

Factors Affecting Access to Health Service Management of Transnational Myanmar Labours in Ranong, Thailand

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Abstract

This quantitative research was purposed to examine factors affecting access to health service of Myanmar labours in Ranong Province, Thailand, with a population of 300 Myanmar labours in Ranong, using a questionnaire of 0.79 confidence level. Data analysis employed statistics of mean, standard deviation, correlation coefficient, and structural equation modelling. The study found that independent variables of public health management, service readiness, and information perception correlated with dependent variable of health services access at 0.46, 0.33, and 0.67, respectively. Hypothesis testing through structural equation modelling as per empirical data revealed that all three variables significantly ($p = .05$) affected Myanmar labours' access to health service.

Keywords: Health Services Access, Public Health Management, Information Perception

Introduction

Changes in technology, economy, and society have been causing shifts in investments of various industries, resulting in shortages of workforce, particularly in heavy industry, a sizable segment with 14% average annual growth rate. This has compelled businesses to fill the vacancy, especially in 3D (dirty, dangerous, and demanding) jobs.

At present, Thai workforce enjoys other career options and tends to circumvent industrial labours, producing a great impact to national labour market, especially where gaps are present in workforce supply and demand, leading to large-scale labour migration to Thailand. Relevant agencies in Thailand have established schemes to tackle and prevent potential problems by introducing rules and conditions into migrant worker management system, such as regulating immigration and granting work permits for documented migrant workers, as well as attending to health, basic needs, and quality of life of migrant workers, through public and public health agencies.

To this day, labour migration has brought along various issues, such as economic and social deterioration, leading to illegal employment, and public health issues. As prescribed by the "Health for All" of the World Health Organization, implemented since 2000, everyone should be encouraged and entitled to health services universally accessible to all through primary health care, based on the recognition of the "Right to Health", as well as the right of access to health services in the host country (International Labour Office, 2001). By far, the greatest majority of migrant workers in Thailand come from Myanmar. Chatchawanchanchanakij & Arphonpisan (2015) found that attitudes toward health service utilisation, worker characteristics, and public health policies for migrant workers had a positive relationship to health services access of Myanmar workers in seafood processing industry. In view of that, factors affecting health services access of Myanmar labours in Ranong were explored, so as to use the information obtained to improve the quality of service provision in the time to come.

Research Objectives

To study the factors affecting health services access of Myanmar labours in Ranong Province, Thailand

Literature Review

In this study of “Factors Affecting Access to Health Service Management of Transnational Myanmar Labours in Ranong, Thailand”, the researcher has reviewed the following literature:

Notions on transnational labour migration, or impacts thereof that cause societal issues, population overcrowding, changes in health, attitudes, national development, costs of service provision, and direction of relevant agencies

Concept of human rights and citizenship, or the status of a person recognised under the law as being a legal member of a sovereign state, namely, 1) social rights, 2) social welfare rights, and 3) cultural rights.

New Public Management (NPM) is one of public services the government provides the public. Convenience and satisfaction in service delivery by assigning personnel to implement one-stop shop service approach and procure knowledgeable and proficient staff to provide guidance and assistance to improve service quality.

Concept of access to healthcare of Aday and Andersen (1981), stated that access to health services essentially linked to five articles, namely, 1) public health policy, being the utmost important in relation to four major elements, monetary funding, education, workforce, and healthcare management organisation, 2) characteristics of healthcare system, or a system with adequate service provision, equipment, personnel, extensive coverage, and accessible infrastructure, 3) attributes of service users, consisted of factors such as age, sex, nationality, and values in health, 4) expectation for healthcare, 5) satisfaction of service users in perceived quality, cost, information, etc.

Similarly, Penchamsky and Thomas (1981) pointed that there were five aspects to access to health services, availability, accessibility, facility, affordability, and quality.

Reviews of relevant theories and researches were developed into the framework for this research.

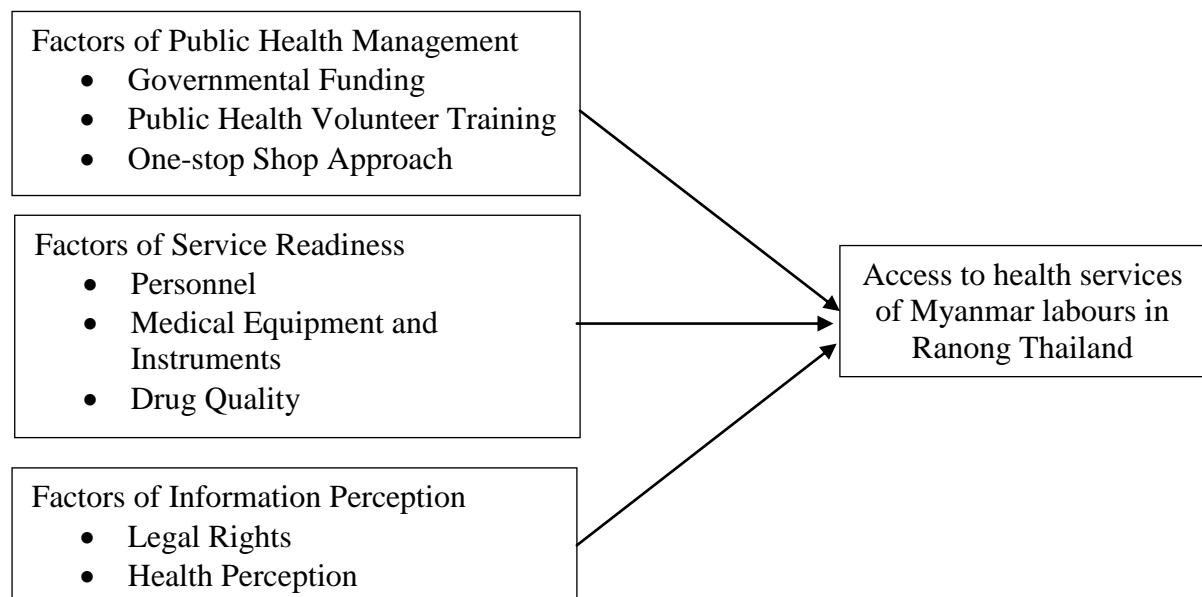


Figure 1 Research Framework

Research Methodology

The population of this study consisted of 300 Myanmar workers in seafood processing industry in Ranong, Thailand. Calculated confidence interval of 0.79 was used throughout. Data analysis employed descriptive and inferential, analysis of correlation between independent and dependent variables, and hypothesis testing through structural equation modelling with measures of fit against empirical data.

Results

Among migrant workers, the majority or 161 (53.7%) were female. 109 (36.3%) were between 20-25 years of age. 237 (79%) were married. 206 (68.7%) received primary education. 149 (49.7%) worked 8.00 to 16.00. 169 (56.3%) worked 9-12 hours a day. 190 (63.3%) earned 301-500 daily. In overall, factors of information perception were high on average ($\bar{x} = 3.75$, S.D. = 0.41), followed by factors of service readiness with highest average ($\bar{x} = 3.73$, S.D. = 0.33), and factors of public health management with lowest average ($\bar{x} = 3.32$, S.D. = 0.46). Relationship analysis of three independent variables or factors affecting health services access of Myanmar labours in Ranong indicated coefficients of 0.33 to 0.67, showing positive relationship between the three factors and dependent variable. To the health services access of Myanmar labours in Ranong, factors of public health management, service readiness, and information perception correlated at coefficient levels of 0.46, 0.33, and 0.67, respectively, at 0.00 statistical significance level.

Hypothesis was tested through structural equation modelling developed from theories, researches, and empirical data for congruity. Should the model found unfit, the researcher would make adjustment accordingly in order to improve model fit to empirical data, as structural equation modelling allows errors to correlate so as to modify the model to fit the data best in accordance with relevant theories, concepts, and researches reviewed, then consider the effect sizes as shown in the equation model (figure 2) below.

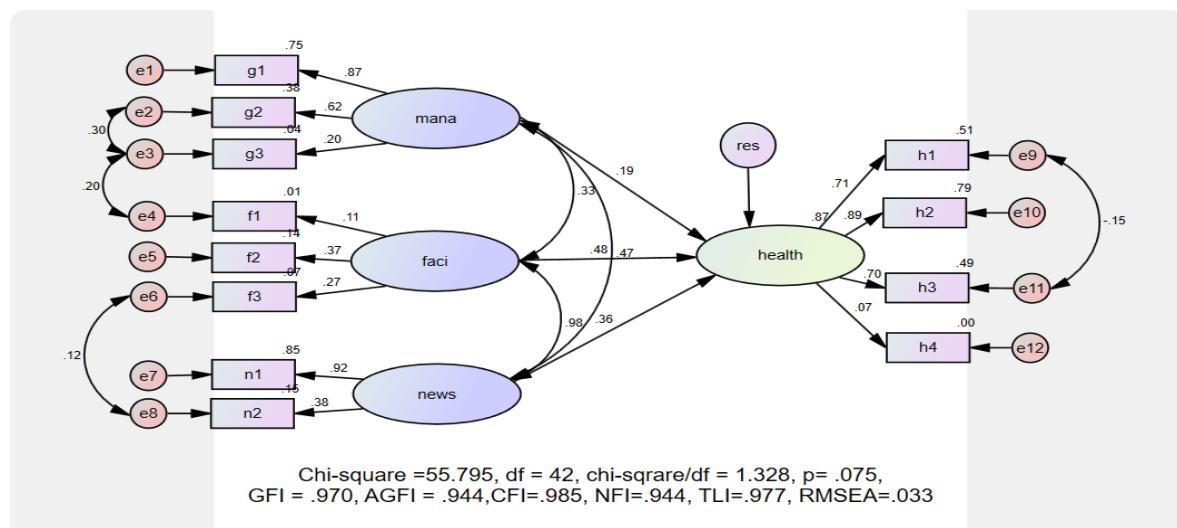


Figure 2 Fit measurements of structural equation model of factors affecting health services access of Myanmar labours in Ranong, Thailand (revised)

It was revealed that, of all effect sizes of factors affecting health services access of Myanmar labours in Ranong(health), factors of service readiness were the strongest at 0.47, followed by factors of information reception (news) at 0.36, and factors of public health management at 0.19, being the lowest. With respect to factor loadings of indicators in each factor group, 1) of factors of public health management (mana), the indicator of governmental funding (g1) had

the highest pattern coefficient of 0.87, 2) of factors of services readiness, the indicator of medical equipment and instruments (f2) had the highest pattern coefficient of 0.37, 3) of factors of information perception (news), the indicator of legal rights (Healthcare Insurance Act) had the highest pattern coefficient of 0.92, and the first indicator, infrastructure, (h1) had a 0.71 pattern coefficient, and the second indicator, service process, (h2) had the highest pattern coefficient of 0.89.

Table 1 Fit indices used to assess variables and empirical data (revised)

No	Index	Benchmark	Observed Value	Yield
1	χ^2	$0.05 < \chi^2 < 1.00$	0.075	Pass
2	χ^2/df	$0.00 < \chi^2/df \leq 3$	1.328	Pass
3	GFI	$0.90 < GFI \leq 1.00$	0.970	Pass
4	AGFI	$0.90 < AGFI \leq 1.00$	0.944	Pass
5	CFI	$0.95 \leq CFI \leq 1.00$	0.985	Pass
6	NFI	$0.90 \leq NFI \leq 1.00$	0.944	Pass
4	RMSEA	$0.00 \leq RMSEA \leq 0.08$	0.033	Pass

Conclusion and Discussion

In summary, the study found the factors of information perception were high on average ($\bar{x} = 3.75$, S.D. = 0.41), and correlated to the health services access of Myanmar labours in Ranong at coefficient of 0.67; followed by those of service readiness, which averaged the highest ($\bar{x} = 3.73$, S.D.=0.33), and correlated to the health services access of Myanmar labours in Ranong at coefficient of 0.33; and those of public health management, which ranked the lowest on average ($\bar{x} = 3.32$, S.D. = 0.46) and correlated to the health services access of Myanmar labours in Ranong at coefficient of 0.46. Relationship analysis showed correlation coefficients between the factors of public health management, service readiness, and information perception, and the health services access of Myanmar labours in Ranong ranging 0.33 to 0.67, respectively, presenting positive relations at 0.00 statistical significance level.

Sufficient funding from the government with constant provision of volunteer trainings to promote knowledge and understanding in healthcare utilisation and rights of migrant workers, and one-stop shop service points to provide universal and equal accessibility following the relationship between factors of public health management and workforce health services access, consistent with WHO (2004), which stated that public health management is fundamental rights to public welfare and citizenship under law, namely, 1) social right, 2) social welfare rights, and 3) cultural rights, that fosters strong physical and mental conditions, constitutes fairness, equality, and quality in service. Similarly, Aday and Andersen (1981) narrated that access to health services must have public health policies present in allocation of funding, workforce, and organisations to drive healthcare service as a whole, as well as availability of equipment, personnel, and instruments to broadcast information for healthcare accessibility. Moreover, Penchamsky and Thomas (1981) mentioned that access to healthcare services must include proficient and adequate personnel in service provision and addressing the needs of service users, convenience of transportation, simplicity of service process, and availability of facilities. In the same sense, Laosai (2012), which studied the access to health

services of Burmese migrant workers in industrial factories in Khon Kaen, Thailand, proposed an approach to improve public healthcare system through personnel development, exchanges of knowledge and experiences among migrant workers. In the same way, Krisnachuta et al. (2007), which explored the concept of human rights and rights to health, discovered that violations of human rights would lead to neglect of individual's rights to health, which is applicable to migrant workers who are being discriminated in works and legal rights, as well as access to healthcare. Also, Chatshawanchanchanakij & Arphonpisan (2015), which studied factors affecting access to health services of Myanmar transnational workers, established that promotion of health services in aspects of legal rights and information provision greatly contribute to access of health services of migrant labours, and Arphonpisan (2016), having studied in access to health service management model of transnational Myanmar labours in Thailand, remarked that access to health services of migrant workers should be managed so as to provide proper primary healthcare and minimise issues of discrimination of staff, promotion of service information coverage to labours incapable of communicating in Thai, and readiness in proficiency of servicing personnel, medical equipment and instruments, to provide users of satisfactory services should be prevalent.

Recommendations

Relevant organisations such as Ministry of Public Health, Ministry of Labour, and hospitals should participate in formulation of operational procedures so as to build a consistent and complementary system, as well as fostering collaboration in promoting understanding in service provision support to satisfy the needs of service users.

References

Aday, L. and Andersen, R. 1981. "Equity of Access to Medical Care: A Concept and Empirical Overview." **Medical Care** 19 (2): 4-27.

Arphonpisan, P. 2016. **An Access to Health Service Management Model of Transnational Myanmar Labours in Thailand.** Doctoral Dissertation, Siam University.

Chatshawanchanchanakij, P. & Arphonpisan, P. 2015. "Factors Affecting Access to Health Services of Myanmar Transnational Workers: A Case Study of Thai Seafood Processing Industry in Samutsakhon." **APHEIT Journals** 21 (2): 80-89.

Krisnachuta, S. et al. 2007. **Health Rights Human Rights.** 2nd ed. Nonthaburi: Social Research and Health Office.

International Labour Office. 2001. **Constitution of the International Labour Organization.** Geneva: International Labour Office.

Laosai, S. 2012. **Access to Health Services of Burmese Migrant Workers in Industrial Factories in Khon Kaen.** Doctoral Dissertation, Khon Kaen University.

Penchansky, R. & Thomas, J. 1981. "The Concept of Access Definition and Relationship to Consumer Satisfaction." **Medical** 19 (2): 127-140.

World Health Organization. 2004. **Towards Age-friendly Primary Health Care.** Geneva: World Health Organization.