CHAPTER IV

RESEARCH FINDINGS

This cross-sectional quantitative study was conducted to explore the health related quality of life among Myanmar migrant workers in Takuapa and Kuraburi Districts, Phangnga Province, Thailand for the duration of two weeks starting from 1 February 2008 to 14 February 2008. Both males and females at the age between 15 to 49 years and in the prime of their working lives were included in this survey. Totally, 241 subjects were collected by two interviewers using the questionnaire sets of socio-demographic information developed by the research and of standard Short Form Health Survey 12 (SF 12) developed by International Health related quality of life Assessment. Five parts of the study were included in this chapter:

1. Socio-demographic characteristics
2. Social relationship with people in community
3. Sense of security in community
4. Workplace situation
5. Standard SF 12 questionnaire

4.1 Socio-demographic characteristics of studied subjects

Table 4.1 : Number and Percentage of Myanmar migrant workers by socio-demographic characteristics (n=241)

Socio-demographic characteristics	Number	Percentage
Gender		
Male	143	59.3
Female	98	40.7
Age (years)		
16-24	69	28.6
25-34	91	37.8
35-49	81	33.6
Mean=30.72 ; SD= 8.24		
Ethnicity		
Mon	39	16.2
Dawei	123	51.0
Myanmar	53	22.0
Others (Karen, Rakhine and Myeik)	26	10.8
Marital Status		
Single	74	30.7
Married	155	64.3
Widowed/Separated	12	5.0
Migrant's Status		
Registered	94	39.0
Non-registered	147	61.0
Educational Achievement		
No formal education	9	3.7
Primary education	116	48.1
Secondary education	80	33.2
Higher education	36	14.9
Length of Staying in the Community (in years)		
Less than 1 year	91	37.8
More than 1 years-4 years	108	44.9
More than 4 years	42	17.4
Number of Family Members in Community		
None	48	19.9
1-2 members	68	28.2
More than 3 members	125	51.9

Table 4.1 : (Continued) Number and Percentage of Myanmar migrant workers by
socio-demographic characteristics (n=241)

Socio-demographic characteristics	Number	Percentage
Number of Children in Community		
None	143	59.3
1-2 children	74	30.7
More than 3 children	24	10.0
Number of Dependents in Community		
None	157	65.1
1 dependent	34	14.1
2 dependents	28	11.6
More than 3 dependents	22	9.1
Thai Language Skill		
Cannot communicate at all	35	14.5
Can communicate basically	180	74.7
Can speak fluently	26	10.8

Table 4.2: Table of the employed related to occupation

Occupation	Frequency	Percentage (in the employed only) n=192	Percentage (All 241s, including those dependents) n=241
Construction	37	19.3	20.3
Rubber plantation	57	29.7	15.4
Fishery related industry	55	28.6	23.7
Others (housemaids, waitresses, laundresses and gardeners)	43	22.4	22.8

Table 4.3: Table of the employed related to income

Income	Frequency	Percentage (in the employed only) n=241	Percentage (ALL 241s, including those dependents) n=241
<4,000 Baht	59	30.7	24.5
4,001-6,000 Baht	77	40.1	32.0
6,001-8,000 Baht	34	17.7	14.1
> 8,000 Baht	22	11.5	9.1

Table 4.4: Table of the employed related to working days per week

Working days per week	Frequency	Percentage (in the employed only) n=192	Percentage (All 241s, including those dependents) n=241
3-5 days	46	24	19.1
6 days	75	39	31.1
7 days	71	37	29.5

Table 4.5: Table of the employed related to working hours per day

Working hours per day	Frequency	Percentage (in the employed only) n=192	Percentage (All 241s, including those dependents) n=241
3-8 hours	84	43.8	34.9
>8 hours	95	49.5	39.4
>14 hours	13	6.8	5.4

Among the total subjects of 241 collected from the study, 143 (59.3 %) were males and 98 (40.7%) were females from 16 to 49 years. The mean age is 30.72 years (SD = 8.24). Half of the subjects are Dawei (51%) and the rest are Mon, Myeik, Karen and so on. Totally, 155 (64.3) are married, 74 (30.7%) of them are single, and just 12 (5%) are either widowed or separated.

Nearly half of them (48.1%) accomplished their primary education training and one-thirds (33.2) of them finished their secondary education. Only 14.9% interviewees were found to be high school or even university graduates.

Nearly half of the interviewees (44.9%) have been staying in the community where they currently reside at an average of three years, compared to those 37.8% who have been staying for less than one year.

Among the various kinds of occupations that were observed during the data collection, rubber plantation and fishery related industry were found to be the two

most important industries that employed Myanmar migrant workers (29.7% and 28.6% respectively). Construction sector (19.3%) is the third ones that Myanmar migrants depend on for their survival. Some others of them (22.4%) are working as housemaids, waitresses, laundresses, gardeners at hotels and so forth. The numbers of female dependents are 49, exactly half of the total number of female subjects.

Of the working groups of both males and females, 40.1% of them get an average income of 5,000 per month while 30.7% of them get less than 4,000 Baht for their wages. Only 11.5% of them can make more than 8,000 Baht per month. In general, people working in rubber plantation can receive more salary than those working in other sectors.

Approximately, 60.6% replied they continued working on weekends. In terms of working hours, 74.3% answered that they worked at an average of 12 hours in a single day. Some other 5.4% answered that they worked more than 15 hours a day.

Half of the interviewees (51.9%) have more than three family members while 30.7% of them have one or two children staying with them. The interviewees who replied that they have no children staying with them were 59.3%.

In terms of Thai language proficiency, majority of the subjects (74.7%) can communicate basically. Some (14.5%) of them were found to have difficulties in communicating because they cannot understand Thai language at all.

4.2 Social relationship with people in community

Table 4.6 : Number and Percentage of Myanmar migrants' social relationship
with people in community (n=241)

Social relationship with people in community	Number	Percentage
Whom to Consult When Sad or Depressed		
Friends	61	25.3
Spouse	95	39.4
Relatives	47	19.5
Others (neighbors, seniors, boss, monks or no consultation at all)	38	15.8
Activities Do in Leisure Time		
Staying at home	148	61.4
Visiting friends	38	15.8
Playing game (football, takraw....)	37	15.4
Others (fishing, gardening, going to temples, weaving and doing social activities in community)	18	7.5
Friendliness of People in Community		
Yes	177	73.4
No	27	11.2
Not sure	37	15.4

As the nature of being far from native land and staying in a foreign country, some psychological disorders like sad and depressed are inevitable. Their spouses are the most reliable persons for them to consult with, about 39.4% among the collected subjects, when they feel either sad or depressed or may be both. Followed by consult with friends and with relatives (25.3% and 19.5% respectively).

When they do not go to work, most of them (61.4%) spend their leisure time mostly by staying at home to take a rest without going elsewhere. Some of them (15.8%) went to visit friends and some other 15.4% of them played games like football, takraw and the like, for males in particular.

Most of the interviewees (73.4%) replied that people in their community are friendly and kind while some other 15.4% did not give any comment on this issue. For those who held pessimistic on their neighbors are 11.2%.

4.3 Sense of security in community

Table 4.7 : Number and percentage of Myanmar migrants' sense of security in the community (n=241)

Sense of security in the community	Number	Percentage
Safe from polices arrestment		
Yes	135	56.0
No	90	37.3
Not sure	16	6.6
Personal security		
Yes	130	54.0
No	77	32.0
Not sure	34	14.0
Things most concern (multi-answers)		
Finance	64	26.6
Children's education	36	14.9
Health	148	61.4
Job	59	24.5
Police's arrest	70	29.0
Family	26	10.8
Others (gangsters, robbery, social relationship and Tsunami)	30	12.4

Interestingly, majority of them (73.4%) did not seem police's arrest to be a threat to them. About 15.4% of them remained unsure whether they will be caught or not and only 11.2% of the subjects responded that they were afraid of being caught by the police.

Half of the interviewees (54%) mentioned that they are confident about their personal security, while 32% of them mentioned they did not feel they were safe and some other 14% expressed their uncertainty on this issue.

When a multi-answer question, in which they can choose more than one answer, on their concerns when they are staying in the community was asked to them, health condition was to be the top concern for most of the interviewees, as high as up to 61.4% among the total answers from all interviewees. Followed by police's arrest (29%) and financial situation (26.6%). Other factors they concerned are gangsters, robbery, social relationship and the Tsunami (12.4%).

4.4 Workplace situation

Table 4.8 : Number and percentage of Myanmar migrants' workplace situation

Workplace situation	Number	Percentage
Relationship with employers/supervisors		
Good	85	44.3
Normal	100	52.0
Bad	7	3.7
Job satisfaction		
Yes	167	87.0
No	25	13.0

The results in this study can be found that, half of the respondents (52%) have normal relationship and nearly half of the respondents (44.3%) have good relationship with either their employer or supervisor. Only a few of them (3.7%) are found to have bad relationship with their employer or supervisor. Among the working group in the study, almost all of them (87%) satisfied with their current job and other 13% did not satisfy with the job that they are currently working on.

4.5 Standard short form 12 health survey

Table 4.9: Standard short form 12 health survey

ITEMS	Excellent	Very good	Good	Fair	Poor
1.General health	13 (5.4 %)	38 (15.8 %)	90 (37.3 %)	76 (31.5 %)	24 (10.0 %)
	No, not limited at all	Yes, limited a little	Yes, limited a lot		
2.Moving a table or sweeping floor	189 (78.4%)	44 (18.3%)	8 (3.3%)		
3.Walking for a few minutes	198 (82.2%)	37 (15.4%)	6 (2.5%)		
	None of the time	A little of the time	Some of the time	Most of the time	All of the time
4.Accomplished less due to physical health	83 (34.4%)	114 (47.3%)	26 (10.8%)	15 (6.2%)	3 (1.2)
5.Limited in kind of work due to physical health	140 (58.1%)	65 (27%)	19 (7.9%)	13 (5.4%)	4 (1.7%)
6.Accomplished less due to mental Health	78 (32.4%)	106 (44%)	40 (16.6%)	17 (7.1%)	---
7.Less careful than usual due to mental problems	68 (28.2%)	106 (44%)	43 (17.8%)	23 (9.5%)	1 (0.4%)
8.Felt calm and peaceful	17 (7.1%)	82 (34%)	62 (25.7%)	75 (31.1%)	5 (2.1%)
9.Felt downhearted and depressed	27 (11.2%)	99 (41%)	44 (18.3)	65 (27%)	6 (2.5%)
10.Have a lot of energy	20 (8.3%)	54 (22.4%)	62 (25.7%)	87 (36.1%)	18 (7.5%)
11.Social activities interfered by physical and emotional problems	132 (54.8%)	85 (35.3%)	14 (5.8%)	10 (4.1%)	---
	Not at all	A little bit	Moderately	Quite a bit	Extremely
12.Pain interferes normal work	65 (27%)	108 (44.8%)	42 (17.4%)	23 (9.5%)	3 (1.2%)

Totally, there are 12 items of questionnaires in this short form health survey. The 12-item Health Survey (SF 12) was developed in large scale studies for an alternative to SF 36, when overall physical and mental health are the outcomes of interest, in particular. All 12 items are used to calculate the physical and mental component summary scores (PCS) and (MCS). All of the questionnaires were asked about their situations during the past two weeks.

More than one-third (37.3%) of the respondents though that their health status in general sense was good, 31.5% was fair and 10% was poor. In the questionnaire, the question was asked "In general, would you say your health is...." and it had five scales: excellent; very good; good; fair and poor. Avery et al stated that this single item alone can be defined as self-assessed health status, individual health evaluation, quality of life and so forth (Avery et al., 2006). Therefore, in order to answer the first specific objective of this study, about 41.5% of the subjects mentioned that their health related quality of life was not good.

When asked do they have any limitation in doing some typical works in daily life like moving chair or sweeping floor, the majority of the subjects (78.4%) replied that they do not have this limitation at all. Some (18.3%) replied that they have such a kind of limitation a tiny bit while a few of them (3.3%) replied they face this limitation a lot. In the questionnaire, the question was asked "Does your health now limit you in doing moderate activities, such as moving a table or sweeping floor", and it has three scales: yes, limited a lot; yes, limited a little; and, no, not limited at all. The answers were reverse-coded with higher score equaling better health related quality of life.

Another physical functioning question was asked "Does your health now limit you in doing moderate activities, such as walking for a few minutes", and it has three scales: yes, limited a lot; yes, limited a little; and, no, not limited at all. The answers were reverse-coded with higher score equaling better health related quality of life. Here again, the majority (82.2%) of them responded that they have no limitation at all. For those whose response is yes, 15.4% said they have a little bit limitation while only 2.5% said they have been limited a lot.

Considering the fact that they can accomplish the work less than they want to do due to their physical health, nearly half of the interviewees (47.3%) said that they face this problem a little of the time. One-thirds of the interviewees (34.4%) said that this does not pose a threat to them while 10.8% of them said they face this situation some of the time. The question was asked about "During the last two weeks, how much of the time have you had accomplished less than you would like with your work or other regular daily activities as a result of your physical health", and it has five scales: all of the time; most of the time; some of the time; a little of the time and none of the time. The answers were reverse-coded with higher score equaling better health related quality of life.

Have their regular works or daily activities been limited because of their physical health is another physical health related question being asked to the subjects. More than half of them (58.1%) replied that they have no this limitation at all, 27% said a little of the time, 7.9% said some of the time, 5.4% said most of the time and only 1.7% said that they have this limitation all of the time. The question was asked about "During the last two weeks, how much of the time were you limited in the kind of work or other activities as a result of your physical health", and it has five scales: all of the time; most of the time; some of the time; a little of the time and none of the time. The answers were reverse-coded with higher score equaling better health related quality of life.

Mental health related questions like doing work or other activities less due to such emotional problems as depression or anxiety, and doing work or other regular daily activities less carefully than usual were asked to the respondents exploring their health status. When asked about the first psychological question on whether they did

the works or normal activities less because either depression or anxiety, (44.6%) replied that they faced this problems a little of the time. The respondents who answered they did not face this problems are 32.4%. The question was asked about "During the last two weeks, how much of the time have you had accomplished less than you would like with your work or other regular daily activities as a result of any mental health problem such as feeling depressed or anxious", and it has five scales: all of the time; most of the time; some of the time; a little of the time and none of the time. The answers were reverse-coded with higher score equaling better health related quality of life.

Nearly half of the respondents (44%) answered that they became less careful than usual when they worked or did other daily activities. Followed by is 28.2% for those who responded not at all. The question was asked about "During the last two weeks, how much of the time had you do your work or other activities less carefully than usual as a result of any emotional problems such as feeling depressed or anxious", and it has five scales: all of the time; most of the time; some of the time; a little of the time and none of the time. The answers were reverse-coded with higher score equaling better health related quality of life.

When the interviewees were asked whether they have enjoyed calmness and peacefulness, 34% of them replied that they enjoy these feelings only a little bit of the time, while other 31.1% replied that they enjoy them most of the time during the past two weeks. The question was asked about "During the last two weeks, how much of the time have you felt cal and peaceful", and it has five scales: all of the time; most of the time; some of the time; a little of the time and none of the time.

Relating to such questions as feeling sadness and depression, nearly half of the respondents (41%) replied that they have these feelings only a little of the time during the past two weeks. Totally, nearly one-thirds of migrant workers answered that they felt downhearted and depressed, 27% for those who answered that they have these feelings most of the time and other 2.5% answered that they have these feelings all of the time. The question was asked "During the last two weeks, how much of the time have you felt downhearted and depressed", and it has five scales: all of the time; most of the time; some of the time; a little of the time and none of the time. The answers were reverse-coded with higher score equaling better health related quality of life.

Another question was asked "Did you have a lot of energy during the last two weeks", and it has five scales: all of the time; most of the time; some of the time; a little of the time and none of the time. More than one-thirds of the respondents (36.1%) answered they have a lot of energy in most of the time during the past two weeks. 25.7% and 22.4% of the respondents replied that for some of the time and a little of the time, respectively.

The following question was asked about if the respondents' physical or emotional problems interfered their social activities. More than half of the respondents (54.8%) replied that they did not have these problems at all. One-thirds of them (35.3%) replied that their social activities were interfered by the problems related to both physical and mental. The question was asked about "During the last two weeks, how much of the time has your physical or emotional problems interfered with your social activities like visiting friends, relatives and so on", and it has five scales: all of the time; most of the time; some of the time; a little of the time and none

of the time. The answers were reverse-coded with higher score equaling better health related quality of life.

In terms of interruption of work, both outside and inside of the house, because of pain, the studied subjects were asked to level their answers. 44.8% of the subjects replied that pain interfered their work and housework, 27% stated that they have no this kind of experience at all. The question was asked about "During the last two weeks, how much did pain interfere with your normal work including both work outside the home and housework", and it has five scales: not at all; a little bit; moderately, quite a bit and extremely.

Mentally, they suffered mental disorders like downhearted and depressed, they accomplished their work less than they would like and less carefully than usual a little of the time. They did not have much difficulty in physical domain.

Table 4.10: The relationship between health related quality of life score and subject characteristics by performing Mann-Whitney test

Variables	Number (%)	Mean Rank of QoL score	p value
Gender			
-Male	143 (59.3)	102.8	0.01
-Female	98 (40.7)	147.6	
Migrant's Status			
-Registered	94 (39)	107.5	0.01
-Unregistered	147 (61)	129.6	
Things most concerns in community (finance)			
-Yes	64 (26.6)	136.5	0.03
-No	177 (73.4)	115.4	
Things most concerns in community (police's arrest)			
-Yes	70 (29)	136.7	0.03
-No	171 (71)	114.6	
Things most concerns in community (children's education)			
-Yes	36 (14.9)	141.7	0.05
-No	205 (85.1)	117.4	
Things most concerns in community (health)			
-Yes	148 (61.4)	123	0.56
-No	93 (38.6)	117.7	
Things most concerns in community (job)			
-Yes	59 (24.5)	105.9	0.06
-No	182 (75.5)	125.9	
Things most concerns in community (the Tsunami, gangsters, robbery, their future)			
-Yes	44 (18.3)	128.2	0.44
-No	197 (71.7)	119.4	
Satisfaction on current job			
-Yes	167 (87)	93.6	0.06
-No	25 (13)	114	

When exploring the relationship between health related quality of life and genders, mean rank of quality of life of females was 147.6 and that of males was 102.8 respectively. The p value of different health related quality of life between genders was 0.01. So, there was highly significant relationship between gender and health related quality of life of the total 241 subjects. Compared to men, women had higher level of health related quality of life than men did.

For the relationship between health related quality of life of the respondents and their migrants' status, mean rank of quality of life score for those who did not register was 129.6 and that of the registered was 107.5. The significant association of p value between these two groups was 0.01. Surprisingly, non-registered respondents had higher health related quality of life than those who were registered.

When asking about what was the most concern when they were staying in the community, the respondents who answered finance, among many other answers, was one of the concerns had the mean rank of quality of life score 136.5 and for those who did not answer finance was the concern got the mean rank of 115.4. The p value of 0.03 indicated significant association between health related quality of life and one of their concerns (finance).

When asking about what was the most concern when they were staying in the community, the respondents who answered police's arrest, among many other answers, was one of the concerns had the mean rank of quality of life score 136.7 and for those who did not answer police's arrest was the concern got the mean rank of 114.6. The p value of 0.03 indicated a significant association between health related quality of life and one of their concerns (police's arrest).

When asking about what was the most concern when they were staying in the community, the respondents who answered children's education, among many other answers, was one of the concerns had the mean rank of quality of life score 141.7 and for those who did not answer children's education was the concern got the mean rank of 117.4. The p value of 0.05 indicated marginally significant association between health related quality of life and one of their concerns (children's education).

When asking about what was the most concern when they were staying in the community, the respondents who answered their health status, among many other answers, was one of the concerns had the mean rank of quality of life score 123.0 and for those who did not answer their health condition was the concern got the mean rank of 117.7. The p value of 0.56 indicated no significant association between health related quality of life and one of their concerns (health).

When asking about what was the most concern when they were staying in the community, the respondents who answered their current job, among many other answers, was one of the concerns had the mean rank of quality of life score 105.9 and for those who did not answer their job was the concern got the mean rank of 125.9. The p value of 0.06 indicated slightly significant association between health related quality of life and one of their concerns (job).

When asking about what was the most concern when they were staying in the community, the respondents who answered the Tsunami, gangsters, robbery and so forth, among many other answers, were their concerns had the mean rank of quality of life score 128.2 and for those who did not answer the above factors were their concern got the mean rank of 119.4. The p value of 0.44 indicated no significant association

between health related quality of life and their concerns (the Tsunami, gangsters, robbery and so on).

When exploring about their job satisfaction, the mean rank of quality of life score for the interviewees who answered they were not satisfy the jobs what they were currently working on was 114 and who responded they satisfied were 93.6. The p value of 0.05 between these two groups indicating marginally statistically significant association was found. Interestingly, the ones who answered they had no job satisfaction had better health related quality of life.

Table 4.11: The Relationship between health related quality of life score and subject characteristics by carrying out Kruskal-Wallis test

Variables	Number (%)	Mean Rank of QoL score	p value
Marital Status			
-Single	74 (30.7)	99.9	0.01
-Married	155 (64.3)	133.0	
-Widowed/Separated	12 (5)	96.1	
Educational Achievement			
-No education	9 (3.7)	127.4	0.01
-Primary education	116 (48.1)	140.0	
-Secondary education	80 (33.2)	104.5	
-Higher education	36 (14.9)	94.7	
Number of children			
-none	143 (59.3)	109.2	0.01
-1 to 2 children	74 (30.7)	134.8	
-more than 3 children	24 (51.9)	148.7	
Activities do in leisure time			
-Staying at home	148 (61.4)	132.8	0.01
-Visiting friends	38 (15.8)	102.8	
-Playing games (football, takraw...)	37 (15.4)	84.7	
-Others (relatives, temple, fishing, gardening, weaving...)	18 (7.5)	137.4	
Safe from police's arrest			
-Yes	135 (56)	107.8	0.01
-No	90 (37.3)	136.0	
-Not sure	16 (6.6)	147.8	
Personal security			
-Yes	130 (54)	108.4	0.01
-No	77 (32)	135.9	
-Not sure	34 (14)	135.2	
Relationship with employer/supervisor			
-Good	85 (44.3)	88.1	0.01
-Normal	100 (52)	100.0	
-Bad	7 (3.7)	148.4	
Age			
-16 to 24 yrs	69 (28.6)	107.3	0.07
->24 to 34 yrs	91 (37.8)	120.5	
->34 to 49 yrs	81 (33.6)	133.3	

Table 4.11 : (Continued) The relationship between health related quality of life
score and subject characteristics by carrying out Kruskal-Wallis test

Variables	Number (%)	Mean Rank of QoL score	p value
Ethnicity			
-Mon	39 (16.2)	127.9	0.53
-Dawei	123 (51.0)	124.8	
-Myanmar	53 (22.0)	111.8	
-Others (Karen, Rakhine and Myeik)	26 (10.8)	111.1	0.53
Length of staying			
-less than 1 year	91 (37.8)	126.2	0.65
-more than 1 years to 4 years	108 (44.9)	117.0	
-more than 4 years	42 (17.4)	119.9	
Occupation			
-Construction	37 (19.3)	108.4	0.33
-Rubber plantation	57 (29.7)	100.0	
-Fishery related industry	55 (28.6)	92.2	
-Others (housemaid, waitress, gardeners)	43 (22.4)	87.1	
Monthly income			
-less than 4,000 Baht	59 (30.7)	101.6	0.63
-4,001 to 6,000 Baht	77 (40.1)	92.3	
-6,001 to 8,000 Baht	34 (17.7)	91.7	
-more than 8,000 Baht	22 (11.5)	105.2	
Working days per week			
-3 to 5 days	46 (24.0)	99.0	0.60
-6 days	75 (39.0)	91.5	
-7 days	71 (37.0)	100.0	
Working hours per day			
-3 to 8 hours	84 (43.8)	101.4	0.29
-more than 8 to 14 hours	95 (49.5)	95.0	
-more than 14 to 20 hours	13 (6.8)	76.1	
Number of family members			
-none	48 (19.9)	106.1	0.12
-1 to 2 members	68 (28.2)	116.4	
-more than 3 members	125 (51.9)	129.1	

Table 4.11 : (Continued) The relationship between health related quality of life
score and subject characteristics by carrying out Kruskal-Wallis test

Variables	Number (%)	Mean Rank of QoL score	p value
Number of dependents			
-none	157 (65.1)	123.0	0.16
-1 dependent	34 (14.1)	100.0	
-2 dependents	28 (11.6)	119.3	
-more than 2 dependents	22 (9.1)	141.0	
Thai language skills			
-cannot communicate at all	35 (14.5)	130.9	0.58
-can communicate basically	180 (74.7)	120.3	
-can speak fluently	26 (10.8)	112.7	
Whom to consult when sad or depressed			
-Friends	61 (25.3)	111.4	0.50
-Spouses	95 (39.4)	124.8	
-Relatives	47 (19.5)	117.7	
-Others (neighbors, seniors, boss)	38 (15.8)	131.0	
Friendliness of people			
-Yes	177 (73.4)	117.0	0.32
-No	27 (11.2)	134.0	
-Not sure	37 (15.4)	130.8	

The relationship between health related quality of life and different marital statuses was explored among the groups. The mean rank of quality of life score for those who got married was 133; single was 100 and widowed/separated 96.1. The p value of 0.01 was found among the different marital groups explaining a highly statistically significant association between health related quality of life and marital status. Moreover, the married respondents had better health related quality of life than other two groups.

By exploring the relationship between health related quality of life and educational achievement, the mean rank of quality of life score for those respondents who finished primary education was 140. For those who had no any formal education training was 127.4, who had finished their secondary education was 104.5 and for

those who finished their higher education, high school and up to diploma and university degree, was 94.7. The statistical significance of p value was found to be 0.01. Therefore, there wais highly significant association between health related quality of life and educational achievement. Surprisingly, the primary graduates have better health related quality of life than other three groups.

Among the different categories that were analyzed, the mean rank of quality of life score of participants who had more than three children was 148.7. For those who had one to two children was 134.8 and for those who replied they did not have any single child was 109.2. The p value of 0.01 indicated a statistical significance between health related quality of life and number of children the participants have. The participants who had more than 3 children have better health related quality of life than other two groups.

When the relationship between health related quality of life and activities that respondents did in their leisure time was explored, the mean rank of quality of life score for those who responded staying at home and taking a rest was 132.8, visiting friends was 102.8, and, playing games like football and takraw, especially male respondents, was 84.7. Other activities like visiting relatives, visiting temples, went on fishing at nearby streams, male respondents in particular; gardening at backyards and weaving, female respondents in particular, had mean rank of 137.4 totally. The statistical association of p value 0.01 was also found between health related quality of life and activities that the respondents do in their leisure time.

In terms of the relationship between health related quality of life and safe from police's arrest, the mean rank of quality of life score for those subjects who answered they were unsure that they will be caught by the police or not was 147.8. Mean rank

for those who answered they were not safe from the arrestment was 136 and who answered they were safe was 107.8. The p value 0.01 from the result can be drawn to the conclusion that the statistical significance was found between health related quality of life and their perception of safe from police's arrest. Surprisingly, those respondents who were not sure they will be safe from police's arrest or not had higher mean rank among the groups. This indicated that this group had higher health related quality of life.

When exploring the health related quality of life and the interviewees' personal security when they stay in the community, mean rank of quality of life score for those who mentioned they were not sure their personal security was 135.9, for those who mentioned not sure was 135.2 and for those who mentioned they were sure about their personal security was 108.4. The p value among the groups was 0.01. So, it was a significant association between health related quality of life and their personal security in community. Interestingly, the interviewees who were not sure about their personal security seem to have better health related quality of life than other two groups.

Regarding the relationship between health related quality of life and relationship between employer/supervisor, the mean rank of quality of life score for the respondents who stated they have bad relationship with their boss or supervisor was 148.4. The respondents who have normal relationship had the mean rank of 100 and who have good relationship had the mean rank of 88.1. The p value among the groups was 0.01. Therefore, the conclusion of statistically significant association between health related quality of life and relationship with the respondents' boss or

supervisor can be noted. Compared to other two groups, the respondents who had bad relationship with their boss or supervisor had better health related quality of life.

Among the different aged group that were observed, the mean rank of quality of life score of subjects older than 24 years to 34 years was 120.5, that of respondents between 16 and 24 was 107.3 and mean rank for those respondents whose ages range from more than 34 to 49 years was 133.2. The p value among those three different aged group was 0.24. Therefore, it can summarize that no association of health related quality of life and age was found among these three groups. When compared the mean ranks of those three groups, interviewees who were older than 34 years had the highest score. It seems that the older they are, the better their health related quality of life would be.

With regard to the relationship between health related quality of life and ethnicity, the Mons had the highest mean rank of quality of life score 127.9, followed by Dawei ethnicity 124.8, Myanmar 111.8 and the rest of ethnicities like Karen, Rakhine and Myeik 111.1. The p value among different ethnicities was 0.53. So, there was no association among ethnicities. The Mon respondents, however, have higher health related quality of life than other ethnicities.

When length of staying in the community of the subjects was studied, the mean rank of quality of life score for those who have been staying for less than 1 year was 126.2, that of for those who stayed from more than 1 year to 4 years was 117, and, for those who stayed in community more than 4 years was 120. As the p value between health related quality of life and length of staying was 0.65, we can conclude that there was no association between health related quality of life and duration of their stay in the community. People staying in the community less than 1 year had the

highest mean rank among the group reflecting that the shorter they stay in the community, the better of their health related quality of life.

Among the various occupations, the respondents who worked in construction sites had the mean rank of quality of life score 108.4. The mean rank of the respondents who worked in rubber plantation was 100, that of those who work in fishery related industries was 92.2 and of those who work as housemaids, waitresses and gardeners at hotels was 87.1. The p value of 0.33 was observed among the employed respondents explaining no association between health related quality of life and occupation that the respondents rely on for their survival. The construction workers, however, had the higher health related quality of life than any other employed group.

The respondents who earned the wages more than 8,000 Baht per month had the mean rank of quality of life score 105.2, followed by those who earned less than 4,000 Baht per month, who earned more than 4,000 Baht to 6,000 Baht and who earned more than 6,000 Baht to 8,000 Baht (101.6, 92.3 and 91.7 respectively). There was no association among different levels of income and health related quality of life as the p value was 0.63. Compared to those who can make money less than 8,000 Baht in a month, the respondents who can make more than 8,000 Baht in a month have higher health related quality of life.

In terms of working days in a week, the interviewees who worked for the whole week had the mean rank of quality of life score 100, those who work between three to five days had 99 and, finally, those who work six days per week had the mean rank of 91.5. There was no association between health related quality of life and numbers of working days per week because p value among the group was 0.60. The

respondents who worked for the whole week had higher mean rank stating higher health related quality of life than other respondents who did not work for the whole week.

The respondents who worked typical working hours of eight hours in a day had a mean rank of quality of life score 101.4. Followed by those who worked between more than eight hours to fourteen hours and those who worked more than fourteen hours per day (95 and 76.1 respectively). The p value of 0.29 indicated no association between health related quality of life and working hours per day among different working hours in a day. Compared to other respondents who work more than eight hours per day, however, the respondents who worked eight hours per day have higher health related quality of life.

The mean rank of quality of life score for those respondents who had more than three family members was 129.1, one to two members was 116.4 and having no family member was 106.1 respectively. The p value among the group was 0.12. Therefore, no association between health related quality of life and number of family members was found. The respondents who have more than three members had higher health related quality of life.

The respondents who have more than two dependents in their families had a mean rank of quality of life score 141. Followed by those who answered they have no dependent, have two dependents and have one dependent (123, 119.3 and 100 respectively). As observed, no association between health related quality of life and number of dependents was found because p value was 0.16. The respondents who have more than 2 dependents had higher health related quality of life than those who have less than 2 dependents in their families.

The mean rank of language skill of those respondents who answered they cannot communicate in Thai at all was 130.9. The mean ranks of quality of life score for those who can communicate basically and of those who can speak Thai fluently were 120.3 and 112.7 respectively. The p value of 0.59 indicates the association between language skill and their health related quality of life was not significant. Surprisingly, for those who cannot communicate in Thai at all had the highest mean rank among the group. It seemed that people who cannot speak and communicate in Thai at all have the highest health related quality of life.

With respect to the persons they consulted with when they felt sad or depressed, the respondents who mentioned their spouses were the main consultants had the mean rank of quality of life score 124. Followed by those who mentioned their relatives, their friends and, finally, their neighbors, bosses, elderly and so on (124, 1117.7 and 131 respectively). No association between health related quality of life and to whom they consulted with when they were sad or depressed was observed as the p value was 0.50. Those consulted with their spouses, however, had higher mean rank of score indicating better health related quality of life than other groups.

When exploring the health related quality of life and friendliness of people in the community in which they were now residing in, the respondents who replied people were not friendly had the mean rank of quality of life score 134. Followed by those who replied not sure and those who replied people are friendly (130.8 and 117 respectively). The difference of p value among the different opinions of friendliness of people in the community was 0.32. Although it can conclude that no significant association was found between health related quality of life and friendliness of people in the community in which they were dwelling in, the respondents who thought

people in community were not friendly had higher mean rank of quality of life score.

This can imply that this group of people had better health related quality of life.