CHAPTER IV

RESULTS

This chapter describes the results of the study in 4 parts. The first part presents the individual characteristics including living and working conditions of Myanmar migrant workers participated in this study. The second part presents the accessibilities to health care services. The health seeking behaviours according to perceived severity of the health problem are described in the third part and the last part focuses on the association between (1) the individual characteristics (2) accessibilities to health care services and the health seeking behaviours for perceived major health problems.

4.1 Individual characteristics of the respondents

Individual Characteristics are described in table 1. A total of 388 migrant workers were interviewed. Age of the respondents ranged from 18 to 63 years. 68.6% were males and 31.4% were females. Almost half of the respondents were Burmese (45.1%) and 33.8% were Dawei. There were 8% Mons, 5.4% Karens and 3.9% Rakhines. The remaining 3.9% were Tamil, Bake, Chin and Palaw. Almost all of the respondents (96.6%) were Buddhists. Only few of them were Christians (3.1%) and Islams (0.3%). About half of the respondents (54.1%) were married. 42.5% were singles and those who divorced and widowed were 2.1% and 1.3% respectively. Regarding the educational status, more than one third of the respondents had attained middle school education (37.1%). Another one-third got primary school education (33.5%). 17.3% reached to high school and 1.3 % attained higher education status.

9% of the participants had Monastery education and 1.8% never goes to school before.

Table 1: Individual characteristics of the respondents

Variables	Frequency	Percentage
Age (n=388)		
18 to 25 years	163	42.0
26 to 35 years	141	36.3
36 to 45 years	59	15.2
Over 45 years	25	6.4
Range= 18 - 63 years		
Mean= 29.45, SD= 9.229		
Gender (n=388)		
Male	266	68.6
Female	122	31.4
Ethnicity (n=388)		
Burmese	175	45.1
Karen	21	5.4
Mon	31	8
Dawei	131	33.8
Rakhine	15	3.9
Others	15	3.9
Religion (n=388)		
Buddhist	375	96.6
Christian	12	3.1
Islam	1	0.3
Marital status (n=388)		
Single	165	42.5
Married	210	54.1
Divorced	8	2.1
Widowed	5	1.3
Educational status (n=388)		
Never go to school	7	1.8
Monastery Education	35	9
Primary School	130	33.5
Middle School	144	37.1
High School	67	17.3
Higher Education	5	1.3

Table 1: (continued) Individual characteristics of the respondents

Variables	Frequency	Percentage
Duration of stay in Ranong (n=388)		
Less than 1 year	68	17.5
1 to 5 years	182	46.9
5 to 15 years	109	28.1
More than 15 years	29	7.5
Range= 10 months-30 years		
Mean= 5.72, SD= 5.665		
Number of times went back to Myanmar (n=388)		
Never go back to Myanmar before	229	59.0
1 to 5 times	133	34.3
More than 5 times	26	6.7
Range= 0 to 22 times		
Mean= 1.39, SD= 2.869		
Current occupation (n=388)		
Fishing	83	21.4
Seafood processing	129	33.2
Construction	25	6.4
Agriculture	20	5.2
Factory	131	33.8
Average net household income (n=388)		
Less than 1,500 baht per month	131	33.8
1,500 to 3,000 baht per month	171	44.1
More than 3,000 baht per month	86	22.2
Range= 0- 13,000 Baht		
Mean= 2489.18, SD= 1763.610		

The minimum length of stay in Ranong was 10 months and the maximum was 30 years. Among the migrants, number of times they went back to Myanmar varied from 0 to 22 times. This data was collected using a methodology that depends on current occupations. The majority 33.8% and 33.2% of the respondents were working in factories and seafood processing. 21.4% were fishermen 6.4% were Construction workers and the remaining 5.2% were working in agriculture sector. Average net

household income was calculated by subtracting average household expenditure from average household income. It ranged from 0 to 13,000 baht per month.

Table 1: (continued) Individual characteristics of the respondents

Variables	Frequency	Percentage
Registration status (n=388)		
Registered	125	32.2
Unregistered	263	67.8
Thai language skill (n=388)		
Cannot speak at all	135	34.8
Can speak basically	194	50.0
Can speak well but cannot read and write	48	12.4
Fluent in Thai	11	2.8
Smoking habit within the last three months (n=388)		
Smoke	203	52.3
Do not Smoke	185	47.7
Number of cigarettes smoke per day (n=203)		
1 to 5	100	49.3
6 to 15	64	31.5
More than 15	39	19.2
Range= 1 to 40		
Mean= 8.74, SD= 6.659		
Alcohol drinking habit within the last three months (n=388)		
Drink	132	34.0
Do not Drink	256	66.0
Number of days drink per week (n=132)		
1 to 3 days	100	75.2
more than 3 days	32	24.8
Range= 1 to 7 days		
Mean= 2.73, SD= 2.260		

It can be seen from the table that around two-third (67.8%) of Myanmar migrant workers were unregistered and the remaining 32.2% were registered migrants. For Thai language skill, half of the respondents in this study could communicate basically and 34.8% could not communicate at all. 52.3% of the respondents had a smoking habit within the last three months of the survey time while 47.7% did not have. Regarding alcohol drinking, 66% stated that they do not drink while 34% has a drinking habit within the last three months.

Table 1: (continued) Individual characteristics of the respondents

Variables	Frequency	Percentage
Decisions to seek for health (n=388)		
Self	265	68.3
Spouse	54	13.9
Family member	56	14.4
Others	13	3.4
Presence of underlying health problems (n=388)		
Yes	134	34.5
No	254	65.5

68.3% of the subjects replied that they make decisions their selves when they encountered health problems. 13.9% and 14.4% of the respondents depended on their spouses and family members for that decision. The remaining 3.4% depended on friends and employers. 34.5% of the participants revealed they have underlying health problems while the remaining 65.5% said they do not have. The underlying health problems as stated by the respondents are shown in table 2.

Table 2: Types of self-reported underlying health problems

Variables	Frequency	Percentage
Types of underlying health problems (n=134)		
Gastritis/abdominal pain	37	27.61
Hypertension/heart disease	32	23.88
Joint pain/low back pain	23	17.16
Asthma/other respiratory problems	10	7.46
Headache/dizziness	10	7.46
Malaria	6	4.48
Anemia	6	4.48
Eye problem	2	1.49
Urinary problem	2	1.49
Skin infection	2	0.75
Toothache	1	0.75
Breast lump	1	0.75
Menstrual disorder	1	0.75
Hernia	1	0.75

Living and working conditions of the respondents

Living and working conditions of the respondents are shown in table 3. 48.5% of the respondents were staying in their work compounds while the remaining 47.2% in rent apartments. The remaining 4.4% were fishermen staying on their boats. The number of people staying together in a place ranged from one to thirty nine. Most of the people living in a place with more than 15 people together were fishermen. Number of bedrooms inside the living places of the respondents ranged from one to four and the doors and windows ranged from one to twelve. 60.1% had latrines inside their own houses while 39.2% were using share-latrines. More than one third of the participants (72.9%) were working more than 8 hours per day while 22.4% work less than 8 and 4.6% did not have fix working hours. Among the respondents, working days per week ranged from three to seven days and 94.8% were working for more than 5 days a week.

Table 3: Living and working conditions of the respondents

Variables	Frequency	Percentage
Place of residence (n=388)		
Staying in the work compound	188	48.5
Rent Apartment	183	47.2
Boat	17	4.4
Number of people staying together in a house (n=388)		
1 to 5 people	261	67.3
6 to 10 people	90	23.2
More than 10 people	37	9.5
Range= 1 - 39		
Mean= 5.91 , SD= 5.655		
Number of bedrooms inside the house (n=388)		
1 room	303	78.1
More than 1 room	85	21.9
Range= 1 - 4		
Mean= 1.28 , SD= 0.585		
Number of doors and windows inside the house (n=388)		
Only 1 door	63	16.2
2 to 3	275	70.9
More than 3	50	12.9
Range= 1 - 12		
Mean= 2.79 , SD= 1.569		
Type of Latrine (n=388)		
Attached inside the house	233	60.1
Outside the house, sharing with others	152	39.2
Others	3	0.8
Working hours per day (n=388)		
8 hours and less	87	22.4
More than 8 hours	283	72.9
No fix working hours	18	4.6
Working days per week (n=388)		
5 days per week	20	5.2
More than 5 days per week	368	94.8
Range= 3 - 7 days		
Mean= 6.67, SD= 0.639		

Table 4: Overall satisfaction of working conditions

Overall satisfaction of working conditions (n=388)				
	Strongly Satisfied	Satisfied	Dissatisfied	Strongly Dissatisfied
Sound condition	5(1.3%)	299(77.1%)	80(20.6%)	4(1.0%)
Light condition	8(2.1%)	346(89.2%)	24(6.2%)	10(2.6%)
Ventilation/Dust condition	22(5.7%)	309(79.6%)	47(12.1%)	10(2.6%)
Smell condition	9(2.3%)	262(67.5%)	98(25.3%)	19(4.9%)

Table 4 describes the overall satisfaction of sound, light ventilation/dust and smell conditions of the workplaces. Most of the respondents answered satisfied or strongly satisfied to light and ventilation/dust conditions. But there were 21.6% and 30.2% of the migrants who were dissatisfied with sound and smell conditions in their workplace.

4.2 Accessibility of the health care services

Accessibility of the health care services is presented in table 5. Although the questionnaire used in this study includes 10 questions to access this part, 69 respondents had not visit the health centers and they couldn't answer some questions. 36.9% of the respondents had health insurance; the percentage of health insurance was slightly greater than that of registration status due to the fact that some employers take full responsibilities when their employees get ill. The traveling costs and the consultation fees were not expensive for the majority and the opening time was convenient for 87.4% of them too. Among those who had been to the health services, around half (50.5%) stated the health centers are crowded sometimes. 90% said they were treated with hospitality. For overall satisfaction, 88.4% of the subjects stated

they were satisfied with the health centers they visit while 5.6% answered they were not (Table 6).

Table 5: Accessibility of the health care services

Variables	Frequency	Percentage
Presence of health insurance (n=388)		
Yes	143	36.9
No	245	63.1
Time taken to travel to the health center (n=388)		
Less than 15 minutes	149	38.4
15-30 minutes	102	26.3
More than 30 minutes	137	35.3
Traveling costs (n=388)		
Expensive	83	21.4
Not expensive	305	78.6
Consultation fees (n=388)		
Expensive	139	35.8
Not expensive	249	64.2
Opening time of the health center (n=388)		
Convenient	339	87.4
Not convenient	49	12.6
Health center crowded or not (n=319)		
Always	88	27.6
Often	70	21.9
Sometimes	161	50.5
Waiting time at the health center (n=319)		
Less than 15 minutes	92	28.8
15-30 minutes	59	18.5
More than 30 minutes	168	52.7
Hospitality of health care personel (n=319)		
Yes	287	90
No	32	10
Give time to talk about the health problem (n=319)		
Yes	279	87.5
No	40	12.5
Privacy of the treatment room (n=319)		
Yes	316	99.1
No	3	0.9

Table 6: Overall satisfaction of the health centers

	Frequency	Percentage
Overall satisfaction of the health center (n=319)		
Strongly satisfied	19	6
Satisfied	282	88.4
Dissatisfied	18	5.6

Table 7: Time to visit the health centers

	Frequency	Percentage
Time to visit the health centers (n=388)		
Realize that there is a health problem	139	35.8
When daily activities are disturbed	47	12.1
Only when the health condition gets worse	202	52.1

Table 7 shows the time or the health situation that would make the migrants go to the health centers. Around half of the respondents (52.1%) would go to the health centers only when their health conditions get worse. 35.1% would go when they notice that they have a health problem and 12.1% when their daily activities are disturbed.

Before going to the health seeking behaviours, the perceived minor and major health problems that the respondents had four weeks before the interview are described.

183 participants (47.2%) reported they had minor health problems and 56 participants (14.4%) had major health problems within four weeks before the interview. These self-reported minor and major health problems are shown in table 8 and 9.

Table 8: Self-reported minor health problems within the last four weeks

	Frequency	Percentage
Self-reported minor health problems within the last 4 weeks (n=183)		
Cough/running nose	79	43.17
Headache/dizziness	40	21.86
Gastrointestinal problems	27	14.75
Joint pain	20	10.93
Fever	7	3.83
Back pain	3	1.64
Hypertension	3	1.64
Chest pain	1	0.55
Eye problem	1	0.55
Urinary problem	1	0.55
White discharge	1	0.55

Table 9: Self-reported major health problems within the last four weeks

	Frequency	Percentage
Self-reported major health problems within the last 4 weeks (n=56)		
Gastrointestinal problems	18	32.14
Injury	11	19.64
Pneumonia and other respiratory problems	5	8.93
Joint pain	4	7.14
Malaria	3	5.36
Child delivery	2	3.57
Asthma	2	3.57
Hypertension	2	3.57
Anemia	2	3.57
High fever	3	5.36
Heart disease	1	1.79
Breast lump	1	1.79
Urinary problem	1	1.79
Toothache	1	1.79

4.3 Health seeking behaviours

Health seeking behaviours were accessed according to the perceived minor and major health problems.

Table 10: Health seeking behaviours for minor health problems

Health seeking behaviours (n=388)	Percentage		
	Always+Often	Sometimes	Never
Buy drugs from a drugstore	52.3	36.6	11.1
Take a rest	29.6	44.8	25.5
Do nothing	3.4	35.6	61.1
Do exercise	9.0	29.1	61.9
Take herbs	6.2	27.6	66.2
Go to Government health services	6.4	22.9	70.6
Go to private health services	1.3	26.0	72.7
Go to NGO health services	1.3	17.5	81.2
Consult traditional healer	3.6	8.8	87.6
Consult monk	0.0	2.6	97.4

Table 11: Health seeking behaviours for major health problems

Health seeking behaviours (n=305)	Percentage		
	Always+Often	Sometimes	Never
Take a rest	45.2	13.4	41.3
Go to private health services	38.0	17.4	44.6
Go to Government health services	31.5	18.7	49.8
Buy drugs from a drugstore	7.5	37.4	55.1
Go to NGO health services	7.2	14.1	78.7
Take herbs	0.7	12.8	86.6
Do exercise	2.0	10.8	87.2
Consult traditional healer	0.7	8.9	90.5
Consult monk	0.0	1.3	98.7
Do nothing	0.0	1.3	98.7

Table 10 and 11 show the health seeking behaviours for perceived minor and major health problems. For minor health problems, the migrants mostly bought drugs from drugstores. Taking a rest and doing physical exercises was also their choice of

action but some ignored and do nothing. Going to the health centers was not a common choice for minor health problems. For major health problems, the migrants usually took a rest from their works and went to health centers for treatment. Among the health centers, private clinics were preferred most. Buying drugs from drugstores was also seen.

4.4 The relationship between (1) the individual characteristics, (2) accessibilities to the health care services and the health seeking behaviours for the perceived major health problems.

Among the 10 activities under the health seeking behaviours, 3 were related to going to the health centers. They are (1) going to the Government health centers, (2) going to the private health centers and (3) going to the NGO health centers. It is seen from table 11 that migrants usually visited the health centers for their perceived major health problems.

The data analysis to find the relationship includes two parts. The first part was finding the relationship between the independent variables, which are (1) individual characteristics, (2) accessibilities to the health care services and whether the migrants had ever or never been to the health centers for the perceived major health problems. If the migrant had been to one of the three types of health center for at least one time, it is regarded as ever been to health centers and if he or she had no experience of visiting to one of them, it is regarded as never been to health centers. The relationship was determined by Chi-square test. The level of significance for relationship between these variables was set at *p-value*= 0.05. The second part was to identify the relationship between the independent variables and the choice of health centers. The choice of health centers here means (1) going only to the Government health centers without visiting the private clinics and (2) going only to the private clinics without visiting the Government health centers. The relationship was also determined by Chi-square test. The level of significance for relationship between these variables was set at *p-value*= 0.05.

4.4.1 The relationship between (1) the individual characteristics, (2) accessibilities to the health care services and going to the health centers for perceived major health problems

Table 12 shows the relationship between individual characteristics and going to the health centers for perceived major health problems.

There was no significant association between age and going to the health centers. All the migrants over 45 years of age and 90.3% of migrants between age 18 to 25 years went to the health centers to get the treatment.

There was a significant difference between gender and going to the health centers (*p-value*=0.038). Women were more likely to visit the health centers (92.2%) more than men (83.7%).

Regarding the ethnicity, there was no significant difference between the ethnic groups and utilization of health services. There was also no significant association between religion, marital status and going to the health centers too. Migrants who are married visited the health centers more (89.1%) than single (83.6%) and divorced or widowed (77.8%).

There was no significant difference between education level and going to the health centers. The more educated migrants were likely to go to the health centers more. Duration of stay in Ranong and number of time they went back to Myanmar had no significant relationship with visiting the health centers. The longer the migrants stayed in Ranong, the more they will go to the health centers. Those who went back to Myanmar less visited the health centers more than those who went back more than 5 times (81.8%).

Table 12: Relationship between individual characteristics and going to the health centers

Individual Characteristics	Frequency(%) of going to the health centers				*p-value*
	Never		Ever		
Age (n=305)					0.298
18 to 25 years	11	(9.7)	102	(90.3)	
26 to 35 years	20	(16.7)	100	(83.3)	
36 to 45 years	10	(18.5)	44	(81.5)	
over 46 years	0	(0)	18	(100.0)	
Gender (n=305)					
Male	33	(16.3)	169	(83.7)	0.038
Female	8	(7.8)	95	(92.2)	
Ethnicity (n=305)					0.099
Burmese and Rakhines	25	(16.8)	124	(83.2)	
Karens	0	0.0	18	(100.0)	
Mon,Dawe and others	16	(11.6)	122	(88.4)	
Religion (n=305)					
Buddhist	41	(13.9)	253	(86.1)	0.371
Christian	0	(0)	11	(100.0)	
Marital status (n=305)					
Single	20	(16.4)	102	(83.6)	0.292
Married	19	(10.9)	155	(89.1)	
Divorced/Widowed	2	(22.2)	7	(77.8)	
Educational status (n=305)					
Never go to school	5	(17.9)	23	(82.1)	0.896
Primary school	14	(13.6)	89	(86.4)	
Middle school	14	(12.3)	100	(87.7)	
High school and above	8	(13.3)	52	(86.7)	
Duration of stay in Ranong (n=305)					
less than 1 year	7	(19.4)	29	(80.6)	0.467
1 to 5 years	20	(13.6)	127	(86.4)	
more than 5 years	14	(11.5)	108	(88.5)	
Number of times went back to Myanmar (n=305)					
Never	23	(13.8)	144	(86.2)	0.73
1 to 5 times	14	(12.1)	102	(87.9)	
more than 5 times	4	(18.2)	18	(81.8)	

Table 12: (continued) Relationship between individual characteristics and going to the health centers

Individual Characteristics	Frequency(%) of going to the health centers				*p-value*
	Never		Ever		
Current occupation (n=305)					
Fishing	26	(38.8)	41	(61.2)	<0.001
Seafood processing	9	(8.3)	100	(91.7)	
Construction	1	(5.6)	17	(94.4)	
Agriculture	0	0.0	16	(100.0)	
Factory	5	(5.3)	90	(94.7)	
Net income per month (n=305)					
less than 1,500 baht per month	11	(9.8)	101	(90.2)	0.349
1,500-3,000 baht per month	19	(15.0)	108	(85.0)	
more than 3,000 baht per month	11	(16.7)	55	(83.3)	
Registration status (n=305)					
Registered	9	(8.2)	101	(91.8)	0.043
Unregistered	32	(16.4)	163	(83.6)	
Thai language skill (n=305)					0.133
Cannot speak at all	8	(9.0)	81	(91.0)	
Can speak basically	28	(17.1)	136	(82.9)	
Fluent in Thai	5	(9.6)	47	(90.4)	
Smoking habit (n=305)					
Smoke	25	(15.5)	136	(84.5)	0.259
Do not smoke	16	(11.1)	128	(88.9)	
Drinking habit (n=305)					
Drink	19	(18.6)	83	(81.4)	0.06
Do not drink	22	(10.8)	181	(89.2)	
Decision to seek for health (n=305)					
Self	30	(14.4)	178	(85.6)	0.587
Spouse	4	(8.7)	42	(91.3)	
Family member and others	7	(13.7)	44	(86.3)	
Presence of underlying health problems (n=305)					
Yes	13	(11.8)	97	(88.2)	0.532
No	28	(14.4)	167	(85.6)	

There was a highly significant difference (*p-value*= <0.001) between occupations and going to the health centers. Migrants who were working in agricultural area were more likely to utilize health services than others. Fishermen were the group that went to the health centers least. It is found out that net income per month had no significant relationship with visiting the health centers. The results show that there was a significant difference (*p-value*= 0.043) between registration status and going to the health centers. The registered migrants went to the health centers more (91.8%) than the unregistered (83.6%).

Thai language skill had no significant association with visiting the health centers. There was not much difference between those who cannot communicate at all (91.0%) and those who can speak well (90.4%). Regarding smoking and drinking, there was no significant difference between having those behaviours and going to the health centers. Migrants who do not smoke or drink visited the health centers more than those who smoke or drink alcohol. Regarding the decision to seek for health, no significant difference was seen among the person who made the decision and going to the health centers. Those who asked for their spouses went to health centers more than those who decided their selves or asked family members and others. Presence of underlying health problems did not have a significant effect on going to the health centers for major health problems although migrants who have underlying diseases were visiting to the health centers more.

The relationship between living and working conditions and going to the health centers can be seen in table 13.

Table 13: Relationship between living and working conditions and going to the health centers

Living and working conditions	Frequency(%) of going to the health centers				*p-value*
	Never		Ever		
Place of residence (n=305)					
Lodging in work compound	5	(3.5)	137	(96.5)	<0.001
rent apartment	31	(20.5)	120	(79.5)	
others	5	(41.7)	7	(58.3)	
Number of people staying together in a house (n=305)					
1 to 5 people	23	(11.0)	186	(89.0)	0.124
6 to 10 people	11	(16.7)	55	(83.3)	
More than 10 people	7	(23.3)	23	(76.7)	
Working hours per day (n=305)					
8 hours and less	5	(6.9)	67	(93.1)	0.127
More than 8 hours	35	(15.9)	185	(84.1)	
No fix working hours	1	(7.7)	12	(92.3)	
Working days per week (n=305)					
5 days and less	7	(36.8)	12	(63.2)	0.007
More than 5 days	34	(11.9)	252	(88.1)	

There was a highly significant relationship (*p-value*< 0.001) between place of residence and going to the health centers. Migrants staying in work compounds used health services more than those staying in rent apartments or boats. There was no significant difference between number of people staying together in a house and visiting the health centers. Working hours had no significant association with going to the health centers. But there was a significant association between working hours per week and going to the health centers (*p-value*= 0.007).

Table 14: Relationship between Accessibility to health care services and going to the health centers

Accessibility to health services	Frequency(%) of going to the health centers				*p-value*
	Never		Ever		
Presence of health insurance (n=305)					
Yes	9	(7.1)	117	(92.9)	0.007
No	32	(17.9)	147	(82.1)	
Time taken to travel to health centers (n=305)					
Less than 15 minutes	26	(21.7)	94	(78.3)	0.001
15-30 minutes	9	(12.2)	65	(87.8)	
More than 30 minutes	6	(5.4)	105	(94.6)	
Traveling costs (n=305)					
Expensive	5	(7.7)	60	(92.3)	0.125
Not expensive	36	(15.0)	204	(85.0)	
Consultation fees (n=305)					
Expensive	25	(20.2)	99	(79.8)	0.004
Not expensive	16	(8.8)	165	(91.2)	
Opening time of the health center (n=305)					
Convenient	41	(0.2)	227	(84.7)	0.008
Inconvenient	0	0.0	37	(100.0)	

Table 14 describes the relationship between accessibility to health care services and going to the health centers. There was a significant association between presence of health insurance (*p-value*= 0.007), time taken to travel to the health centers (*p-value*= 0.001), Consultation fees (*p-value*=0.004), opening time of the health center (*p-value*= 0.008) and visiting the health centers. Migrants who had health insurance utilize the health services more than those who do not have. Regarding the time taken to go to the health centers, the longer it took, the more the migrants would visit to health services. Migrants who said the consultation fees are not expensive went to the health centers more. There was no significant relationship between traveling costs and going to the health centers.

4.4.2 The relationship between (1) the individual characteristics, (2) accessibilities to the health care services and the choice of health centers for perceived major health problems

Table 15: Relationship between individual characteristics and the choice of health centers

Invidual Characteristics	Frequency (%) of choice of health centers				*p-value*
	Government		Private		
Age (n=164)					
18 to 25 years	27	(42.9)	36	(57.1)	0.443
26 to 35 years	27	(42.2)	37	(57.8)	
36 to 45 years	12	(48.0)	13	(52.0)	
over 46 years	8	(66.7)	4	(33.3)	
Gender (n=164)					
Male	44	(44.0)	56	(56.0)	0.718
Female	30	(46.9)	34	(53.1)	
Ethnicity (n=164)					
Burmese,Rakhines and Karens	39	(44.3)	49	(55.7)	0.824
Mon,Dawe and others	35	(46.1)	41	(53.9)	
Religion (n=164)					
Buddhist	70	(44.0)	89	(56.0)	0.176
Christian	4	(80.0)	1	(20.0)	
Educational status (n=164)					
Never go to school	6	(37.5)	10	(62.5)	0.917
Primary school	29	(45.3)	35	(54.7)	
Middle school	24	(45.3)	29	(54.7)	
High school and above	15	(48.4)	16	(51.6)	
Duration of stay in Ranong (n=164)					
less than 1 year	4	(25.0)	12	(75.0)	0.013
1 to 5 years	33	(38.8)	52	(61.2)	
more than 5 years	37	(58.7)	26	(41.3)	
Number of times went back to Myanmar (n=164)					
Never	39	(41.1)	56	(58.9)	0.458
1 to 5 times	27	(50.0)	27	(50.0)	
more than 5 times	8	(53.3)	7	(46.7)	

Table 15 describes the relationship between individual characteristics and the choice of health centers. It can be seen that apart from the Duration of stay in Ranong, there was no significant difference between other variables and the choice of health center. Regarding age, migrants over 45 years were more likely to go to the government hospitals while the younger age groups preferred to go to private clinics more. Both men and women were likely to go more to the private clinics. There were no significant relationship between ethnicity, religion, educational status and the choice of health centers. As stated before, there was a significant difference between duration of stay in Ranong and the choice of health centers (*p-value*=0.013). It can be seen from the table that as the duration of stay in Ranong increased the percentage of going to the Government hospital increased while that of going to the private health services decreased.

There was a significant difference between current occupation and the choice of health centers (*p-value*= 0.049). The construction and agriculture workers were more likely to visit the Government health centers while the fishermen, migrants working in seafood processing and factories would go to the private clinics. There was no significant association between net income per month, Thai language skill and the choice of health centers. The results show there was a significant difference between registration status and the choice of health services. 67.9% of registered migrants went to the Government hospitals while 66.7% of unregistered migrants went to private clinics. There was no significant association between decision to seek for health, presence of underlying health problems and the choice of health centers.

Table 15: (continued) Relationship between individual characteristics and the choice of health centers

Invidual Characteristics	Frequency (%)of choice of health centers				*p-value*
	Government		Private		
Current occupation (n=164)					
Fishing	7	(30.4)	16	(69.6)	0.049
Seafood processing	28	(44.4)	35	(55.6)	
Construction	6	(75.0)	2	(25.0)	
Agriculture	9	(75.0)	3	(25.0)	
Factory	24	(41.4)	34	(58.6)	
Net income per month (n=164)					
less than 1,500 baht per month	30	(45.5)	36	(54.5)	0.975
1,500-3,000 baht per month	35	(45.5)	42	(54.5)	
more than 3,000 baht per month	9	(42.9)	12	(57.1)	
Registration status (n=164)					
Registered	38	(67.9)	18	(32.1)	<0.001
Unregistered	36	(33.3)	72	(66.7)	
Thai language skill (n=164)					
Cannot communicate at all	23	(39.0)	36	(61.0)	0.292
Can communicate basically	42	(51.2)	40	(48.8)	
Can speak well	9	(39.1)	14	(60.9)	
Decision to seek for health (n=164)					
Self	45	(41.7)	63	(58.3)	0.402
Spouse	15	(55.6)	12	(44.4)	
Family members and others	14	(48.3)	15	(51.7)	
Presence of underlying health problems (n=164)					
Yes	28	(44.4)	35	(55.6)	0.89
No	46	(45.5)	55	(54.5)	

The relationship between living and working conditions and the choice of health centers is shown in table 16.

Table 16: Relationship between living and working conditions and the choice of health centers

Living and working conditions	Frequency (%)of choice of health centers				*p-value*
	Government		Private		
Place of residence (n=164)					
Lodging in work compound	44	(48.4)	47	(51.6)	0.353
rent apartment and others	30	(41.1)	43	(58.9)	
Number of people staying together in a house (n=164)					
1 to 5 people	53	(46.1)	62	(53.9)	0.487
6 to 10 people	16	(48.5)	17	(51.5)	
More than 10 people	5	(31.2)	11	(68.8)	
Working hours per day (n=164)					
8 hours and less + no fix hours	26	(52.0)	24	(48.0)	0.241
More than 8 hours	48	(42.1)	66	(57.9)	
Working days per week (n=164)					
5 days and less	2	(33.3)	4	(66.7)	0.691
More than 5 days	72	(45.6)	86	(54.4)	

There was no statistically significant relationship between the place of residence, number of people staying together in a house, working hours per day, working days per week and the choice of health centers. Almost all groups in each variable preferred going to the private clinics more.

Table 17 describes the relationship between the presence of health insurance and the choice of health centers. There was a highly significant difference between the presence of health insurance and the health centers the migrants chose (*p-value*<0.001). Migrants with health insurance were likely to go more to the Government hospitals while the rest were visiting the private health centers more.

Table 17: Relationship between presence of health insurance and the choice of health centers

	Frequency (%)of choice of health centers				*p-value*
	Government		Private		
Presence of health insurance (n=164)					
Yes	42	(65.6)	22	(34.4)	<0.001
No	32	(32.0)	68	(68.0)	

Difference between the accessibility of Government and private health centers are shown in table 18. There was no significant difference between time taken and transportation costs to travel to the Government and private health centers. A highly significant difference was seen in consultation fees between the Government and private health centers (*p-value*<0.001). 73% of the migrants who went to the Government services said the consultation fees was not expensive while 56.7% of those who went to private clinics said it was expensive. There was no significant difference between the conveniences of the opening times of the two types of health services. Opening times of both types of health centers were convenient for most of the migrants. Significant difference was seen between the crowding of the health centers (*p-value*= 0.014). The Government hospital was more crowded than the private health centers. There was no significant difference between the waiting times of Government and private health centers. But more waiting time was stated in the Government hospitals. Significant differences were also not seen in hospitality of the healthcare personnel, whether the patient was given a chance to discuss with his or her health problem, privacy of the treatment and the overall satisfaction between the two types of health centers.

Table 18: Difference between the accessibility of Government and private health centers

Accessibility	Frequency (%)of choice of health centers				*p-value*
	Government		Private		
Time taken to travel to health centers (n=164)					
Less than 15 minutes	25	(33.8)	26	(28.9)	0.487
15-30 minutes	14	(18.9)	24	(26.7)	
More than 30 minutes	35	(47.3)	40	(44.4)	
Traveling costs (n=164)					
Expensive	15	(20.3)	22	(24.4)	0.525
Not expensive	59	(79.7)	68	(75.6)	
Consultation fees (n=164)					
Expensive	20	(27.0)	51	(56.7)	<0.001
Not expensive	54	(73.0)	39	(43.3)	
Opening time of the health center (n=164)					
Convenient	63	(85.1)	81	(90.0)	0.343
Inconvenient	11	(14.9)	9	(10.0)	
Crowding of the health center (n=164)					
Always	17	(23.0)	17	(18.9)	0.014
Often	26	(35.1)	16	(17.8)	
Sometimes	31	(41.9)	57	(63.3)	
Waiting time at the health center (n=164)					
Less than 30 minutes	32	(43.2)	49	(54.4)	0.153
More than 30 minutes	42	(56.8)	41	(45.6)	
Hospitality of the healthcare personnel (n=164)					
Yes	70	(94.6)	85	(94.4)	1.000
No	4	(5.4)	5	(5.6)	
Given time to talk about the health problem (n=164)					
Yes	66	(89.2)	74	(82.2)	0.209
No	8	(10.8)	16	(17.8)	
Privacy of the treatment room (n=164)					
Yes	74	(100.0)	90	(100.0)	*
Overall satisfaction of the health center (n=164)					
Satisfy	73	(98.6)	86	(95.6)	0.379
Not satisfy	1	(1.4)	4	(4.4)	

* No statistics were computed because Privacy of the treatment room is a constant.