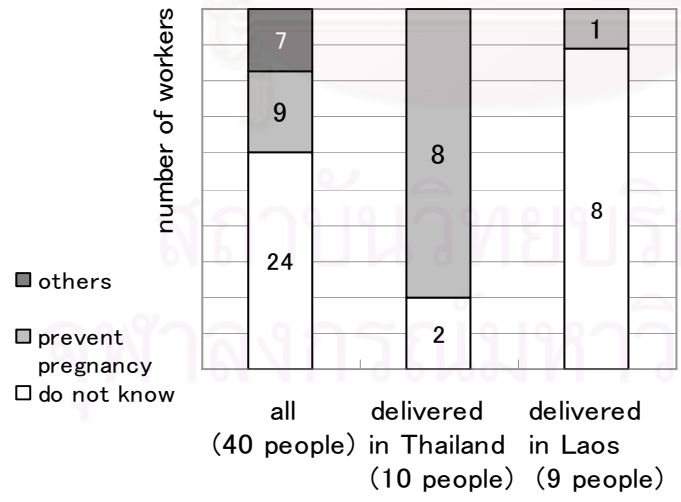
Occupation of their partners are agriculture (4)/ own business (4)/ general labor (6)/ sales (1)/ cook (1)/ official (1)/ instructor (1)/ electrician (1)/ unemployed (1). Thirteen of them stay together in the same residence while nine of them stay separately.

In the following section, female migrants were asked about family planning or birth-control issues. Since some questions may be a direct reflection of their sexual experience, some of them did not want to answer particular questions. Thus, numbers of valid answers were varied depending on questions.

Firstly, their awareness of family planning was measured. Among twenty three who answered, twelve did not know or did not have any family planning. Among eleven who answered that they had family planning, eight of them had discussed with their partners while the rest were made by their own.

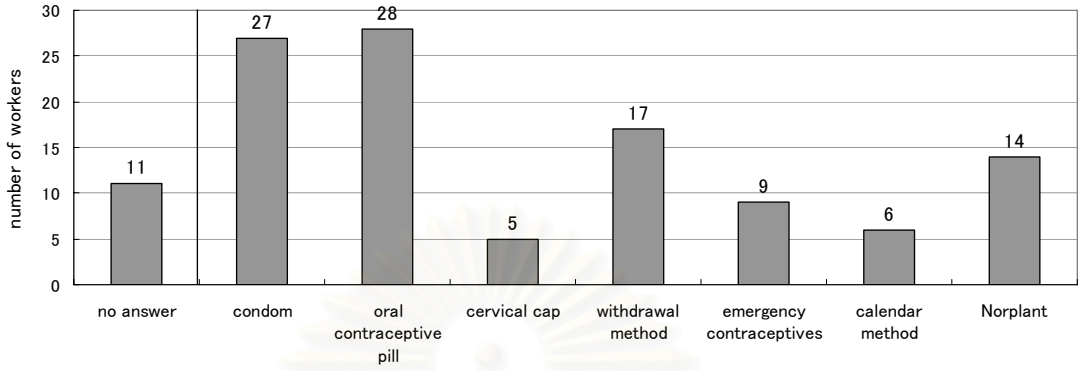
The benefits of contraceptive use were also asked. It was found more than half of them did not know. Among ten female workers experienced delivery at Thai hospital, eight could answer correctly. On the contrary, only one person could answer among nine who gave birth in Laos. This result is backing the information from the hospital that birth control information is provided for pregnant women during antenatal care.

Graph 16: Knowledge of Contraceptive Benefit



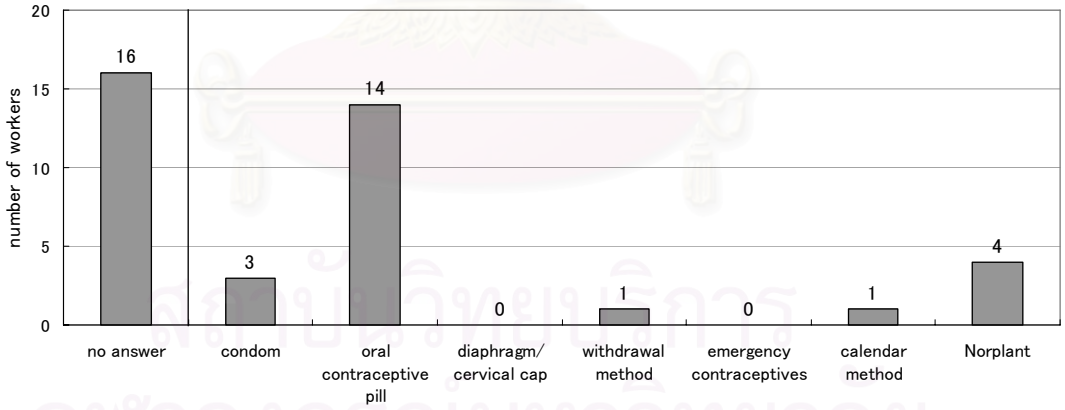
Knowledge and use of contraceptive methods were asked to the female migrants. Some of them refused to answer the questions because of shyness while some showed interests in methods they did not know and asked the interviewer for more information. Their knowledge of contraceptive methods indicates that condom and oral contraceptive pill are the most well known methods among Laotian female migrants.

Graph 17: Contraceptive Method Knowledge



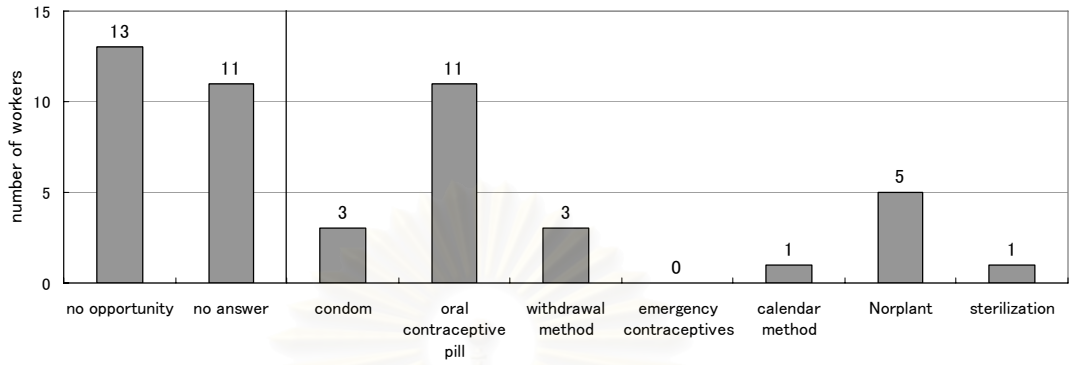
In terms of familiarity with the methods, oral contraceptive pill is the only method while other methods were not accepted in daily situation including condoms. In addition, two mentioned that they did not care using contraceptives. Among twenty-four who answered this question, fourteen people found oral contraceptive as the most familiar method.

Graph 18: Familiar Contraceptive Method



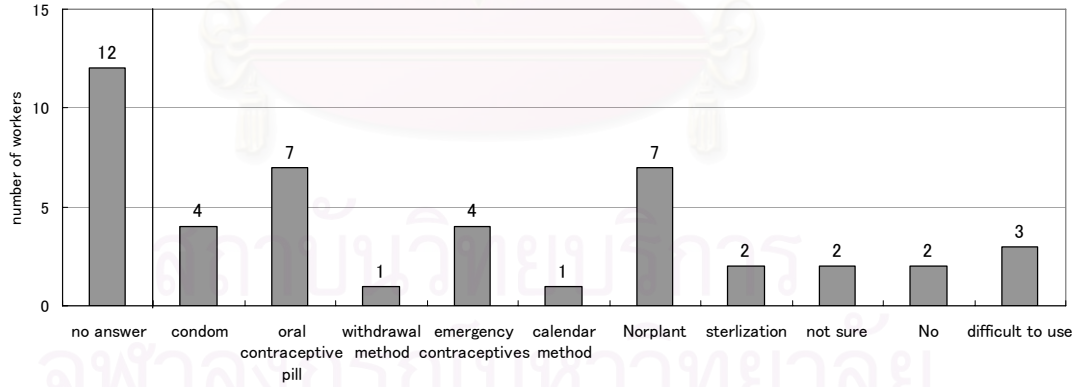
The actual usage was also asked. As the result in Graph19 indicated, usage pattern was similar to the results of familiarity. Sixteen answered that they have ever used oral pills and Norplant[22].

Graph 19: Usage of Contraceptive Method



To find out needs, methods they want to use were also asked. It was found that they wanted to control their pregnancy with own decision by using Norplant, oral contraceptive pills rather than depend on their partners asking to use condoms. Emergency contraceptives were also desired by four workers although none of them responded the previous usage of this method.

Graph 20: Desired Contraceptive Method



3.5.3 Vulnerability towards HIV/AIDS

Vulnerability towards HIV/AIDS of migrants was proved in several literatures.

---

[22] Norplant is a contraceptive implant for women which gradually release a synthetic steroid hormone which has a similar effect to progesterone.

Especially it is expected that Laotian workers have limited knowledge and awareness towards AIDS. In addition to key-informant interview with Mukdahan provincial public health office, female Laotian migrants' knowledge and awareness were examined by structured interview.

Information on current HIV/AIDS situation in Mukdahan province was given at the provincial public health office.[23] Following table is the statistics of HIV/AIDS situation in Thailand and Mukdahan. Among those who found to be infected to HIV, male consist two thirds of total cases. According to data, HIV is infected through sexual intercourse (84.4%), mother to child (7.2%) and drug injection (1.8%).

Table 7: Statistics of HIV/AIDS Situation in Mukdahan and Thailand

	Numbers of PLWHA	Death of AIDS Patients
Thailand (year 1984- 2006)	291,647 people	82,317 people
Mukdahan (year 1987-2006)	1,446 people (Male: 954, Female: 512)	273 people

(Source: document received at Provincial Public Health Office of Mukdahan)

Among female migrant workers, it has been identified that workers engaging commercial sex industry as one of the highest risk groups. It was mentioned during the interview that there were several on-going projects on HIV prevention targeting female migrant workers especially for direct and indirect sex workers with collaboration of local and international NGOs. In terms of HIV prevention, free condoms are distributed at hospitals, public health offices and public health centers. For AIDS patients, antiretroviral (ARV) is provided free only for the registered workers who admit the health plan.[24] Currently, two female patients are receiving ARV medication at the Mukdahan provincial hospital. Both of them were used to work at karaoke bar, known to be indirect commercial sex establishment.

[23] Information was given by Mr. Tatchai Jaikhong (HIV/AIDS division)

[24] Currently, ARV is accessible for free in hospitals in Thailand under professional supervision.

Grass-root level health promotion activities for migrant workers have been conducted through NGOs. Several NGOs are working in Mukdahan aiming to prevent HIV infection among Laotian workers. Planned Parenthood Association of Thailand (PPAT)[25] has been implementing the HIV prevention project "Bridge of Hope" targeting temporary construction workers of both Thai and Lao nationalities, and community people in Mukdahan who got involved in the Second Mekong Bridge construction. The project has also been implemented in Savannakhet side by Lao governmental initiative. Although the NGO staff found that Thai workers were generally more knowledgeable than Laotian workers on HIV, Laotian workers were more interested in getting information on HIV/AIDS and reproductive health. Baseline survey prior to the project launch indicated that community people in Lao side perceiving HIV/AIDS issues were non-realistic since they usually had only one partner. Although the primary focus of this project is on HIV/AIDS, it is mentioned that questions related to reproductive health are often asked by workers as issues on HIV are usually rooted in reproductive health. Thus, the project has been contributing to raise awareness of reproductive health issues, mainly family planning and contraception among construction workers and community people.

Siam Care[26] conducted a HIV/AIDS project targeting Laotian female service workers at Karaoke bars in Mukdahan in the previous year. The project was supported by MOPH of Mukdahan, medical staff and PLWHA group of Mukdahan Provincial Hospital. Ten female Laotian migrant workers attended focus group discussion, video session, and case study session held at Siam Care office. Upon collecting participants for the sessions, receiving acceptance from employers was their first step. Through the project, it was found that Thai female service workers usually know more about HIV/AIDS compared to Laotian workers. Furthermore, the sample test indicated that STD infection rate was found to be higher among Laotian female indirect sex workers.

Another NGO in Mukdahan, Friends of Women Foundation is Thai based

[25] Information was given by Mr. Damrong Sumransom (project coordinator)
[26] Information was given by Ms. Phandita Sukhumal (project coordinator)

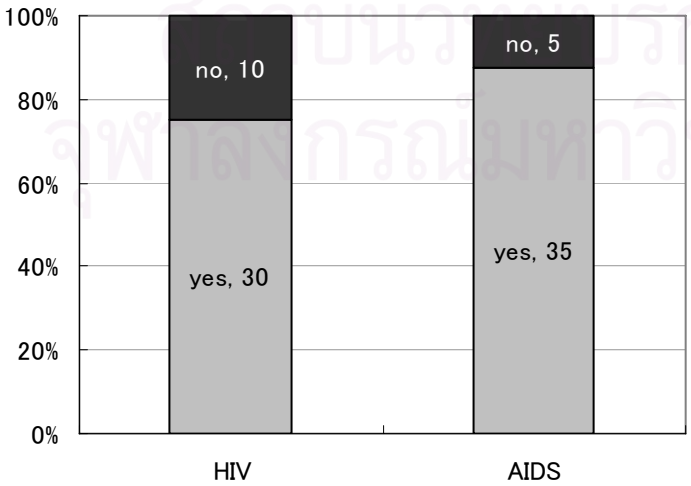
NGO which has 104 branch offices in Thailand at government hospitals. Beside two staff working at the Mukdahan provincial hospital, there are drop-in centers in several places in the province. The aim of the foundation is: to improve access to the health facilities for women and children, and to assist people in need by providing information on health facilities and liking them to the services. They support females regardless of nationalities. Their follow up outreach in the villages has showed some Laotian females who married Thai husband are facing domestic violence since they often do not have any person to consult with in the local community. Based on key-informant interview information mentioned above, following outputs from structured interview may indicate the current realities of female Laotian workers toward STDs and HIV/AIDS.

STD

Twenty-eight replied that they have heard about the sexually transmitted disease (STD) while twelve did not know or never heard of them. Among who have heard about STDs, we interviewed how they felt about them. Half of them felt scary, disgusting, and not good while five answered “do not care”. Another five mentioned they were not sure what it is.

HIV/AIDS

Graph 21: Familiarity with HIV/AIDS



At first, their familiarity with HIV/AIDS was measured. The result indicates that the term “AIDS” is more known compared to “HIV” although many respondents reported they were not sure what AIDS and HIV mean.

Some people answered they heard of AIDS although they never heard of HIV. Their attitude towards HIV/AIDS was also asked. Twenty-two of them felt it is scary including four people referred to death when infected and one mentioned that AIDS causes disruption of a family. Five people mentioned as bad, disgusting disease. Twelve workers showed neutral feeling, such as they did not know about the disease and they have never been infected.

Table 8: Knowledge of HIV Infection among Laotian Female Migrant Workers

Behaviors	Number of workers answered 'yes' (n = 34)	Real Risk
Sexual intercourse	30	○
Sharing meals	2	
Blood transfusion	23	○
Holding hands	1	
Coughing	9	
Mosquito bite	16	
Using same injection needle	32	○
Mother to child	31	○
Organ transplant	20	○

To measure their knowledge on HIV infection, nine behaviors were asked whether they have potential infection risk of HIV. The result is indicated in Table 8. Six migrant workers did not answer this question since they had not heard about HIV/AIDS or shyness to answer questions. It was found most of them who answered had basic knowledge on HIV infection. Sexual intercourse, mother to child and using same injection needle are most known HIV infection routes among migrants. Infection through mosquito bite is a typical misunderstanding among respondents as half of them answered possible infection. Almost one-third of the workers also perceive coughing may cause potential infection of the virus. Thus, many workers are still not sure the infection mechanism. It was also noticed that some did not know about organ transplant before.

In terms of HIV prevention, almost half (18 people) answered they did not know. Fourteen mentioned use of condoms which were learned from TV program, their partner, friends and books. Three female migrants mentioned it can be preventable if they have sex with their husband only while one mentioned that finding a 'good

husband'. This clearly indicates a lack of awareness towards HIV prevention since their husband may be infected before knowing them. Some answers were rather discriminatory, such as "do not associate with infected people" or "do not use same thing with infected people". They acknowledged that these ideas were made based on own beliefs.

In regard to treatment, the majority did not know. Only one person answered taking ARV. Four mentioned about taking a rest, doing appropriate amount of exercise and following direction of doctors. Only two people answered that they knew or have witnessed HIV/AIDS prevention campaign of CBO or NGO in Mukdahan while the majority have never heard of such campaigns. In Thailand, it is reported that information dissemination on HIV/AIDS through TV programs is decreasing in recent years. As many migrants enjoy Thai TV program both in Laos and Mukdahan, the information through TV has a big impact in improving their awareness and knowledge on AIDS issues. Since the majority of Laotian workers have very limited reading skills, health information may need to be provided orally or visually rather than magazines or newspapers.

Finally, of which information they want to know more was asked. More than half female migrants showed interests in gaining information on prevention and treatment. However, twelve answered they do not want to know more about HIV. Three of them mentioned they do not need any more information since they had not been and would not been infected in the future.

Table 9: Requested HIV/AIDS Information among Laotian Female Migrant Workers

Prevention	Treatment	Care Provider	Unnecessary
24 people	25 people	19 people	12 people

Overall, it was learned that many workers have some extent of knowledge and awareness towards STD and HIV/AIDS. However, the majority of them still lack of correct knowledge. It is assumed that lack of knowledge on infection and treatment may

increase fear of HIV/AIDS and discrimination against the disease. Due to their low awareness, their vulnerability towards infection is estimated to be high.

3.6 HIV/AIDS Project in Savannakhet

In the last section of this chapter on field research findings, it reports the information received from Savannakhet health sector. As mentioned already, there are several HIV prevention projects targeting Laotian migrants in Mukdahan. Some informants showed their concern on low awareness and lack of knowledge among migrants. By examining the ongoing HIV/AIDS project in Savannakhet, some parts of present health policy implementation in Laos will be learned.

Although several literatures document the poor status of health facilities in Laos, it is difficult to find documentations which mention health situation related to migration. Unfortunately, the interview with public health authorities in Savannakhet could not be materialized due to their emergency meeting in Vientiane capital. Yet, current situation of HIV/AIDS in Savannakhet was learned during a short visit at the Savannakhet Provincial Hospital[27]. It has to be acknowledged in advance that Savannakhet is the one of the most advanced provinces in Laos in terms of AIDS treatment availability. Thus, the situation in Savannakhet is not applied in other provinces, especially in remote areas.

According to the informant, there is at least one hospital in every district in Laos. Due to remoteness of the village, especially in mountainous area, community health centers are normally used by people. Birth control and reproductive health services have been provided by the government organization “Sai Sam Pan Mae Lae Dek (association of mother and child relationship)”. In terms of family planning, they encourage couples to have less than five children. Distribution of condoms is free at

[27] Information was received from Dr. Khamphang Sourinphoumy (chief of HIV/AIDS unit)

local hospitals, health centers and government public health facilities. Condoms can be purchased about 10,000 kip (3-4 baht) at local drugstores. The association of mother and child relationship provides oral pill and condoms for free while further additional contraceptive services, such as injectables and sterilize operations, are also provided upon request with charge.

Currently, Savannakhet Hospital is the only hospital which provides ARV for AIDS patients. Distributions of ARV and technical assistance on medication have been supported by MSF Swiss. Thus, all AIDS patients who wish to receive ARV in Laos have to visit this hospital. Since the first case was found, total HIV patients found in Savannakhet is 838 cases. 723 AIDS patients in all provinces have ever visited Savannakhet hospital to receive ARV. Their caseload is 328 in past two months. The doctor mentioned that they have a plan to expand ARV availability at hospitals in Vientiane, Luan Prabang and Champasak. Each hospital will be in charge of treatment of AIDS patients in each region. However, lack of financial sources is main obstacle. It was mentioned that discrimination against People Living with HIV/AIDS (PLWHA) still exists in Laos. Since 1996, the situation has been improved by advocating programs through education and media such as TV, national radio programs, posters, brochures, signboards, community radio program, and assisting AIDS volunteers in communities.

The Ministry of Employment of Laos provides one day training for workers who applied to work in Thailand. During the training, information on HIV/AIDS, diseases and health maintenances and Thai law system are provided to ensure safer work at destination. Since the low prevalence rate of HIV among workers and poor treatment facility within the country, prevention of HIV infection is one of the most prioritized issues for the Lao government in regard to migrants' health.

3.7 Conclusion

The interviews with government sectors and NGO staff were valuable to

understand the current Laotian migration and available health services and in Mukdahan. For Mukdahan province, migration has been continued for a long time and local people perceive Laotian workers as part of their community. Many employers would face problems if the border control is strengthened. Immigration officer clearly stated impossibility of arresting illegal workers since they speak same language and usually stay with their employers. Furthermore, the current implementation mechanism of MOU on employment of migrant workers is found to be weak. By knowing the fact that slightly over 1,100 workers have registered indicates how easy to remain undocumented. Also, the current trend among Laotian youths that migration has become “fashion” is also troublesome since most young people attempt to cross border are often uninformed about the reality and tend to be exploited.

By listening to stories of key informants, their urgent focus is on HIV/AIDS prevention and human trafficking. Both Thai and Lao governments have acknowledged these two issues are critical and new programs have been launched with funding from international NGO, international agencies and bilateral assistance of foreign country. In terms of HIV/AIDS, Mukdahan is not a high prevalence province in Thailand although it is still much higher than Laos. Both Mukdahan and Savannakhet acknowledge the infection expansion of HIV among migrants should be prevented with collaboration work. Especially in Laos, further infection through mobile population must be prevented since many HIV positive cases have been found among people who previously migrated to Thailand. Current projects on HIV/AIDS prevention among migrants seem to continue and develop effective strategy to reach migrant population.

Interview with the Mukdahan hospital staff was critical for this study. More than 10,000 Laotians used the hospital last year with female patients’ share is 60% of total. Although this number includes cross border patients from Laos, it indicates that access to health service is not too difficult for migrants if they wish. In regard to access to reproductive health services, it was found only pregnant patients receive information on birth control and family planning during antenatal care at the hospital. Since not all female migrants become pregnant in Thailand, the alternative method to deliver

reproductive health information should be developed.

Implementation of structured interview of migrants was essential to know their realities of migration situation and their health. Since the number of interviewed female Laotian migrant workers were limited, it may be difficult to generalize this result. However, it is noticeable that their awareness and knowledge on reproductive health is limited. It was also confirmed that the quality of reproductive health service in Laos is not sufficient as many women delivered children without professional assistance. As a result, access to reproductive health services is better in Thailand compared to Laos since most of them answered that they gave births at hospitals in Thailand. However, equal access is still questionable. It was found that all except one women delivered at Thai hospital have Thai partner; a husband or a boy friend. It is assumed that easier access to reproductive health service if they have Thai partner.

Generally, it was confirmed through the key informants that awareness and attitude towards health are low among Laotian migrants. Due to financial motivation, they tend to work long hours without enough rest and unbalanced nutrition which often results in sacrificing their health. Furthermore, their knowledge on sexual health is limited since they did not receive such information in their place of origin. Thus, they are more ignorant about STDs and HIV. This triggers them to conduct risky behaviors or leave their communicable diseases infection untreated.

Overall, it is likely that migrant workers are more advantaged in getting health information compared to stay in Laos. However, the migration situation and demographic background may impede health access as well as restrain care seeking behaviors. For example, limited ability of reading Thai may cause misinterpretation of medicine usage. In other cases, their health tends to be affected by their work condition and relationship with their employers. If the employer is more considerate to the health of workers, access to the service will be improved. In regard to awareness and practice of birth control among migrants, structured interview results indicate that their knowledge is still limited and actual usage is low. Although use of contraceptive pills

and Norplant indicates their will of birth control, its dependency may be risky since it can not prevent infection of STD and possible HIV.

Reproductive health services should be provided for every woman. Information dissemination should not be interrupted even for migrant workers. Developing health projects targeting migrants is beneficial not only for migrants themselves but also for public health sectors to stop spending its budget to treatment. It is often said that prevention costs less than treatment. In this regard, there is no wonder why there are many ongoing projects on HIV prevention. However, only few projects states reproductive health promotion as their primary objective. The researcher was always wondering about the reason during the field research; why they tend to focus more on HIV but not reproductive health which has strong relation each other. Since there may be an implication of external politics, such as intention of donor agency, further research may be necessary to investigate. Also, it was regrettable that the interviews with public health sector in Savannakhet could not be materialized since they are only ones who know situation of migrants' children living away from their mother as well as living condition of returnees.

CHAPTER IV

ANALYSIS

4.1 Reproductive Health Status, Awareness and Knowledge

The research findings of knowledge and attitude towards family planning, contraception, STDs and HIV/AIDS indicate reproductive health status and awareness of Laotian female workers are low. Although they have some basic knowledge, it is often incorrect as they do not learn from formal education or medical professionals and it will lead to misunderstanding.

In regard to family planning, the number of Laotian female workers who discussed these issues with their partners was few. The reason for low awareness in regards to family planning is partly explained by inadequate family planning policy implementation in Laos. Although some have moved to Thailand, which has wider reproductive health services, their awareness has not improved as they still lack access to such information. Low awareness and lack of knowledge is confirmed by the low number of workers who could explain benefits of contraception, which were only nine people out of forty. On the other hand, desire for birth control is assumed among migrants because some workers mentioned the financial benefits from having fewer children by using birth control methods. They understand that having more children will create a financial burden for the household. Furthermore, most Laotian female migrants who had children answered they had two or less children, which is much less than the country average of 4.55 children for one mother. From this data, it is assumed that these migrant workers use some method to control pregnancy as pregnancy and having many children may jeopardize their jobs, especially for migrants. In fact, there have several reported cases of migrants being fired because of pregnancy. From the interviews, 14 out of 18 workers who had children used some form of contraceptive method.

Their actual usage of contraceptives indicates they prefer using 'women-centered' methods. By using either contraception pills and/or Norplant, which are familiar methods to them, they do not need to involve their partners. Condoms, however, were less familiar to the workers, despite knowing about condoms and the relatively low cost of purchasing them. Due to time limitations, the interviews did not analyze the reason for the low use of condoms. However, it is likely that women may not use condoms for fear of disrupting their relationship by asking their partner to use a condom, particularly as the Laotian culture places male reproductive rights as a higher priority. Furthermore, females may be hesitant to ask for condom use for fear of appearing 'promiscuous' by their partner.

Issues of unsafe abortion were not revealed through the structured interviews or interviews with hospital staff. Conducting abortions is not permitted in Thailand except in the event of pregnancy due to rape or serious dysfunction of the fetus. One informant mentioned that abortion operations are still conducted in rural villages of Northeast Thailand, which implies that the issue of unwanted pregnancies is not only a problem of migrants, but also Thai women. When post operation infection is serious, patients would visit community health centers for receiving treatment. Thus, knowledge on contraceptives would be necessary for every woman to decrease the number of unwanted pregnancies and unsafe abortion operations, especially for migrant women who often have difficulty accessing health care services.

In terms of HIV/ AIDS, most workers answered that they heard about the issue through friends, family, TV, magazines, etc. Also, some young aged migrant workers had studied about AIDS while in school in Laos. However, fewer knew about specific information, such as risky behaviors, symptoms of the disease, prevention methods, and treatment. Many perceived AIDS as a disease causing death. Many held rather discriminatory attitudes towards infected people, while some workers refused to learn more about it because they perceived AIDS to be irrelevant to them. Having correct understanding and knowledge on AIDS may contribute to decrease prejudice and discrimination against infected people. This finding should be taken into consideration,

since lack of HIV/AIDS awareness is a primary contributor to the spread of new infections. In Thailand, the majority of people have basic knowledge and awareness about HIV/AIDS, as active HIV prevention projects have been conducted throughout the country. Many HIV positive people and AIDS patients have been empowered through improved counseling programs and increased number of PLWHA group activities at hospitals. Policy level preparation such as free distribution of ARV also contributes to increasing awareness towards HIV/AIDS among Thais. On the contrary, the awareness towards AIDS among people in Laos is still low. Even though the information dissemination activities are conducted, people still tend to overlook and perceive HIV/AIDS as the disease of someone who engages in immoral occupations.

It was confirmed from the interview that only few people have used condoms with their partners. This output has significant meaning for understanding the growing infection of STDs and HIV through migrant populations. For birth control purpose, contraceptive pill usage is appropriate. However, it cannot prevent infection of sexually transmitted diseases, including HIV. It is difficult to know the infection status of one's partner because it takes time to develop symptoms related to AIDS. Also many people usually do not go for virus testing, but rather know their status after becoming sick. If they are in Laos, their risk of infection is low due to low prevalence. However, the risk of HIV infection especially among young single female workers is expected to be higher due to vulnerable migration situations in the destination, more violence, lack of knowledge and awareness towards communicable diseases. The information on HIV should be delivered particularly to migrant workers since they usually are not included in the community network, have a lack access to information, and have more exposure to strangers in new communities. These factors contribute to placing workers in vulnerable situations.

4.2 Cause of Vulnerability

In addition to better access to accurate information and high quality service,

having someone to consult with is an important factor to promoting reproductive health. Among variables of measuring vulnerabilities of reproductive health, which was introduced in the conceptual framework section of the research design, female Laotian workers have several factors to increase their vulnerability.

Demographic Variables

As confirmed in the structured interview, most Laotian female migrant workers had low education levels as more than half of them did not finish primary school level education. Receiving education is not only about increasing academic ability, but also useful for gaining life skills such as health maintenance and knowledge on diseases. Thus, low education status has possibility of leading to inappropriate choices in various occasions. The mean age of respondents was 24.3 years old. This age group of women is usually sexually active and also has more opportunity to interact with strangers, which may lead to risky behaviors. Since their awareness and knowledge on birth control are low, they may not practice any contraceptive method, which may result in unplanned pregnancy. Additionally, half of the migrants in this study were single and, for single migrant women, risk of HIV and STD infection is higher since they may have multiple partners during periods of migration. As HIV prevalence in Thailand is higher than Laos, the risk of infection is also high, as there is low prevention knowledge. Married workers still have a risk of infection of HIV and STD as their husbands may be infected previously.

Migrant Process Variables

It was found from the interview that only one person out of forty commuted to work from Savannakhet, while others chose to stay in Mukdahan. By staying at the destination, they may save daily travel expense and also prevent possibility of harassment or violence during daily travel. On the other hand, commuters may keep close to their local community in Laos. Staying in Thailand may increase the access to health care services if they decide to use them, which would at least provide access to

emergency health care. Although legal status could not be confirmed with workers during this research period, it is assumed that the majority of migrant workers are undocumented in Mukdahan. Not to mention, the access to health service is more difficult among illegal workers.

Situation in Destination Variables

The target group of this study was only workers in service sectors; waitress at restaurants, shop sales and domestic work. It has been verified that commercial sex workers are the most at-risk group among Laotian female workers as they sometimes do not use a condom with customers in order to receive more income. In this regard, general service workers are less at risk of infection of HIV and STD based on their occupation. However, as the nature of service work is interacting with customers, they still have some degree of risk due to their occupation. It was revealed that the period of migration depended on workers. For workers who stay for a long period, access to social service in the community maybe easier. On the contrary, those who change their work place in short intervals may be more isolated and experience unstable life.

Current improvement of communication infrastructure enables migrants to conveniently contact their family in Laos. All of them use mobile phone as a means of communication. Due to inexpensive calling rates, they seemed to find it easy to be connected with their family. None of them complained about particular reproductive health problems upon conducting the interview, although some were suffering from headache since they tend to work long hours and often find themselves exhausted. However, they may not take sufficient rest as they work to get more income. Reluctance to spend money is one reason why some choose not to receive medical services at clinics or hospitals. In regard to their living condition, half of them stay with less than 5 people at their accommodation. Staying with less people may lower the occurrence of risky situations. However, for those who stay with more than ten people, potential of violence or risky behaviors remain high as they have more chances to interact with strangers at their accommodation.

Knowledge Variables

As explained in the previous section, their low status of knowledge and awareness towards reproductive health increases their vulnerability towards reproductive health problems.

Reproductive Health Vulnerability Variables

Most workers answered that they do not dare to go out during free time. Since their free time activities are usually indoor such as chatting, watching TV and taking a rest, it is likely that female workers are concerned about saving money rather than spending for recreation. Furthermore, their alcohol consumption is very low. Thus, they have fewer opportunities to put themselves in a risky situation. Relationship with other migrants seems to be important for them. For instance, when they get sick, they tend to consult with close friends. However, it is also found that many workers think they do not have a close friend in Thailand. In such situations, they try to maintain contact with family members working in Thailand or live in Laos in the event of health problems. Having friends is also beneficial for them to receive information on health as some of them learned about contraceptives or HIV through friends. Interview results also confirmed that not many female migrants share a house or apartment with unknown males. Furthermore, they tend to stay with fewer people and often with their employers, female friends and colleagues. This living situation do not create risky environment. However, living with an employer makes it working time and free time difficult to distinguish. It is expected that workers who stay with their employer may be suffering from chronic fatigue.

The majority of workers were not lonely at the destination. This could be due to the existence of close friends or partners, easy contact with family, or preoccupation with work. Yet, some workers answered that they often feel lonely from living away from their family in origin, difficulty in changing lifestyles in the new country, and associated deficiency of social control mechanism. These factors may contribute to the

loss of safety nets of female workers and put them in a vulnerable situation. Experiencing pregnancy during migration has large impacts in terms of maintaining maternal health as well as the health of the fetus. This may also cause loss of income. Thus, the structure interviews found that the majority of workers who are in relationships used some form of contraceptive method. On the other hand, some workers remain non-users since they own only limited knowledge of birth control. Access to media and information about reproductive health still needs to be improved as many of them still lack the knowledge and awareness towards reproductive choices. Since they do not read Thai, information should be delivered orally or visually. As the majority of them are illegal workers, they may avoid public notice by joining campaign or workshops. Using TV is the most efficient method to reach them as the information can be reached individually.

4.3 Available Reproductive Health Care Services

For female migrant workers who married Thai men, stay with their own family and have lots of Thai friends, access to health care is not difficult. However, it is not the same for those who have few close friends, stay with employers, and work long hours. Here, the reproductive health, as well as the basic health of the worker is often threatened. As mentioned already, Lao migrant workers usually engage in domestic works and stay with their employers. Thus, they usually do not form a migrant community like many Burmese and Cambodian migrants. It is likely that this situation produces difficulties in investigating the realities of illegal workers. Upon conducting the research, principle understanding towards Laotian workers is more advantaged compared to other migrant groups. However, it became to clear that this evaluation process is not easy as locating Laotian migrant workers is difficult. Migrant workers who are facing difficult situation are often invisible. Due to their high proximity to the community of destination in Thailand, to know and analyze their living status is often difficult without gaining support from employers. In other words, if we succeed in gaining support from employers, surrounding environment and living situation of

migrants are more understood and enable to plan improvement strategies.

Promoting a human rights perspective, hospitals provide medical services and treatments even for illegal workers. Indeed, half of workers interviewed said they had used either clinics or/and hospitals with one third using hospitals previously. In this regard, the access to health services is not terribly bad. Workers who do not stay in Thailand for awhile and have never been sick are among those who answered that they never use health services. However, it should be considered that there are still a group of people who cannot access health services. These people are estimated to be illegal workers as well as those who do not risk taking off work to see a doctor. Finding and providing health information to these people are also difficult. Going to the hospital may be the last choice for Laotian migrants. There is a possible risk that they continue self treatment or use traditional methods until the symptoms deteriorate. Such behavior is often reinforced in Laos as the country does not have sufficient health facilities for the treatment.

Mukdahan hospital doctors explained that reproductive health information regarding pregnancy, antenatal care, birth-control and child care is provided only for pregnant women who come to the hospital to receive their service. It means this information does not reach those who do not come to the hospital. This issue is also confirmed from the interview with migrants as almost all who delivered children at Thai hospitals could answer the benefit of contraceptives while those who delivered children in Laos could not. Correct understanding towards family planning and contraceptives is important not only for pregnant women, but every woman to improve their quality of life. Better mechanisms should be established to increase knowledge and improve awareness among migrant populations who do not access to the service.

Legal workers are entitled to receive health care service and annual health check-ups. When they get sick, they are able to receive health care service at a flat rate of 30 Baht at assigned local hospitals. Furthermore, provision of antiretroviral is free if

they are found to be infected with HIV. Although they have to pay health care admission fee upon registration, it will consequently benefit them by avoiding a debt of medical bills. Illegal workers are often disturbed to access to the service and put themselves in vulnerable situations as well as becoming a financial strain to the public health sectors. However, it is difficult to control the number of illegal workers since the interests of employers and workers are met -- employers seek cheap labors and workers want more income.

Many Lao female workers admitted that they met Thai men during the migration process. They often stay together and get married as a result. Getting married to Thai men may produce many benefits and improve the quality of life in terms of access to public goods and services. However, some face domestic violence, but do not have anyone to consult with in their community and, thus, endure the situation. Usually, domestic issues are kept private which increases the severity of the problem and difficulty in providing assistance. Migrants usually lack a network in the living community, which also increases their vulnerability towards violence.

Furthermore, the impact of migration on motherhood is also significant. In Laos and rural areas of Thailand, the network and collaboration work within the community is strong. Children are often raised not only by their parents, but also grandparents, relatives and neighbors in the community. From the interview with migrants, husbands of those who stay with their children in Thailand are all Thai nationality. For migrant women, it is likely that raising children cannot be done without the help of local people, since they need to work during motherhood. Having more children spares working time and directly impacts income loss. This may explain why migrant women tend to have fewer children.

As previously explained, the reproductive health status of Laotian females is low. They may lack common knowledge in comparison to Thai females. Due to a low education completion rate, they lack opportunities to gain more knowledge regarding

important issues related to life skills. Furthermore, they may not be familiar with using hospitals in Laos as people often live in rural areas without hospitals, and also hospitals often lack adequate facilities and staff due to budget constraints. As migration process puts workers in various risky situations, it is important for them to acknowledge usage of hospital or clinics for possible health services.

For migrant workers, an increased knowledge, awareness, and improved access to information and services is necessary to promote reproductive health. Furthermore, access is largely influenced by people surrounding workers. It is important for them to have better support system in their living environment, which includes friends and employers. As long as the issues of illegal workers remain, health access of migrants will remain difficult. Improving surveillance systems within the community, as well as networking with service providers, will protect workers from isolation and allow them to connect with the appropriate health care services.

4.4 Care and Information Delivery System

The current manner in which reproductive health information is delivered may require reconsideration. As explained, the information is given to only pregnant migrants who come to hospitals. Without receiving information from hospital, Thai women usually have knowledge on family planning or birth control from their formal education and public media. As for Laotian female workers in Thailand, the situation is different. They fail to receive basic education and have a low literacy rate. They are usually reluctant to use health services. These reasons make it difficult to receive information even though they are available for them. In such a situation, having a Thai partner or Thai friends may be beneficial. On the other hand, those without friends will be more at risk.

The research found that when migrants get sick, they often consult with their partners, friends, and employers rather than going to see a doctor. Some of them receive

information of birth control, family planning and HIV/AIDS through their Thai partner. On the other hand, among those who stay with their employer, more than half visited health facilities when falling ill. They also answered usage of health services was encouraged by their employer. Thus, employers also have a significant role in regards to the health of the migrant.

In line with public health sectors, the work of civil society and NGO is influential because they have grass root networks in the community. Under the current government health provision system, reproductive health information is provided only for those who step forward to receive it. It was found that particular projects on reproductive health targeting migrants were not conducted. On the other hand, some NGOs include the promotion of reproductive health as one of their activities though their primary objective was the prevention of HIV/AIDS.

In terms of HIV prevention, Thailand has conducted a large number of quality projects, such as focus group discussion, case study and campaigns with gender sensitive approach. The quality of their HIV/AIDS project implementation is renowned in the world. During key informant interviews with NGO staff, many said they incorporate several methods in the project to focus on capacity building towards dealing with HIV/AIDS issues among mobile populations, as well as with local communities, including collaboration with public sectors. At the same time, AIDS education in Laos has been advanced as half of workers interviewed could answer using condom as a method to preventing infection of HIV.

Results showed that along with international NGOs with large budgets, many local NGOs have also been implementing grass root level projects with funding from the Thai government, international agencies, and official development assistance from foreign countries. Most projects targeted HIV/AIDS prevention among mobile populations. In spite of these projects, few migrants that were interviewed knew of their activities. This may be because the target migrant population of these projects is usually

indirect sex workers. As general service workers tend to work long hours, they often have little free time. During the free time, they usually watch TV and take a rest. Thus, the campaign through TV or radio programs is thought to be more efficient for service workers. Unfortunately, it was revealed that TV campaigns through commercials are recently on the decline in Thailand.

Through learning about HIV/AIDS and sex education, reproductive health is often referred to in order to explain the issues of STDs and HIV/AIDS as it is important to know the risks associated with some of the most infectious diseases in the world. However, improvement of HIV/AIDS knowledge and awareness does not promote overall reproductive health. Ensuring reproductive heath will promote physical and mental health of a woman through improved access to services as well as gaining knowledge. The better reproductive health status will decrease financial and physical constraints and lead to better family planning and healthier growth of children.

The collaboration system of Mukdahan and Savannakhet will be important especially when dealing with migrant health issues. Although Laos still lacks basic health care commodities, both quantitatively and qualitatively, they need to strengthen their capacity in order to protect people from lack of care due to budget restriction. Besides governmental cooperation, provincial cooperation is also necessary to deal with migration issues as most of the workers in Mukdahan are from Savannakhet. From the key informant interviews, it was expected that provincial cooperation would be strengthened in the future. Further information transfer will be necessary to deal with migrant worker's issues in both sending and receiving countries.

CHAPTER V

CONCLUSION

5.1 Conclusion

This study has tried to examine the reproductive health vulnerability of female Laotian migrant workers in their destination and to analyze available services provided for them. Mukdahan province was chosen for a case study of investigation. As the outputs of structure interview with migrants indicated, their knowledge and awareness towards reproductive health, particularly issues on birth control, family planning, and HIV/AIDS, are found to be low. Given the current reproductive health services availability in Laos, it is not unusual that they have very limited knowledge and low awareness of reproductive health. Also, their current knowledge is not sufficient to protect themselves during the migration process. Particularly, their living environment and lack of knowledge and awareness increases their vulnerability to STDs and HIV infection. Especially, their knowledge towards HIV is often incorrect or insufficient in terms of prevention and treatment, and their attitude towards HIV infected people is found to be rather discriminatory. If they had access to reproductive health services, their migration period would be much safer and less stressful, by not having to worry about communicable diseases and unwanted pregnancies.

The contraceptive usage among female migrants was learned through the structured interview. They prefer using contraceptive pills and Norplant which are methods that do not need partner consent. The low usage of condoms was also confirmed. The Laotian social norm perceives condoms as ‘unnatural’, and is likely to discourage men to use them. (ARCM, 2004) However, non-usage of condoms with multiple partners indicates high possibility of STD and HIV infection, although pregnancy can be preventable with other methods.

The study also confirms that access to health services is secured for migrant workers, even for undocumented workers. When migrants become pregnant, they may undergo a safe pregnancy period with periodical medical checkups and receive useful information on motherhood from professional medical staff in Mukdahan. However, it is also found that there is a gap in terms of actual health service accessibility. For those who have a Thai partner, close friends and sympathetic employers, health access is easier. However, the people who need to be paid attention to are ones without a reliable network and are being isolated. As mentioned already, these people are usually difficult to locate and provide information. In other words, many of them are illegal workers who hesitate to step forward to receive the available health services.

Migration often isolates workers from receiving social support which exists in their community of origin. Migrants often end up in exploitative environments and more often face violence. Migrants cannot improve in such situations if they do not have reliable persons to consult with. In this regard, the research found employers have a big influence on health maintenance of migrants. Access to hospitals and clinics is often encouraged by employers, especially among illegal workers. Since Laotian workers usually do not form migrant communities, their employers play a crucial role in protecting workers and connecting them to the health service when necessary.

Although there are several NGOs working on HIV/AIDS projects in collaboration with government health sectors, only few of them mention the promotion of reproductive health as one of their objectives. Further projects targeting reproductive health promotion should be created to protect migrant female workers from diseases and to encourage safe migration.

It is expected that there will a more dynamic population flow of migrants after the completion of the second bridge. Many employers acknowledge that Laotian workers are crucial for all industries. Thus, it is hoped that Mukdahan province will take into account the reproductive health of migrants as one of the priority health issues in

cooperation with its Lao counterpart.

5.2 Discussion

By examining the study findings while referring to the conceptual framework introduced in chapter 1, it is noticed that several variables have a strong correlation with the reproductive health vulnerability of Laotian female migrants, while some variables are found to have less magnitude. As several literatures documented, the low education level among Laotian females was confirmed through this research (Lyttleton, 1999). Given the scarce job market within the country, many young females decide to move to Thailand to find work. Poverty is one reason that pushes them to migrate while it is also acknowledged that migration to Thailand becomes a “fashion” for young Laotians. Low education, young age and un-prepared migration may put workers in vulnerable situation at the destination (ILO, 2005). In particular, young single female workers are thought to face more harassment compared to married ones.

Many people believe that Laotian workers understand the Thai language. In fact, they have good level of listening and speaking. However, many workers interviewed admit that they find difficulty in writing and reading. Thus, information medium targeting migrants should be developed with this aspect in mind. In a situation such as buying a medicine at a drugstore, migrants may have trouble in understanding the directions written on the medicine package. It is important that speaking and listening cannot cover every situation in daily life. Thus, the health information method for migrants should not be limited to translation of brochures but use a holistic approach including their social and cultural elements (Hendriks, 1991).

The findings also confirmed that most migrants chose to stay in Mukdahan. Staying in Thailand lessens the chance of facing violence during travel. Due to the nature of service work, they need to work long hours. Thus, they may not have the

choice of being a commuting. From the interview with key-informants and local people, the majority of workers in Mukdahan are undocumented. As the local industry is dependent on migrant labors, the police are unable to arrest all illegal workers (Lyttleton & Amarapibal, 2002).

The research indicates that reproductive health knowledge among migrants is low. However, it is not yet recognized as a big problem among the concerned agencies. Thus, they usually include migrants in their reproductive health strategy for Thais. Instead, their knowledge and vulnerability towards HIV/AIDS tends to be discussed more. At the same time, it is likely that reproductive health problems among migrants have not been identified. It is known that sex workers are considered to be at higher risk for HIV. Since the target of this study is service workers, their risk is considered to be low. However, they still have some degree of risk because of a nature of their work which makes them to interact with many customers everyday (ARCM, FHI & NCCA, 2004).

In terms of the length of stay, many of them stay at their destination for more than one year. In this regard, they may be able to establish a social network in their destination community and have better access to public services, including health care. The research findings indicate that they can have contact with their family in Laos with less difficulty these days, as recent communication technology has progressed. Easier contact with family is considered to decrease their loneliness and lead to better self management. Among the reproductive health vulnerability variables, the following have a strong implication on female Laotian workers in Mukdahan.

- *Relationship with other migrants*

Having a social network with other migrants is important for maintaining health and gaining information. Peer approach is considered to be influential among young migrants as they tend to believe the information from their close friends (UNESCO, 2003). Especially among single workers, friends are often the only source of

information.

- *Pregnancy*

Pregnancy during the migration process has a significant impact for migrants. As they continue to work during pregnancy period, their pregnancy should be planned with their partner. Unwanted pregnancy will not only affect the income loss but also cause an unhealthy pregnancy period as they usually continue to work until the last minute.

- *Access to health care*

It is found that access to health service is secured for some workers while some remains for non-users. Their immigration status is still the major factor in determining their access to health care. Medical cost is also a big burden for migrants, and this keeps them away from accessing health services unless it is absolutely necessary.

- *Access to media/information on reproductive health*

Lack of knowledge on reproductive health is normal since migrants do not have the opportunity to receive information in their place of origin. Development of effective methods to reach the migrant population to disseminate information is necessary in order to improve their knowledge.

Other than the above variables, the study findings confirm the weak discussing power of female towards reproductive choices with their partner. As the previous research indicates, mobile women have little access to sexual health services and may lack the negotiating power to prevent unwanted and unsafe sex during travel, as well as their destination (Family Health International, 2006). Other variables which were found to influence the reproductive health vulnerability are reproductive health beliefs and behavior in their place of origin. Although, the service is accessible for migrants, they may not change their behavior as they have formed their own perspectives and beliefs in Laos.

This study also confirmed the significant role of civil society in protecting migrant workers from exploitation, which Lyttleton emphasizes in his study. As the two cities are only a few hundred meters away, divided by the Mekong River, their cultural similarity is significant. By exchanging information, further collaboration work among grass-root level is expected.

5.3 Recommendation

It is important to acknowledge that reproductive health is related to human rights. In this perspective, no woman should be interrupted from receiving high quality reproductive health care. As reproductive choices are equally given to every woman, any discrimination in access to correct information should not exist. A safe and healthy pregnancy period also contributes to the health of their fetus. Migrants are one of the groups which are difficult to secure reproductive health. Female migrants expecting a baby can not sit back and relax for delivery, but they need to continue working until the last minute which is harmful for the maternal body. Even after childbirth, mothers still have problems as they have to return to their work as soon as possible and are unable to spare time for sufficient child care. In such a situation, a safe and healthy childhood of the baby may be threatened. This is explained by the fact from the research that some female workers ask their family in Laos to take care of their children while they are working in Thailand. However, this is not the best solution as it may cause another problem of loss of bonds between mother and a child.

Disseminating not only STD and HIV/AIDS knowledge and knowledge of birth control is important for migrant women to continue productive work. Unwanted pregnancy due to lack of family planning can be prevented if they gain knowledge on contraceptives. Although this information is available in Thailand for any women, many migrant women still remain unable to access it.

In Mukdahan province, migrant workers are a part daily life and based on appearance, even local people cannot tell the difference between migrants and locals. However, though they look similar, their living background is not as same and the health knowledge gap is significant. It is not appropriate to blame the Lao government for failing to provide sufficient health services to its population since they have experienced historical difficulties within its nation. Indeed, it was noticeable during the research period that recently the Lao government has been working on health improvement projects under the supervision of bilateral and multilateral initiatives.

The current migration situation will continue until Laos achieves economic development and stability. In the globalization era, more people will gain mobility by utilizing improved infrastructure. It was learned that the Lao government currently provides pre-departure training for people who apply for work in Thailand. However, it is important to acknowledge that the majority of workers cross borders illegally and tend to be exploited. For a poor country like Laos, well organized training and education on migration should be provided to everyone, since many of them will potentially cross the border if they have an opportunity. The program should be focused particularly on health management and how to receive legal support in the destination country. Females in particular should learn that there is a higher risk of HIV infection, that they tend to face gender-based violence and may find it difficult to receive support.

It is assumed that it will take a long time to change fixed attitudes and behaviors towards reproductive choices. However, it is acknowledged from the research that the current capacity of migrants is weak and cannot cope with the exploitative migration situation. Intervention programs can be implemented through three different sectors to promote reproductive health of migrant women: 1)at the government level, 2) at the public level, 3) at the community level. The Thai and Lao governments can strengthen the implementation of MOUs on employment with increased surveillance of illegal workers. Hospitals and the public health department will be key agencies to promote programs to migrants with the collaboration of NGOs and CBOs. People in the community are the ones who realize the situation of migrants

as well as violence and exploitation cases. Due to the high influx of Lao migrants to Thai society, their problems are thought to be unnoticed.

Health is one of the biggest concerns for anyone who stays abroad. Thus, the access to service should be secured and correct information should be available. The promotion of reproductive health is important for every woman although it tends to be ignored as people always have other urgent issues. However, it has a big impact on empowerment and autonomy of women. The current health project targeting migrants are more in favor of focusing on HIV/AIDS prevention. However, promotion of reproductive health may have a more significant impact on women. It is hoped that the concerned agencies will acknowledge the importance of reproductive health promotion among female migrants. It is hoped that the findings of this study hope will be utilized in planning future programs on the improvement of health among female migrant workers.

REFERENCES

ARCM, FHI, & NCCA. (2004). *Cross Border Migration between Thailand and Lao PDR: A Qualitative Assessment of Lao Migration and Its Contribution to HIV Vulnerability*. Bangkok: Institute of Asian Studies, Chulalongkorn University.

Beyrer, C. (1998). *War in the Blood*. Bangkok: White Lotus.

Caouette, T. M. (1998). *Recognizing the Impact of Migration on Reproductive Health in Myanmar.* Chulalongkorn University, Bangkok.

Caouette, T. M. (n.d.). *Small Dreams Beyond Reach: The Lives of Migrant Children and Youth Along the Borders of China, Myanmar and Thailand*: Save the Children UK.

Carballo, M & Nerukar, A. (2006). *Migration, Refugees, and Health Risks.* Retrieved 7 July, 2006 from http://www.cdc.gov/ncidod/eid/vol7no3_supp/carballo.htm International Centre for Migration and Health, Vernier, Switzerland

Castles, S. (2005). *Global Perspectives on Forced Migration.* Paper presented at the International Seminar on International Migrant Day; Forced Migration in South-East Asia From concepts and realities to a candid research and action plans agenda (December 19, 2005), Chulalongkorn University, Bangkok.

Chantavanich, S. (2001). *Culture of Peace and Migration: Integrating Migration Education into Secondary School Social Science Curriculun in Thailand*. Bangkok: Asian Research Center for Migration, Institute of Asian Studies, Chulalongkorn University.

Chantavanich, S., Paul, S. R., et al. (2000). *Cross-border Migration and HIV Vulnerability in the Thai-Myanmar Border Sangkhlaburi and Ranong*. Bangkok: Asian Research Center for Migration, Institute of Asian Studies, Chulalongkorn University.

Family Health International. (2006). *Protecting People on the Move*. Bangkok.

Freedman, L & Isaacs, S. (1993). *Human Rights and Reproductive Choice. Studies in Family Planning*, 24(1), 18-30.

Harima, R., Verona, R., & DeFalco, C. (2003). *Migration*. In M. Kaosa-ard & J. Dore (Eds.), *Social Challenge for the Mekong Region* (pp. 225-260). Chiang Mai: White Lotus.

Health Unlimited. (2006). *Maternal and Child Health Project in Laos.* Retrieved 1 June 2006, from www.healthunlimited.org

Hendriks, A. (1991). *AIDS and Mobility.* Copenhagen: WHO Regional Office for Europe.

ILO. (2005). *International Programme on the Elimination of Child Labor: Lao PDR.* Retrieved 20 February 2006, from http://www.ilo.org/public/english/region/asro/bangkok/child/trafficking/wherewework-laos.htm

Ireson-Doolittle, C., & Moreno-Black, G. (2004). *The Lao: Gender, Power and Livelihood*. Boulder: Westview Press.

Lee, K. (2003). *Social Challenges for Lao PDR*. In M. Kaosa-ard & J. Dore (Eds.), *Social challenges for the Mekong Region* (pp. 109-121). Chiang Mai: White Lotus.

Lyttleton, C. (1999). *Any Port in a Storm: Coming to Terms with HIV in Lao PDR. Culture, Health & Sexuality, 1*(2), 115-130.

Lyttleton, C., & Amarapibal, A. (2002). *Sister Cities and Easy Passage: HIV, Mobility and Economies of Desire in a Thai/Lao border Zone. Social Science & Medicine 54*, 505-518.

Maung, C. (2005). *Annual Report 2004*. Tak, Thailand: Mae Tao Clinic.

Migration News Vol.13. (2006). *Southeast Asia, Isssue: April 2006* Retrieved 19 April 2006, from http://migration.ucdavis.edu/mn/comments.php?id=3192_0_3_0

Muntarbhorn, V. (2005). *The Mekong Challenge- Employment and Protection of Migrant Workers in Thailand: National Laws/ Practice versus International Labour Standards?* Bangkok: ILO.

PHAMIT. (2005). *Migrants' Voices At the People's AIDS Forum (November 25, 2005).* Paper presented at the Moving Forward...Migrant Policy National Conference, Bangkok.

PHAMIT. (2006). *Migrants' Health and Vulnerability to HIV/AIDS in Thailand*. Retrieved from http://phamit.org/migrants_vuln.htm

Population Issues. (1999). *Migration and Urbanization. The day of 6 billion, 12 October 1999* Retrieved 1 June, 2006 from http://www.unfpa.org/6billion/populationissues/migration.htm

Population Reports. (1996). *People Who Move: New Reproductive Health Focus* (No. Volume XXIV, Number 3). Baltimore: Population Information Program, Center for Communication Programs, The Johns Hopkins School of Public Health

Rayanakorn, K. (2003). *Gender Inequality.* In M. Kaosa-ard & J. Dore (Eds.), *Social Challenge for the Mekong Region* (pp. 173-201). Chaing Mai: White Lotus.

Sengsouriya, K. (2006). *Community Situation: Lao PDR and Anti Human Trafficking Efforts (briefing sheet)*: Department of Immigration, Vientiane, Lao PDR.

Sinding, S. W. (2005). *ICPD and the Millennium Development Goals – Recommendations Halfway through the ICPD Programme of Action.* Retrieved 25 July, 2006 from http://www.ippf.org/ContentController.aspx?ID=8387

Sullivan, T. M., Maung, C., & Sophia, N. (2004). *Using Evidence to Improve Reproductive Health Quality along the Thailand-Burma Border. Disasters*(28(3)), 255-268.

Taran, P. A. (2001). *Human Rights of Migrants: Challenges of the New Decade*. *Quarterly Review Vol. 38 No.6 Special Issue 2* Retrieved 2 December, 2005, from http://www.migrantwatch.org/mri/challeges_new_decade.html

UNESCO. (2003). *Peer Approach in Adolescent Reproductive Health Education: Some Lessons Leaned*. Bangkok: Regional Clearing House on Population Education and Communication, Asia and Pacific Regional Bureau for Education.

UNFPA. (2005). *State of World Population 2005*. New York.

UNHCR. (2005). *The International Convention on Migrant Workers and its Commiittee: Fact sheet No.24 (Rev.1)*: United Nations.

UNICEF, & Ministry of Labor and Social Welfare of Lao PDR. *Broken Promises Shattered Dreams: A Profile of Child Trafficking in the Lao PDR.*

UNIFEM. (2005a). *Claim & Celebrate Women Migrants' Human Rights through CEDAW: The Case of Women Migrant Workers*.

UNIFEM. (2005b). *Empowering Women Migrant Workers in Asia*.

United Nations. (1990). *International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families*.

Vungsiriphisal, P., Ausalung, S., & Chantavanich, S. (1999). *Migrant Children in Difficult Circumstances in Thailand*. Bangkok: The Asian Research Center for Migration, Institute of Asian Studies, Chulalongkorn University.

WHO. (2004). *Cross-Border Control of Priority Communicable Diseases, Report of the Regional Consultation, Bangkok, Thailand 17-18 March 2004* (pp. 26). Bangkok.

WHO. (2006). *Reproductive health.* Retrieved 10 April 2006, from http://www.who.int/topics/reproductive_health/en/

APPENDICES

Appendix A *Structured Interview with Lao Female Migrants*

** Interpreter translated the following questions either in Thai or Lao language upon conducting face to face oral interview with participants.

1. Demographic Data (general background)

1. Age
2. Marital status; single / married / divorced / widow
3. Numbers of children_____
   They stay together? (Y/N)
4. Education (___ years of education)
5. Occupation in Thailand
6. Thai language ability (read, write, speak, listen) 1: good/ 2: moderate/ 3: poor

2. Migration process and situation (sexual risk exposure)

7. Where is your home district in Laos?
8. Do you stay in Thailand? (Y/N)
9. How long have you been working here? (___years /____ months)
10. How many people live with you?
    Who are they?
        alone / with boyfriend / with own family / with own family and other family / with only female friends / with friends of mixed gender
    Type of housing? (apartment / house / stay with employer)
11. How do you spend your free time? (check each behavior)
        chatting / watching TV / drinking/ play sports / go to a bar / others
12. Do you drink alcohol often?
    Yes: How often do you drink? when? with whom?
13. Do you find difficult to live in Thailand? (Yes: how? / No)
14. Do you have good friends in Thailand?
    Yes: how many? are they Thai or Lao? what do they do?
    No
15. Do you feel lonely?
    Yes: when do you feel so? how do you feel?
    No
16. How do you contact your family in Laos? How often?

3. Availability of Health Services, Understand Perception of Health

17. Have you or your family members received health care services (health centers, clinics, hospitals) in Thailand?
    Yes- how did you find about the service?
    No- I have never been sick / I do not think I have the right to use the services / the cost is too high / other_____

18. Do you have any health problems recently? (open question)

19. When you do not feel well, who do you consult with? (check every possibility)
    family stay together / friends stay together / call family in Laos / self-healing / talk with employer / trustable person in the community / do not talk with others / go to the drugstore / traditional herbal medication / go to see a doctor / other(_____)

** Interviewer explains to participants that following questions are asking more about personal sexual experience, but has big significance for the study. Securing confidentiality and anonymity are explained again.

4. Relationship with partners

20. Do you have a partner or husband currently:
    (single, boy-friend, married, divorce, widowed)
    Yes
    No- skip to question 32
21. How long have you known him?
22. Is he Lao?
23. What is his occupation? Do you stay together? (No: how often do you meet him?)

5. Birth control and Contraception Use

24. While you live here, have you got any children?
    Yes- Where were the babies delivered? (clinic/ hospital/ with midwife/ alone)
        Went back to home in Laos
    No
25. Do you have family planning?
    Yes: How did you make it?
    (alone, with partner, information by helped by hospital staff)
    No
26. What do you think the benefits of contraceptive use? (open answer)

27. Please check the following contraceptive methods that you know
    1. condom 2.oral contraceptive pill 3.diaphragm/ cervical cap
    4. withdrawal method 5.emergency contraceptives 6.calendar method
    7. Norplant
28. Which contraceptive method is most familiar to you?
29. Have you ever used above methods in the past?
    Yes: which one?
    No: no opportunity/ did not possess/ did not know how to use/
        did not know how to get
30. Do you want to use contraceptives if they are available?
    Yes: which one?
    No: why?

4. HIV knowledge and attitude assessment

31. Have you ever heard about Sexually Transmitted Infections?
    Yes- how do you feel about them? (open answer)
    No
32. Have you ever heard about HIV or AIDS?
    Yes- how did you know about it?
    No
33. From as following, which behaviors possibly cause infection of HIV?

1 sexual intercourse	4 holding hands	7 using same injection needle
2 sharing meals	5 coughing	8 mother to child
3 blood transfusion	6 mosquito bite	9 organ transplant

34. How do you feel about HIV/AIDS? (open answer)
35. How can you prevent HIV infection? (open answer)
    How did you know about it? (family/ friends/ TV/ newspaper/ poster/ health facility/ other)
36. Do you know that there are organizations promoting HIV prevention?
    Yes- who are they? what they did? (ex. sex education program, free condom distribution)
    No
37. Do you know how you can treat AIDS? (open answer)
    How did you know about it?
    (family/ friends/ TV/ newspaper/ poster/ health facility/ other)
38. Do you want to know more about HIV/AIDS?
    Yes- what aspects do you want to know more?
    (1:prevention /2:treatment /3:care provider etc)

Appendix B *Top Ten Diseases of Lao Patients who Visited Mukdahan Provincial Hospital*

** Information document was provided by Mukdahan Provincial Hospital upon interview with doctors and nurses

Year: 2005
Male Patients: 4,148 people
Female Patients: 6,204 people

	Disease	Number of patients
1	Dependent diabetes mellitus	468
2	Chronic renal failure	386
3	Calculus of kidney	317
4	Essential (primary) hypertension	288
5	Tuberculosis of lung	119
6	Diarrhea and gastroenteritis	101
7	Pterygium	98
8	Tension-type headache	97
9	Acute appendicitis	93
10	Calculus of ureter	91

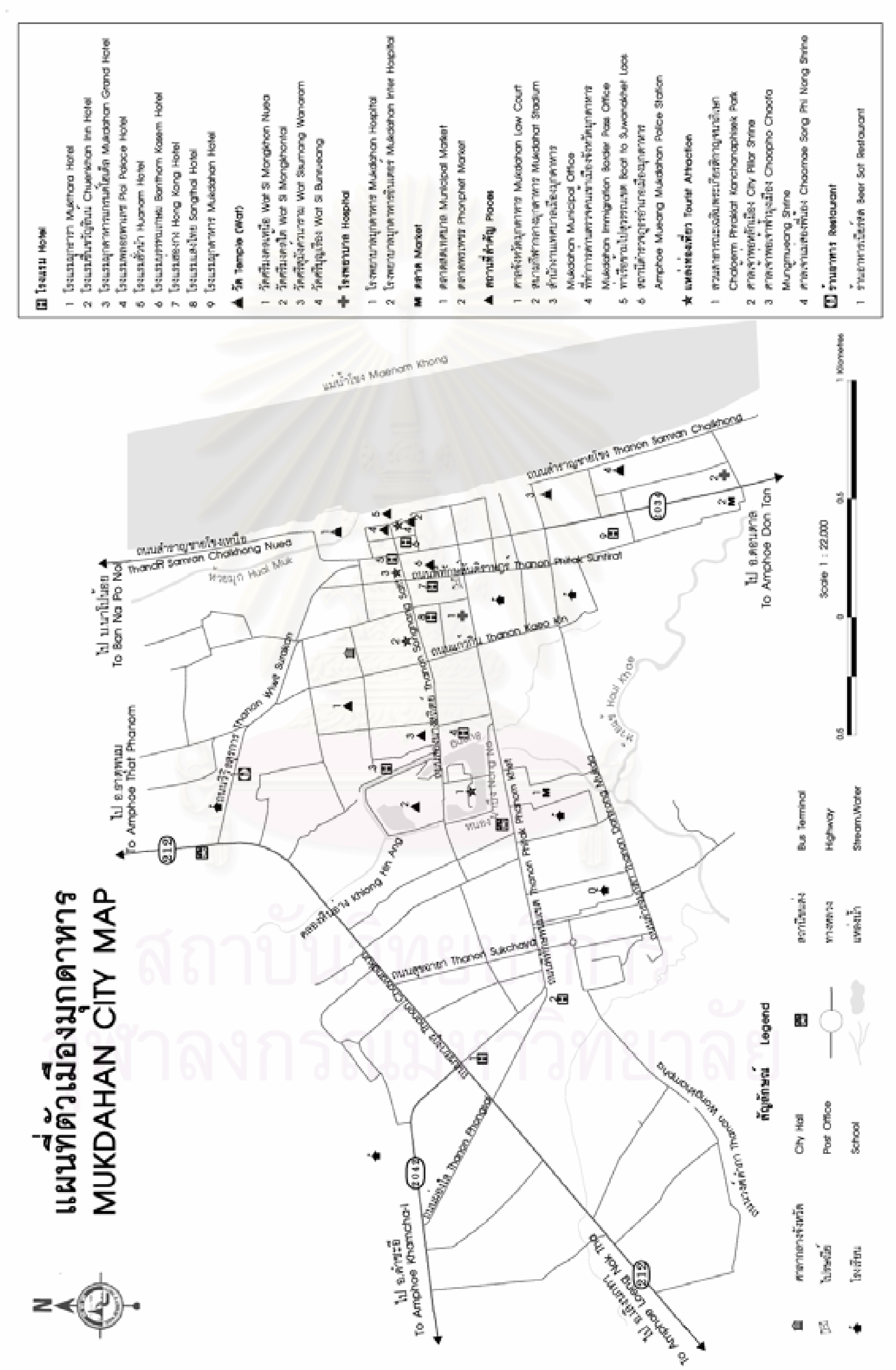
Year: 2006 (until the time of interview in July)
Male Patients: 3,825 people
Female Patients: 6,109 people

	Disease	Number of patients
1	Dependent diabetes mellitus	323
2	End stage renal disease	170
3	Calculus of kidney	149
4	Low back pain	75
5	Tuberculosis of lung	63
6	Lump in breast	56
7	Diarrhea and gastroenteritis	55
8	Calculus of ureter	47
9	Background retinopathy and retinal vascular changes	44
10	Pterygium	41

Appendix C *Maps of Mukdahan Province*

C- 1 Mukdahan Province Map

C- 2 Mukdahan Municipality Map



Appendix D *Pictures Taken at Research Site*

Immigration Office at Mukdahan Municipal Port

Construction Site of Second Mekong International Bridge

Passenger Boat Crossing the Mekong River

Riverside of Mukdahan

Riverside of Savannakhet

Border Patrol Boat

Mukdahan
Provincial Hospital

Savannakhet
Provincial Hospital

Appendix D

MEMORANDUM OF UNDERSTANDING (MOU)
Between
The Royal Thai Government and the Government of Lao PDR
On Employment Cooperation

Both Governments, hereinafter called “the parties” are concerned with the widespread trafficking in human due to common illegal unemployment, and accept the principles in the Bangkok Declaration on illegal migration 1999, agree to:

Objectives and Scope

Article I
The parties will take action to realize:
1.1) appropriate procedure in employment
1.2) effective deportation and return of migrant workers who have completed the duration of their work permit
1.3) appropriate labour protection
1.4) prevention and intervention in illegal border crossing, illegal employment services and illegal employment of migrant workers
The MOU does not include other measures currently in force in national legal frameworks.

Authorized Agency

Article 2
MOL of Thailand and MOL of Lao PDR are authorized to carry out this MOU.

Article 3
The parties can organize regular high-level meetings at least once a year to discuss matters related to this MOU.

Authority and Procedures

Article 4
Employment of workers must be authorized by competent authorities.
The competent authorities may cancel work permits issued to individual workers as per the agreement above whenever appropriate within the purview of the parties’ respective national laws.
The cancellation will not affect any action already completed prior to the announced date of cancellation.

Article 5
The competent authority of each party can inform its counterpart of labour needs, number of desired workers, duration, qualifications, employment conditions and wages as proposed by concerned employers.

Article 6
The counterpart competent authority will respond by sending a list of potential workers (name, hometown, reference, education, and other experiences).

Article 7
The competent authorities will work with national immigration services to process:
7.1) visa/other travel document/arrangement
7.2) work permit issuance
7.3) insurance or health insurance
7.4) contribution to the deportation fund
7.5) other taxes as per national regulations

Article 8
Both parties will maintain a list of workers benefited from this MOU. The list will be kept and record the return of the workers until 4 years after the recorded date of return.

Return and Deportation

Article 9
Unless otherwise specified, each worker will receive a two-year work permit. If renewal is necessary, for whatever reasons, the total term of permit shall not exceed 4 years. Thereafter, the person shall be ineligible for work permit. Also, the work permit will expire when the employment of the worker concerned is terminated.
Workers who have completed the terms of their work permit can re-apply for work again after three years have passed between the date of the expiration of the first term and the date of the re-application. Exception shall be made when the worker concern had his or her employment terminated under the conditions not of their faults.

Article 10
The parties will collaborate in sending workers home.

Article 11
Workers will contribute 15% of their salary to deportation fund set up by the host country.

Article 12
Workers who wish to return home can claim their contribution to the fund in full amount with interest. The request must file 3 month before the return date and the money will be paid to the workers within 45 days after the date their employment ends.

Article 13
Home visit during the period of work permit does not end the employment.

Article 14
The host country will determine the procedure and required documents as per the steps/application mentioned in Article 12.

Article 15
A worker will forfeit his or her right to receive his or her contribution to the deportation fund unless s/he reports him/herself to the designated authority in his/her home country upon his/her return.

Article 16
The competent authority of the host country can use the deportation fund to cover the cost of deportation of workers.

Protection

Article 17
The parties will apply national laws to protect the rights of workers (to whom this MOU applies)

Article 18
Workers will receive wage and benefits at the same rate applied to national workers based on the principles of non-discrimination and equality on the basis of gender, ethnic identity, and religious identity.

Article 19
Labour disputes will be governed by the host country's national laws and by its relevant authorities.
Measures on Illegal Employment

Article 20
The parties will take necessary measures to prevent and intervene in illegal cross-border labour practices and employment.

Article 21
The parties will share information with regards to human trafficking, undocumented entry, unlawful employment, and unlawful labour practices.

Amendment on the MOU

Article 22
Amendment of this MOU requires consultation through diplomatic channels.

Dispute Intervention

Article 23
Any conflict arising from this MOU shall be settled through consultation between the parties.

Enforcement and Cancellation

Article 24
The agreements in this MOU are in force upon the date of signing by the representatives of the parties. Cancellation requires written notification and will be in effect 3 months after the date of notification.

This MOU is signed at Vientiane, Lao PDR, on 18 October 2002, in the Lao and Thai version. Both versions have similar values.

For the Government of Thailand	For the Government of Lao PDR
Original Signed	Original Signed
Suwat Liptapanlop Minister of Labour Royal Government of Thailand	Sompan Pangkammee Minister of Labour and Social Welfare Lao PDR

BIOGRAPHY

Yukiko Aida was born in Tokyo, Japan on 9 August 1980. She completed a Bachelor of Arts degree at Japan Women's University with a major in Psychology. Yukiko specialized in Biopsychology in her senior year of undergraduate study, and studied physio-psychological interaction between human and companion animals for her graduation research. After one year of work she moved and completed a seven-month internship with a Japanese NGO called SHARE , working on HIV/AIDS in Ubon Ratchathani and Amnatcharoen Province, Thailand. Following the internship Yukiko moved to Bangkok where she began her study in the Master of Arts in International Development Studies (MAIDS) program at Chulalongkorn University.