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



Supa Vittaporn*, Pimpawun Boonmongkon

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

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ABSTRACT

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

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

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Introduction

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

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

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

* Corresponding author.

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

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

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

Materials and Methods

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

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

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

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

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

Results

Thailand's Labor Migration Policy

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

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

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

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

To secure the health of the country, the Thai government is intensifying health screening of migrants, with follow-up treatment and closer surveillance.

Health Screening and Migrant Workers

The Thai Cabinet approved an amnesty and registration for undocumented migrants from Cambodia, Lao PDR, and Myanmar, which allowed them to work in Thailand. Accordingly, the Sinsamut Hospital now arranges health screening of all migrant workers in its catchment area. The migrants queue for a paper check and fill in their required documents. Next they are given presumptive, directly-observed treatment for lymphatic filariasis (elephantiasis) using diethylcarbamazine (DEC). After taking DEC, the migrants pay the fee for health screening and wait for a blood sample to be drawn, urine testing, and a chest x-ray. If the outcome of the x-ray is unclear it is assumed to be positive, and sputum is taken for a laboratory confirmation. If the result of the sputum test is positive, the migrant is diagnosed as having active TB and is suspended from work. The hospital staff ask the TB self-help group to take care of the patient during the period of treatment which can last from six to eight months. The sputum is collected and brought to the hospital every morning by the patient or a volunteer of the TB self-help group to monitor the effectiveness of therapy.

The TB self-help group co-operates with the hospital in caring for the TB patient and keeps in contact with the patient. Staff from the Disease Control Unit said, *“The interpreter member of the TB self-help group brings the patient and helps the hospital to contact the TB patient.”*

After the migrant worker with TB has completed the treatment and the result of the sputum test is negative, the hospital will issue him/her a medical certificate to have their work permit reinstated.

When Sinsamut Hospital finds migrant workers with TB infection, the family members of the patient will be visited by the TB self-help group and sputum will be collected. In addition, Sinsamut Hospital has a proactive health program that provides knowledge about TB to migrant workers at their work place. With this basic and essential information about TB, the migrant workers should know how to prevent TB infection or, if already infected, they will know that they have to take medicine regularly during treatment. When they understand how the disease spreads, they can help to identify new cases of TB and to help the affected patient receive treatment. Information about treatment helps the patients comply with the regimen.

“We are responsible for controlling TB disease and seek out new cases. When a new case is identified, we help them enroll in treatment and ensure compliance,” a member of the TB self-help group said.

To prevent TB disease spreading to others, a migrant worker who has TB will be separated from the non-infected migrant workers, and will be brought to the hospital for treatment.

“I have to talk to the patient to make him realize the importance of complying with the treatment regimen. Here, nurses and pharmacists work hard to talk to every new case to explain how to take the medicine, and about the side effects,” a pharmacist said.

When it is the view of the health personnel that the TB patient is morbidly ill with the disease, then the staff and support group takes extra effort to ensure treatment compliance. A Burmese interpreter stresses taking the drug on time and regularly, and the communication between the physician and patient also focuses on the disease and the symptoms.

“What did the doctor tell you about your illness? Do you know about TB disease? In Myanmar, the Burmese doctor explained that it is a lung disease, but did not say it is TB if coughing has lasted for just two weeks, there is no weight loss, but having chest pain, loss of appetite, and low fever. Why take the TB medicine? It is just the beginning stage, the disease has not yet progressed,” a Burmese interpreter explained.

Health Program and TB Patients

Sinsamut Hospital provides a health program for migrant workers with TB infection that focuses on health education, home visits, and regularly taking medicine. A migrant worker who suffers from TB is under the impression that if he/she misses the medicine or stops treatment too soon, then treatment may go on for a longer time, or it might be necessary to start all over again. They understand that this might worsen the infection or result in antibiotic-resistant infections that are much harder to treat and are more costly. A patient who develops the active disease with a drug-resistant TB strain can transmit this form of TB to other individuals. After a Burmese migrant worker is diagnosed with TB, he/she will receive treatment, the Burmese interpreter will educate him/her about TB and the importance of completing the treatment, and give advice about to prevent and control the spread of the disease. The interpreter might tell the patient:

“Cover your mouth when coughing. Stay in a well-ventilated house. Take the TB medicine for 6 months or more. In the next two months he/she must come for a sputum test. If the result is negative the doctor will reduce the dose of the drug. Keep taking the TB medicine until the fifth month, when another sputum test is done. If the TB medicine is taken irregularly, the outcome of the sputum test will be positive. You must then resume treatment without delay and continue to take the medicine regularly and punctually. If not, the result will be drug-resistant TB and you might have to take medicine for your whole life, since that type of TB cannot be cured.”

Migrant TB cases who have successfully completed the treatment can serve as an example to motivate the new cases of TB to follow all the advice and complete the treatment as prescribed. A member of TB self-help group said: *“When seeing the TB patient, you have to tell him, to take medicine punctually, do not miss a dose, take care of your health, and prevent the spread of TB. In particular, for the patients with a positive sputum test, we have to advise them not to stay with others. Most of the patients follow the advice.”*

Sinsamut Hospital pays special attention to providing health information and follow-up with the active TB patients within the first two weeks after diagnosis. The patients are advised to separate personal items and food from the others who stay in the same house. Usually the patients

do as they are told, and stay away from other persons and use their own personal items, to prevent transmission to other household members. A hospital staff member in the Disease Control Unit advises the patient as follows:

“Your sputum is positive so, in the first two weeks, use glasses and other eating utensils only for yourself and don't share them with others. After two weeks of taking medicine, the disease still remains but does not spread to others. Especially at the beginning of treatment separate the eating utensils from the other members of the household.”

The physician reported that the TB patients are able to strictly follow the advice of the doctors, including taking medication on time and regularly, providing sputum samples, covering their mouth when coughing and sneezing and putting pillows, blankets and mattress outside the room in the sun during the day time. However, some of the illegal migrants with TB are reluctant to keep their windows wide open as instructed by the hospital, since they are concerned about being arrested and deported.

A migrant worker in good health is able to work and should not be considered a burden on the Thai society as they help Thailand's economy to grow and they work in jobs which Thais shun. Good health of migrants protects the health of the Thai people as well. The home visits to migrant households by the public health personnel help the migrants give greater priority to their health since they know they are being watched and evaluated. The patient is asked about the symptoms and side effects after taking TB medicine, and the health personnel ask to see treatment diaries to ensure compliance with the regimen. The patient is requested to provide a urine sample, and the health personnel note the urine color, since the color of the urine indicates whether the medicine is being taken regularly or not. The home visit also has the aim of separating the TB patient from healthy people. The strategy aims to watch and motivate the patient to follow the advice of the physician. The goal is to motivate the patient to want to be healthy so that they can support their family and themselves.

Discussion

Within the overall globalization and neo-liberalism concept, as well as in the free market system, the transnational migrant worker is a globalization phenomenon. The Thai government supports the free market system since it is thought to be an effective economic stimulus. Within this framework, the government tries to manage migrant workers, to reduce obstacles, and attempts to solve related problems that occur. Over time, the Thai government has implemented control and management of migrants through the implementation of various policies. The registration system for migrant workers should be considered to be a positive attempt. Thai people feel that they are safe from being infected by diseases that the migrant workers might bring with them from the home country. On the other hand, migrant workers are accused of being a health problem and burden to the Thai health system when they are sick. Now, migrant workers, once registered, have the right to access health insurance and

treatment in Thailand, the same as Thai workers (Thaothavil, 2011).

According to Sunpuwan and Niyomsilpa (2012), the majority of Thai citizens living along the Thai-Myanmar border believe that migrant workers bring in diseases and spread them to the Thai people. In addition, some view the migrants as taking jobs away from Thai workers. The truth is, as the study of Hall (2012) revealed, that the migrant workers are a group likely to stay on the lowest level of the social structure and that their living conditions are lower than their Thai counterparts.

Migrant workers with infectious diseases are seen as potential carriers of “exotic pathogens” into the receiving country. They encounter different cultures and face a language barrier, thereby making it difficult for them to understand the issues of the disease they are suffering from and the correct treatment. Due to the limitations in communication, their living conditions and social position are low. Their health status is also poor. Their employers are often ignorant about the compulsory health insurance that the migrants are entitled to. Thai people, including health personnel, are of the opinion that migrant workers from neighboring countries are prone to TB and are at risk of spreading the disease in Thailand. To better secure the health of the Thai people, a stricter health screening measure for migrant workers has been implemented, especially to identify TB sufferers.

The results of the study showed that the health screening policy for Burmese migrant workers has the important aim to improve the health security of people in the destination country (Thailand). Besides that, health education, treatment follow-up, and home visits are health services provided to Burmese migrant patients. Since they have difficulty in speaking and understanding the Thai language, interpreters are needed to avoid misunderstandings between the health personnel and the Burmese patients. The health personnel visit the patients at home to review migrant health behavior during the treatment. The general aim is to cure the patient of TB.

Conclusion

The Thai government exercises a health screening policy for migrant workers within a framework of nationalism and national security. The Thai government has installed a registration system that includes ensuring migrant workers have health screening and a medical certificate for registration and to apply for a work permit. In cases where migrant workers suffer from TB infection, they have to receive treatment and complete this, with certification by the hospital. The hospital has to state that they are in good health and are able to work for their employer. The Thai government has adopted a policy to control the number of illegal migrant workers. Within this scheme, health measures are included, such as health education, health screening, and home visits to make sure that migrant workers are not a threat to public health in Thailand. The migrant workers with TB receive treatment and are separated from healthy people.

Health screening as a part of health security affects the daily life of migrant workers. The health personnel closely

follow up the treatment scheme so the migrants are constantly under surveillance. At a practical level, Sinsamut Hospital provides health treatment to Burmese migrant workers suffering from TB. One of the problems in caring for migrants is the language barrier, which affects the work of doctors, nurses, other health staff, and the patients as well. Therefore, interpreters assist the hospital staff in explaining to the patients about the advice of the physicians and the topics covered by health education, such as features of TB as a disease, preventive measures, and control of TB. Health education is power manipulation of the body of individual and of society (Gastaldo, 1997). It is works between the human rights of individuals and the management of the state to establish health security. Patients are advised to clean their accommodation and take greater care of their personal hygiene. They also learn to take the TB medicine regularly and on time. The hospital health personnel and TB self-help group members visit the TB patients at home. The home visits are one of the TB disease prevention strategies. They ensure that the TB patient will not spread the disease to others, such as Thais and their fellow Burmese migrant workers. Most principles are essential and this information is providing to the migrants by Thai personnel. A policy is needed for the provision of health services to migrant workers as required by patients on the basis of specificity and sensitivity to the way of life or culture of the immigrants with diverse ethnic backgrounds rather than considering the risk on the basis of epidemiology and stigmatizing immigrant workers as disease-prone.

Conflict of interest

There is no conflict of interest.

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