

**LIFE DIFFICULTIES AMONG UNDOCUMENTED FEMALE
MIGRANT WORKERS FROM MYANMAR IN SEAFOOD
PROCESSING FACTORIES, SAMUT SAKHON, THAILAND**

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OF THE REQUIREMENTS FOR THE DEGREE OF
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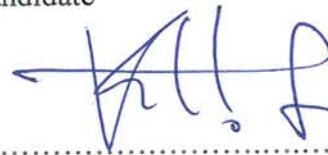
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Thesis
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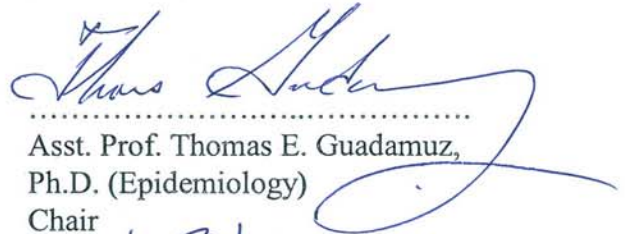
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LIFE DIFFICULTIES AMONG UNDOCUMENTED FEMALE MIGRANT WORKERS FROM MYANMAR IN SEAFOOD PROCESSING FACTORIES, SAMUT SAKHON, THAILAND

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ABSTRACT

Undocumented female migrant workers from Myanmar are still facing a lot of life difficulties in Thailand. This research focused on the life difficulties of Myanmar undocumented female migrant workers related to health care accessibility, working environment and life as women in seafood processing factories in Samut Sakhon, Thailand. An exploratory qualitative research design, using in-depth interviews and focus group discussion, has been done based on political economy and gender perspectives. The sample was derived from purposive sampling for three health care providers and the snowball technique for twelve Myanmar migrant workers.

The finding showed that undocumented female migrant workers reported inaccessible health care, wages lower than that reported by limitedly documented and documented workers were forced to purchase protective equipment for work whereas limitedly documented and documented workers were provided with this equipment by employers. In addition, they were not entitled to any leave (sick, maternity and annual leave) but the rest of migrant workers were allowed to take these kinds of leaves. Another findings described that undocumented migrants worked long hours but they were not paid extra wages. Unlike the undocumented migrant cases, other types of migrant workers worked eight hours per day and they were paid overtime for their extra hours. Additionally, undocumented migrant workers faced more life difficulties regarding not only taking multi roles and responsibilities for their families based on their religious and cultural background but also working for long hours in their place of work. Undocumented workers lacked relaxing time while the rest of migrants had a chance to help with household chores. From the standpoint of political economy, undocumented female migrants were facing more exploitation in the areas of health care access, wages, safety and other benefits compared with migrants. The results recommends that the employers should provide equal benefits and full labor rights to all migrant workers. The relevant officials should support equalizing the necessities in health care access and safe workplaces for undocumented migrants. According to the gender perspective, they should not be discriminated in the division of labor based on gender roles. It shows that both men and women should be balanced their roles and responsibilities in the families. Domestic chores should not be a burden only on women. It should be shared by all members of their families.

KEY WORDS: UNDOCUMENTED/ FEMALE MIGRANTS/ DIFFICULTIES/ HEALTH CARE / EXPLOITATION/ UNEQUAL POWER

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LIST OF ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ARV	Antiretroviral
BOI	Thailand Board of Investment
BWU	Burmese Women Union
CEDAW	Committee on the Elimination of Discrimination against Women
FAO	Food and Agriculture Organization
HIV	Human Immunodeficiency Virus
ILO	International Labor Organization
INGO	International Non-governmental Organization
IRIN	Integrated Regional Information Networks
GNP	Gross National Product
GDP	Gross Domestic Product
MAP	Migrant Assistance Program
MOI	Ministry of Interior
MOU	Memorandum of Understanding
NV	National Verification
OECD	Organization for Economic Co-operation and Development
OPD	Out Patient Department
SSS	Social Security Scheme
UNHCR	United Nations High Commissioner for Refugees
WHO	World Health Organization

CHAPTER I

INTRODUCTION

The international labor migration is an important component of globalization. According to United Nations (2013), the number of global international migration rose from 154.2 million to 232 million between 1990 and 2013 (United Nations, 2013). A huge economic growth in some OECD countries leads to difficulties in filling low skilled labor shortage due to insufficient regional low skilled workers, and low wages which are not attractive for local people (OECD, 2003). Similarly, Asian countries also have experienced economic growth, labor shortages and wage differentials. Accordingly, it continues to drive labor migration in Asia. Countries particularly in South East Asian region like Singapore, Malaysia, and Thailand depend increasingly on the labor provided by migrant workers from neighboring countries (Baruah, 2013).

Together with this global phenomenon, Thailand also faces similar situation as Thailand has been rapidly developing tourists and export industries. The labor needed to meet the manpower requirements of the industries could not be met due to low attractiveness of jobs for Thai people. Also, decrease of birth rate because Thai government support's facility planning leads to insufficient local workers (Pollock, 2007). Moreover, because of the expansion of compulsory education leading to higher education Thai eligible workers can hesitate to work in 3D jobs (Dirty, Dangerous and Difficult) (Chantavanich, & Vungsiriphisal, 2012). Therefore, workers from other countries are needed to fill labor shortages. At the same time, the people in Myanmar are faced with social, political and economic hardships. This leads many Myanmar people to seek the better incomes jobs in other countries such as Singapore, Korea, Malaysia, and Japan but especially in Thailand (Pollock, 2007).

Thailand is the third largest seafood products exporting country in the world (Humanity United, 2014) and Samut Sakhon is the main seafood processing industrial area in Thailand (Environmental Justice Foundation, 2013). According to

International Organization for Migration (2011), 60,477 males and 69,296 females from Myanmar, 3044 males and 2976 female from Cambodia and 629 males and 551 females from Lao worked in the seafood industry in Thailand as migrant workers (International Organization for Migration, 2011). 85% of undocumented workers cannot expect any rights at work in Thailand (International Organization for Migration, 2011). Discriminations in legislation and policies governing migration for migrant workers push women into illegal status (where they face stiffer immigration rules and longer waiting periods for obtaining work permits and residence status). These undocumented female migrant workers are vulnerable to be victims of human trafficking in all stages of the migration process and experience discrimination, abuse and other human rights violations based on gender (Irawaty, 2006). The numbers of undocumented workers and families are increasing, causing more problems with security, the economy and health and human rights issues.

The reproductive rights and abuses are the significant issues among undocumented female migrant workers. Myanmar female migrant workers have no exception. In fact, the rates and levels of abuse may be higher among female migrant workers from Myanmar due to migrant status and discrimination on gender, ethnic group, jobs and nationality backgrounds. They may also find themselves vulnerabilities of exploitation, unsafe work conditions and emotional, physical and sexual abuse. Moreover, according to their illegal status, their freedom is limited neither do they enjoy equal welfare treatment. This group of female migrant workers face several problems in various forms at both individual and structural levels, such as in family, workplaces, public services sectors, and communities (Dendoung & Dendoung, 2013).

Moreover, they have barriers to accessing appropriate healthcare services, qualified health facilities, goods, services and were unable to attain full and reproductive health and rights (MAP Foundation, 2012). According to International Organization for Migration (2011), the rates of health complications related to abortion were high among Myanmar female migrant workers due to limited health information and not be able to openly discuss sexuality and reproductive health issues. Myanmar female migrant workers with unwanted pregnancies sought unskillful abortionists and home remedies and as a consequence a quarter of the female migrants

with post-abortion complications had self-induced their abortions (International Organization for Migration, 2011).

Therefore, this study attempts to study to what extent undocumented female migrant workers experienced life difficulties regarding health care accessibility, working environment and life as women among undocumented female migrant workers who are working in seafood processing factories from Myanmar in Samut Sakhon, Thailand.

1.1 Background

According to the estimation of United States, 120 million of the approximately 175 million migrants and their families worldwide were migrant workers (WHO, 2007). There were approximately 232 million migrants around the world, roughly half of them world workers. Women made up about half of all international migrants (United Nations, 2013). This phenomenon would increase more rapidly; as United Nations (2010) estimated that the number may exceed 400 million by the year 2050 (Hall, 2012).

According to UNHCR, migration is a wide-ranging term that covers people who move to a foreign country for a certain length of time – not to be confused with short-term visitors such as tourists and traders (UNHCR, 2015). Moreover, National Geographic Society (2005) similar mentioned that migration is the mobility of human from one place to another in the world for the purpose of accepting permanent or semi-permanent residence, usually across a political boundary (National Geographic Society, 2005) Therefore, migration means that people either were forcibly displaced or left their home by choice in search of a better life for a certain period of time.

There are two types of labor migration; (1) highly skilled labor migration and (2) unskilled low wage labor and temporary migration. Highly skilled labor migration represents only a small percentage of migration and it is the type of migration most demanded by the host countries who develop special types of incentives to attract highly skilled labor, often in specific categories, such as doctors and nurses. Unskilled low skilled laborers are as a primary source for the low wage

jobs in such as industry, construction and domestic service and temporary migrant workers are possibly seasonal and also for short periods until they have amassed enough money to start a business back home. Temporary migrants may be well-educated but unable to transfer their skills to the host country owing to the need for certain certificates for professions, for example, where the host country does not recognize their qualifications (Bell et al., 2010).

Highly skilled migrants also face more favorable immigration rules (Visa, work permits and entry requirements) than those for unskilled low wage labor and temporary migrants. These low-skilled migrants are often subject to stiffer immigration rules, face longer waiting periods for obtaining work permits and residence status, have less access to social benefits and entitlements (Solimano, 2010).

Migration has benefits for both sending and receiving countries. From the sending countries, increased numbers of men and women in developing nations can respond to a lack of available jobs and economic, social, and political instability in their home countries (Schenker, 2011). Similarly, highly skilled migrants and diversity in the workplace can positively affect work productivity in recipient countries. Diversity, not only of the highly skilled, but also of the low-skilled, can also make countries more productive and richer in the long run (Thompson, 2014).

However, the illegal demand for migrant workers to meet labor market shortages in various sectors in destination countries often lead to growth of irregular migration and trafficking of women and men, leading to serious abuse and exploitation in destination countries. The employers hire irregular migrants because these migrant workers are more vulnerable to labor rights abuse: payment of minimum or prevailing wages, discrimination in employment, health and safety standard and child labor restriction and so on (Cortina & Ochoa-Reza, 2013). According to ILO (2012), 11.4 million of female migrant workers and 9.5 million of male migrant workers were found to be potential victims of forced labor (ILO, 2008, 2012). Nearly 3.8 million work-related injuries and illnesses were reported, but many injuries were not reported (American Federation of Labor and Congress of Industrial Organizations, 2014). Moreover, most of the world's migrants worked under unhealthy and unsafe working conditions, and about 2 million of migrant workers were reported to die annually from diseases and injuries due to poor working conditions and environment. Occupational

risks accounted for a substantial portion of the burden of chronic diseases (WHO, 2009).

Migration can be also the main employment strategy in South-East Asia for countries development and economic growth and livelihood for individuals. Migrants from Philippines, Indonesia, Myanmar, Vietnam and Cambodia migrated to other countries in South-East Asia, especially to Malaysia and Thailand and to the Middle East, Europe and America (Harima, 2012). Limitation of economic opportunities and high rate of poverty in Myanmar are push factors pushing people in the neighboring countries to cross into Thailand to find more opportunities in their life (Khruemane, 2007).

Similarly, the economic growth and labor shortage in Thailand are pull factors and opportunities for workers from Myanmar (Chantavanich & Vungsiriphisal, 2012). Migrant workers from Myanmar, Laos and Cambodia are broadly classified into three groups. The first group is the regularized workers with work permits who entered the country illegally but are allowed to work legally under cabinet resolution. The second group is the regular workers with a work permit legally entered the country under the MOU either through NV process or direct importation from home country. The third group is irregular migrant workers who illegally entered the country, have not registered with MOI and a valid work permit form the MOL (Chamchan & Apipornchaisakul, 2012).

According to immigration criteria, there are regular and irregular (undocumented and limitedly documented) migrant workers from Myanmar, Laos and Cambodia. The regular (legal) migrant workers must have temporary work permit with proper traveling documents. There are two types of irregular migrant workers. One type has work permit without proper traveling documents. They are subjected to deportation but the Thai government permit them to stay and work temporary in restricted areas. The other type holds no all proper documents. After completion of national verification procedure, those migrant workers who have work permit without proper document will change to regular (legal) one. In national verification process, these three countries are ready to send their officers to verify their workers nationalities (Chantavanich & Vungsiriphisal, 2012).

Although the Thai government has recognized some problems of undocumented migrants and encouraged as many as two million undocumented migrants to register with authorities, the number of irregular migrant workers is then estimated at around 1 million because the process of getting legalized is complicated and expensive. The profits are often split between brokers and corrupt officials (Martin, 2013).

According to Thailand Migrant Report (2014), there is the number of both documented and undocumented workers at 2,766,968 in Thailand from neighboring countries: the union of Myanmar, Cambodia and Lao People's Democratic Republic. Among those migrant workers, 1,592,870 are an illegal status from these three countries and the number of migrant workers with work permits are 1,082,892. According to the data from Ministry of Labor, Department of Employment in July 3013, migrant workers that had work permits following the process of nationality verification equaled 899,658: 86 percent from the union of Myanmar, 10 percent from Cambodia and 4 percent from Lao People's Democratic Republic. 43 percent of those were female migrant workers (Huguet, 2014). Samut Sakhon possesses a provincial GDP that was the top five in Thailand. It is the key distribution centre of the Thai seafood industry (BOI, 2014). The majority of Thailand's undocumented migrant workers are Myanmar. An estimated 300,000 Myanmar migrant worker are working in Samut Sakhon. Many workers do not hold legal documents and were vulnerable to exploitation by traffickers and lack access to legal protection (Solidarity Center, 2015).

1.2 Significance of the study problem

Work is central to the lives of both male and female migrant workers. But, both male and female migrant workers face serious problems including poor working conditions, unsafe working environments, racism, sexism and discrimination. In most society, men's identities as workers are more easily recognized and appreciated than women's. Much of women's work remain in sex-stereotyped occupations that are more precarious, vulnerable and poorly paid than men's. Consequently, female

migrant workers are disproportionately affected by decent work deficits and hence poverty, than male (Jain & Elson, 2011).

75-85% of factory migrant workers are women in Thailand. Among these female migrant workers, 61 percent, 24 percent and 15 percent of Myanmar female migrant workers work in the labor intensive factories, sex trade and domestic and service industry respectively (BWU, 2007). The majority of migrant workers in seafood processing industries are female from Myanmar. The employers find female migrant workers to be “quiet and compliant and easier to control than men. Moreover, they generally encounter more problems both in their daily life and at work including minimum protection, rights, benefits, working and inhuman living conditions whilst being unable to access health care (International Organization for Migration, 2011).

Sciortino and Punpuing (2009) showed that these female migrant workers are less visible and underreported because they were daily workers and their employers are less willing to register them. In addition, there have not yet been specific policies focused on migrant worker’s occupational safety and health, migrant workers often face a variety of difficulties due to a lack of legal support and the inadequate application and enforcement of regulations (International Organization for Migration, 2011). Moreover, they encounter the bigger issues related to human rights violations including non-payment of wages, racial and gender discrimination, weak protection by the law, fair treatment, lack of social security, lack of labor rights, accident compensation, limited freedom of mobility due to withhold wages, and their important documentation (Cortina & Ochoa-Reza, 2013).

Most of them do not speak Thai language and do not understand Thai labor laws, it is common for employers to exploit their workers. Human rights and labor rights are neglected in their daily life because undocumented female migrant workers are afraid to seek help, and they have lack of assistant in any cases due to their illegal status (Martin, 2013). Moreover, these undocumented female migrant workers from Myanmar are protected on paper according to Thai laws but they are not well protected in real life and they continued to be exploited (Chitman, 2015) particularly in health care, their working environment and life being women.

1.2.1 Health care inaccessibility

In reality, migrant workers can support the growth of the economy of the countries in which they seek employment. The health of each of these migrants is their main asset, and it is the prerequisite for them to be able to fulfil their economic potential. The healthy migrant workers can contribute to their own social and economic development, as well as that of their countries of origin and destination. According to the WHO definition, health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (WHO, 2003). In a similar way, migrant workers should have physical, mental and social well-being. Therefore, health promotion and prevention services were supported to not only documented workers but also undocumented migrant workers including their dependents (Chanvit et al., 2013).

However, about 1.2 million Myanmar migrant workers in Thailand lived without health care (O' Toole, 2013) or had limited access to health care services for a number of reasons including cultural, political and financial restraints (Tun, 2008). Among these migrant workers, undocumented female migrant workers generally encountered more problems in their daily life unable to access health care (International Organization for Migration, 2011). They were also exposed to poor environmental health and poor sanitation in their workplace that affected their health status (Chanvit et al., 2013).

In addition, they ignored minor sickness or injury and did not seek health care services for these conditions. Consequently in some cases their health problems had accumulated and they eventually needed intensive care and treatment (Khruemane, 2007). Additionally, they were also often not immunized or rapidly treated when they were sick, and consequently they not only put them at risk but also presented risks to the whole community as well. There was a high rate of unplanned pregnancy and health complications related to abortion among female migrant workers from Myanmar because they did not know about family planning options, limited health information and unable to openly discuss sexuality and reproductive health issues (International Organization for Migration, 2011).

1.2.2 Working environment

The illnesses and death of migrant workers are result of living conditions with poor sanitation, inadequate healthy diet and unsafe working environments (Archavanitkul & Vajanasara, 2010). As most of Myanmar female migrant workers were illegal, they are vulnerable to exploitation and abuse by their employers and authorities. Moreover, they worked in dirty, dangerous and difficult (3ds) environments which are often characterized by discrimination on gender, lack of social and physical protection, (International Organization for Migration, 2014), exploitation and hazardous working conditions which were insecurity for abuse.

It is difficult for female migrant workers to challenge human rights violations through the courts due to their illegal status. Many employers simply dismiss them if they complain, and loss of job immediately leaves migrants subject to deportation. Thus, among migrant workers, they are the most vulnerable group of workers whom employers believe they can freely exploit. 56 per cent of these female migrant workers are victims of economic exploitation (ILO, 2011).

Additionally, these jobs are located in unhealthy surroundings where there is no equity in treatment of employees compared with national workers (Tun, 2008). Health care is not available for them. They are often kept their employers closed in the factory due to illegal status. Even when they did sick leave the factory, they fell victimized to physical violence and abuse by their employers. These poor working conditions raise the incidence of work related accidents, injuries and fatalities (ILO, 2011). From the data of Ministry of Interior between 2004 and 2008, the death rate of Myanmar women migrant workers due to occupational accidents was 27 percent (Srivirojana & Punpuing, 2009).

1.2.3 Life as women

Due to Myanmar cultural and religious stereotypes for gender role, women were prohibited from enjoying their full rights to health, freedom of movement, recreation and community activities. Sometimes, sons has a chance to get better food than daughters and to have more leisure time and freedom in their recreational activities as they are not expected to do domestic works as their sisters in their family. In addition, at social events women must eat before or after visitors arrive. That means

that they need to be free to serve through these events. Even in daily food, women always offer to eat the tastiest and the most nutritious parts to their husband and their children. Even though the food is scarce, they often eat last. Women are taught to be meek and to follow these cultural norms that cause often lack of self-confidence and reluctance to do things differently. They also lack the power of decision for their own views when they feel strongly about them. Roles of women as daughters, wives and mothers was also clearly socially defined. Women were expected to take full responsibility for household jobs and taking care of children whether they also worked outside the house or not (Win, 2000). Accordingly, the 'double burden' of paid and unpaid work so often shouldered by women (Esplen, 2007). Therefore, cultural and gender stereotypes of Myanmar society make women to be difficult status and life regarding unequal rights and discrimination between men and women.

Therefore, undocumented female migrant workers from Myanmar are vulnerabilities to faces life difficulties as being illegal status, being migrant, being workers and being female related to health care inaccessibility, working environment and their family in a particular the society of other countries. The Thai government official policies attempt to protect the rights of these female migrant workers from Myanmar by giving the illegal status to legal status and thus access to health care and other kind of rights protection but these policies cannot be implemented well in real world. Additionally, these undocumented female migrant workers from Myanmar are neglected by human rights and as a result they face several exploitation, discrimination and racially motivate violence, attempt murder and to be victims of human trafficking. This kind of enthusiasm gives me effort to study life difficulties of undocumented female migrant workers from Myanmar in Thailand.

1.3 Research questions

This study aims to explore to what extent undocumented female migrant workers encounter life difficulties in Thailand. Particularly, the study will focus on the life difficulties of undocumented female migrant workers from Myanmar related to health care accessibility, working environment and life as women in seafood processing factories in Samut Sakhon, Thailand.

1.3.1 General research question

How health inaccessibility, working environment and life as women relate to life difficulties among Myanmar undocumented female migrant workers in seafood processing factories, Samut Sakhon, Thailand?

1.3.2 Specific research questions

Q1: How health insurance and health care services inaccessibility associate with life difficulties among undocumented female migrant workers from Myanmar in seafood processing factories, Samut Sakhon, Thailand?

Q2: How physical safety, structures and security of working environment connect with life difficulties among undocumented female migrant workers from Myanmar in seafood processing factories, Samut Sakhon, Thailand?

Q3: How life as women associated with life difficulties among undocumented female migrant workers from Myanmar in seafood processing factories Samut Sakhon, Thailand?

CHAPTER II

LITERATURE REVIEW

The purpose of study is to explore life difficulties related to health care inaccessibility, working environment and life as women among undocumented female migrant workers from Myanmar. Two theoretical perspectives are employed as a guide for developing conceptual framework for this study, which are (1) political economy perspective and (2) gender perspective.

First of all, political economy perspective is used to explain life difficulties among undocumented female migrant workers regarding to the inequality, discrimination and the structure of capitalist system in health care service. Moreover, this perspective can show that capitalist relationship between employers and workers, how capitalist employers exploit to their workers and how they control rights and benefits to get more profits and reduce their cost production that can cause life difficulties of undocumented female migrant workers. Secondly, gender perspective is employed to explore life difficulties related to unequal power relationship between men and women within the family. The unequal division of labor, responsibilities and participation in decision-making within households based on unequal power relations also cause life difficulties among undocumented female migrant workers from Myanmar.

Therefore, political economy and gender perspectives are expected to fill the gap and answer to the unsolved issues. The political economy and gender perspectives can make critical analysis of detail situation of health inaccessibility and working environment related to being female life among undocumented female migrant workers.

2.1 Political economy perspective

Political economy is not about the relationship between commodities, prices, supply and demand. It is about people and the social relationships between them and about the owners of wealth and how they use it to exploit others, about what is produced and how. In that sense economics is both political and social, and even historical (League for the Fifth international Organization, 2006). Political economy theory now draws heavily on the subject of economics, political science, law, history and sociology or different closely related branches of economics to explain the politico-economic behavior of a country (Timimi, 2010).

According to Karl Marx's ideas, society is divided into two parts: substructure and superstructure. First is **substructure** that contained the (1) '**means of production**', and (2) '**relations of production or class relations of production**'. Means of production includes society such as factories and other facilities, machines, raw materials, economic policy, labor and the organization of the labor force. Karl Marx defined the meaning of class which was explained by the ownership of property. Those ownership vests a person with the power to exclude others from the property and to use it for personal proposes. Secondly, in relation of production or class relations of production, there are three classes of society: (1) the bourgeoisie or capitalists or the ruling class (who own means of production such as machinery and factory buildings, and whose source of income is profit), (2) landlord (whose income is rent) and (3) the proletariat or the workers or the working class (who own their own labor and sell it to ruling class in the form of wage labor to survive). Class is determined by property, not by income or status. The interests regarding land ownership and rent are different from those of the capitalists. However, capital (property of production) and landownership combine, as do the interests of landlord and capitalists. Finally, the relation of production between workers and capitalists, determines all other activities. Second is **superstructure** that included social structure or the social institutions (family, economic, health, politic, government/state, count, media and religion) and the ideologies (philosophy, norms, and values) is determined by '**mode of production**' (Cuddy, 2008). Dialectic of class struggle is that substructure shapes superstructure.

In the capitalist society from substructure, the capitalists and the workers dependent upon each other in that the capitalists need the workers to produce the goods and services which the capitalists get their profits whereas the workers are reliable on the capitalists for the provision of work and income without which they cannot survive for themselves and for their family. Therefore, the workers always enter into relations of production in order to mutually work on nature to fulfil their needs. Those workers sold their ability to work for a wage or salary referred as the working class (Islam, 2013). Similarly, the capitalist also use the government policies and political power, social institution and ideologies as the tools to protect their property and consequent social relations, to produce their products and to serve their requirements. In this way, capitalists invested means of production to produce goods and make the profit by selling the products. The capitalists' money, repeatedly invested in production and recouped in the form of profits, is called capital. It grows constantly by going through this cycle (Revolution Socialist Youth Organization, 2012).

According to the economic principle, the supply and demand of products controls prices on the market. And yet, the wages that laborers get paid is very low, so no matter how much demand there is for some product, the laborers see the profit since the owners (capitalists) take it. This profit is known as surplus value. This surplus value is the source of all profits under the capitalist system. Thus, capitalists can continue to earn more and more and pay the laborers next to nothing (Trainer, 2010). In Marxist theory, surplus value is the value made by each worker which is left over in the product, after the capitalist employer paid the recruiting costs of the worker. Although it is the added value which the worker produces, the workers are not paid for, allowing the capitalist employer to make more their capital (Perri, 2003). As a result, working classes have to struggle and dialectic of working class changes its super-structure.

The people who possess the means of production have economic power as well as political power from the Marxian perspective (Man, 2008). Marx pointed that capitalist exploitation is not an unjust or unfair part of the capitalist system. The capitalists do not "steal" their profits from the working class. Exploitation is an inherent and essential part of the system. It is the source of both the class struggle and

economic crises, which are just as integral to this system (League for the Fifth international Organization, 2006). The relationship between two classes: ruling class (capitalists) and working class (workers) is based on exploitation and conflicts.

The workers have no choice but to work, to be exploited, because they are deprived of owning the means of production it is only the capitalists own the means of production, they are forced to work for their capitalists. From political economy perspective, the source of profits as the surplus value created by the working class the basic contradiction of capitalism (League for the Fifth international, 2006). To get the maximum profit and minimum cost of production, capitalists use many methods to exploit the force of workers directly and indirectly. By using direct way, capitalists control welfare of workers by increasing working time and days, reducing benefits, no providing medical insurance and safety training, limitation toilet and drinking water and no making safety workplace. In addition, they exploit in the sense that they pay the workers in wages lower than the value of the goods and services which they produce which enables the capitalists to derive large profits from the production process at the expense of the workers who earn low wages exactly because the capitalists are exploiting them in order to secure high profits. From indirectly form of exploitation, capitalist manage by making overtime and double shifts to reduce cost production, and controlling working hours and so on (Man, 2008).

Marx regarded that satisfaction of work were crucial part for emotional or spiritual welfare of a human. Humans were incomplete or deprived of great value If they could not meet their fulfil and satisfied effort to work for themselves and their communities, and capitalism also destroyed any types of self-sufficient, self-control and intrinsically rewarding work Marx valued (Islam, 2013, p-6).

One of studies explained the connections of political economy perspectives and Canada's migrant population. This study highlighted four parts of the political economy and their implications for the health and well-being of Canada's immigrant population: (1) the immigration system, (2) labor market policies, (3) welfare retrenchment, and (5) the neighborhood-level context. The significant finding of this study was that this political economy is largely the result of public and the logics that govern them. Without any causes, immigrants and direct health care providers identified that this political economy had a determinative effect on their

standards of living and well-being. This study had solicited front-line, community-based political economy perspectives of immigrant health as a critical first step toward treating these problems and the barriers they pose to the health and well-being of immigrant populations (Shahidi, 2011, p-24). Although capitalist system had many disadvantages and it makes still a huge gap between capitalist class (rich) and working class (poor) that caused exploitation, human rights violations and abuses in labor markets, capitalist societies still exist in most of the countries in the world.

2.1.1 Capitalist Society

Capitalist society is social community which is under capitalism. Capitalism is an economic system based on private ownership of the means of production, in which personal profit can be acquired through investment of capital and employment of labor. Due to free market competition, this system can improve the quality of goods with low price. Additionally, the competition between markets and businesses will create more productivity in the work places, allowing the rate of technological innovation to increase. This will cause the society to advance while the costs of goods and services will decrease. Moreover, customers are allowed to make their freedom of choice. In addition, a capitalist economy is efficient as it yields high levels of GDP and innovation is encouraged (Pettinger, 2013).

However, in the capitalism, the profit motive is the motivation of business that sets up and operates so as to minimize cost and to maximize profits. Even though this system has many advantages in global economy, the ultimate goal of business is to make profit. Production is started not by what consumers are prepared to pay for to satisfy their needs but by what the capitalists calculate can be sold at a profit. Those goods may satisfy human needs but those needs will not be met if people do not have sufficient money. The capitalists live off the profits they gain from exploiting the workers while they repeatedly invest some of their profits for capital (Li, 2016). Therefore, possibly this system makes the rise of income inequality, unequal social division and a huge gap between rich (powerful) and poor (powerless) that may cause exploitation, human rights violations and abuses from powerful to powerless people or rich to poor or employers to workers.

The proponents of capitalism believed that expanding the free-market and private ownership would create greater economic efficiency and social well-being and global free trade is the best for a nation's economy to develop. Therefore, they made new system called neo-liberalism. Now, with the rapid globalization of the capitalist economy, neoliberalism system can be seen in the global market. This system is allowed corporations and affluent countries to secure their financial advantage within the global economy (Different Between Organization, 2013).

Neoliberalism is about freer movement of goods, resources and enterprises in an offer to always seek cheaper resources, to maximize profits and efficiency. It focused on free trade in goods and services, free circulation of capital, and freedom of investments (Shah, 2010). In the international expansion of markets and markets relations, the main factor has been commoditization of human labor or making labor migration. The movement of global population has been assembling into capitalist labor markets and fastening national and regional labor markets into ethnic labor friendly markets. However, flexible labor markets that keep down wage costs and maximize profits are at the heart of the neoliberal project. A migrant worker with no rights and no social benefits is a desire for neoliberals to reduce the cost of production and to get high profits. Therefore, industrially developed countries find cheap and low skilled labors in developing countries and neighboring countries. To get huge profits, the employers hired undocumented migrant workers from developing countries especially women because they can control easier than documented migrant workers. They are highly vulnerable to abuse of their human rights and labor rights to both of their lack of legal status and gender. They either do not know of or are too intimidated to assert their rights under the laws of receiving countries. Low-wages migrant workers could be even cheaper if they could be neglected the usual rights of citizens. As a result, the operations of the market are always underpinned by unequal power structure that causes exploitation in labor rights, human rights violations and abuses to undocumented female migrant workers.

Similarly, as Thailand has been rapidly developing tourists and export industries, it needs cheap and low skilled ethnic friendly labors from neighboring countries: Myanmar, Cambodia and Laos. Samut Sakhon is the main seafood processing industrial zone in Thailand. This area also requires cheap ethnic friendly

female labors from Myanmar according to the demand of production. Thailand was designed to induce feasible jobs opportunities, health insurance and health care service accessibility, better income and living standard, and full labor rights for ethnic friendly labors into the Thai ethnic labor friendly society. Again, the travel restrictions combined with poor economic conditions in Myanmar pushed ethnic women with no formal ways into ethnic labor friendly markets to become undocumented female migrant workers.

Thai government established the ethnic friendly polices to protect ethnic labors from Myanmar in a certain circumstance. According to these policies, migrant workers are involved to access health care services, SSS (sickness, maternity, child allowance, invalidity, death, old-age pension and unemployment) and labor rights. Their working hours is eight hours per day but not included break time and they are not allowed to work more than 48 hours per week. They are entitled to access break time that is not more than one hour after working not more than five hours per day and are not less than one day-off per week, not less than 13 public days per year and not more than 6 days annual leaves with payment for the workers who had one year working experience. Besides, the workers were allowed to get wages which are not more than 30 days per year if they took some leaves due to their sick.

However, undocumented female workers may not be protected under these policies. To maximize the profits and to minimize the cost of production, ethnic labor friendly market hired cheap and low skilled undocumented ethnic female workers from Myanmar and capitalist employers did not follow the rules and regulations of Thai government to provide benefits, compensations and right for ethnic friendly workers. Nonetheless, without proper documents proving their immigration status, they were severely restricted to get the jobs in women friendly society. Besides, they were women from different ethnic groups and they repeatedly experienced losing their “voice” in the field of their works and the powerlessness associated with being a migrant worker in an irregular setting. Moreover, they were silently, rarely complain and easily controlled and exploited than other migrant workers and were often relegated to working in the 3 Ds jobs with little or no labor rights. In addition, the language barrier and the lack of vocational skills are strong inhibitors of migrant integration into the ethnic labor friendly society. These sociocultural factors, coupled

with the migrant workers' economic disadvantages, insure that undocumented female migrant workers occupied the lowest positions in the labor force and in women friendly society. Thus, they still become the industrial labor force and victims of exploitation in ethnic labor friendly society. They also faced discrimination in various sectors depending on gender and racial in the labor market. The unequal benefits of equally productive individuals only because they belong to minorities of ethnic group with illegal status might be one of the forces behind these large and persistent disparities.

Consequently, undocumented female migrant workers were the most vulnerable to labor rights exploitation, human rights violation, marginalization, discrimination and abuse in capitalist societies. Thai government cannot well establish ethnic friendly policies and implement to protect them under the Thai laws. However, undocumented female migrant workers had no choice but to labor for others' profit so they can survive in ethnic labor friendly society.

With globalization of capitalism, there is no stop to exploitation. Even though the government from developed countries set up policies to protect migrant workers, exploitation in labor rights, human rights violations and abuses are now nowadays mostly taking place in labor markets. On the other hand, it makes being able to buy cheap products and gives opportunity to earn more money for migrant workers from poor economic countries. Therefore, capitalist societies have existed and also exploited labors to maximize profits and to minimize cost.

Accordingly, considering the theoretical perspective, this study attempts to explore this study, political economy perspective can explain life difficulties of undocumented workers due to capitalist society related to health care accessibility and working environment. According to explanation of political economy perspective, these undocumented workers enter into the capitalist society to get wages or salary by selling their labor power for their family survival. In a similar way, the capitalist employers use the government policies and their capitalist power as the device to get maximum profits and reduce minimum costs by exploiting to migrant workers. Although migrant workers are used their work force, they have no chance to get full health care benefits, labor rights and benefits and as a result female migrant workers get life difficulties. But political economy perspective cannot explain life difficulties

related to unequal power relation between men and women. Therefore, gender perspective also will be used to explain the relationship between life difficulties and life being women.

2.2 Gender perspective

The gender perspective sees the impact of gender on people's opportunities, social roles and interactions (FAO, 2001). According to gender perspective, gender is different than sex.

While sex refers to the biological and physiological characteristics and unchangeable (accepted transplanted, which was partial only) for a born individual to be either male or female destined for reproductive functions with define men and women (Durham & O'Byrne, 2010), gender is far more than just the biological and physiological sex.

Gender is defined as the set of socially and culturally expected behaviors of men and women based on roles, attitudes and values in a context of society (Durham & O'Byrne, 2010). Gender is shaped by culture, social relations, and natural environments. Thus, depending on values, norms customs and laws men and women in different parts of the world have evolved different gender roles. Gender roles are different from men and women. Women are assigned to take responsible for child care and to do household chores whereas men are breadwinners and head of the family. Moreover, financial management is done by women, as well as the household management in the family. Men are allowed to do anything except crimes in respective society but women cannot do like men. Women are more restricted than men. These roles can change from society to society and across culture and generations which can be identified that women had primarily been responsible for the care and nurturing of children and family and household works called the work of social reproduction. Additionally, women are physically smaller and lesser strength than men. Men have muscles and are suitable to do "hard" and productive jobs. As for women, they have to work "easy" or "light" work and work linked to reproduction and to take care of family members, which is regarded as women's work (Riley, 2008).

Gender relations were defined as the social and economic relationship which existed in any family, community, workplace or society between men and women. They also determine access to material resources, such as land, credit and training, and more ephemeral resources, such as power. The implications for everyday life are many, and include the division of labor, the responsibilities of family members inside and outside the home, education and opportunities for professional advancement and a voice in policy-making (FAO, 2001). Gender relations were power relations that can lead to gender discrimination. In human society, men were more powerful than women. Women were taught how to be feminine and men are taught to be masculine from their respective society. These could be varied to understand the difference between men and women and to be widely practiced in their society (Seeds Theatre Organization, 2012).

Gender stereotypes play an important role in the gender equality. They can be used as devices for manipulating power relations between men and women. They are naturalized within respective society through a process of reproduction and maintenance. In relation to the gender, gender stereotypes cause the basis how respective society accepts men and women should behave and discrimination against women in a certain roles including leadership and decision making. As a result, women are inferior to men and their works are less valuable and less important than men's work in their society (Seeds Theatre Organization, 2012).

Gender perspective explores the power relations between men and women to focus systematically on the forms of discrimination and bias and the resulting inequalities, injustice and marginalization contribute as drivers of conflict and problems (Browne, 2014, p-1, Sen, & Östlin, 2007).

2.2.1 Religious and cultural context of Myanmar

The roles of women in Myanmar society are less power than men based on their custom and tradition. In fact, gender roles arising out of cultural and religious stereotypes prohibit women from enjoyment of human rights, decision making, freedom of movement, community involvement, participation in leadership and their enjoyment. The combination of government restrictions, religious demands and society's precondition serve to ensure women encounter restrictions in every area.

The values and cultural norms of most of Myanmar society (Approximately 90% of Myanmar people) are based on Buddhism. In reality, Buddhism is not a rigid religion, it coexists with other beliefs such as “Nat” (Spirits). There was no discrimination between man and women in Buddha teachings, both are made of same materials, mind and matter. But most of Myanmar society accepts that male domination is associated to the religion. In beliefs of religion, Monks are “*pongyi*”, who have great power and dominance as a consequence of their accrued merit. Men have a chance to be monks that can influence ultimately to Buddhahood but women cannot. Even though women can become nuns, “*thilashin*”, Buddhist nuns always have to take lower rank than monks. Monks are easily offered alms in most Myanmar society but nuns faces difficulties to get offered cash and to cook meal themselves. Moreover, even if a nun was older than a monk, a nun cannot sit at the same level as a monk. Although a man who decided to join monkhood for his entire life is usually praised as a noble man, people believe those joined nun hoods are due to hardship of their lives most of the times and pay less respect than they give to monks. Additionally, all women were not allowed enter certain parts of temples as well as to apply gold leaf to Buddha statues (Win, 2000).

Most of Buddhist society in Myanmar believes that there is something called “*hpoun*” which is great glory, influence of oneself and cumulative result of past meritorious deeds. Many Myanmar people accept that men have higher level of “*hpoun*”, so they shouldn’t be in touch with sarongs and any female clothes especially bras, underwear and others which are for lower part of the body which could ruin “*hpoun*”. Majority of Myanmar people do not mix to wash clothes of men and women together both in a washing machine and by hand. In addition, men never walk through wherever the clothes that women use to wear for their lower part of the bodies are being hung above that can decrease their “*hpoun*”. Besides, women should not sleep the right sides of their husbands and the higher level of their husbands’ heads that cause diminishing “*hpoun*” of their husbands (Win, 2000).

Another cultural belief is that women are not allowed not only to prepare pickles and Myanmar fish paste but also to touch Buddha statues at home during menstruation period. Furthermore, it is not absolutely accepted to smoke or drink for Myanmar women. Men are allowed to drink but it is against Myanmar tradition to

drink or smoke in public for women. The worst thing is when a girl was raped, Myanmar society would finger to the victim girl for being slutty instead of supporting her and criticizing the rapist (Than, 2003). Additionally, wives cannot eat before their husband. When they ate before their husband, their power will reduce. Even if their husbands were out, they have to wait for them until they returned and ate. Women always give their priority to fathers, husbands and sons in their family. They provide the best plates and the tastiest food for their fathers, husbands and sons in their daily lives (Win, 2000).

Years ago, while husband's income was enough for family survival, their wives do not only all domestic works but also taking care of children which were thought likely to be done only by wives which was reasonable to balance the workload between husband and wife. Nowadays, women are complementary income earners as a result of husband's insufficient income in their family. However, the whole Myanmar society still accept that household chores should be done only by women. Besides, not only in husband-wife relationship but also in a family, daughters seems likely to help household chores, not son (Gender Equity Network, 2015).

This study attempts to explore to what extent life difficulties of undocumented female migrant workers. Specifically, the study will emphasize on the life difficulties of undocumented female migrant workers from Myanmar related to health care accessibility, working environment and life as women. According to gender perspective, differences in male and female gender roles are related to the power differential between men and women. This power relationships between male and female migrant workers in their family are unequally distributed. These female migrant workers are responsible to work not only outside work but also household jobs. Myanmar cultural norms cannot be kept pace with the increasing earning rate of women through increasing the role of men in household duties. This can lead to the double burden of paid and unpaid work responsibilities for female migrant workers and as a result they cause life difficulties.

2.3 A Review of the previous literatures

Many relevant studies previously examined the life difficulties of migrant workers with gender issues. First of all, several studies regarding health issues of migrant workers usually explored health care accessibility, affordability and discrimination (Hesketh et al., 2008). They generally noticed that undocumented workers have less chances of early diagnosis accessibility, proper health care services and health insurance (Clark, Surry & Contino, 2008). The reasons of the lack of health accessibility were found be because of their illegal status and financial difficulties. Like a vicious circle of poverty, migrant workers cannot access health care services when they were sick and if they didn't work, they didn't get their wages. When they have no money, they cannot go to hospital or health care services center. In this way, their life is terrible in their poverty cycle.

For example, the study was conducted by Marshall et al. (2005) in Texas. Marshall et al. reported that the data on health status and health care access for Latino female migrant workers was restricted. . This study is based on secondary data by using cross-sectional method for 325 both male and female migrant workers from February to April 2002 and October 2002 in North Texas. The researchers used questionnaire through a face-to-face interview to them. 71.6% of all migrant workers responded not having any form of health insurance. 91.1% of undocumented women and 58.3% of documented women were lack of any form of health insurance. Moreover, 46.9% of all migrant workers had a regular health care source. Both documented and undocumented women reported having a regular health care source, 56.6% and 32.9%, respectively. Undocumented women faced limitation or inaccessibility of health care due to financial, educational, and cultural and language barriers that can affect on their health status, early diagnosis investigation and proper health care (Marshall et al., 2005, pp.- 927-932).

In addition, the previous studies also found that migrant workers face several barriers to access health care services when they visited to health care services center or hospital due to illegal status, discrimination and language barriers. For instance, Veerman and Reid studied that Myanmar migrant workers in Phang Nga province, needed work permits to purchase health insurance cards in the Thai public health system. Without health cards, migrant workers must pay the full cost of

treatment, which is usually impossible. Although those migrant workers could afford for treatment, there was the added barriers of fear being stopped at the police check-point on their way to health care services center to arrest and deportation or afraid of being reported to the police by health care providers. Moreover, health insurance package for migrant workers could not cover for the treatment of TB, HIV/AIDS and HIV prevention of mother to child transmission. This study observed other barriers for seeking adequate care: language, transportation cost and lack of knowledge about important health problems. In addition, some Ministry of Public Health (MoPH) staff had negative attitudes to Myanmar migrant workers. Myanmar migrants had much longer waiting times before receiving treatment as compared to Thai citizens. In response to these conditions, the Thai MoPH drafted a policy to provide care and treatment for undocumented workers in 2008. However, this policy was not formally approved by cabinet and as a result, providing health care for those workers is made decentralized level and differs markedly from each province (Veerman & Reid 2011).

Many of previous literatures explored that migrant workers were faced so many vulnerabilities and difficulties in most parts of their lives due to immigration and low skilled labor status, deceit of brokers, discrimination, abuse and exploitation by capitalist employers. For instance, the study was conducted by Meyer et al. in Mae Sot, Tak province, Thailand. Their findings showed that this was interrelated with debt, deceit and exploitative working conditions in Thailand. In their study, ethnic friendly workers from Myanmar incurred debt to the brokers as a result of paying higher amount for obtaining the jobs and travelling to Thailand and they could give the cost back later. Due to debt and deceit of brokers, migrant workers easily trafficked into forced labor. The brokers were forced them to work without payment in order to pay back their debt. In addition, they reported being deceived about working condition they approved. In their study, Myanmar migrant workers reported that they were exploited by their employers in their workplaces consisting in deduction of wages and forced excessive working hours without payment, and violence involving physical and verbal abuse both personally experienced and witnessed, in their working environment. Employers and their managers had abused them in the form of yelling, threatening, and sometimes perpetrating physical abuse (Meyer et al., 2014).

Additionally, the similar previous study showed that ethnic friendly workers from Myanmar had a lot of life difficulties in their working environment, health care services and in local society of host country. Giving as an example, the study was done by Srivirojana et al in Ranong Province, Thailand. They used qualitative research methodology with in-depth interviews and non-participant observation for 60 Myanmar migrant workers. They found that Myanmar migrant workers were working in unsafe working conditions with inadequate or no providing safety equipment and with lack of information about occupational risks. Moreover, they were restricted to access health care and receiving delayed treatment. Although registered migrant workers had health insurance, unregistered migrant workers had no health insurance. Employers neglected their workers to pay compensation. Most of the unregistered migrants without health insurance or work permits were unaffordable for surgery or cost of health care. On the other hand, hospitals had a limited budget to cover cost of treatment of Myanmar workers who requested not only hospital charges exemption but also other health care services. As the result, the expenditure of health care were increasing and unregistered migrant workers who were unable to pay cost of treatment, had lack of chance to access health care services. Furthermore, employers did not register and pay contributions to social security fund for social security scheme of their registered workers. Srivirojana et al. found negative attitude of local residents to ethnic friendly workers from Myanmar. In death cases of most of Myanmar migrant workers related to occupational injuries or accidents or murder cases, they were rarely prosecuted in court. Therefore, Myanmar migrant workers encountered life difficulties in ethnic friendly society, Ranong province, Thailand due to health care inaccessibility, dangerous working conditions, and negative attitude of local people and lack of legal protection (Srivirojana et al., 2014).

Regarding gender issue among female migrant workers, there were many studies for life difficulties due to job-related issues, lack of social support, occupational hazards and physical harassment in their workplace (WHO, 2010). For example, the study was conducted by Srinivasan and Ilango (2012). They examined that female migrant workers in India faced many problems including low wages, health hazards, sexual exploitation and denial of their fundamental rights. The purpose of this study was to analyze the occupational health problems of women migrant

workers in Karur district, India and to explore the exploitation faced by those workers. The research design was descriptive. This study used directly face to face interview method for data collection from 100 respondents. Fifty six percent, thirty four percent and ten percent of respondents reported for various kinds of skin disease, sunstroke and body ache respectively. Moreover, thirty two percent of respondents had accidents or risk in their routine work and sixty eight percent of migrants had no accidents. Seventy percent of workers said that they were provided hazardous operation and thirty percent reported that there was no hazardous operation. The common psychological problem were shivering (sixty six percent), stress (fifteen percent) and sleeplessness (nineteen percent). Fifty nine percent of workers complained that there was no fencing or physical barriers to prevent unauthorized entry that could cause more accidents. Forty one percent of respondents described that fencing or physical barriers had for prevention of accidents. Sixty nine percent of women workers agreed that there was physical harassment in their workplace and eighteen percent of them were no such harassment. They are exploited of their basic rights by the contractors. So there is an urgent need for the protection of migrant women workers to overcome these problems (Srinivasan & Ilango, 2012, pp. 23-26)

Many previous relevant studied showed that the life difficulties of female migrant workers were caused by gender inequality and gender differences in their family. According to traditional gender roles in most, women were responsible for taking care of child and household production in their family. For example, one of studies showed that gender equality and gender differences in household work and parenting of 23 British dual earner couples. The main focuses of research and analysis in the subject area were gender division of household labour. This study was divided by 3 parts. One was that the problems of differences and equality of gender related to an understanding and analysis of women and contribution of men to domestic job and parenting. It is argued that the relationship between women's greater contribution to household work and their relative inequality to men in employment and public life. Second was that it remained difficult to speak about equality within household life as measured by women's and men's participation in, time spent doing, or taking the responsibility for a broad range of household tasks. The last was that there is a crucial need to attempt to understand the processes of why and how women and men take

responsibility for their children's lives, the diverse kinds of responsibility for the practical and emotional dimensions of household life, and how these responsibilities change between women and men as well as between the various ages and stages of child rearing (Doucet, 1995, pp. 280-281).

Based on previous studies, female migrant women had life difficulties concerned with lack of social support and work related problems. From the study of Tang, Oatley and Toner (2007), the life events and difficulties of Chinese migrant women in Canada were caused due to migration process, lack of social support, jobs-related events and financial difficulties that can lead to mental health problems. The majority of negative life events were related to jobs and financial difficulties of poor living status which significantly led to psychological health problems of Chinese female migrants. Work-related events were due to repeated job rejections and job loss of the principal wage earner. Financial difficulties were also associated with job-related events. When participants or their spouses lost a job, they had the financial hardship that was categorized as a job-related event. These Chinese immigrant women settled in their new environment by adjustment and relationship harmony. However, they faced lack of social support that affected on mental health. Therefore, among the Chinese female immigrants in this study, socioeconomic events and difficulties accounted for 77% of participants (Tang, Oatley & Toner, 2007, pp. 281–290).

Additionally, double of paid and unpaid works made life difficulties for female migrant workers. The previous study showed that globalization brought economic development and greater economic opportunities that was to increase earnings for Asian women. Asian women were increasingly working outside of the home for their family survival. However, they were still expected to complete household duties as well. They were caused double burden of paid and unpaid jobs and unequal division of labor (Murray, 2005).

According to above studies concerned with health care, undocumented workers had no chance to access early diagnosis accessibility, proper health care services and health insurance due to their illegal status, financial difficulties, educational background and cultural and language barriers. Moreover, previous studies mentioned that female migrant workers faced occupational hazards and physical harassment in their workplace. The study of gender equality and gender

differences explained division of household jobs between men and women. Although these previous studies are very good, they conducted separately life difficulties related to health care accessibility problem, working environment and gender issues of migrant workers. Thus, this study attempt to synthesize those kinds of life difficulties. Combining the points with previous studies, this study would add a body of knowledge that health care accessibility, physical safety, structure and security for undocumented female migrant workers. This study will explain that the causes of life difficulties are connected each other.

2.4 Conceptual framework

This study is to explore life difficulties of undocumented female workers regarding health care accessibility, working environment and life as women in household jobs using political economy and gender perspectives. The conceptual framework can explain that life difficulties of undocumented female migrant workers are due to capitalist society related to health inaccessibility, capitalist exploitation related to working environment and power relation between men and women life as women.

2.4.1 Capitalist society related to health inaccessibility

There are two parts for health inaccessibility: (1) health insurance and (2) health care services. This study try to explain about availability, affordability and discrimination related to health insurance and health care services that make life difficulties to undocumented female migrant workers in ethnic friendly societies.

(1) Health insurance

Availability: Undocumented ethnic friendly female workers from Myanmar have lack of information about health insurance system. Their employers don't want to share about the information of health insurance. According to the Social Security program, each month the employer must pay ten percent of the employee's monthly salary for health insurance: five percent of which is deducted from the migrant's wages and other five percent is contributed by the employer. But the

employers don't want to pay their part of the contribution (Jaisat et al., 2014). In addition, the Thai government also limits the number of social security board cards that it will issue to each employer based on the size of the business and limitation of benefit package that cannot be accessed to undocumented female migrant workers (Soe, 2013). Therefore, unable to access health insurance can cause life difficulties for undocumented female migrant workers.

Affordability: Undocumented female workers earn low wages and they are always employed in supportive roles. As wages are what the capitalist pays the workers for working a certain period of time, they cannot afford to purchase health insurance. Due to low wages, women don't get enough money to buy health insurance and don't desire to deduct their salary for purchasing health insurance. If they have no health insurance card, they have to pay high costs for health care services. The lack of health care insurance and coverage was significantly related to low income, poverty and illegal status (Pih, Hirose & Mao, 2012). Therefore, they face life difficulties related to unaffordability for health insurance.

Discrimination: Capitalist employers keep the information about health insurance and deny to provide health insurance for undocumented ethnic female workers compared with national workers due to alien status. Moreover, health insurance companies sell limited number of health insurance cards for undocumented workers although these companies provide health insurance cards for all their local citizens. For that reason, undocumented female get life difficulties due to discrimination on the distribution of health insurance.

(2) Health care service

Availability: Undocumented female migrant workers live on-site or very close to their workplace where are often far from city center and are kept segregated from the general population. Their places are also far from health service center and hospital. For that reason, they are afraid to go health care service center as they can be arrested by polices or authorities on the way or in the clinic centers due to illegal status (Mezey et al, 2001). Moreover, the hours of work that women have to work in the

workplaces are long because they are in a low position. Capitalist exploits women by demanding long hours of work with cheap wages. Having long working hours leads women to have limited time to go health care service center. In addition, they are not willing to go health care services center when they are sick. They are worried about deduction of their wages and the possibility of losing their jobs as they are exploited by their capitalist employer not providing sick leave and day off. They don't get wages if they don't work (Mezey et al, 2001). Furthermore, if these migrants moved to another part of the country, they are unable to use their health insurance card in the new location (International Women's Rights Action Watch Asia Pacific Organization, 2009).

In the capitalist health system, undocumented workers can use only health insurance to work and reside in province in which are registered. Limitation of health care service center cannot be utilized for undocumented workers. Due to being women, they are very busy with their household jobs and taking care of their children and they have no time to go health care center. As the result, undocumented workers face life difficulties as they are not available for using health care services.

Affordability: Undocumented female migrant workers earn low wages in lower position according to their educational background and skills. They are exploited by employers not supporting health insurance. They cannot afford to receive health care services in health care center and hospital when they are sick. Moreover, as they lack health insurance, they face serious barriers to medical care and pay more out-of-pocket and to pay the full cost of the treatment which is usually impossible when they receive care (Veerman & Reid, 2011). In addition, in the capitalist medical system, the more services provided, the more fees collected. The fee-for-service system and the prescribed medication are very expensive for undocumented ethnic friendly female workers. They cannot afford to use the health care service center as they don't earn money. Therefore, they stay away from seeking health care in health care service center and hospitals.

Discrimination: Life of undocumented female migrant workers are often extremely discrimination for health care services and treatment compared with the

national societies: limited access to quality health care, limited number of patients, inequality of health care costs, and extreme amount of waiting time before receiving treatment. Therefore, undocumented workers are not willing to go health care service center. Moreover, the difficult interaction of health care providers and undocumented workers were due to perceived discrimination. The condescending attitudes of health care providers discourage the migrant workers from accessing health care services. Negative attitudes of health care staff makes the undocumented workers somewhat reluctant to receive health care services. As above result, undocumented workers face life difficulties due to discrimination of health care services when they are sick or injuries.

2.4.2 Capitalist exploitation related to working environment

The most frequent life difficulties of undocumented ethnic friendly female workers were related to their employment and their working environment. This study attempts to explore life difficulties concerned with physical safety, structure and security of undocumented female migrant workers in their working environment.

(1)Physical safety

Undocumented female migrant workers were rewarded less for employment in hazardous settings, receiving low or no on jobs training, lack of training on occupational accident prevention, and inadequate preventive care training in their working place. Although they exposure to toxic chemicals and dangerous materials, their employers neglected to provide protective equipment. Economic pressure pushes employers to get high profit and low costs. Thus, capitalist employers create crowded factories with poor ventilation, lack of sanitation and facilities for their workers. Moreover, employers exploited to undocumented workers not supporting job safety trainings and material for occupational hazards and injuries. Additionally, these employers limited to provide adequate toilets, good quality food and drinking water for them. In this way, undocumented workers get life difficulties as they are exploited by their employers for their physical safety.

(2) Structure: Wages, benefits, and working time

According to Thai ethnic friendly policies and laws, ethnic friendly workers must be equally compensated with wages and employee benefits comparable to Thai nationals. But capitalist employers hired undocumented female migrant workers to reduce costs by paying low wages than Thai workers. These employers use female migrant's illegal status and threaten deportation. Moreover, they pay these migrant workers less than proscribed Thai minimum wages, withhold in equal pay for equal jobs, and delay payment. There are a variety of wage deductions from undocumented workers including uniform fees, the cleaning costs for their accommodation, transportation costs and penalties for being absent from work when they were sick or late. Moreover, they exploit these migrant workers for their labor rights and benefits including sick leaves, maternity leaves, no day off, limitation free of movement, and withholding original required documents including Myanmar ID card, and Myanmar household registration card. Moreover, capitalist employers hide the information about benefits for illness or injuries, maternity, disability, death, child allowance, old age pension, and unemployment with the contribution of 5% of the monthly salary by the employer and worker and additional contribution of between 2-3% by the government for health insurance according to Social Security Act (Hall, 2011). Although all female migrant workers in Thailand were entitled to 45 days of paid maternity leaves according to Section 57 of the Labor Protection Act, they never received this benefits. When a female migrant worker became pregnant, her employers denied her the opportunity to visit health care service center for ante-natal care, threatening termination from work (Biel, 2014, p.5). Moreover female migrant workers are forced to work mandatory overtime, excessive working hours and long working hours without break. As the result, undocumented female migrant workers encounter life difficulties due to exploitation in wages, benefits and working time in their workplaces.

(3) Security: Sexual, verbal, physical, and social abuses

In the workplace, ethnic friendly workers had little recourse when they were abused because their illegal status made them fear of calling police. Myanmar female workers were extremely vulnerable to sexual abuse including sexual

innuendos, touching or fondling of body parts to rape by their employers (Autonomous Nonprofit Organization, 2014). Moreover, their employers had verbally abused them by yelling at them and calling names such as “donkey” or “animal”, insults, blaming them for everything, accusation, and threats. In addition, undocumented female migrant workers got physical abuse in the form of poking, hair pulling, slapping, shaking, pinching, kicking, hitting, fisting, or other types of physical abuse such as throwing items on female migrant workers. Additionally, they are abused socially including preventing from having contact with family, friends, and other people or restricting their activities and free of movement causing sense of isolation. As the result, undocumented female migrant workers face life difficulties related to lack of security in their working environment.

2.4.3 Power relationship between men and women: Life as women

This study will examine life difficulties regarding to unequal power relationship between men and women life as women in their families.

(1) Perceived roles as women

In most of Myanmar society, women are taught to be feminism and to be a good wife and mother. Myanmar family system have usually been male dominated. To be considered a “good wife”, women must abide by their behavioral restriction that cut across the religious and cultural boundaries separating Myanmar ethnic communities. Man as head of the family and the breadwinner of the family are always thought as important people for the whole family. As a result, women are inferior to men and their role are less valuable and less important that men in their society. For example, women cannot be supported to sleep on their husband’s right sides and with their heads higher than their husbands because this also is said to reduce men’s power. Moreover, women have to wash men and women’s clothing separately. Men’s clothes must be washed first and then hung out to dry. The men’s clothes must be hung at a higher height than the women’s. In addition, women must pay respect to their husband: women cannot eat before their husband. If women eat before men, their husband’s power will decrease. Even if they are out, women have to wait for them to return to eat.

This kinds of cultural stereotypes can prevent women from their freedom, participation in leadership and communities activities, recreation and reducing their self-confidence that can cause life difficulties among undocumented female migrant workers from Myanmar in Thai ethnic friendly societies.

(2) Domestic and household works as mothers and wives

In Thai ethnic friendly society, female migrant workers work from the early morning until in the late evening. According to Myanmar traditional perception, caring for children is women's responsibility and not men's work. To be a "good mother" in Myanmar society, women must focus a lot of attention on her baby. Women are responsible for physical, cognitive and social development of their children as well as its adolescent development. A mothers plays a vital role in the life of a child. She needs to create a proper environment for her children. The environment in which a child is brought up is of primary importance in a child's life. A suitable environment supports the proper development of the child. Therefore, to be physical mental and intellectual development of the children depend on mother. As this result, the long working hours in the workplace is a burden for ethnic friendly workers who are mothers taking care of their children and doing household work.

Moreover, female migrant workers need to do both production work and household job for the survival of their family. Although they work hard to get money, they have to manage assigned roles of household works. Getting up in the early morning, they prepare food for their husband, feed their children, and go to work. After come back from work, they also do cook, wash, iron the clothes and clean house.

Their husbands never help to do household work. Cultural norms had not kept pace with the rising labor market participation of women through increasing the role of men in household duties. The result is that women increasingly labor under the "double burden" of paid and unpaid work responsibilities (Kawachi & Wamala, 2007). Therefore, unequal division of household jobs can cause life difficulties among undocumented female migrant workers from Myanmar.

(3) Social and family support

Women face ‘second shift’ after work that involves household, child care and other domestic works. As a result of these greater household burden, women may not have the same opportunities as men to recover from job stress through after-work taking relaxation. Women are primary providers of socioemotional support in the family that can serve the additional household demand. Men are more comfortable seeking social support from and disclosing emotion to women than to men particularly their spouses. On the other hand, women have less chance to share their difficulties to their husbands or partners because their husband make careless about their difficulties. Men believe that they are the most important people in their family and they don’t need to listen others. Moreover, when women suffer abuse or violence from their husbands or partners, they receive lack of social and family support. According to Myanmar culture, Even if they seek social support, they may not receive the support they need because potential support providers may blame and look down them. Therefore, lack of social family support can cause life difficulties among undocumented female migrant workers.

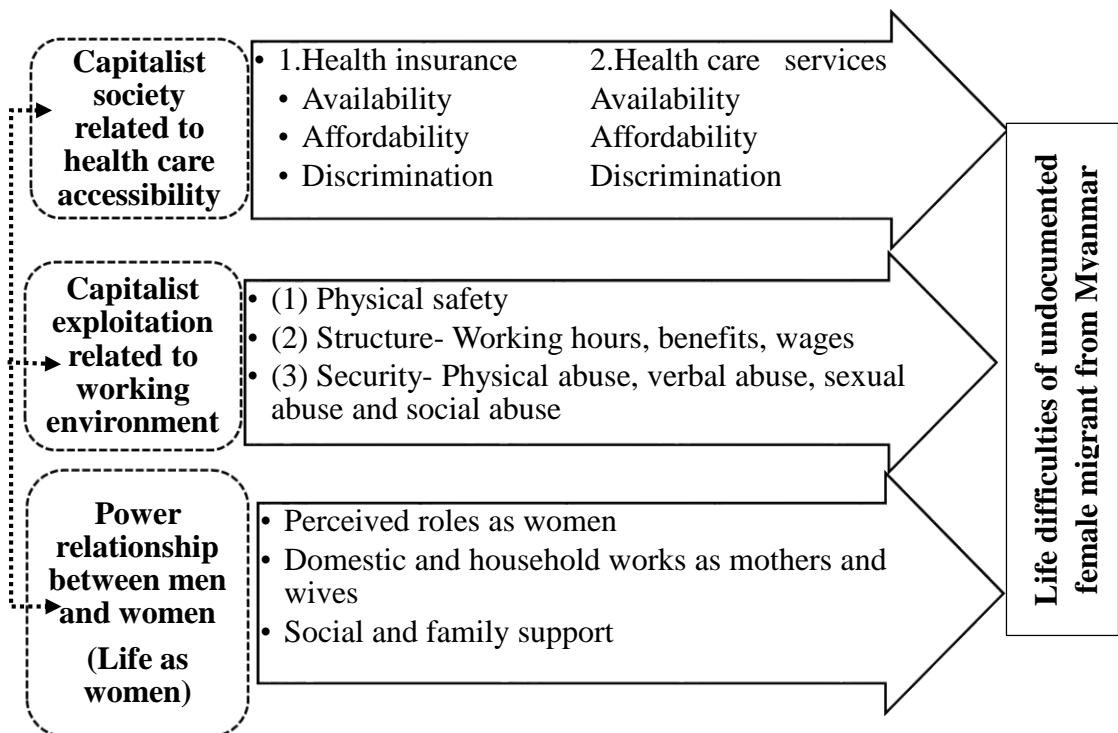


Figure 2.1. Conceptual Framework

CHAPTER III

RESEARCH METHODOLOGY

The purpose of this study intended to explore life difficulties of undocumented female migrant workers from Myanmar related to health inaccessibility, working environment and life being women in seafood factories, Samut Sakhon, Thailand. This study employed exploratory qualitative research design based on the concept of political economy and gender perspectives. In-depth interview and focus group discussion were used as the main methods of data collection. The qualitative research approach was the most suitable way to explore issues, understand phenomena based on people's attitudes, behaviors, and challenges of real-life experiences among undocumented female migrant workers from Myanmar.

3.1 Research area

This research was conducted in Samut Sakhon, one of the central provinces in Thailand. It is located at the mouth of the Tha Chin Klong River, a tributary of the Chao Phraya River, to the Gulf of Thailand. At the coast are many fields used for sea salt production. It is 34 kilometers (21 miles) far from Bangkok. Neighboring provinces are Samut Songkhram, Ratchaburi, Nakhon Pathom and Bangkok. It was established in 1548 and total resident population are about 531,887. Samut Sakhon possesses a provincial GDP that was the top five in Thailand. It was the key distribution center of the Thai seafood industry (BOI, 2014). Samut Sakhon province is subdivided into three districts; Mueang Samut Sakhon, Krathum Baen and Ban Phaeo. Since this province is large area, Mueang Samut Sakhon district was chosen as a study site.

Mueang Samut Sakhon district which is the capital district of Samut Sakhon Province of Thailand. Neighboring districts are (from the west clockwise) Mueang Samut Songkhram of Samut Songkhram Province, Ban Phaeo and Krathum

Baen of Samut Sakhon Province, and Bang Bon and Bang Khun Thian of Bangkok. To the south is the Bay of Bangkok. There are 18 sub districts and 118 villages in Mueang district.

Meaung Samut Sakhon districts is the main area of seafood processing industrial zones and commercial fishing areas where the closest area to the sea in Samut Sakhon province is. There were 200,000 Myanmar migrant workers working in Samut Sakhon. Many workers did not hold legal documents and were vulnerable to exploitation by traffickers and lack access to legal protection (Solidarity Center, 2015). Mostly Myanmar male migrant workers worked in commercial fishing boats and the vast majority female migrant workers worked in seafood processing factories according to the demand of works. The research selected this area as the research field due to (1) the main seafood processing industrial zone of Thailand (2) high population density of female migrant workers from Myanmar (3) complex place such as human trafficking, forced labor, exploitation and abuse.



Figure 3.1 Map of Samut Sakhon province, Thailand.

3.2 Outline for sample population

1. Informants

- Undocumented female migrant workers who had no proper documents (no passport and no temporary work permit)
- Limitedly documented female migrant workers who had only temporary work permits without passports (They can travel only in designated area)
- Documented female migrant workers with both passport and work permits

2. Key informants

- Health care providers – General service officer, leader of translators and translator
- Male migrant workers

3.3 Sampling methods

Informants: Undocumented female, limitedly documented and documented migrant workers

The snowball sampling technique was suitable method to approach informants in this sensitive study issue. The informants were hidden population due to illegal status. It was very difficult to find them. Therefore, this method was an appropriate technique to find and approach them.

Limitedly documented and documented migrant workers were chosen the snowball method because it was not easy to find for meeting the criteria and getting more relevant data from them. As a result, to choose informants for them, the most suitable way was snowball method.

Key Informants: Health care providers and male migrant worker

The key informants were selected the purposive sampling methods for health care providers because they explained the process of health insurance and

health care services for migrant workers. This method provided to get more information and the opinions of health care providers regarding migrant workers.

The male migrant worker who lived with female migrant workers, was chosen by snowball sampling to get information, and opinion concerned with female migrant workers. Moreover, the male worker explained life difficulties of female migrant workers in health care, working environment and unequal gender role between man and women in their families.

3.4 Proposed recruitment process for informants and key informants

Table 1. showed the proposed recruitment process for informants and key informants.

Table 3.1. Proposed recruitment process for informants and key informants

No.	Sample population		Number of selected people	Criteria
1	Informants	Undocumented female migrant workers from Myanmar	Five	<ul style="list-style-type: none"> • Age 18 to 45 years • Myanmar women • At least 6 months working experiences in seafood processing factories. • Without both passport and work permit
		Limitedly documented migrant workers from Myanmar	Two	<ul style="list-style-type: none"> • Age 18 to 45 years • Myanmar women • At least one year working experience in seafood processing factories

Table 3.1. Proposed recruitment process for informants and key informants (cont.)

				<ul style="list-style-type: none"> • Having work permit without passport
		Documented migrant workers from Myanmar	Four	<ul style="list-style-type: none"> • Age 18 to 45 years • Myanmar women • At least one years working experience in seafood processing factories • Having both passport and work permit
2	Key Informants	Health Care Providers: General service officer, leader of translators and translators	Three	<ul style="list-style-type: none"> • Having at least three years working experience in providing health care services, health insurance and consultations with migrant workers.
		Male migrant workers	One	<ul style="list-style-type: none"> • Living with female migrant workers • Working from Myanmar • Age between 18 and 45 years

(1) Sample criteria for informants

The total number of informants in this study was eleven and the age between 18 and 45 years old with undocumented, limitedly documented and

documented status in Mueang Samut Sakhon district, Samut Sakhon province in Thailand. They were women from Myanmar.

Undocumented female migrant workers: The number of undocumented female migrant workers was chosen five. They were Myanmar women between 18 and 45 years old without passport and work permits. The informants were selected on the criteria of having at least six months working experiences in seafood processing factories in Samut Sakhon.

Limitedly documented female migrant workers: The target number of samples for this study was two and they were Myanmar limitedly documented female migrant workers who have work permit without passport and at least one year working period in seafood processing factories. The ages of them were between 18 and 45 years old.

Documented female workers: The number of documented female workers was chosen four with passports and work permits in this study. They were from Myanmar and have at least one years working experiences_in seafood processing factories.

Limitedly documented and documented female migrant workers explained their life difficulties for health insurance, health care services, their physical safety, their rights, benefits and division of labor and responsibilities in their workplace and in their families. I compared the differences between undocumented status and the status of limitedly documented and documented.

(2) Sample criteria for key informants

Health care providers

This study selected three health care providers from Samut Sakhon hospital because they understood well about the health problems and difficulties of migrant workers and the barriers of their health insurance and health care services. Health care providers including one general service officer who experienced health insurance for migrant workers about ten years, one leader of translators who had ten

years experiences in health care services for migrant workers and on translator who experienced both health care services in hospital and mobile health care team for three years were chosen for this study.

Male migrant worker

One Myanmar male migrant worker who had one year working experience in seafood processing factory, was chosen as a key informant to explore life difficulties of female migrant workers in health care, working environment and imbalance multi roles and responsibilities between man and women in their families based on their respective cultural norms and religious background. Additionally, this study was compared life difficulties between men and women in daily lives and working lives in Samut Sakhon province.

3.5 Period of study

The data collection and data analysis was taken from July 2015 to September 2015. Preparation for field work started in the first of July for informal visit to field area. In-depth interview began in the second week of July to September 2015. Focus group discussion was done at the same time of during in-depth interviews.

3.6 Recruitment process

This study used snowball sampling techniques to reach informants who were difficult to approach as it was a sensitive topic. The researcher contacted the staff who works in Migrant Worker Right Networks in Samut Sakhon. He contacted Myanmar migrant workers who were undocumented, limitedly documented and documented migrant workers in this study. The researcher made in-depth interview for four undocumented female migrant workers who experience seven month in shrimp factory, two limitedly documented migrant workers who had working experiences between eight and ten years in fish product factories and three documented workers who worked in seafood processing factories for four to eleven years. Among them, the

researcher choice one limitedly documented and three documented workers for focus group discussion from different seafood processing factories to get diverse information and experiences.

Additionally, the researcher communicated with the nurse who worked in Samut Sakhon hospital and stayed in research area. She asked for her nurses and translators to contact Myanmar migrant workers for this study. The researcher found some of them in antenatal clinic, Samut Sakhon hospital and communicated them by herself. The researcher did in-depth interviews for one undocumented and one documented female migrant workers who were seven months of pregnancy and visited the hospital weekly. The researcher talked them during waiting time for their treatment and health care service.

In addition, one of translators from Samut Sakhon hospital helped me to find Myanmar male migrant workers according to the study criteria. She took the researcher to migrant workers community and introduced the researcher one limitedly documented male migrant workers who met researcher criteria. The researcher made informal conversation at first and then made appointment to him for in-depth interview.

This study on undocumented status and life difficulties related to health care, working environment and their household issues of female migrant workers was very sensitive issue because they were hidden population and undocumented status and it was not easy for them to reveal their own personal problems. In addition, they were afraid that a stranger would tell to polices and authorities about their undocumented status. Moreover, most Myanmar females didn't easily open their mind with a stranger and didn't like to show their weakness to others. Also, they felt the sense of inferiority that they were lowest position and powerless in Thai society. So they didn't talk about their weak points. The researcher talked them at least three times to be friendly. Therefore, this snowball technique was used as an appropriate way to approach them and the data of this study was mainly gathered through in-depth interviews and focus group discussion.

3.7 Method of data collection

In-depth interviews and focus group discussion will be used as the data collection methods (Table 2).

Table 3.2. Method of data collection and sampling

No	Method of data collection	Types of information	Sampling
1.	In-depth interviews with undocumented female migrant workers from Myanmar (Informants)	<ol style="list-style-type: none"> 1. To study life difficulties regarding to accessibility, affordability and discrimination for undocumented female migrant workers in health insurance and health care services of ethnic friendly society. 2. To explore life difficulties related to physical safety, working structure and insecurity from capitalist exploitation in working environment among undocumented female migrant workers 3. To analyze power relationship between men and women in life as women in family affecting to life difficulties 	Snowball sampling
2	In-depth interviews with limitedly documented female migrant workers from Myanmar (Informants)	<ol style="list-style-type: none"> 1. To show life difficulties in inaccessibility of health insurance and health care services and working environment from political economy point of views 2. To study life difficulties in imbalance division of labor and responsibilities, burden of household jobs and lack of social and family supports 	

Table 3.2. Method of data collection and sampling (cont.)

3	In-depth interviews with documented female workers from Myanmar	<ol style="list-style-type: none"> 1. To compare life difficulties regarding inequity of health care access, discrimination in benefits and labor right in working environment as undocumented, limitedly documented and legal status. 2. To explore the difference in division of labor and responsibilities, burden of jobs and social and family supports between those types of migrant workers; undocumented, limitedly documented and documented. 	
4.	In-depth interview with health care providers	<ol style="list-style-type: none"> 1. To get the information about distribution of health care services, health insurance, health care facilities and their limitation of health care services for migrant workers. 2. To confirm the health problems and difficulties of migrant workers. 	Purposive Sampling
5.	In-depth interview with male migrant worker	<ol style="list-style-type: none"> 1. To obtain the information, and opinion concerned with female migrant workers. 2. To compare daily lives and working lives with female migrant workers 3. To explore life difficulties of female migrant workers in health care, working environment and unequal gender role between man and women in their families. 	Snowball Sampling

Table 3.2. Method of data collection and sampling (cont.)

6.	Focus group discussion	1. To get information from group of people about their experiences, difficulties, belief, idea and perceptions related to health care inaccessibility, their working environment and gender role in their family.	
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(1) In-depth interviews with informants

Before launching the in-depth interview, the researcher introduced herself to the informants by saying that the researcher was a Master student in Health Social Science International Program, Mahidol University, Thailand. The researcher was now doing the research on life difficulties of undocumented, limitedly documented and documented female migrant workers from Myanmar. Indeed, the researcher was interested in life difficulties of female migrant workers from Myanmar regarding to health care accessibility, working environment and experiences as being women, being migrant workers and not being Thai citizens in order to fulfill the requirement of the degree of this study. The researcher explained them that all information would be kept in secret and would destroy all data and information after using them for writing my thesis. All data would be used only by the researcher and the researcher never used their real name.

Undocumented female migrant workers

As a matter of fact, life difficulties study was a very sensitive topic because they were hidden population with illegal status, so they didn't need to let anybody know their places and their weak points. Interview was organized in private talks. Five undocumented female migrant workers were chosen for in-depth interview. The staff from Migrant Worker Right Networks arranged the researcher for the private room to do in-depth interview with four undocumented workers because they were hidden population. At first, they were afraid to talk with the researcher because the researcher was a stranger for them. Building rapport with undocumented workers was done before starting interviews. The researcher had no chance to meet them

frequently. The researcher talked them by phone at least three times at 9 p.m. on weekdays and in the evening on Sunday. Sometimes they gave missed call if they wanted to talk with the researcher and then the researcher called back them. Another one undocumented female migrant workers chose quiet place for in-depth interview at Samut Sakhon hospital.

Limitedly documented and documented female migrant workers

For informant interview of limitedly documented and documented migrant female workers, the interview places were chosen by the preference of informants. They chose their houses and made appointment in the afternoon on Sunday and in the evening from Monday to Saturday. At first, the researcher tried to start informal conversations by talking and greeting each other in general, sharing and exchanging information in order to make informants friendly as possible which helped informants feel free to talk about their personal story with me. Sometimes, the researcher interviewed them while the researcher and they were eating some snacks and fruits and drinking juice together and the researcher then moved step-by-step slowly toward talking about their life difficulties regarding health care accessibility, their working environment and their life as being women to meet the objectives of this study. So the researcher talked informants at least three times to get valid and reliable data. Informal conversations and sharing life experience were a pattern or strategy to express and explore the deeper their issues.

In-depth interview explained life difficulties of Myanmar female migrant workers due to health insurance, health care services, their physical safety, their rights, their welfare and benefits as undocumented, limitedly documented and documented female migrant workers. Moreover, this method was explored the difference in benefits and rights between migrant workers according to their immigration status.

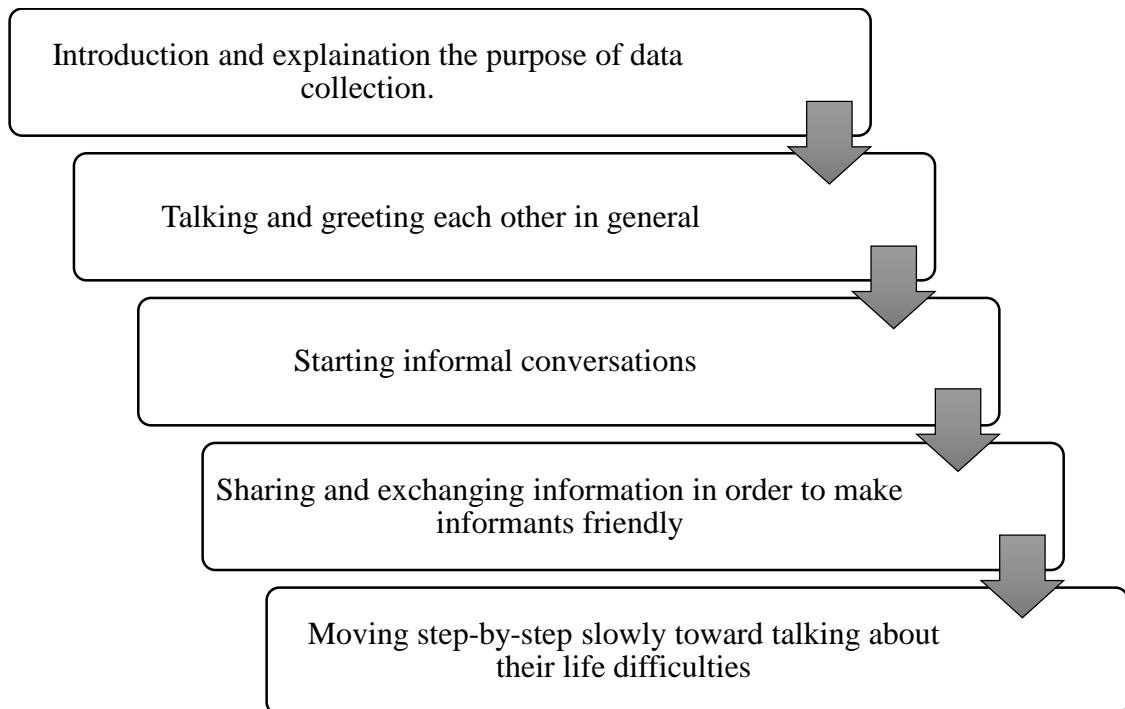


Figure 3.2. Steps of informants' in-depth interviews

(2) In-depth interviews with key informants

Health care providers

This study was used in-depth interview to get the information about distribution of health care services, health insurance, health care facilities and their limitation of health care services for migrant workers. Moreover, they explained well about the health problems and difficulties of migrant workers.

Male migrant worker

In-depth interview method was employed to obtain the information about daily activities of female migrant workers, division of labor in their family and the opinion of man on women based on their culture.

(3) Focus group discussion

This study was conducted focus group discussion method. This method was appropriate to ask group of people about their experiences, difficulties, belief, idea and perceptions related to health care inaccessibility, their working environment and their family. Questions for focus group discussion were asked in limitedly

documented and documented migrant workers group setting where each informant group was free to talk in group discussion. There were one limitedly documented and three documented workers from different seafood processing factories in focus group discussion.

3.8 Research instrument

The research instruments for data collections guidelines included:

1. Interview guidelines for informants (Appendix 1)
2. Interview guidelines for key informants (Appendix2)
3. Focus group discussion guidelines (Appendix 3)

In addition, the researcher was performed as a research instruments to involve in the whole research process to achieve the research objectives. Guideline questions for in-depth interviews were designed according to conceptual framework obtained. The guidelines were not translated into Myanmar because direct translation to Myanmar language was not easy to get the same meaning as the original English one. Therefore, the interview guidelines were modified accordingly based on the understanding and were flexible based on the situations throughout the practices. The field notes and daily transcripts of all interview were organized and used during the data collection in the field.

3.9 Data analysis

Data analysis was done during data collection in the field. After each in depth interview and focus group discussion, detailed field notes and memorized events were written in Myanmar language first, expanded, and transcribed from Myanmar to English day by day in order to avoid missing data. Daily diary and daily transcription made to meet sufficient information in writing process. And then, the researcher analyzed the data during data collection in the field that the information was complete enough to answer the certain research questions in accordance with the objectives of this study or not, to prevent spending time during the fieldwork collecting incomplete data and then trying to understand it preliminary through analysis of the data. During

data collection, some informants' responses were silence or something, the researcher changed new questions and modify the questions. In addition, any missing information and incomplete data need to be identified and followed up. Finally, the researcher categorized by coding all transcribed data that had been done. The researcher made code, memos, finding themes and clusters by drawing the tables in Microsoft Word Office and put all data according to the main theme of the study.

3.10 Validity and reliability of data

Methodological Triangulation

Triangulation was used to indicate one or more methods in the study and in order to check and to get valid data. It was applied as a useful research method to check balance between positive and negative effects of each particular data collection method including in-depth interviews and focus group discussion and to get reliability and validity of data in this study.

Building rapport and trusty relationship

Based on this study of hidden population, it was very difficult to ask informants to express their feelings and their difficulties; the researcher used multiple appropriate ways in order to approach the target group in the study, and made informants feel free to explore telling their difficulties. Flexibility was used during entering the research site sometimes as being a student, sometimes being as a friend, or informant's sister depending on the situation. The researcher showed the respect to them and calling "Nyi Ma (younger sister)" for a girl who is younger than the researcher and "Ma Ma (elder sister)" and A Ko (elder brother) who were elder than the researcher. This proper respectful greeting was very first impression between the informants and the researcher and it was very helpful for us to get better acquainted in order to build trust during data collection and interviewing process. When approaching key informants, the researcher asked or behaved suitable way to get information from them. Moreover, the researcher showed sincere greetings and gave clear explanations

of the aim in the study so that the informants felt very valuable for sharing their experiences. However, the researcher avoided power relationship as being a researcher and a graduate student and gave attention without any interruption during conversation and respect their ideas and concept and their behavior without making judgment on it.

Reflexivity

Reflexivity is an important concept because it is direct way to get the accuracy of research outcomes that is, the social interaction component of researcher and informant relationship. The negative sense of reflexivity where the results indicate the preconceptions, interests and limits of the researcher may be avoided by returning to the resource of everyday examples and reminders. It is important that the researcher continues to be reflexive and subjective in research in ways that cannot easily be dismissed as biased or anecdotal.

3.11 Ethical consideration

Inform consent

Research was based on participant's freely volunteered informed consent. The researcher explained fully and meaningfully what the research was about and how it was disseminated. Participants were aware of their right to refuse to participate; understand the extent to which confidentiality was maintained; reminded of their right to be re-negotiate consent. Undocumented female migrant workers were vulnerable and hidden population and were asked to sign for consent. Firstly, the researcher tried to take oral consent from them and the researcher explained them or their witness about this study and requested to read and sign on the consent paper.

Privacy

Privacy is the right of person or group to determine for themselves when, how, and to what extent information about them is shared with or withheld from others. The researcher maintained research ethics and a right to privacy when in-depth interview and focus group discussion. The selected place was ensured that the

informants and key informants were comfortable and secure, and spoke openly and discussed and shared their private opinion deeply and safely.

Confidentiality

Because the research topic was a sensitive and private issue, confidentiality required recording data without identifying the subjects. In order to maintain confidentiality, pseudonyms was used. The research used the name and address of all informants and key informants under the pseudonyms in the study including interview transcripts of field work and field notes. Only the researcher accessed the list which associated pseudonyms with informants and key informants real's name. The material that stores the collected data was destroyed after all the necessary information had been transcript, analyzed, computerized and the research had been completely finished and successfully passed.

3.12 Proposed research schedule

The study began from July 2015 to April 2016. Table 3 presents the proposed schedule in detail.

CHAPTER IV

RESEARCH FINDINGS

This chapter describes, the findings in eight parts, starting from the introducing the generality of profile of informants in the study site. Second part will be explained migration status of migrants from Myanmar to Thailand. Third part will focus on living conditions of migrants in Meaung Samut Sakhon district. Fourth part will describe daily lives situations of Myanmar migrant workers. Fifth part will emphasize on social and family relationships of them. Sixth part will show context of their working environment. Seventh part will explore background of health care system in Samut Sakhon province. The final part will mention life difficulties regarding health care accessibility, their working environment and life as women among Myanmar migrant workers in seafood processing factories in Mueang Samut Sakhon district, Samut Sakhon province, Thailand.

4.1 Profile of informants

This study was conducted in Mueang Samut Sakhon district, Samut Sakhon Province, Thailand starting from July to September 2015. Among total of eleven Myanmar female migrant workers: five undocumented female migrant workers, two limitedly documented female migrant workers and four documented female migrant workers, were selected for in-depth interviews and focus group discussion about their difficulties of health care inaccessibility, working environment and being women and face-to-face interviews were conducted with three health care service providers (one general service officer, one leader of translators and one translator about the nature of health care services and health insurances) and one male migrant workers to obtain the information about difficulties, daily activities of female migrant workers, division of labors in their families and the opinions of men on women based on their culture difficulties.

Table 4.1 Number of interviewees

No	Types of participants	No
1	General Service Officer	1
2	Leader of translators	1
3	Translator	1
4	Male migrant worker	1
4	Undocumented female migrant workers	5
5	Limitedly documented female migrant workers	2
6	Documented female migrant workers	4
	Total	15

4.1.1 Socio demographic information of informants

The socio demographic information of the informants will be briefly described as follows. Total of eleven informants were interviewed in this study. The majority of migrant workers came from Dawei region, southern part of Myanmar. Other migrant workers were from Mon, Magway and Kayin regions. Eleven of female migrant workers (five undocumented, two limitedly documented and four documented) were selected by using snowball sampling method. The youngest was 18 years old and the oldest was 45 years of age in this study. Undocumented ethnic friendly female workers were between 18 and 45 years of age and limitedly documented female labors were from 28 to 32 years old. Documented female migrant workers were between 24 and 36 years old.

Some of ethnic friendly female workers from Myanmar received only grade two as the lowest level of education and the highest education status was grade ten. According to Myanmar education system, Mu La Tan (Primary School) includes grade one to five, A Lae Tan (Secondary school) has grades six to eight and A Htet Tan (High School) has grade nine to grade ten. The educational attainment of undocumented workers were between grade two and grade ten. The educational background of limitedly documented and documented migrant workers ranged from grades six to eight and from grade five to grade seven respectively.

As a marital status, two of undocumented and one of limitedly documented female migrant workers were single and one of limitedly documented and one of

documented female migrant workers divorced their husbands. The rest of other six migrant workers were married. The highest number of children among informants in this study was four and the lowest was one.

Five undocumented, two limitedly documented and one documented workers were sent by the brokers in Thailand. Others were supported by some helps of their relatives or family to come to Thailand. All undocumented female migrant workers illegally crossed the entry point of Mae Sot and another six migrant workers legally entered to Thailand with their passport but two of them had the expiration date of their passport and they worked with temporary work permit.

All undocumented female migrant workers lived in Thailand for only seven to nine months. Two of limitedly documented female migrant workers have been living in Thailand between 8 and 10 years. The other four documented ethnic friendly female workers lived in Thailand about 5 years to 11 years. The shortest time of both limitedly documented and documented female migrant workers living in Thailand was four years and the longest time was eleven years.

Undocumented ethnic friendly female workers from Myanmar lived with their families or their relatives free of charge in their workplaces. Other types of migrant workers rent the rooms outside the factory and near their workplace with their family or their friends and the costs of residents are between 500 baht and 2500 baht per month. The majority of limitedly documented and documented female workers can speak Thai language moderately but all undocumented female migrant workers cannot talk it.

Case profile of each informant

Ma Nwe, Undocumented female migrant worker: She is 18 years old and single from Mon state. Her educational background was grade six. She could not earn to fulfill the needs of their family in Myanmar. She worked as agricultural labor and earned only 3000 kyats (86 baht) for the whole day under the heat of the sun. As an uneducated girl, it was difficult to earn 9000-10000 kyats (258 baht-286 baht) per day and no regular jobs in Mon state. Her parents told her to work in Thailand. She was illegally sent by the broker to Thailand from the Mat Sot broader point. She and others migrants left from Myawaddy where is the city of Thai-Myanmar frontier at

night and they arrived to Mahachai the morning of Third travelling day. On the way to Thailand, they laid in the truck horizontally and they hid under their clothes bags. They were taken by car for male and female separately. Then the broker sent them to the seafood processing factory where her parents work. She has no proper document to work in Thailand. She lives with her parents inside free of charge the factory compound. She peels the skin of shrimps in shrimp factory about seven months. She cannot speak Thai language.

Ma Zin, Undocumented female migrant worker: She is 25 years old with single status. Her educational level was grade ten from a village in Magway region, dry zone area where is lack of job opportunity. The main livelihood of her region is agriculture. Although her parents are working in Thailand, they are in debt to their relatives. She dropped out and worked because her parents cannot afford her to provide for her education. She worked in agricultural sites and got 2000 kyats (58 baht) for the whole day. She was very tired and worked under the heat of sun. There was no regular income jobs in her region. Her parents asked her to come and work in Thailand. The broker illegally brought her and other Myanmar migrants to Thailand by crossing Mae Sot checkpoint and sent them to shrimp processing factory. She could not work in their parent's workplace due to no proper documents. She owed 12500 baht to her employers for the service fee of brokers and cost of transportation. She is responsible for peeling shrimps in shrimp factory for seven months and lives with her cousin in factory compound where she doesn't need to pay for housing. She doesn't know Thai language.

Ma Myat, Undocumented female migrant worker: She is 31 years old and married woman without children. She finished grade ten educational level from a village in Magway region. Although the economic status of her family is medium, she was persuaded by other people to work in Thailand where she could get more wages than Myanmar. She discussed with her husband and decided to work in Thailand. Her aunt connected her and her husband to come to Thailand. They were illegally taken by the broker and crossed Mas Sot broader point to Thailand. The broker searched the job for them in shrimp factory. She was in debt about 25000 baht to her employer for the

service fee of broker and cost of transportation. She and her husband worked for peeling the skin of shrimps in the shrimp factory for seven months. Even if she lived in her work place, she doesn't require to pay for living cost in her factory. She cannot speak Thai language.

Daw Cho, Undocumented female migrant worker: She is 45 years old female who lived in a village in Magway region. She finished grade two educational level. She has only one son who is grade 3 educational attainment and lives with her parents in Myanmar. It was very difficult to earn for family survival in Myanmar. She could get only 2000 kyats (58 baht) for the whole day in the heat of the sun. This amount of money could not stand for her family survival and would not cover for health expenditure of her family. She ask for her sister and brother that she wanted to work in Thailand. Her brother connected her to the broker. The broker illegally sent her and her husband to Thailand by crossing Mae Sot checkpoint. They get the job in the shrimp factory. She owed her employer 25000 baht for the cost of broker service and transportation. She peels the skin of shrimps and live free on housing with her husband in shrimp factory for seven months. She cannot talk Thai language.

Daw Mar, Undocumented female migrant worker: She is 40 years old with seven months of pregnancy. She had attended only grade four educational level from a village in Bago region. She has four children who are students. As her farms were flooded and her paddy plants were damaged last year, she owed 5000000 kyats (142900 baht) with interest for agricultural cost. She cannot afford to support for the educational cost of all her children. Her neighborhoods who have been working in Thailand, suggested her to work in Thailand. Her eldest son dropped out who was grade 11 educational level due to the poor situation of economic. She, her eldest son and her husband came and worked in Thailand. She paid 1000000 kyats (29000 baht) to the broker for transportation cost and service fee. They illegally crossed the entry point of Mae Sot to Thailand. They also have no passport and temporary work permit. She has been working for removing the head of tuna fish and living with her husband and her son free of charge for room in fish factory about nine months. She cannot do daily communication by Thai language.

Ma Myint, Limitedly documented female migrant worker: She is 32 years old and divorced her husband for two years ago. Her educational attainment was grade six from a village in Dawei region. She has one son who is three years old and he lives with her parents in Myanmar. She was difficult to earn and got the wages 3000-3500 kyats (85-100 baht) for the whole day in Myanmar. Her sister called her to work in Thailand. She came to Thailand with passport. Her passport was expired and it was difficult to extend the date. If migrant workers wanted to extension date of their passport, they have to go to Ranong. She did not want to go to Ranong as she had to spend her time and money on travelling. She holds temporary work permit to work in Thailand. She has been living in Thailand for eight years. After divorcing her husband and sending her son to Myanmar, she lives with her friends and pays 800 baht for cost of housing each. She is working for removing the blood of fishes in the current seafood processing factory for eight months. She can speak Thailand language fairly.

Ma Hnin, Limitedly documented female migrant worker: She is 28 years old and single from Dawei region. She left school in grade eight. According to poor economic status of her family, she was sent to Thailand by broker. She has been living in Thailand about ten years. She came back to Myanmar about two years. But she could not earn in Myanmar. So she came back to Thailand and work again two years ago. Although her passport was expired, she uses temporary work permit to work in Meaung Samut Sakhon district. She rents the room and lives with her niece and nephew near her workplace. The cost of room is 500 baht per month each but not including electricity charges. She works for removing the skin of the fishes in frozen products factory about one year. She can communicate with local people by using Thai language.

Ma Moe, Documented female migrant worker: She is 24 years old and married women who attended grade seven educational level from Dawei region. She has one son who is four years old living with her parents in Myanmar. Although she worked exhausted job in the sun, her wages was very low in Myanmar. It was very difficult to get 3000 kyats (85 baht) per day. She wanted to get more wages and better living standard. She works in Thailand from the helps of her sister. She has been

getting more wages 10500 to 15000 kyats (300 baht to 412 baht) per day and working in air-con room. It is more comfortable job in Thailand than in Myanmar. She rents a room which cost 2500 baht per month and lives with her husband in Thailand for four years and she has been working for packing tuna in current Tuna products factory about two years. She can communicate with local people by talking Thai language.

Ma Lwin, Documented female migrant worker: She is 25 years and married woman who left school at grade seven from Dawei region. She earned only 3000 kyats (85 baht) per day in Myanmar. This amount of wages could not stand for her family survival. She felt very tired working in the heat of sun. In addition, there was only seasonal works in her region. She could not get regular income jobs. Her aunty suggested her to work in Thailand. She came to Thailand with her relatives from Ranong entry point to Thailand. She has proper documents including passport and work permit. She has been living in Thailand about 5 years and working for measuring the fish cans in fish can products factory for more than four years. She pays 2500 baht for cost of housing and is living with her husband and her mother. She can speak Thai language moderately.

Ma Phaw, Documented female migrant worker: She is 36 years old with HIV positive and seven months of pregnancy under the treatment of Samut Sakhon hospital. Her educational level was grade five from Kayin State. She worked in seafood factory and her first husband worked on fishing boat in Thailand. Her first husband died for five years ago. She had no children in her first married life. She started her second marriage in Thailand since 2013. She lives in Thailand for seven years. The cost of room for living is 1500 baht. She has been working for removing the head of the fishes with her husband in current fish can factory about four years. She can talk Thai language with local workers.

Ma Thi, Documented female migrant worker: She is 36 years old and divorced her husband for two years. She completed grade six education level from Dawei region. She has three years old son who is living with her parents in Myanmar. Sometime, she sent money for her son. It was no difficulties to come to Thailand as

her sisters helped her. Her sister found the job for her. She has both passport and temporary work permit. She has been living in Thailand for 11 years. She shares a room with her friends and pays 800 baht per month each. She is working for lifting the fish tray, putting the fishes into the can and adhering the seal.in current fish can factory about four years. She can speak Thai language moderately when she communicated with local workers.

Table 4.2 Socio demographic information of informants

No	Types of migrant	Name	Age (Year)	Sex	Educa tion (Grade)	Marital Status	Number of Children	Home place in Myanmar
1	Undocu mented	Ma Nwe	18	F	6	S		Mon
2		Ma Zin	25	F	10	S	No	Magway
3		Ma Myat	31	F	10	M		Magway
4		Daw Cho	45	F	2	M	1	Magway
5		Daw Mar	40	F	4	M	4 and pregnant	Bago
6	Limit- edly docum- ented	Ma Myint	32	F	6	D	One child	Dawei
7		Ma Hnin	28	F	8	S		Dawei
8	Docum -ented	Ma Moe	24	F	7	M	1	Dawei
9		Ma Lwin	25	F	7	M	No	Dawei
10		Ma Phaw	36	F	5	M	Pregnant	Kayin State
11		Ma Thi	36	F	6	D	1	Dawei

F = Female

M = Male

S= Single

M= Married

D= Divorced

Table 4.3 General living conditions in Thailand

No	Name	Migrated status to Thailand	Carrier to Thailand	Situation of resident	cost of resident per month	Migrated period	Level of Thai speaking
1	Ma Nwe	Illegal entry	Broker	Living with family in workplace	Free of charge	7 months	Could not speak
2	Ma Zin	Illegal entry	Broker	Living with relative in workplace	Free of charge	7 months	Could not speak
3	Ma Myat	Illegal entry	Broker	Living with husband in workplace	Free of charge	7 months	Could not speak
4	Daw Cho	Illegal entry	Broker	Living with husband in workplace	Free of charge	7 months	Could not speak
5	Daw Mar	Illegal entry	Broker	Living with family in workplace	Free of charge	9 months	Could not speak

Table 4.3 General living conditions in Thailand (cont.)

6	Ma Myint	Legal entry (Expired passport)	Sister	Living with her friends near workplace	800 baht	8 years	Moderate-well
7	Ma Hnin	Legal entry (Expired passport)	Broker	Living with relatives outside work	500 baht	10 years	Moderate-well
8	Ma Moe	Legal entry	Sister	Living with husband outside work	2500 baht	4 years	Moderate-well
9	Ma Lwin	Legal entry	Aunty	Living with family outside work	2000 baht	5 years	Moderate-well
10	Ma Phaw	Legal entry	Broker	Living with husband outside work	1500 baht	7 years	Moderate-well
11	Ma Thi	Legal entry	Sister	Living with friends outside work	800 baht	11 years	Moderate-well

4.1.2 Background of key informants

One general service officer, one leader of translators and one translator between 24 and 33 years old as health care providers were chosen purposively in-depth interviews. One of health care providers is Thai and another two are Myanmar. Two of health care providers have been working in Samut Sakhon hospital for health care service and health insurance of migrant workers about ten years. The other one has three years working experiences for this area. Some health care providers are responsible for providing Universal Coverage Scheme (UCS) and one stop service for temporary work permit and UCS to migrant workers. Some have been providing translation, health education, counselling and health care services for pregnant women and migrant workers. Others are supporting for mobile health care services, prevention and control of communicable diseases, health education, counselling and home visiting.

One Myanmar male migrant worker who was 45 years old, was chosen by using snowball sampling method for in-depth interview. He worked in fishing factory for one year.

Case profile of key informants

(1) Health care providers

Pwint, General Service officer: She is 33 years old and Thai nationality. She has been working as a general service officer in health insurance office in Samut Sakhon hospital for ten years. She is responsible for providing Universal Coverage Scheme (UCS) called 30 baht scheme and one stop service for temporary work permit, and UCS of migrant workers. When migrant workers did temporary work permit or extension of temporary work permit or extension of passport, her team provides to do medical examination for them.

Mar Mar, Leader of translators: She is 40 years of age and Myanmar nationality. She is a leader of Thai-Myanmar translators in Samut Sakhon hospital. She is responsible for Thai-Myanmar translation, health education, counselling and other health care services such measuring blood pressure, body weight and height and

temperature for pregnant women and migrant workers. She has been working for migrant workers in Samut Sakhon hospital about ten years.

Paing, Translator: He is 24 years old and Thai-Myanmar translator from Myanmar in Samut Sakhon hospital. He has been providing health care services to the migrant workers for three years. His health care services contain mobile clinic, referral, prevention and control of communicable diseases, health education and counselling on HIV, reproductive health and sexual transmitted infection, doing home visit and follow up care for maternal and new born children including wound and bleeding for mother and children, breast feeding, immunization and family planning. Moreover, he works in outpatient clinic and antenatal clinic for migrant workers.

(2) Male migrant worker

U Ohn, Limitedly documented male migrant worker: He is 45 years old male migrant worker who has three children from Mon state. He finished grade six educational level. Two of his daughters are in Thailand. He has been living with his two daughters and one son-in-law. The eldest married daughter is working in Tuna product factory and the other one is single, jobless with illegal status in Thailand. His wife and one of his daughters live in Myanmar. He could not earn to meet the need of his family in Myanmar. He got only 3000 to 3500 Kyats (85-100 baht) per day in the heat of the sun. But it is seasonal farm work. His eldest daughter who is working in Tuna product factory arranged him to work in Thailand. He and his neighbors were illegally sent to Thailand by broker. Her daughter found the job for him in fish product factory. Before working, he waited for temporary work permit about two months. He paid 500 baht per month to the concerned polices before temporary work permit. Living cost is 2300 baht per month. He has been working lifting the fishes tray and measuring the fishes in fish product factory about ten months. He cannot speak Thai language.

Table 4.4 Background of key informants

No	Name	Age (Years)	Sex	Nationality	Position	Working period
1	Pwint	33	Female	Thai	General Service officer	10 years
2	Mar Mar	40	Female	Myanmar	Leader of translators	10 years
3	Paing	24	Male	Myanmar	Translator	3 years
4	U Ohn	45	Male	Myanmar	Migrant worker in fish product factory	1 year

4.2 Migration status from Myanmar to Thailand

Ethnic friendly labor migration from Myanmar to Thailand has been happening since many years ago. Myanmar migrant workers were pushed out of the countries to work in Thailand with the hopes of searching better employment opportunities and working conditions as a consequence of the economic and political hardships in Myanmar. While wage differentials between Myanmar and Thailand, were the main incentive, better life security and higher living status were the important factors affecting decision to work in ethnic friendly societies, Thailand. Additionally, they had experienced scarcity of job opportunities and no regular income and very low wages that were not enough for their family survival. They worked in many different seafood sectors in Thailand and sent back money to their families in Myanmar.

Ma Nwe had imaged to work and make money in Thailand since her parents started to work in Thailand. Her parents did not allow to work in Thailand a result of her young age. She worked as a daily agricultural labor in Myanmar. Although she worked the whole day under the heat of the sun, her daily wages was not more than 3000 kyats (86 baht). She could work in only seasonal period and she had no regular income. She desired to work in Thailand and earn for their family. When she was eighteen years old, her parents allowed her to work in Thailand.

Migrants from Myanmar had crossed in border areas to work Thailand, especially in Kawthaung-Ranong and Myawaddy-Mae Sot. Those workers contacted by their relatives or families in Myanmar beforehand and some were sent by the brokers together as a group into ethnic friendly society in Thailand. Most of them crossed into Thailand illegally by the container trucks which can take about 15 to 20 people but these trucks were packed 40 to 50 people. Some took three traveling days to Thailand. As irregular immigration, they could not use public road, they travelled through the mountain at night and sometime they walked for the whole night. In the day time, they hid in the forest and they started their travelling at night again. They could not talk loudly each other and they were provided the food by the brokers on the way to Thailand. When they arrived to Thailand, some stayed with their families or relatives and some stayed the rooms which were arranged by their brokers.

Daw Cho and other migrant group left Myawaddy which is a border town in Myanmar, at night according to the arrangement of broker. They laid in the truck horizontally and they hid under their clothes bags. Her group crossed the mountain and somewhere they walked. On the way to Thailand, they stayed in the forest in day time and ate the food which is supported the broker. Again, they started their travelling again. There were total three travelling days to come to Mahachai from the border of Myanmar.

Everyone had to pay the brokers for transportation to take them to Thailand and seeking the jobs. The cost of broker services and travel expenses was about 10000 to 12500 baht per person. Some migrants borrowed some money from their relatives or their neighbors and some sold their own farms or their cattle to come to Thailand. Then in the case of Daw Mar who came with her husband and her son to work in fish factory in Thailand, the cost of brokers' service and transportation is 1000000 kyats (29000 baht) which was borrowed some money from her relatives. She needed to send money home and to pay a debt and they must work in Thailand until clear the debt. In another case, Daw Cho who arrived with her husband working in shrimp factory in Samut Sakhon province, Thailand, they cost total 25000 baht for travel expenses and the service of broker. Their employers paid these money to the brokers. Consequently, they got very low wages with long working hours due to debt bondage of this money.

It is not easy to come to ethnic friendly society, Thailand. During their trip, they found difficulties regarding the debt for high cost of transportation and brokers. In addition, they hid from Thai authorities at the border areas and on the way to Thailand because the journey of migrants was illegally immigration.

4.3 Living conditions of Myanmar migrant workers

In new environment of Myanmar migrant workers, they met not only Thai but also other migrant workers from Laos and Cambodia. Moreover, they worked together with the workers who were from different parts of Myanmar: Dwei, Magway, Rakhine, Mon, Shan, Bago and Yangon in seafood processing factories, Meaung Samut Sakhon district, Samut Sakhon province, Thailand.

The migrants had relatives or their families or acquaintance who came to work or have been working in Thailand. Those individuals were the vital of lifeline linking the workers from Myanmar to Thailand. Most of limitedly documented and documented female migrant workers rent their living apartments by the contact of them. Thus, the communities they lived in were filled by a variety of ethnic groups from Myanmar and those from Thailand who lived in the area before. Accordingly, the relationship is both supportive of one another and sometimes conflicting.

They lived with their families or relatives in their low-rent apartments near not only their workplaces but also bazaars and bus-stop for ease of travel. Some workers lived together with their friends and shared the rent and cost of utilities. Mostly, the cost of a rented room where total number of people lived from three to four in two floor apartment, was between 1500 baht and 2500 baht per month exclusion of electricity and water supply charges about 500-1000 baht and 100 baht per month respectively and cost of drinking water. The size of each room is about 4x5 meters without living room, bed room, dining room and kitchen and attached with toilet and bathroom. Most of them bought some furniture, refrigerator, television and some kitchen materials.

In case of Ma Lwin, she was invited to work in Thailand by her aunty who worked in fish product factory in Meaung Samut Sakhon area and she met her husband, got married and worked in Thailand. She rent a room in two floor apartment

where only migrant workers from Myanmar lived near her workplace, about 2000 baht per month excluding electricity charges and water supply fees and lived with husband and mother. Her room was second floor and hall type without bed room, living room, dining room and kitchen and attached with bathroom and toilet. There were many grocery shops which sell Myanmar imported products near her apartment.

Ma Myint who divorced with her husband, lived other two friends together in a small room where was located in Myanmar migrant community. All people living in her apartment were from Myanmar and some were same ethnic groups as her. She shared the cost and rent and other expenses with her friends. This area had poor lighting and no good ventilation and it was hot in the night but she could switch on the fan and relax when it was a holiday. In her holiday, she watched movie to the next door of her friend and talked with her neighbors from Myanmar in her apartment.

Some undocumented ethnic friendly migrants without jobs lived with their families who were limitedly documented and documented migrant workers, and hid in their rooms. They were waiting for temporary work permit to work in workplaces of their families. They had police cards which included their photos and phone numbers of concerned police who authorized in assigned areas and paid 500 baht or 600 baht per month to them. Those undocumented workers had no chance to travel to other areas exception of restricted places. When they were arrested in their areas by polices and they informed to their concerned polices, they were released from polices who were arrested them. If they travelled to other places and were arrested by other polices, their concerned polices would not be responsible for them.

U Ohn, male migrant workers, lived together with his two daughters who were one documented worker and one undocumented migrant with no job, and his son-in-law. His daughter with illegal status, was waiting for the period of doing temporary work permit when Thai cabinet announced for temporary work permits. If she had temporary work permit, she was allowed to work in his workplace. During this period, she had police card and she paid 500 baht per month to concerned polices and she could travel in restricted area.

However, ethnic friendly workers from Myanmar were lack of communication with Thai ethnic friendly societies because they only lived in their same ethnic group and had language barriers. Additionally, they themselves felt guilty

and dare to connect with them as they were looked down as workers in the lowest position at the hospitals, health care center, shopping mall and most of sphere.

On the other hand, undocumented female migrant workers lived free of charge in simple and dirty factory dormitories provided by employers in their workplaces with poor sanitation, lighting and ventilation. They lived as one family per room. They were provided the small rooms by their employers but they were paid monthly cost of electricity and water supply about 250 baht and 50 baht respectively by their employers. They used tap water for cooking, drinking and other uses and used common toilets and bathroom. They bought foods, drugs, clothes and their need from the factory shops. Furthermore, evidence of restriction on movement, through involving a relatively small number of undocumented female migrant workers, was also associated with higher risk of human right violations and abuse. Finally, those who reported feeling unsafe and unhappy where they lived were also at high of both human rights violations and abuses.

Ma Myat and her husband lived in a small room arranged by her employers in factory compound. There were two small windows in her room but no any room in her place. The common bathrooms and toilets may be far from her room about 15 meters. She bought the kitchen utensils, vegetables and fruits, meat, fishes and seafood, groceries, snacks and drinks, drugs, protective materials for work, clothes, some cosmetic and others things from the shop of her employer in workplace. If she did not want to cook, she could buy some food from this shop. However, she was very rare to buy some food from the shop because of expensive cost of food when compared to her very low wages. She cooked herself for family except sick period.

The worst condition living in her room was poor sanitation and ventilation. She felt suffocation when she closed all windows as the result of the foul smell of shrimp coming from the drain in front of her room. When she opened her room, she suffered nausea, vomiting, loss of appetite and unable to eat well that caused gastric pain owing to unpleasant smell. Although, she was unhealthy as a result of poor sanitation and foul smell environment, she was restricted freedom of movement and communication with other migrant groups by her host employer and she had no choice to move others and she could not afford to rent a room.

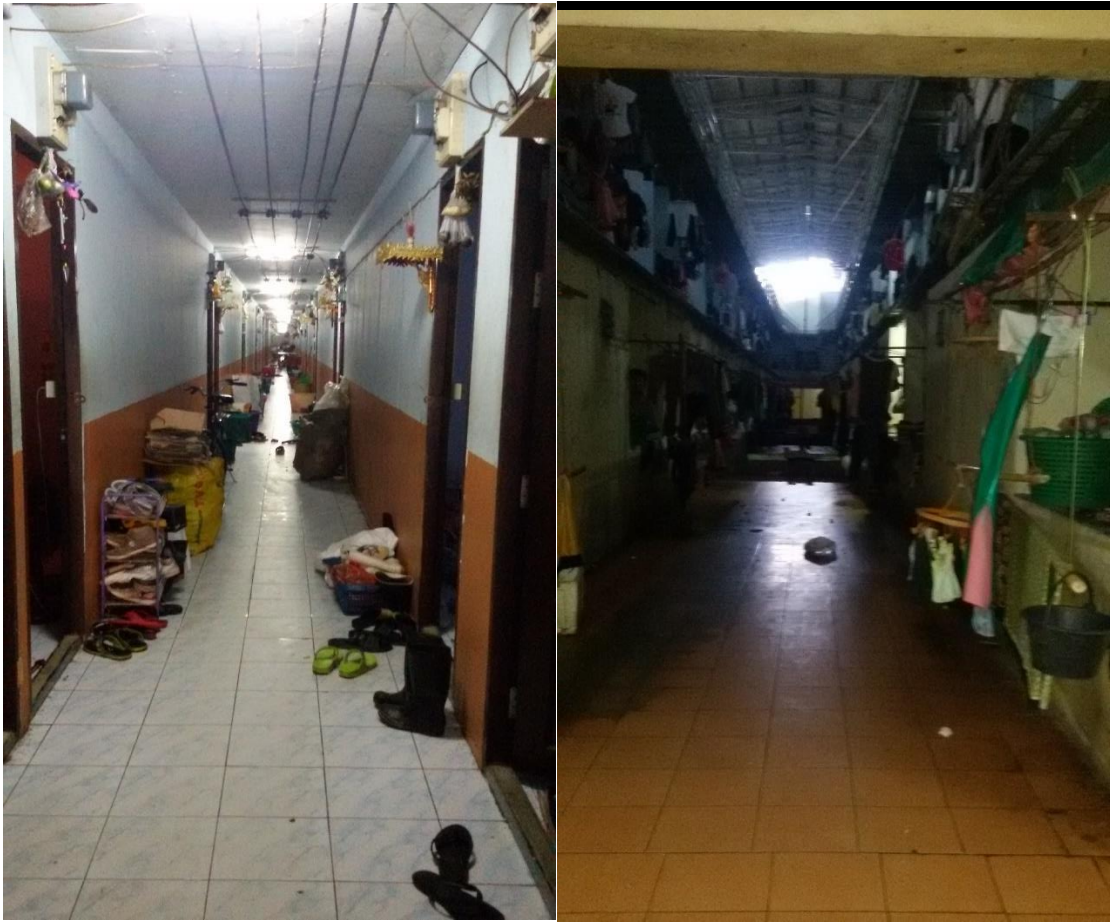


Figure 4.1 Living condition of Myanmar migrant workers



Figure 4.2 Police card (both sides)

4.4 Daily lives situations of Myanmar female migrant workers

To most of female migrant workers had to wake up early before their husbands and to prepare breakfast and lunch for themselves and their families but some single migrant workers did not cook due to providing rice from their workplaces and buying some food from factory shops. In the case of Ma Hnin, she was provided rice from her factory and bought some food which cost 20-30 baht per meal at her factory shop and sometime she cooked some curries and brought to her work. She had lunch together with her friends. If she did not want to cook, she bought some food from the shop even on Sunday.

Most of limitedly documented and documented ethnic friendly female workers started their work at 7-8 a.m. and ended at 4-5 p.m. One hour was lunch break for them. They worked fixed jobs with long working hours. Some workers sat for 8-9 hours each day on average and some workers working in their work sites stood at least 8-9 hours a day during working hours. They were allowed to take lunch break one hour per day. They had lunch together their colleagues in the factory dining room where could buy some foods and drinks while they were talking each other. Then, they started their works again until 4-5 p.m. when the supervisors alarmed electric bells or blew whistles. If they had to work overtime, they took a break about 15 minutes and they worked for 2-3 hours. After finishing their work, they were assigned to continue doing domestic works and according to Myanmar cultural norms and division of gender roles. They bought some food for dinner and tomorrow. Female migrant workers continued cooking, preparing dinner and cleaning dishes and then, washing clothes, and preparing some vegetables and meat for next day while their husbands taking recreation by watching movies, reading some books, playing game and internet, smoking, talking with their friends at tea shops which own Myanmar migrants. Sleeping time was only their recreation time as female migrant workers. They went to bed at 11-12 midnight after their husbands. Then, they got up early morning and prepared food again. On Sunday or public holiday, they were busy with their household jobs: going to market, cooking, preparing meals, washing dishes, cleaning their rooms, doing laundry, washing bedding and other social works: religious ceremonies, social parties, weddings and their traditional festivals. Even though they

had holiday once a week, they had no chance to take full rest for their physical, emotional and social tensions.

Ma Moe faced these kinds of difficulties. Although her husband was jobless, he never did household works. She was assigned not only to work household jobs but also to make money for her family survival. She also woke up early before her husband, prepare breakfast and lunch for herself and her husband. She went to work from 7 a.m. to 4 p.m. If she had no overtime, she bought some food and vegetables on the way to her home. She continued preparing and cooking dinner, washing dishes, doing laundry, dusting and sweeping until her sleeping time.

For daily lives of undocumented female migrant workers, they also woke up early before their husband, to prepare breakfast and lunch for themselves and their families. Their work began at 5-8 a.m. and finished at 8-10 p.m. They sat for 12-17 hours per day on average in their working periods. They were allowed to take 15 minutes tea break twice a day and one hour for lunch break per day. They had lunch together with their undocumented workers. There was a factory shop where sold foods, snacks and drinks, various kinds of raw vegetables and meats, drugs, clothes, kitchen materials, protective materials. However, they were very rare to buy food from this shop and they were often unaffordable to buy food due to their very low wages. They relied on their home-made food. During lunch time, they ate their food quickly and started their work again before blowing whistle from their employers while other Thai workers and migrant workers who had passport or work permits, were having lunch and taking the rest. From 5:30 to 5:45 p.m., they took break and had dinner and then they worked again until 8 p.m. and sometime 10 p.m. After working time, undocumented ethnic friendly workers bought some raw vegetables and meat and cooked them for the next day whereas their husbands were taking a rest and a bath. When they cleaned the dishes, bathed and washed the clothes, their husband went to bed. Only going to bed was their resting time. Then, next morning, they got up early and prepare breakfast, lunch and dinner before their husbands. They had no regular holiday. If there had many orders in factories, they worked without overtime payment. Sometime, Sunday was their holiday. Nevertheless, undocumented female migrant workers were busy with their household chores: purchasing some raw meat and vegetables from factory shop, preparing food and cooking, washing dishes, doing

laundry, washing bedding, ironing, dusting and sweeping and cleaning their rooms. Even if she had holiday once a week, she was also busy with her household chores.

In the case of Daw Mar, she always woke up 6 a.m. and prepared breakfast, lunch and dinner for herself and her family and washed some dishes. Her work started at 8 a.m. and finished at 8 p.m. She worked 12 hour per day that was split to night and day shifts and one holiday per week. She was assigned day shift and her husband worked in night shift. As she was 7 months pregnant, he son also worked in day shift and helped her and her husband replaced his working hours for her. She had to work from 8 a.m. to 5 p.m. and her husband started to work 5 p.m. and finished at 8 a.m. Although she was pregnancy, she had to go bazaar, buy some food and cook them and to do some light household chores: dusting, sweeping, washing dishes and doing laundry.

Myanmar female migrant workers worked for getting money but they still needed to do household works for their family. Under Myanmar's cultural and religious gender stereotyping, women had to manage their assigned roles of housework and production work at the same time. Among those female migrant workers, the life of undocumented female migrant workers were more terrible in burden of double works because they had lack recreation time with long working hours. Their daily life cycle was that they went to work early and came their rooms late every day and again they continued doing household chores.

4.5 Social and family relationship

All types of Myanmar migrant workers had to adjust to completely new culture and ways of lives. The struggle for their survival had not only physical but also psychological sufferings concerned with their jobs and their daily life. While sustaining satisfactory performance to keep their jobs, they experienced many challenges with language barriers, values, and pace of life, lack of familiarity with rules and laws and difficult culture in oversea country. In addition, they faced a lot of difficulties regarding their harsh working conditions, long working hours, low income, discrimination in benefits and rights, limited access to affordable health care services and health insurance. Moreover, they were responsible for taking multi roles as

mothers, daughters and wives for their families based on their cultural norms and gender division of their respective society. Besides, it was widely recognized that the most pain social cost of migration was the separation of children from their parents especially when it was the mother that had migrated. Therefore, the main incentive for working in Thailand was better income as Myanmar migrant workers but they had their physical, psychological and social tensions and they needed the helps to reduce their tensions and to solve their difficulties and problems in the ethnic friendly societies.

Limitedly documented and documented migrant workers had a chance to choose to live anywhere else. However, their workplaces and their same ethnic groups chose their living places because they needed to rent a room nearby their workplace for ease of travel and saving cost of transportation and living their relatives or their families or their friends for supporting each other in their same ethnic community. In addition, the stores in their community were sold many products that were imported from Myanmar including rice, fish sauce, dried fishes, cigarette, alcohol, betel, snacks, drugs, clothes and food. Most of stores were small rental rooms and owned by Myanmar migrants. Some grocery shops in their communities also had a table for them to sit and talk together. When they bought some things, the shop owners who came from Myanmar, shared some important information to them whatever she knew from else. If they requested some helps to their neighbors or their friends or their relatives in their communities, they got a lot of supports from them. Furthermore, they shared different information each other and actively participated in religious and traditional ceremonies.

They had holiday once a week, usually Sunday, most of migrant workers spent their holidays on doing household chores, taking relaxation and cooking together with their families and making some Myanmar traditional snacks or food and delivering them to their neighbors and their friends. Some migrant workers used their holidays to meet their relatives or their friends who worked and lived in other places. Also, they visited the temples or monasteries for their religious days. They collected money in their communities and made donation in monasteries according to their religious and cultural beliefs. In the case of Ma Lwin, she often visited her elder brother who lived in Bangkok, with her mother once a month. Sometime, his family

came to her and brought some foods for her mother. Also, they cooked together in her home and went back to Bangkok in Sunday evening.

Some ethnic friendly workers did some recreational activities that they did shopping, went to cinema or temple or monasteries, ate out together and talked with their friends or families or relatives, attended the Thai language or English languages class at monasteries or networks, borrowed some books written in Myanmar from library which was opened in some Myanmar migrant workers networks, watched movies or listen to Myanmar songs that could be purchased at Myanmar market fair. Ma Hnin, limitedly documented female migrant worker, learned Thai language in Migrant Worker Rights Network on Sundays and met many migrant workers from different factories and different places. She talked and shared information each other. She knew the benefits of a worker and advantages of social security scheme from their friends and from this network. Sometimes, she ate out lunch them at the shop which sold only Myanmar traditional foods.

However, they had lack of communication with Thai people except their colleagues in their workplaces. Socially, it was looked down on to be with Myanmar migrant workers because they were being aliens in the lowest position in the host society.

Contrastingly, undocumented migrant workers had no chance to select to live anywhere else. Their employers chose their living places because of their undocumented immigration status. They did not stay in the community with other migrant workers as their employers did not permit to live outside their workplaces. They were restricted their freedom of movement by their employers as a result of debt bondage and did not contact other migrant workers communities. Long working hours and lack of public holidays prohibited them to talk and to discuss some problems or difficulties with their families or friends or relatives. On holidays, they spent their time on full relaxation for reducing their physical pains and stress, cooking together with their families or their relatives, sleep and doing household chores. They talked with undocumented workers each other and did not talk to other old Myanmar migrant workers and Thai workers due to language barriers and feeling of guilty for their undocumented immigration status. They had no one to request solving their problems and discuss their difficulties for exploitation in wages and their rights of workers and

discrimination in benefits. Even if they had lack of money and their family problems, there was nobody to borrow some money for them, to listen their feelings and to reduce their difficulties. In the case of Daw Cho, undocumented female migrant worker, she worked and lived in shrimp factory. There were nine undocumented workers in her work. They talked each other and ate lunch together. On holiday, she was busy with her domestic works and took relaxation and was very rare to talk other undocumented workers. Other were also busy with their household chores. As long working hours from early morning to late evening and lack of holidays made them to be absent for doing some domestic works, they accumulated more burden to do them in their public holidays.

Therefore, undocumented female migrant workers were multi vulnerabilities: lack of help to reduce their physical, psychological and social difficulties, burden of double jobs and unable to express their suffering and their struggling in their daily lives. In this way, their lives were harder than other migrant workers who were limitedly documented and documented.



Figure 4.3 Migrant workers community

4.6 Context of working environment

Most of limitedly documented and documented migrant workers worked in big factories with less health risk and high safety standard. There were approximately 1500-20000 Myanmar migrant workers working in each tuna fishy product and shrimp factories. The employers from big factories hired only Myanmar migrant workers who have passports or temporary work permits that were not nearly expired. From the interviews to informants, the bigger factories, the higher application fees for work they needed to pay because big factories provided many benefits to their workers. Additionally, the bigger factories they worked, the safer working environment they got.

On the other hand, undocumented female migrant workers were allowed to work in smaller factories with high health risks and poor safety standard. There were only 10 to 50 workers working in each shrimp factory. The majority of workers were Thai and only few undocumented workers who had no proper document to work in Thailand, were Myanmar. Those undocumented ethnic friendly female workers were not accepted to work in the bigger factories as a consequence of no passport or work permits. For high maximum profits and minimum cost, the employers from smaller factories hired undocumented workers because they did not need to provide any benefits and compensations for them.

Migrant workers were mostly hired to do the 3 D jobs, jobs that were difficult, dirty and/or dangerous. There were very few Thai workers at seafood processing factories because the workers must work at very low temperature all the times, always touch water and wet area with fixed position: sitting or standing and lifted heavy load of fish tray or boxes. Limitedly documented and documented migrant workers were weekly supported free of charge for safety equipment: gloves, gowns and cap whereas some migrant workers were monthly deducted their wages for protective materials.

According to Thai labor law protection, the working hours of limitedly documented and documented migrant workers were eight hours per day, included rest time, and workers in an industrial factory should not work more than 48 hours per week, the workers were entitled to access break time (that is not more than one hour after working not more than five hours per day), not less than one day-off per week,

not less than 13 public days per year and not more than 6 days annual leaves with payment for the workers who had one year working experience. Besides, the workers were allowed to get wages which are not more than 30 days per year if they took some leaves due to their sick.

In reality, most of workers worked eight hours or more than eight hours per day from 7-8 a.m. to 4-5 p.m. but not including break time. Generally, they worked at least 54 hour per week but they were not allowed to access overtime payment for these working hours. Some migrant workers worked at least ten hours that was split to day and night and had one holiday per week. In addition, although they started their work on time, they always finished their work after extra 20 to 30 minutes. However, they never got extra payment for their extra time. They get wages about 300-310 baht per day and overtime payment about 56 baht per hour. In some smaller factories, the workers got a lower wage and overtime payment. There were monthly and annual bonuses to migrant workers of 250-600 baht and 2500-8000 respectively as considered individually. If migrant workers had a day off during the year or the month, they won't receive a bonus.

In addition, although migrant workers who had completed one year in their workplace, could take 6 days as holidays in Thai law, in actual fact their employers provided only 3 days or nothing annual holidays for them. As claimed by Thai labor protection law, migrant workers were eligible to take public holidays, sick leaves with payment and maternity leaves. Limitedly documented and documented migrant workers could took sick leaves with payments when they took proving letter from the doctors for their sick and 45 days for child birth.

The relationship between the migrant workers with Thai labor or employer was to sometimes exploit the Myanmar migrant workers. The Myanmar migrant workers were ordered by their leaders to work more than Thai workers who finished their work at the clock out time and they did not work overtime or the Thai workers were elevated to the supervisors or the clerk but Myanmar migrant workers had less chance.

Under social security office, Workmen's Compensation Law makes payment to migrant workers or their dependents when they suffered from harm, illness or death related to them or their work. Workmen Compensation Fund (WCF) has been

established to support health care access and medical treatment and compensation to migrant workers on the behalf of the employer and the employer needs to pay 5% contribution to the fund. Each month the employer must pay ten percent of the employee's monthly salary for WCF: five percent of which is deducted from the migrant's wages and other five percent is contributed by the employer and the contribution fee of Thai government is 2.75%. It works like an insurance company or life insurance company by which way an employer need to contributions to WCF for their workers. There were seven types of benefits in social security scheme (SSS): sickness, maternity, child allowance, invalidity, death, old-age pension and unemployment. However, migrant workers required the documents proving their immigration status: passport or temporary work permit and the payment of contributions to the WCF by their employers in order to have access to the WCF.

In Thai ethnic friendly labor societies, limitedly documented and documented ethnic friendly female workers were entitled to access SSS which included seven types of benefits: sickness, maternity, child allowance, invalidity, death, old-age pension and unemployment. In real world, some employers hid information about SSS and neglected to provide SSS for their workers because they were unwilling to pay their part of contribution to WCF and to spend their money for their workers. Some migrant workers had knowledge about SSS and they requested their employers to register SSS for them compared with the fact that some had lack of knowledge about the benefits of SSS and they did not know to ask for SSS. Moreover, even though some employers deducted the wages of migrant workers, they did not register for SSS of their workers and they deceived them for registration of SSS. In the case of Ma Phaw, she and her husband were deducted their monthly wages about 350-380 baht each for four years. Nonetheless, both of them were not entitled to access SSS benefits because their employer did not register SSS for them. As she had no SSS, she paid full cost of treatment and medical checkup when she visit hospital for antenatal care and ARV treatment.

As they could use SSS, they did not pay for health care services exception of some diseases. They were provided 30 baht per day during pregnancy and 600 per month for child allowance after delivery until 6 years of child. They were paid back cost of delivery about 25000 baht.

For temporary work permits, both limitedly documented and documented ethnic friendly female workers were provided and arranged to register their work permit by their employers. However, some migrant workers worked with long working hours and lived in small factories where are far from city center. They were deducted their wages to do work permit extension by their employers but their employers hid the information when Thai cabinet announced for periods of doing work permit because the employer could easily control undocumented workers and did not need to provide benefits and compensations of workers. In this way, limitedly documented migrants changed their immigration status from limitedly documented to undocumented. Paing experienced that migrant workers did temporary work permit and extension of temporary work permit at concerned one stop service when Thai cabinet made announcement from public media. Nevertheless, some limitedly documented and undocumented migrant workers were left to do it as they did not know and they lived far from city and had lack of social network with other migrant communities. Moreover, their employers did not share any information about work permit. In spite of that the employers deducted the wages of their workers for work permit extension, they did not provide and share for any work permit for their workers.

Undocumented ethnic friendly female workers were hired only in small shrimp factories where they were exploited in wages, working hours, their rights of labors and discrimination in health care access. They were forced to purchase protective equipment for work whereas limitedly documented and documented female migrant workers were provided with these equipment by employers. They had to spend their wages on purchasing safety equipment about 70-100 baht per week.

Notwithstanding that migrant workers had to work eight hours per day included rest time and they were allowed to work 48 hours per week in Thai labor protection law, working hours of undocumented migrant workers were more than 12 to 17 hours per day. Mostly, they worked at least 72-119 hours per day but they were not entitled to access overtime payment for these working time. Some undocumented migrant workers worked 12 hours per day that was split to day and night shifts and had one holiday once a week. Moreover, in spite of starting their work on time, they always finished their working hours late. Nonetheless, they never got overtime payment for their working hours. Despite of paying at least 300 baht per day in Thai

law, their wages were between 50 baht and 300 baht per day in real world. In spite of the fact that undocumented workers were working with long working hours from early morning to late evening, they had less chance to get annual or monthly bonus payment.

Furthermore, they were not entitled to access sick leaves, maternity leaves, annual leaves and public holidays. Their employers never provided sick leaves for undocumented workers when they were sick. If they could not work, they could not get their wages. Also, they had to quit from their job when they gave birth because they had no chance to take maternity leaves from their work before and after they gave birth. Besides, even if limitedly documented and documented migrant workers closed on public holidays, undocumented workers continued working according to their working hours.

As they had no proper document proving immigration status: passport or work permit, they were not eligible to register for SSS and to access seven benefits of SSS. They had to pay full cost of treatment and delivery from their very low wages. Additionally, they were not supported health care services for their occupational injuries or illness by their employers. Therefore, they were very rare to use health care centers or hospitals and they relied on taking self-medication.

Undocumented migrant workers were verbally abused from their employers by yelling, speaking rudely and swearing at in front of many workers and were socially abused in restriction of free movement and communication with their families but they could not complain to someone. In spite of abuses by the employer or the leader of workers, they had less chance to complain someone, to seek assistants for their difficulties and to find new jobs. Accordingly, undocumented migrant workers were multi vulnerabilities in human rights violations, labor rights exploitation and discrimination of benefits in their workplaces.



Figure 4.4 Working condition of female migrant workers in small shrimp factory

4.7 Background of health care system for migrant workers in Samut Sakhon Province

In Samut Sakhon province, there are three government hospitals named Samut Sakhon Hospital in Mueang Samut Sakhon district, Krathumbaen Hospital in Krathum Baen district and Ban Phaeo Hospital in Ban Phaeo district and 54 health centers where provide health care services for both Thai people and migrants. Migrant workers can be provided health care services for not only inpatient but also outpatient cares for 24 hours in these government hospitals.

These hospitals provide both Universal Coverage Scheme (UCS) called 30 baht scheme and Social Security Scheme (SSS) to use health care services for migrants. UCS can be registered all types of migrant workers. Undocumented workers require the names, address and telephone numbers of migrant workers, name and telephone number of employers when they registered UCS. Moreover, it can be supported not only migrant workers but also their family including their children. The annual cost of UCS is approximately 1600 baht for adult and 365 baht for children who are from 4 months to 7years old plus 500 baht for health examination. However, migrants are allowed to utilize UCS in a specific hospital that is assigned according to

geographic catchment areas usually the same place where they have their health examination. Migrant workers have to pay 30 baht for each visit both inpatient and outpatient. Although migrant workers can receive treatment for a standard, there have some exception for treatment including extensive list of health conditions and diseases without charge by showing their health card, treatment of a few complicated or long-term conditions and elective surgery. Besides, this scheme cannot use in occupational injuries and road traffic accidents for migrant workers. In 2015, the number of migrant workers for UCS registration were about 107,643 which were 95% from Myanmar, 3% from Cambodia and 2% from Laos respectively.

Only migrant workers who have documents proving their immigration status, ID card, work permit or equivalent it (i.e. temporary passports) and the payment of contributions by their employers are entitled health insurance under SSS as Thai formal workers but again with exceptions. According to the Social Security program, each month the employer must pay ten percent of the employee's monthly salary for health insurance: five percent of which is deducted from the migrant's wages and other five percent is contributed by the employer and the contribution fee of Thai government is 2.75%. They can get health care access and medical treatment and compensation and benefits to migrant workers entitled to the rights on the behalf of the employers.

There are seven types of benefits including (1) Sickness (2) Maternity (3) Child allowance (4) Invalidity (5) Death (6) Old-age pension and (7) Unemployment. Generally, if migrant workers had three months contribution within last 15 months for SSS, they can access free of charge for their medical care at registered hospital including prescribed medicines. Benefits are only available through an assigned hospital. In 2015, the number of migrant workers registered for SSS was approximately 95,141 which are 95 percent from Myanmar, three percent from Cambodian and two percent from Laos. The payment system for using public health care delivery system is a cost-sharing system by using UCH or SSS but for the migrant workers who have no UCH or SSS, out-of-pocket payment is used.

Associated with the changing economic system, there are many private health care delivery system in Samut Skhon province. For private health care services, migrant workers have to pay more out-of-pocket payment.

4.7.1 Health examination for migrant workers

When migrant workers did temporary work permit or extension of temporary work permit or extension of passport, they need to do medical examination as one stop services in designated hospitals. It is a basic examination that consists of a chest x-rays, blood test, urine specimen and administration of a deworming drug and a prophylactic for microfilaria. The health screening for five specific diseases and health conditions deemed of public health concern: Tuberculosis (TB), syphilis, filariasis, intestinal worms, addictive drug use, severe alcoholism and mental disorder and pregnancy in assigned hospital for migrant workers. Those health screening have three possible results: (1) no condition found- which makes them immediately eligible for a temporary work permit; (2) a disease is found at a treatable level where the migrant is put on probation until treatment is completed, upon which they are allowed to receive work permit; and (3) those found with a condition that is considered untreatable which means the migrant is denied work permit even though they receive medical treatment.



Figure 4.5 Medical examination and temporary work permit at one stop-service center

4.7.2 Health care delivery in study area

In Mueang Samut Sakhon district, Samut Sakhon hospital is located, which is the largest hospital with 602 beds, among three government hospitals in Samut Sakhon province. There are 128 medical doctors including 17 specialists, 31 dentists, 49 pharmacists, 518 nurses, 141 public health personal, 989 supporting staffs and 21 translators in Samut Sakhon hospital. Health care providers have been providing not only outpatient cares but also inpatient cares for 24 hours. There is a special clinic for only migrant workers opening from 8 a.m to 4 p.m on weekdays.

Myanmar migrant workers are known as “**Naing Ngan Char Thar Say Khan**” (with Myanmar term) that provides health care service for only migrant workers. All immigration status of migrant workers, mostly, Myanmar, Cambodia and Laos can access health care services in this clinic. After 4 p.m., they can receive medical treatment in general practitioner clinic for 24 hours services in Samut Sakhon hospital.

According to the data in 2014, among the number of 3213 outpatients, 597 inpatients and 20 delivery patients per day, migrant workers were approximately 703, 128 and 10 respectively. The top five OPD cases of migrant workers were dyspepsia, upper respiratory infection, diarrhea, acute pharyngitis and hypertension and the most common IPD cases were neonatal jaundice, occupational accidents, diarrhea, anemia and pneumonia for migrant workers. In addition, migrant workers have a chance to get treatment, health education, and counselling in TB clinic and ART (antiretroviral therapy) clinic.

In every Thursday, they are checking medical examination for both new and old migrant pregnant women in Antenatal Clinic although this clinic accepts only 30 new pregnant women for antenatal care. Translators provide health education for new pregnant women at 8 a.m. and old pregnant women at 9 a.m. in Thursdays. The number of deliveries for Myanmar migrant workers (2943 delivery cases) are higher than Thai nationality (2736 delivery cases) from January to June 2015. After child birth in hospital, the translators provide home visit and follow up care for maternal and new born care including wound and bleeding for mother and children, breast feeding, immunization and family planning.

Moreover, migrant workers are supported for primary health care services and mobile health care services to migrant community under management of Samut Sakhon hospital. They are provided control of communicable disease including diarrhea, meningococcal meningitis, dengue hemorrhage fever, malaria, filariasis, pulmonary tuberculosis, and syphilis. They are done health screening, Pap smear, voluntary counselling testing and treatment to migrant workers for HIV, sexual transmitted diseases, hypertension, diabetes and TB. If the migrants failed the medical result, health care providers and translators informed the factories owners that migrant workers need to check medical examination again. Some international non-governmental organizations (INGO) like Raks Thai Foundation and AIDS Health Care

Foundation (AHF) also collaborates with Samut Sakhon hospital for health prevention and promotion activities of migrant workers. Furthermore, this hospital supports UCS called 30 baht scheme and SSS to use health care services for migrants.



Figure 4.6 Migrants clinic in Samut Sakhon hospital



Figure 4.7 Providing mobile health care services to migrant community from Samut Sakhon hospital

4.7.3 Pattern of health seeking behavior

There were three distinct patterns of health seeking behavior of Myanmar migrant workers in Meung Samut Sakhon district, Thailand. The first pattern was direct health seeking behavior at the drug store. They bought not only Myanmar

traditional medications from the stores which sold the products from Myanmar but also western drugs from the drug shops near their places. This pattern was found among Myanmar migrant workers who had mild symptoms of the sickness. Some limitedly documented and documented migrant workers were unwilling to visit their assigned health care centers or hospital for their minor illness as they did not want to spend their time on the way to visit hospital and queue for receiving treatment. In the case of U Ohn, he was very rare to go hospital or health center because of waiting for long time to receive health care service. There were a lot of patients in Samut Sakhon hospital. He took self-medication not only western medicine but also Myanmar traditional medicine. If he needed to take intensive care or emergency care, he was willing to visit assigned hospital.

On the other hand, undocumented female migrant workers mostly bought the drugs from drug stores and took self-medication. They were less using health care services in hospitals because of restriction of free movement from their host employers, lack of information to use health care services in hospital, being arrested by police, afraid to deduct their low wages and unaffordable to pay full cost of treatment in hospitals or health care centers. Daw Cho chose to use the drug store and treat with the medicine at home when she was minor sick. She did not know the location of hospitals or health care centers. In addition, she was restricted freedom of movement by her employers and unaffordable for cost of treatment.

The second pattern was seeking health care from quack or traditional healers who came from Myanmar. Some migrant workers brought their traditional beliefs for their illness in new areas. Most of undocumented migrant workers relied on visiting to some quacks who lived near their places. When they did not relieve their sick by taking self-medication, they visited to quacks or traditional healers. They could not afford to visit them for their every sick because the cost of treatment was very expensive. They were paid 150-400 baht each visit for cost of medication. Therefore, they used the second type of health seeking behavior when their symptoms were not relieved after taking medication from drug store. In the case of Ma Myat, she visited to a quack beside her place when she suffered serious illness. She usually used some Myanmar traditional medicine which she brought from Myanmar since she came to Thailand. Some drugs were bought from the factory store. Even if they suffered

moderate illness, they never visited to the quack because it was very expensive as her and she paid 150 baht per visit. If she needed to inject for her sick, she had to pay more.

The third type was going to health care clinic or hospital for illness or injuries or pregnancy. Almost of limitedly documented and documented migrant workers always went to assigned hospitals or health care center even if they got minor illness. As they had SSS or UCS, they had to pay 30 baht per visit or they did not need to pay cost of treatment depending on their diseases or illness in their designated hospitals or health centers. Moreover, they were available to take sick leave with payment when they took a letter from the doctor for proving their sick. Furthermore, if they gave birth, they pay back their cost of delivery. In the case of Ma Lwin, she visited to Samut Sakhon about two times. She did not pay any cost of treatment and she had a chance for sick leaves with payment when she brought the recommendation from the doctor for her sick and gave to her supervisor in her work. She went to health care center for every sick and she never used self-medication at home. Ma Myint experienced delivery at Samut Sakhon hospital. She were paid back the cost of child birth about 25000 baht.

Contrastingly, undocumented migrant workers were very rare to use third pattern of health seeking behaviors. As they had no health insurance, they had to pay full cost of treatment and health care service that were very expensive for them. It was not easy to come to hospital as undocumented migrants. They were deducted their wages for these days which they visited hospital. They paid their wages for full of health care services, transportation charges and cost of eating food at hospital. Therefore, they only used health care services at hospitals when they needed intensive care or emergency care of delivery care. Daw Mar paid 1300 baht for first visit and at least 200 baht each visit of antenatal care. Before seven months of pregnancy, she never visited to Samut Sakhon hospital. As she was very close to give birth, she needed to receive antenatal care. She spent her money not only on cost of treatment but also food and transportation charges. She must pay at least 20000 baht for cost of delivery. As a result of her old age, she had to do operation for her delivery that will charge about 30000 baht.

Generally, undocumented migrant workers chose the first pattern of health seeking behavior. They could be easy to buy the drugs and they did not spend their time on transportation and queue for receiving treatment and their wages on expensive cost of health care service in hospital. Even if they suffered serious illness, they selected second and third pattern of health seeking behavior.

4.8 Life difficulties of female migrant workers

According to the political and economic crisis in Myanmar, women with lack of education and poor could not find the jobs and could not earn for themselves and their families. With the hope of better income and job opportunities, they came to Thailand. Due to the laws and regulations of the previous Myanmar military government, women between 16 and 25 years could not cross borders without their legal guardians. Although the objective of laws and regulations were supposed to protect Myanmar women from human trafficking, in reality they made more discrimination and suppression to women.

Therefore, the women were more reliable on brokers to come to Thailand. The combination of travel restriction and poor economic situations pushed women to become undocumented female migrant workers. Moreover, their brokers cheated them about working conditions, daily wages, working hours and benefits they approved. As most of undocumented female migrant workers were low education and lack of general knowledge, they easily entered the traps of the brokers.

Contrastingly, Samut Sakhon is the largest seafood processing industrial zone in Thailand. Although Samut Sakhon is not close to the border area of Myanmar, the majority of Myanmar migrants came to Samut Sakhon province by using legal or illegal border crossing methods due to the feasible job opportunities in wide range of labor-intensive sectors. However, undocumented female migrant workers were severely restricted to get the jobs in Samut Sakhon because of no proper document proving their immigration status and were often relegated to working in the 3 Ds jobs without labor rights and benefits. According to a high demand for cheap and low skilled labors, undocumented ethnic friendly female workers worked in seafood processing factories, Samut Sakhon. Nevertheless, undocumented female migrant

workers had many life difficulties in Samut Sakhon province regarding their daily lives, dealing with new society, workplaces and their families.

This study explored life difficulties of undocumented female migrant workers related to health care inaccessibility, their working environment and life being women in seafood processing factories, Meaung Samut Sakhon district, Samut Sakhon Province, Thailand. They were multi-vulnerable to face life difficulties compared with limitedly documented and documented female migrant workers. Since limitedly documented and documented female migrant workers lived in Thailand about 4 to 11 years, they knew well their labor rights, how to survive in Thailand, how to handle the problems, and how to seek the helps. However, undocumented female migrant workers lived in Thailand for 7 to 9 months that were not enough time to adapt with new society and to be stable for living and working conditions. Cultural unfamiliarity with new environment and poor knowledge of Thai language, lack of information and lower education level result in the undocumented female migrant workers' inability to communicate with Thai workers and employers and to complain their labor rights, health care benefits and compensation to their employers. In addition, traditionally timid undocumented female migrant workers lack a great deal of knowledge about rights, and lack information on the criminal laws and labor laws that protect them from abuses, labor rights exploitation and human rights violations.

As most of the jobs: dirty, dangerous and difficult were worked by female migrant workers from Myanmar when compared with Thai female workers, they were at the lowest position of Thai social structure and looked down by Thai society as lower working class workers. Amongst female migrant workers, undocumented female migrant workers were easier to exploit their physical safety, their wages, their benefits, their labor rights and their working hours in the world of their works as a consequence of lack of proper document proving their immigration status and lack of legal protection. Besides, they did not enjoy unequal supporting for health care treatment and health insurance and lack of social contact with other migrant workers as a result of discrimination and limitation of their individual freedom in ethnic friendly society.

Furthermore, they were more abusive than undocumented male migrant workers in their workplaces. Their employers never did yelling, speaking rudely and

swearing to male workers at in front of many workers and did not abuse them by hitting, slapping and throwing some things. However, undocumented female migrant workers were afraid to complain even if their employers abused them verbally, physically and socially in their workplaces. In addition, they were lack of self-confidence to ask for their benefits, their labor rights and their compensations to their employers because they were taught to be subordinate since childhood.

Additionally, although they had many problems concerned with their work, new society and immigration status, they were also taking for their multi-roles for their family affairs and domestic works as well as earning for themselves and their family survival. They had lack of private relaxed time for their physical, psychological and social tensions due to long working hours and busy with their domestic works. When they were minor symptoms of their sickness, they were reluctant to visit health care centers because they were unwilling to spend their time on long queue for their sickness at the hospitals. As long working hours from early morning to late evening, lack of holidays, visiting to hospitals made them to be absent for doing some domestic works, they accumulated to do them after recovery stage or in their holidays. Therefore, they used health care services in hospitals when they needed intensive care and child delivery.

Even though they had a lot of life difficulties in their daily lives, Thai ethnic friendly society and workplaces, they could not seek the helps to reduce sufferings and to protect them from Thai laws because they were hidden status and they were lack of social relationships from other migrant workers. This study showed that life difficulties of undocumented female migrant workers regarding to health care, their working environment and being women in seafood processing factories, Samut Sakhon, Thailand.

4.8.1 Health care inaccessibility

This study found that female migrant workers faced life difficulties regarding inaccessibility of health insurance and health care services. According to findings of this study, they were very low using health insurance and health care services in public hospitals and health care centers as a result of many barriers to utilize them consisting illegal status, financial problems, exploitation of their host

employers, lack of information, afraid of being arrested by polices and restriction of free movement by their employers.

(1) Health insurance

This study found that female migrant workers were inaccessible to health insurance associated with availability, affordability and discrimination in Samut Sakhon province.

(a) Availability

There had many difficulties for health insurance availability to Myanmar migrant workers including lack of information and knowledge, less of communication, afraid of being arrested by polices, restriction of freedom of movement, limitation of criteria to register health insurance, and unwilling to pay contribution fee or no supporting health insurance from their employers.

Lack of information and knowledge: Undocumented migrant workers had lack of information about health insurance. Their employers did not share any information about it. They were neglected by the employers for their health care because they did not entitle to have the rights of workers such as compensation for harm, illnesses or death related to them, their work benefits, health care access and medical treatment.

Pwint said,

“Undocumented workers did not know that they could register for health insurance as undocumented workers. They need to fill their name, address, phone number and the employer’s name and phone number in the form to do registration for 30 baht scheme. But their employers never share information to them about health insurance.”

Daw Mar showed,

“I heard about 30 baht scheme but I knew that scheme is eligible to access for migrant workers who have passport

and work permit. My employer did not support any information for health insurance. If undocumented workers can buy 30 baht scheme, I want to get it.”

Both limitedly documented and documented migrant workers were accessible for health insurance. Their employers shared information about the benefit of SSS package and the requirements for registration of SSS on the notice board in their workplace.

U Ohn described,

*“I needed the documents for registration of **“Pra-Khan Sung Khom”** like temporary work permit, cash payment slip and recommendation letter from the employer. I saw this information in written for Myanmar language on the notice board in front of my work site.”*

Some limitedly documented and documented migrant workers had lack of knowledge about advantages of registration for SSS. Their employers never shared the benefits of SSS package. Consequently, they were undesirable to invest their wages on SSS. They seemed that they were very rare to use health care services in hospitals and they could not refund their money from this when they went back to their countries. Moreover, as they were single, they had no pregnancy and no children and as a result they could not get back money for expense of child birth.

Ma Thi expressed,

*“My employer provides **“Pra-Khan Sung Khom”** (with Thai term) all workers but single female migrant workers don’t want to spend their money on this card. They think that they don’t need to use this because they are healthy, no pregnant and they cannot get back their money when they quit from their jobs and came back to Myanmar.”*

Less of communication: Undocumented migrant workers faced some barriers to communicate with local workers or migrant workers from other community

due to living far from city, language barriers and feeling of insecurity for illegal status. Consequently, they were not supported by others to register and to share information for health insurance.

Paing explained,

“Undocumented workers had lack of information about health insurance due to no sharing information from their employers. In addition, they had no chance to communicate with other workers as they did not understand their language, they dare to ask them due to inferiority for their illegal status and they live away from society as hidden population.”

“Furthermore, they always close the doors and hide inside their rooms. When their rooms were seen from outside, people can seem that there is nobody living in their rooms. They go to work early morning and come back to their room late evening. They are isolated from society. Therefore, it is not easy to find them and share information for them.”

Daw Cho told,

“I did not know what health insurance is. I had no communication with other workers. I had conversation with undocumented workers each other. I don't understand Thai language. I scare to ask some information to others.”

Limitedly documented and documented migrant workers have low barriers to access health insurance. Their employers made all announcements in written for Myanmar language as there were many Myanmar migrant workers in their factories. Some factories had only Myanmar migrant workers as low skilled labors. Besides, they understood Thai language and could communicate with local staff in their workplace as they lived in Thailand more than four years. In addition,

they lived in Myanmar migrant workers community near their workplace. They could share information and support each other to do registration for health insurance.

Ma Myint expressed,

“You can see. There are many migrant workers living in this apartment. I also live with my friends from different work place. We talk and share information each other.”

Afraid of being arrested by polices: They were very rare to go out for registration of health insurance from their factory compound. They were afraid of being arrested at the police check-point on the way to health insurance office because of no having proper documents.

Ma Myat described,

“Old migrant workers said me that I can be arrested by the police when I went out. I never left the factory compound since I started work.”

Both limitedly documented and documented migrant workers could freely go in Samut Sakhon province. However, wherever they went out, they had to bring their passport or work permit. They did not need to be afraid of being arrested by polices at the police check-point on the way to health insurance office because they had proper documents for working in Thailand.

Ma Hnin mentioned,

“If the police feel suspicious to migrant workers at the check point on the way to Samut Sakhon hospital, they call and check their passport or work permit. As I have temporary work permit, I can go everywhere in Mahachai.”

Restriction of freedom of movement: They were controlled for freedom of movement by their employers as a consequence of debt bondage and fear of

arrested by concerned authorities for receiving undocumented migrant workers. Therefore, they could not go out for the registration of UCS.

Paing talked,

“They were kept in the factories compound where always close the door. They were never allowed by their employers to go out because of debt bondage and to communicate with other migrant workers from outside of their factories because their employers were afraid of being arrested by concerned authorities for hiring undocumented workers. Consequently, they had less opportunity to help from other migrant workers and to go office for their registration of health insurance.”

Ma Myat said,

“My employer did not allow all undocumented workers to go out because we all owed transportation fees 12500 baht to the employer. I never left the factory compound since I started work. How I can get health insurance!”

There was no restriction of freedom of movement for both limitedly documented and documented migrant workers from their employers. They lived outside of their work place, they could go everywhere and do everything exception of their working hours. If they had work permit extension or to go to hospital or for doing something, they could take the leaves with payments or without payments.

Ma Lwin explored,

*“My employer allowed us to register for **“Pra-Khan Sung Khom”** and go to hospital for medical examination before registration. He arranged transportation for us to go there.”*

Limitation of criteria to register health insurance: According to the criteria for health insurance, undocumented migrant workers were not eligible to

access SSS due to illegal status without proper documents. For SSS, migrant workers required the documents proving their immigration status, ID card, and work permit or passport and payment contributions to Social Security office by their employer in order to have access to SSS. Even though SSS could be used in sickness, maternity, child allowance, invalidity, death, old-age pension and unemployment conditions, UCS could be used in illness but was not able to utilize in occupational injuries and motor bike accidents. Undocumented migrant workers could register in only UCS. However, they were inaccessible UCS called 30 baht scheme owing to neglect their group for sharing information from their employers.

Ma Myat showed,

“I have no proper documents. I am an undocumented migrant worker. I have no chance to buy health insurance. I knew that only migrant workers who have documents can buy health insurance.”

Limitedly documented and documented migrant workers were eligible to register not only UCS but also SSS as they had passports and work permits. They were supported health care access, medical treatment and compensation by SSS.

Ma Moe talked,

*“I needed passport copy, work permit and payment receipt slip to do register for “**Pra-Khan Sung Khom**” ”.*

Ma Lwin mentioned,

*“Only migrant workers who have passport or temporary work permit and have current jobs, are able to buy “**Pra-Khan Sung Khom**”. I need passport copy and payment receipt slip to do this card.”*

Unwilling to pay contribution or no supporting health insurance:

Undocumented migrant workers were neglected by their employer to support for their health. They were exploited in not only wages but also for their benefits especially in health insurance. Even if they were provided for health insurance, they did not need to

spend their low wages on treatment and health care services. However, their employers were only interested in getting maximum profits and they scared to spend their money on their workers.

Ma Zin said,

“My employer did not share information as well as support health care for all undocumented workers.”

Both limitedly documented and documented migrant workers were provided to do SSS when they started working. Their employers paid ten percent of the workers' monthly salary for SSS each month. Five percent of wages was deducted from the wages of migrant workers and another five percent was contributed by their employers. In addition, they were arranged transportation by their employers to do medical examination for SSS at hospital.

Ma Myint explained,

*“I have **“Lu Mu Phu Lone Yae”** (with Myanmar term) card. Thai people call **“Pra-Khan Sung Khom”**. My employer provided this card when I started working in this factory.”*

U Ohn described,

*“I have **“Pra-Khan Sung Khom”** card that can be used in Samut Sakhon hospital and concerned health care centers. My employer arranged me to register this after working about 3 months.”*

Ma Lwin mentioned,

*“I have **“Pra-Khan Sung Khom”** card but I don't know what types of this card is. When I began this work, my employer arranged it all migrant workers who started working together.”*

Under the Social Security Office, 5% of wages from employers, 5% of wages from employees and 2.75% of wages from government must to contribute for SSS. The employers did not want to pay their part of the contribution. They did not want to share information about SSS for limitedly documented migrant workers. Limitedly documented migrant workers asked for SSS to their employers as they had knowledge about the benefits of SSS and the rights of workers and they communicated and shared information with other community of migrant workers.

Ma Hnin said,

*“I have **“Pra-Khan Sung Khom”** card. The employer did not provide this since working started. When I asked my employer for **“Pra-Khan Sung Khom”**, he arranged me to register for this. My employer doesn’t share information about if for all migrant workers. If I did not ask about this, my employer will not support me this. The employers don’t want to provide it because they have to pay contribution fees for registration of their workers. Some migrant workers don’t know that they have to ask for this.”*

Some documented female migrant workers were shared information and provided SSS by their employers since working started. They required documents including passport copy, work permit and payment receipt slip to do register in Social Security Office. However, they had no chance to utilize their SSS for their health care because their employers cheated their workers by deduction of their wages and they did not actually support their workers for registration of SSS. Their employers exploited them not only deduction of their wages but also no payment for contribution fee of their part.

Ma Phaw explained,

*“I have no **“Pra-Khan Sung Khom”** and 30 baht scheme. The factory staff monthly deducts 400 baht, each of my wages and my husband wages twice a month for it about four years. But she did not provide any card concerned with health. I asked her about my **“Pra-Khan Sung***

***Khom** frequently. She replied me that she will do it. I went to social security office for checking my registration. But there was no registration for me and my husband.*

(b) Affordability

Health care inaccessibility was related to unaffordable for initial registration fees of health insurance because of exploitation in benefits consisting very low wages, unable to get full wages for their working days, no overtime payment and no annual and monthly bonus payment from their host employers.

Very low wages: Undocumented migrant workers were unaffordable to pay initial registration fees for health insurance because their wages were lower than migrant workers who were limitedly documented and documented migrant workers.

Paing expressed,

“Undocumented workers don’t want to invest their money on 30 baht scheme because of low wages and unaffordable for initial registration fees.”

Ma Zin mentioned,

“If I had a chance to buy health insurance, I cannot buy it because my wages are very low. I get only 50 baht per day. How I can buy it!”

Daw Cho explored,

“Even if I have a chance to buy health insurance, I cannot afford to buy it because my daily wages are very low. I try enough for expense of food. There is no extra money to buy health insurance”

According to SSS, 5% of wages from employers, 5% of wages from employees and 2.75% of wages from government had to pay contributions to the fund for limitedly documented and documented migrant workers. They were

deducted five percent of their wages (approximately 15 baht per day) for SSS as their daily wages are more than 300 baht.

U Ohn showed,

*“I get 300 baht per day and I am deducted 177 baht for **“Pra-Khan Sung Khom”** twice a month.”*

Ma Moe described,

*“My daily wage is 310 baht per day. My employer deduct 195 baht from my wages for **“Pra-Khan Sung Khom”** every two weeks.”*

Unable to get full wages for their working days: Undocumented migrant workers did not get their full wages according to their working days. They could not afford for initial registration fees of UCS as a result of withholding their wages from their employers.

Ma Nwe told,

“There are nine undocumented migrant workers in my workplace. We all cannot be paid our full wages for our working days. My employer withholds my two days wages in pawn to pay the bills because I bought everything what I wanted from the shop of my employer. I cannot buy health insurance with my low wages.”

Both limitedly documented and documented migrant workers were paid their wages regularly. There was no delayed payment and no withholding their wages from their employers. They were deducted their wages for SSS according to the day of their payment.

Ma Myint talked,

*“I get my wages every 15 days. There is no delayed payment and no withhold my wages from my employers. They deducted my wages for **“Pra-Khan Sung Khom”** twice a month.”*

Ma Thi said,

“My employer pays the wages for all workers and deducts our wages for **“Pra-Khan Sung Khom”** every 14 days.”

No overtime payment: Even though undocumented migrant workers had long working hours (more than 12 hours per day) compared with limitedly documented and documented migrant workers, the capitalists did not provide any overtime pay for them. As few wages were what the employers paid undocumented workers for working long period of time, those workers could not afford to purchase health insurance.

Ma Zin showed,

“Although I was working long working hours from early morning to late evening, I get only 50 baht per day. How I can buy it!”

Limitedly documented and documented migrant workers had a chance to get not only their daily wages but also overtime payment according to extra working hours. Therefore, they could afford for initial registration fee of health insurance.

U Ohn expressed,

*“The employer supports 40 baht per hour as overtime payment. I get about 480 baht per week for overtime payment. I am deducted 177 baht for **“Pra-Khan Sung Khom”** twice a month.”*

Ma Lwin explained,

*“My overtime payment is 56 baht per hour. Roughly, I get 672 baht per week. I have to pay 92 baht per week for **“Pra-Khan Sung Khom”**.”*

No annual and monthly bonus payment: There was no bonus payment for undocumented migrant workers in their workplace. Even though they started from early morning and ended at late evening, they were not eligible to access no annual

and monthly bonus. Additionally, they got very low wages as well as no overtime payment. They were unaffordable to access health insurance.

Daw Cho mentioned,

“I start my work at 5 a.m. and finish at 8 p.m. but I never get extra money exception of my wages 50 baht per day. There is no monthly bonus for me. I try to manage this low wage for food. I have no extra money to buy health insurance.”

As limitedly documented and documented migrant workers, their employers provided monthly and annual bonus payment for them. They were able to pay for registration fees of SSS since they got Thai minimum wages, overtime payment and annual and monthly bonus

Ma Hnin explored,

*“My employer supports 5500 baht to workers for without absent day during one year. I am deducted 90 baht of my weekly wages for **“Pra-Khan Sung Khom”** card”.*

Ma Moe described,

*I get 600 baht and 2500 baht for monthly and annual bonus respectively. 195 baht of my wages was weekly deducted for **“Pra-Khan Sung Khom”**.*

(c) Discrimination

Health care inaccessibility for migrant workers was due to discrimination in (1) sharing information and (2) supporting health insurance of their employers.

Discrimination in sharing information: The host employers kept information about health insurance for undocumented migrant workers compared with migrant workers who were limitedly documented and legal. They had less chance to access health insurance as a consequence of neglecting from their employers for their health.

Ma Zin talked,

“What is health insurance? I have no any card concerned with health. Nobody tell me about this. Other undocumented migrant workers also don’t have health insurance that you tell me. The employer shares information to only her Thai workers and other old migrant workers who have passports and work permits. I don’t know what they said. They only talked Thai language each other and never translate us what they said.”

Ma Myat said,

“When my employer wanted to share some information to the workers, she only announced Thai and old migrant workers who have passports and work permits. They talked each other. She always neglected our illegal group.”

Limitedly documented and documented migrant workers were not discriminated for health insurance from their employers. Their employers shared any information in written for Myanmar language on notice board in their work place.

Ma Myint told,

*“My employer announces the information for **“Pra-Khan Sung Khom”** and required documents on the notice board in my work site. If I cannot saw this information, my colleagues shared about this.”*

Discrimination in supporting for health insurance: Undocumented migrant workers were denied to provide health insurance from their employers. The employers focused on limitedly documented and documented migrant workers. If those documented workers suffered from harm or illness or injuries or death in their workplace, their employers have to pay compensation and benefits for them. However,

undocumented migrant workers had no entitlement to access compensation from their employers as a result of no proper documents for immigration status and no registration in Social Security office.

Daw Mar showed,

“My family was not provided health insurance by my employer. I don’t know other workers that they were supported health insurance from my employer.”

Limitedly documented and documented migrant workers were not discriminated for health insurance from their employers. Their employers provided SSS not only Thai workers but also migrant workers who were limitedly documented and legal. 5% of wages from employers, 5% of their wages and 2.75% of wages from government contributed for SSS. According to SSS package, they could access seven types of benefits; sickness, maternity, child allowance, invalidity, death, old-age pension and unemployment.

Ma Myint explained,

*“All workers both Thai and migrants in my workplace were provided to access **“Pra-Khan Sung Khom”** since working started. There was no discrimination for it between local and migrant workers.”*

Ma Lwin explored,

*“I have **“Pra-Khan Sung Khom”** card but I don’t know what types of this card is. When I begin this work, the employer arranges it all both Thai workers and migrant workers. The factory supervisor said me that this card can be used only for health.”*

Some documented workers were discriminated on supporting of health insurance by their employers. If migrant workers did not make any compliant to the host employers for SSS, they deducted wages of their workers but they won’t support

to access health insurance for their workers. They provided only migrant workers who made compliant for health insurance.

Ma Phaw mentioned,

*“Although I am deducted my wages for **“Pra-Khan Sung Khom”** about 4 years, I cannot access it. I did not need to use it before, so I did not focus on it. But I am pregnant now. I spent much wages on my health. I want to get it. Some migrant workers complained to the staff to register it. So they have this card. Some have no card like me. They also don’t need to use it.”*

(2) Health care services

The findings showed that availability, affordability and discrimination under the context of capitalism caused life difficulties to Myanmar migrant workers associated with inaccessibility of health care services.

(a) Availability

This study explored that Myanmar migrant workers faced inequalities to access health care services, discrimination in benefits and exploitation in labor rights in Meaung district, Samut Sakhon province. They had many barriers to access health care services due to (1) lack of information and health knowledge, (2) no supporting health care service from employers (3) afraid of being arrested by police, (4) restriction of freedom of movement and not allowed on health care services, (5) long working hours, (6) deduction of wages and no sick leave, and (7) long queue for treatment and health care.

Lack of information and health knowledge: Undocumented migrant workers were facing more life difficulties due to unequal health care services especially than other types of migrant workers who are limitedly documented and legal. They had lack of information to receive health care services and they were neglected to share information from their host employers. Therefore, they were low using health care services comparing with their actual suffering health problems.

Furthermore, they had less health knowledge. For this reason, undocumented workers who had mild symptoms of illness chose to use the drug stores and treat with medicine at home. They only used health care service in hospital and mobile health care service center when they needed emergency care, intensive care and treatment.

Ma Nwe talked,

“I don’t know where the hospitals and health clinic are located near my place. When I was sick, I bought some drugs from her the shop or my mother gave me some drugs.”

Ma Zin said,

I don’t know whether Thai health clinic is near or not from my factory compound. I am healthy but sometime I got common cold and joint pain. I bought medicine from the shop in my workplace.”

Both limitedly documented and documented migrant workers knew that they could use their health care services in assigned hospitals and health care centers according to their SSS. They were shared information for health care services from health care providers, their employers, their colleagues and their relatives.

Ma Myint stated,

*“As I had **“Pra-Khan Sung Khom”** card, my friends and my colleague told me to visit the health clinic near my place when I was ill. It was available to visit for my health.”*

Ma Lwin showed,

*“My employer said me that this **“Pra-Khan Sung Khom”** can use only for health in Samut Sakhon hospital and 28 clinics in Mahachai.”*

No supporting health care service from employers: Undocumented migrant workers were inaccessible health care services because their employers were not responsible for supporting in occupational injuries or illness.

Key informant 2 told,

“Most of undocumented workers visited the hospital when they had emergency conditions or serious situations. In some cases, their employers took them to the hospital and forsook on the hospital. Nobody takes care of those undocumented workers except health care providers in hospital. Some undocumented workers died from the serious illness or injuries in the hospital without their family and relatives.”

Daw Cho expressed,

“My employer never supports us for our health even if I got injuries in work place. When my husband fell down in his work place and got minor injuries, he spent his money on the drugs from the shop of my employer.”

As both limitedly documented and documented migrant workers were provided SSS by their employers, they were entitled to access seven types of benefits; sickness, maternity, child allowance, invalidity, death, old-age pension and unemployment. When migrant workers suffered from physical or mental injury or death, they will be provided compensation and benefits according to SSS benefit package.

Ma Thi explained,

*“I have lack of difficulties to access health care services in designated hospital and health care clinics because I have **“Pra-Khan Sung Khom”** that arranged by my employer. When I was sick, I went to sub health clinic of Samut Sakhon hospital near my place.”*

Some documented workers were exploited by their employers to get more profit and to reduce cost of production. Therefore, their employers neglected them to support full health care benefits.

Ma Phaw explained,

*“I took the taxi for going to hospital and coming back to my home. I spend my money on transportation and meals. Moreover, I have to pay 1300 baht for first visit of antenatal care and investigation and 1500 baht for ARV drugs. Even though I was deducted my wages monthly for **“Pra-Khan Sung Khom”**, my employer doesn’t register for this. So, I spend much money on cost of treatment and drugs.”*

Afraid of being arrested by police: That was one of the difficulties to access health care for undocumented migrant workers. They were unusual to utilize health care services in hospitals or health care centers as they scare to be arrested by polices at the police check-point on the way to hospitals.

Ma Myat explored,

“As I have nothing proper documents, I cannot go to hospital. If I visited to hospital for my sickness, the old migrant workers said me that I can be arrested by police on the way to hospital. I dare to go to the hospital.”

Limitedly documented and documented female migrant workers could freely visited their assigned hospitals and health care centers in Samut Sakhon province. They were not afraid of being arrested by polices at the police check-point on the way to health insurance office because they had proper documents for working in Thailand. However, they have to bring their documents proving their immigration status like passports and work permits when they went out from their place.

Ma Lwin mentioned,

When I was sick, I went to Samut Sakhon hospital. I visited this hospital for 2 times. Since I took both passport and work permit, I did not need to fear of being arrested by polices on the way to hospitals and I can go everywhere in Thailand.”

Restriction of freedom of movement and not allowed on health care services: Undocumented female migrant workers were restricted freedom of movement and not allowed to receive health care services by their employers caused by debt bondage and fear of arrested by concerned authorities for hiring undocumented migrant workers. Additionally, they visited the hospitals with their serious diseases and did some investigations. When they needed to do medical checkup again and the translators phoned their employers to allow these workers for investigation. Some employers hung up before the end conversation and some refused to allow their workers for investigation. Some employers said that they would allow their workers to go hospital. However, in real situation, they hid this information to tell the workers and they restricted their workers to visit the hospital. Accordingly, they were inaccessible to use health care services at hospitals and health care centers.

Paing showed,

“While my health team provided mobile health care service and needed to follow up some diseases for the migrant workers, their employers did not allow them to receive health care to their migrant workers with many reasons. Their employers said that their workers left from the jobs or they went back to Myanmar or their workers took the leaves for this day or there was no name for this migrant workers in their factories. If the employer saw our ambulance, they closed the door and they did not allow us to enter their factory compound.”

Ma Zin stated,

“The concerned authorities frequently checked my work place. My employer pushed all undocumented workers hid in the dark room where placed some detergents and locked the door from outside. So she did not permit us to go out and to visit health center. I took self-medication when I was sick.”

Ma Myat described,

“My employer did not allow me to go out because I owed her 12500 baht for broker’s fees. She always closed the door and watched us in CCTV camera.”

Both limitedly documented and documented female migrant workers were permitted the right to freedom by their employers except of their working period. They could freely go hospitals and health care centers when they were sick.

Ma Myint expressed,

“There was no restriction to visit hospitals in my work place when migrant workers were ill. Even if migrant workers got occupational injury in work place, my employer himself sent to this worker to the hospital.”

Long working hours: The host employers exploited undocumented female migrant workers in working long hours with low wages. Having long working hours led undocumented workers to have limited time to health care center or hospitals.

Key informant 3 told,

“Undocumented workers go to work early morning and come back to their room late evening. It is difficult to find and provide health care services for them.”

Daw Cho said,

“I started my work at 5 a.m. and finish at 8 a.m. How can I visit clinic! I never visited that clinic for moderate illness and I took self-medication.”

Eight hours per day for working hours of limitedly documented and documented female migrant workers was available for health care services. After their working time, they went to assigned health care center near their place when they suffered minor illness. If they got serious illness, their employers allowed them to go health care centers or hospitals before finishing their working hours.

Ma Hnin talked,

“When I felt headache, I went to the clinic near my work place after my working time 7 a.m. to 4 p.m. If I could not tolerate my illness, I can request my employer to visit health care center for my sick.”

Deduction of wages and no sick leave: Undocumented migrant workers were low using health care services comparing with their actual suffering health problems because they were worried about deduction of their wages and were exploited by their employers not providing sick leaves and day off. If they did not work, they did not get wages.

Daw Cho explained,

“I am afraid to be absent in work. If I cannot work when I was ill, I cannot get my wages for that day. So I never went to health clinic except serious illness.”

Daw Mar expressed,

“When I visited hospital for antenatal care, I was deducted my wages for that day. My employer did not provide any sick leaves for my health.”

Limitedly documented and documented migrant workers were eligible to take sick leave with payment. If they could take recommendation letters from the doctors for their sick, they were not deducted their wages for the day that they visited the hospital. Therefore, they were more available to use for health care services at hospitals and health care centers.

Ma Myint explored,

“If I visited hospital when I was sick, I can get the wages for this day but I have to show recommendation letter from the doctor for my sickness to my employer.”

Long queue for treatment and health care: Undocumented female migrant workers were not willing to go health care services center when they were sick. They waited for long time for investigation and treatment as there were many patients to visit hospital for medical treatment and health care services.

Mar Mar mentioned,

“You can see that many out patients are waiting for health care services in the hospital. There are at least 200 pregnant women visiting the hospital for antenatal care from 7 a.m. to 4 p.m. every Thursday and more than 100 out patients in Migrant clinic from 8 a.m. to 4 p.m. during weekdays. They receive not only treatment but also investigation for their diseases.”

Daw Mar described,

“There are many pregnant women for antenatal care at hospital. I spend my time on waiting for treatment at hospital. I left from 7:30 a.m. and arrived home at 4p.m. As my due date is close to give birth, I come here weekly. If it was possible, I don’t want to come here.”

There was a long queue for not only limitedly documented but also documented workers at hospital. They were reluctant to visit hospital because they spent their time on waiting for treatment.

Ma Myint stated,

“As there are a lot of patients in the hospital, I don’t want to queue for meeting the doctor. When I was sick, I went to private clinic.”

U Ohn showed,

“I never visit hospital and health care clinics. I don’t want to spend my time on waiting for treatment. If I was major injuries or serious illness, I will go to hospital. When I was minor illness, I took self-medication.”

Ma Phaw said,

“Only 30 new migrant pregnant women are provided for antenatal care Thursdays. I left from home at 4 a.m. for first time of antenatal care to Samut Sakhon hospital. Some migrant workers joined the queue for this antenatal care since 3 a.m. If my name did not include the list for this week, I have to wake up early and queue next week. When I was old antenatal patient, I don’t need to come early morning and queue for name list. But as Thursday is the only one day for antenatal care, mostly I have to wait long time to receive health care and treatment. Sometime I came to hospital 7:30 a.m. and went back to my place at 4 p.m.”

Waiting time for long was not only migrant workers but also Thai people in hospitals. There were many patients in hospital both inpatient and outpatients.

Ma Lwin mentioned,

“When I was sick, I went to Samut Sakhon hospital. I visited this hospital for two times. I did not need to pay

cost of treatment due to “Pra-Khan Sung Khom”. I was convenient to use health care service there except waiting long queue. Long time queue was not only migrant worker but so their local people”.

(b)Affordability

The inaccessibility of health care services for Myanmar migrant workers were associated with unaffordable for health care services as a consequence of very low wages or expensive cost of treatment, unable to get full wages for their working days, no overtime payment and no annual and monthly bonus payment from their host employers.

Very low wages or expensive cost of treatment: Undocumented migrant workers could not afford to pay full cost of health care services and treatment because their wages were lower than migrant workers who were limitedly documented and legal. Besides, they faced many difficulties for medical care and full cost of treatment which were expensive. The fee-for-service system and the prescribed medication were very expensive for undocumented female migrant workers. Consequently, they stayed away from seeking health care in hospitals and health clinics.

Mar Mar explained,

“Some undocumented workers absconded from the hospital when they recovered from their serious illness because they cannot afford to pay full cost of treatment. As they were not provided cost treatment and medical care by their employers, they pay all cost of medical care themselves.” She continued talking, *“If undocumented workers had no health insurance, the hospital arrange hospital cards for them and take this card when they visited the hospital. Their name are registered in hospital but they have to pay all cost of health care services. This card can only use for health care in Samut Sakhon hospital.”*

Daw Cho expressed,

“I cannot go to the clinic every sickness. When I was severe illness, I went there. I had to pay 150 baht per visit. If I had to inject, I needed to pay more money. My wages is 50 baht per day but the cost of health care service is 150 baht per visit. How I can visit clinic for every sickness! I never visited that clinic for moderate illness and I took self-medication.”

Daw Mar described,

“I paid 1300 baht for first visit and at least 200 baht each visit of antenatal care. Now my condition needs to meet the doctor and to receive antenatal care as I am close to give birth. It is not easy to come to hospital each visit. I need to spend my wages on cost of treatment, food and transportation. As I am illegal, I had to take the taxi to go and back from my place. When I gave birth, the cost of normal delivery will cost at least 20000 baht. Due to my old age, the doctor suggested me to do operation for my delivery that will charge about 30000 baht. If I had 30 baht scheme, I don't need to spend large amount of money on hospitalization and delivery.”

Limitedly documented and documented migrant workers were accessible to use health care services in assigned hospitals and health care centers because they did not need to pay any cost of treatment by using SSS. Moreover, they were entitled for child allowance, maternity, and invalidity due to SSS. They were supported not only cost of delivery but also monthly allowance during pregnancy and after delivery until six years of their children. When they got occupational injuries or accidents, they were provided not only cost of health care treatment but also compensation depending on their level of injuries.

Ma Myint stated,

*“When I was sick, I went to assigned health care center near my place. It is available to visit for my health. I don’t need to pay for cost of treatment as I used my **“Pra-Khan Sung Khom”**.”*

Ma Lwin mentioned,

“When I was sick, I went to Samut Sakhon hospital. I visited this hospital for 2 times. I did not need to pay cost of treatment. I was convenient to use health care service there except waiting long queue.”

Ma Thi said,

*“As I have **“Pra-Khan Sung Khom”** card, I got 30 baht per day until delivery during my pregnancy. If my employer knew about my pregnancy, he did not give a chance to work overtime. Some workers hid information about their pregnancy because overtime payment is 56 baht per hour. There are at least two hours per day for overtime. So, they worked overtime until their pregnancies are large. After delivery, I was provided 600 baht per month until my son was 6 years old. Furthermore, I get back 25000 baht for the cost of child birth.”*

However, some documented workers faced some difficulties using health care services in hospitals. Since they had no health insurance, they paid full cost of treatment as well as cost of food and transportation.

Ma Phaw told,

“When I visited the hospital, I took the taxi for go and back to my home. I spend my money on transportation and meals. Moreover, I have to pay 1300 baht for first visit of antenatal care, investigation and between 600 baht and

1500 baht for weekly cost of ARV drugs because I have no both 30 baht scheme and “Pra-Khan Sung Khom”.”

Unable to get full wages for their working days: Undocumented migrant workers were exploited by their capitalist employers in not only in low wages but also in withholding their wages. They were unable to pay for the cost of treatment at hospitals or clinics. For this reason, they were lack of using health care services in hospitals.

Ma Myat talked,

“I usually went to private “Myanmar Say Khan” (with Myanmar term) and had to pay at least 150 baht per visit for cost of treatment. I did not get not only 300 baht per day but also full wages for my working days. So, I cannot visit there frequently. It is expensive.”

Daw Cho showed,

“I work the whole week but I was paid only 5 days wages by my employers. How I can spend my money on health! I never visit to clinic if I did not suffer serious illness.”

Both limitedly documented and documented migrant workers were paid regular payment by their employers. They had no delayed payment and no withholding their wages from their employers. They got their full wages according to their working days.

Ma Myint stated,

“I get regularly my wages and overtime payment twice a month.”

Ma Lwin described,

“My employer pay the wages of all workers twice a month. There was no delayed payment in my work place.”

No overtime payment: Undocumented migrant workers had long working hours at least twelve hours per day compared with limitedly documented and documented migrant workers but the host employers did not provide any overtime payment for them. As few wages were what the employers paid undocumented workers for working long period of time, those workers could not afford to pay full cost of health care services.

Ma Nwe explained,

“I start my work from 5 a.m. and finish at 8 p.m. I get only 50 baht per day. There was no overtime fee for all undocumented workers in my workplace. When I was sick, I can buy the drugs from the shop of my employer. I dare to deduct my very low wages for my sick days.”

Both limitedly documented and documented migrant workers got not only full wages for their working days but also overtime payments according to proscribed Thai minimum wages. Moreover, as they could use SSS for their health, they did not spend their wages on treatment and health care services. Therefore, they were accessible for using medical treatment and investigation in their designated hospitals and health care centers.

Ma Hnin expressed,

“The employer supports 56 baht per hour as overtime payment. I get about 560 baht per week for overtime according to my extra working hours. Moreover, due to “Pra-Khan Sung Khom”, I don’t need to spend much money on cost of treatment.”

No annual and monthly bonus payment: Undocumented migrant workers were not entitled to get annual and monthly bonus payment by their employers. Even though they worked from early morning and finished late evening without holidays, they were not paid bonus payment by their employers. In addition, they got daily very low wages as well as no overtime payment. They were unaffordable to visit hospital and health clinic for their every sickness.

Ma Zin explored,

“I am healthy but sometime I got common cold and joint pain. I bought medicine from the shop of employer. Other migrant workers go to the Myanmar clinic beside my factory compound. It has to pay at least 150 baht per visit. As an undocumented worker, I cannot afford to visit health clinic for my minor sickness.”

Not only limitedly documented but also documented workers were supported monthly and annual bonus payment for them by their employers. Furthermore, they did not need to pay for full cost of treatment and health care services owing to the fact that they had SSS provided from their employers. Accordingly, they had no difficulties to access health care services at assigned hospitals and health care centers.

Ma Myint said,

*“I get 250 baht and 5500 baht for monthly and annual bonus respectively. Besides, my employer paid 2500 baht for pocket money per year. 92 baht of my wages was weekly deducted for **“Pra-Khan Sung Khom”**.”*

Ma Thi told,

*“My monthly bonus is 350 baht per month for no absent day within one month. I am deducted 195 baht of my wages for **“Pra-Khan Sung Khom”** twice a month. But when I was sick, I did not need to pay cost of health care and treatment.’*

(c) Discrimination

Myanmar migrant workers were often extremely discriminated for health care services and treatment compared with local workers consisting of negative interaction of health care providers, discrimination in cost of treatment and health care services and unequal deduction of wages for sick days.

Negative interaction of health care providers: Undocumented migrant workers were faced negative interaction of nurses because they absconded from the hospital without any cost of treatment. In addition, they were allowed to pay their cost of treatment at the hospital according to their installment plan. However, they did not pay to hospital until the debt was completed. As the result, nurses provided negative communication to all undocumented workers. Negative attitudes of nurse made the undocumented workers somewhat reluctant to receive health care services.

Mar Mar showed,

“They visited the hospital when they suffered only serious illness. Sometime their employers took them to hospital and neglected them at the hospital. All their cost of treatment were paid from hospital. They could not afford all cost of medical treatment. For example, their actual cost was 50000 baht but they can pay only 2000 baht. Some migrant workers fled from hospital and some paid by installment plan. But they did not give their cost to complete. They turned off their phone or they closed their room when the nurses requested for cost of treatment. Consequently, they faced negative interaction from nurses and dare to visit hospital except emergency condition or serious sickness.”

Limitedly documented migrant workers also faced discrimination from female translators in health care center. They encountered lack of positive communication of those translators between Myanmar low skilled workers and other people.

Ma Myint explored,

“There was no discrimination and no yelling me from Thai doctors and nurses when I visited assigned health care center near my place. They were good natured. But Myanmar translators shouted me and some Myanmar migrant workers. They looked down on Myanmar migrant

workers due to low skilled labors. They were bad natured on us especially female translators. Male translators are very helpful to us. ”

Discrimination in cost of treatment and health care services:

Undocumented migrant workers had to pay full cost of treatment that was unaffordable for them compared with other types of migrant workers because they had no health insurance.

Daw Mar explained,

“I had to pay 1300 baht for first visit of antenatal care. But limitedly documented and documented migrant workers who had 30 baht scheme or Pat Khan Sat Khon, cost between 70 and 100 baht. Moreover, they had to pay 30 baht for each visit but I paid at least 200 baht per visit.”

Ma Myint stated,

“As undocumented migrant workers have no health insurance, they had to pay 1500 baht per night when they admitted to the hospital. If they had health insurance, they pay only 30 baht per night.”

Due to supporting SSS from the employers, limitedly documented and documented migrantworkers were accessible using health care service with low cost or without payment.

Ma Moe described,

“Undocumented migrant workers paid full cost of treatment at the hospital. For example, when they came to hospital for first visit of antenatal care, they had to pay 1300 baht but other migrant workers who have SSS or 30 baht scheme paid only between 70 baht and 100 baht. Moreover, even though limitedly documented and

documented migrant workers needed to pay 30 baht per day, undocumented workers had to pay 1500 baht per day for hospitalization. As outpatient for treatment, limitedly documented migrant workers did not need to pay but undocumented migrant workers paid approximately 200 baht per visit.”

Unequal deduction of wages for sick days: Undocumented migrant workers were deducted their wages when they came to hospital. There was no sick leave for them. If they did not work, they did not get wages for their absent days.

Daw Mar talked,

“When I visited the hospital, I was deducted my wages for this days. But migrant workers who have passport or work permits did not deduct their salaries. I saw that they waited to get recommendation letters from the doctors in the hospital. If they gave this letter to their employers, they were not deducted their wages.”

Limitedly documented and documented migrant workers could access sick leaves for their sickness. They were not deducted their wages when they could not work due to their illness. They needed only a letter proving their illness from the doctors in assigned hospital or health care centers.

Ma Lwin expressed,

*“I came to Samut Sakhon hospital for two times when I was sick. I don’t need to pay any cost for treatment because I have **“Pra-Khan Sung Khom”**. I wasn’t deducted my wages and I gave recommendation letter from the doctor for my illness. Undocumented migrant workers are deducted their wages if they did not work due to their illness. There was no discrimination between local and migrant workers.”*

4.8.2 Working environment

The most common life difficulties of migrant workers were associated with their working places. This study found that their life difficulties concerned with physical safety, working structure and security of them in seafood processing factories in Meaung Samut Sakhon district, Samut Sakhon province, Thailand. Big factories where had more than 1500 workers were high standard with low risk but small factories which had about 50 workers and less were low standard with high risk. Only migrant workers who had passport or temporary work permit that was not nearly expiration date could join big factories where supported full labor rights and benefits for them. The findings explored that life difficulties of undocumented female migrant in seafood processing factories were related to inequalities to access health care services, discrimination in benefits and labor rights exploitation in their work especially in comparing to limitedly documented and documented migrant workers.

(1) Physical safety

Smaller factories relied entirely on manual handling of seafood and larger factories used modern highly automated processes. Big factories emphasized on safety environment, good ventilation, good sanitation and good drainage system that reduce occupational hazards but small factories neglected to make health and safety workplaces. In small factories, undocumented did not exposure to chemicals and dangerous materials in their workplaces. However, odor was often the most significant form of air pollution in their workplaces. Undocumented female migrant workers got foul smell as a result of the open types of poor drainage system near their rooms in the workplaces. Moreover, after peeling the heads and skins of shrimps, undocumented female migrant workers threw them into the garbage in their work sites. Nevertheless, the cleaners collected these waste products in the evening. Therefore, they got the foul smell coming from rotting waste that caused them to be unhealthy (loss of appetite, nausea and vomiting and gastric pain).

Additionally, undocumented female migrant workers touched water and stood on the wet concrete floor for long working hours from 12 to 17 hours per day and they did not wear full protective materials because their employers did not support

them and they were unaffordable to buy some materials. Consequently, they suffered asthma and common cold.

Nonetheless, to get maximum profit and to reduce minimum cost of production, the employers denied Myanmar migrant workers to support formal occupational training, protective materials and uniforms, first aid kits or small clinic for occupational injuries, influences of unhealthy working environment and long working hours with fixed jobs on health and inadequate workers in the factories.

No supporting formal occupational training: To decrease cost of services, the employers provided lack of occupational training for all types of Myanmar migrant workers: undocumented, limitedly documented and documented migrant workers in both big and small factories when they started work. Their colleagues supported and taught them each other in the workplaces.

Ma Nwe mentioned,

“There was no occupational training in my work place. Old Myanmar migrant workers taught me while I was working together.”

Ma Thi showed,

“My employer never supported formal occupational training concerned with my work. Old workers taught me how to do my work.”

Lack of providing protective materials and uniforms: Undocumented migrant workers had a chance to work only in small factories where lack of supporting occupational safety of migrant workers had. As they could not do registration for SSS, even if they suffered from harm, illness or death related to their work, they will not be made any payment or compensation or benefits from Social Security Office. The employers always tried to get more profits for them and they did not want to spend their money on supporting for their workers. Therefore, undocumented workers were neglected by their employers to support protective materials and uniforms comparing

with limitedly documented and documented migrant workers. They themselves bought protective materials to use in their workplace.

Ma Nwe expressed,

“I myself bought the protective materials. The employer supported uniforms and protective materials for my parents. I don’t know how the employer often provides these materials for them. I wore my mother’s uniform when I was working.”

Ma Zin said,

“My employer never supported protective materials and uniform for all undocumented workers. I bought them myself. I paid that gloves were 18 baht, cap was 15 baht, boots were 200 baht and apron was 40baht. I have to buy the gloves weekly. I did not get any uniform from my employer. My employer provided uniforms to Thai and other migrant workers who have passport or temporary work permit.”

Daw Mar stated,

“My employer supported protective materials but I was deducted 150 baht from my wages for every 15 days.”

Both limitedly documented and documented migrant workers were supplied free of protective materials and uniforms by their employers. Some materials were provided weekly and uniforms were given once a year.

Ma Myint talked,

“My employer provides protective materials like gloves, gowns and cap every Monday and supports two uniforms yearly. I was not deducted my wages for these materials and uniform.”

Ma Hnin described,

“My employer provides uniform and protective materials for all workers. Although I was deducted 200 baht of my wages for uniform fees monthly during one year, the employer paid back me this fees after working a year in his factory.”

Ma Lwin mentioned,

“The employer provides gloves, apron and cap Mondays and two uniforms for all workers once a year. There was no deduction of wages for protective materials.”

Some limitedly documented migrant workers were arranged for protective materials and uniforms free by their employers but they were deducted their wages for these materials.

U Ohn explained,

“I am deducted 139 baht of my wages for protective material twice a month. The employer gave me two T shirt as factory uniform.”

No supplying for first aid kits or small clinic for occupational injuries:

The employers were lack of supporting for first aid kits or small clinic for minor occupational injuries of undocumented migrant workers in their work places compared with limitedly documented and documented migrant workers.

Daw Cho told,

“When my husband fell down in his work place and got minor injuries, he spent his money on the drugs from the shop. There was no first aid kits for occupational injuries.”

The employers of both limitedly documented and documented migrant workers supplied them to use small clinic and first aid kits for occupational injuries in workplaces.

Ma Myint said,

“There is a small clinic in my factory compound. When the workers got minor occupational injuries (i.e. scratches, slip-and falls, bruising), this clinic can provided wound dressing and some treatment. If the workers were caused major injuries, the employer took them to hospitals.”

Ma Lwin talked,

“There is a small clinic in my factory. If the workers got minor injuries or illness, this clinic provides treatment and health care for them. If the workers was serious illness, the employer sent them to hospital.”

Influence of unhealthy workplace and long working hours with fixed jobs on health: As the undocumented migrant workers, they were not entitled to access labor rights such as health care service and treatment, compensation and benefits. The employers neglected the health of their workers. Therefore, undocumented migrant workers for long working hours with fixed jobs were denied by their employers to make for healthy workplace with good disposal and drainage system.

Ma Myat showed,

“There is foul smell coming from the drain in my work place especially in the evenings. When I feel this smell every day. I cannot eat well and I get nausea and vomiting. As a result, I felt a gastric pain and went to clinic frequently.”

She continued talking,

“I feel dizziness, fatigue and unable to sleep and eat well as a consequence of unaffordable to eat nutritious food. How I can buy nutritious food with my low wages 50 baht.”

Daw Cho said,

“Due to the odor of shrimps and the unpleasant smell from drains and garbage, I suffered nausea and vomiting and loss of appetite. The effect of smell caused edema on my face and legs.”

She continued explaining,

“I often get asthma and common cold because I usually touch the water about 16 hours per day from 5 a.m. to 8 p.m. sometime until 10 p.m. when I peeled shrimps and stood on the wet concrete floor. As I am old, I need to eat nutritious food but I cannot afford to buy them. Consequently, sometimes I felt signs and symptoms of anemia such as weakness, fatigue, pale skin.”

Although limitedly documented and documented migrant workers were working in big factories with high standard for disposal and drainage system, some working conditions could also affect to the health of them. They worked in long hours for fixed job every day exception with break time. They got some minor occupational hazards (i.e. back pain, edema on legs).

Ma Myint told,

“I feel a dull pain in my legs. Sometime I got edema on my insteps because I stand working the whole night from 6 p.m. to 4:30 or 5 a.m.”

She continued saying,

“When one of male migrant workers got injuries in my factory, the employer said him to tell the doctor at the

hospital that this injury was due to fall down in the bathroom of his room.”

Inadequate workers: Some documented workers also faced some exploitation of their employers who provided inadequate number of workers in their work sites. The employers did not want to spend their much money on paying wages for migrant workers.

Ma Thi explained,

“I am not happy in my work. Due to bad natured of supervisor, some migrant workers quit from the job. However, the employer did not do any recruitment for my site. The supervisor pushes me and other migrant workers to work continuously. There is nobody to replace in my work site when I went to toilet and drink water. Even if I wanted to urinate, I always keep urination for long hours until break time. I feel painful urination. Moreover, I lift heavy fish trays that cause back pain.”

(2) Structure: Wages, benefits and working hours

This study found that undocumented migrant workers in seafood processing factories encountered life difficulties regarding for discrimination in wages, inequality of benefits and exploitation of their working hours.

(a) Wages

This findings showed that employers made more profit and reducing their cost of resources by paying very low wages and withholding payments and deduction of wages from Myanmar migrant workers.

Very low wages: The employers hired undocumented migrant workers to reduce cost by paying low wages than other workers. They exploited those undocumented migrant workers by demanding long working hours with cheap wages. They paid them less than Thai minimum wages or migrant workers who are limitedly

documented and legal. They did get equal wages for equal working days. They get only 50 to 300 baht per day and generally they get 300 to 1800 baht per week for long working hours between 12 and 17 hours. If they were ill or not able to work, they got wages for this day with some reasons as they were daily workers.

Ma Nwe showed,

“I worked every day. If I did not work on Sunday, I couldn’t get wages for that day. My employer pays 350 baht per week.”

Ma Zin explained,

“Every Sunday is my off day without payment. I get only 50 baht per day from early morning to late evening. After resting on Sundays, I feel to be fit and relieved my physical pains and stress and I am able to work again. I can wash my clothes and clean my room on Sundays.”

Daw Cho expressed,

“Even though I and my husband start working from 5 a.m. and end up at 8 p.m., we earned only 500 to 600 baht per week.”

Most of both limitedly documented and documented migrant workers were paid the wages according to Thai minimum wages 300 baht per day for 8 hours. They worked six days per week and every Sunday was their day off without payment.

U Ohn stated,

“I get 300 baht per day. My daily working hour is from 8 a.m. to 5 p.m. Sunday is my day off with no payment.”

Ma Moe told,

“Most the factories close on Sundays in Mahachi. My factory also close on Sundays. I cannot get 310 baht for this day.”

The employers tried to get more profits by reducing the wages of their workers. They did not pay wages their workers according to Thai minimum wages. Some documented workers were paid less than 300 baht per day.

Ma Phaw mentioned,

“I get 280 baht per day. Every Sunday is my day off but I don't get wages for that day.”

Withholding payment and deduction of wages: Undocumented migrant workers did not get their full wages according to their working days. Their employers deducted their wages with some reasons.

Ma Nwe said,

“Although I went to work 7 days once a week, I got 250 baht for 5 days wages. The employer withholds my two days wages in pawn to pay the bills because I bought everything what I wanted from the shop of my employer.”

Daw Cho talked,

“As undocumented migrant workers are not allowed to go out, we all have the bill to buy anything in the shop of my employer. When my employer paid the wages, she deducts our some wages for the cost of things that we bought. Moreover, I am monthly deducted my wages for electricity cost. Sometimes, after deduction of my wages, I have no extra money. As a result, I am in debt again to my employer for the cost of food and other materials. In this way, I cannot struggle in the debt bondage cycle.”

Both limitedly documented and documented migrant workers got their wages regularly according to their working days and working hours. Some workers were deducted their wages with some reasons.

U Ohn stated,

*“My daily wages is 300 baht per day. I get my wages twice a month. I am deducted 177 baht for **“Pai-Tang Sung Khom”** and 139 baht for protective materials from my two week of wages.”*

Ma Phaw mentioned,

*“I get 280 baht per day. I am deducted 350 to 380 baht per month for **“Pai-Tang Sung Khom”** and 139 baht for protective materials twice a month.”*

(b) Benefits

The employers made exploitation of the benefits and labor rights for migrant workers including leaves and public holidays, bonus, health insurance and health care services and temporary work permits.

No leaves and lack of public holidays: The findings showed that undocumented migrant workers were easily exploitable for their benefits compared other limitedly documented and documented migrant workers. Their employers did not provide sick leaves to them when they were sick. If they did not work, they could not get their wages. In addition, they had no chance to take maternity leaves from their work before and after they give birth. In that situation, they must quit from their jobs. Besides, even if limitedly documented and documented migrant workers closed on public holidays, undocumented migrant workers continued working according to their working hours.

Ma Nwe explained,

“I am afraid to be absent from my work when I was ill. If I took the leaves for my sick, my employer showed us her

dislike on her face for taking leaves. Also, she deducted my wages for that day.”

Daw Cho explored,

“There were no sick leave for undocumented migrant workers in my work place. I took the sick leave without payment if I suffered only serious illness.

Ma Zin expressed,

“During my working periods about seven months, my employer provided only five public holidays with payments to me including May Day and Songkran festival.”

Daw Mar showed,

“When I visited the hospital for antenatal care, I did not get my wages for that day. There were no sick leave and maternity leave with payment. I nearly give birth but I cannot take maternity and sick leaves. If I delivered, I have to quit from my job.”

Limitedly documented and documented migrant workers were entitled to access not only public holidays but also the leaves consisting annual, maternity and sick leaves with payment.

Ma Myint talked,

“If I visited hospital when I was sick, I can get the wages for this day but I need to show recommendation letter from the doctor for my sickness to my employer. I have a chance to take some leaves with payment- 3 days for annuals and 45 days for maternity leaves.”

Ma Moe stated,

“All the workers in my factory are allowed to access 3 days annual leaves and 45 days for maternity leaves with payment. The factor closes every public holiday.”

Ma Thi told,

“Every worker can access 3 days annual leaves and 45 days maternity leaves. When I got left hand injury in my workplace two years ago, I took 10 days with paid leaves from the recommendation letter of doctor for the rest.”

Some documented workers were exploited their benefits by their employers. They had proper documents proving immigration status (i.e. passport and work permit) and they were monthly deducted their wages for SSS. However, they could not use the benefit of SSS because their employers did not register to access SSS for them. The employers exploited not only deduction of workers' wages but also the neglects of their part of the contributions to register SSS for their workers. Accordingly, Myanmar migrant workers were not permitted to access seven types of SSS benefits: sickness, maternity, child allowance, invalidity, death, old-age pension and unemployment.

Ma Phaw described,

*“The staff in my work place deducts 400 baht of my monthly wages for **“Pai-Tang Sung Khom”** about four years but she did not provide it. There is no supporting for my pregnancy in my work. I need to spend my money between 20000 baht and 30000 baht for delivery. If I have **“Pai-Tang Sung Khom”**, I will not use much money for delivery and hospitalization. Then, my employer will not provide maternity leaves. When I gave birth, I have to leave from my job or take the leaves without payments.”*

Although documented ethnic friendly female workers were entitled to take their leaves, their employers did not allow them. The employers gave a reason that they have no one to replace the workers who took the leaves because they did not want to spend much money on wages for workers and did not fill the requisite number of workers according to their work nature. Even though some migrant workers were legal, they were exploited their benefits by their workers.

Ma Thi mentioned,

“Now, I am suffering pack pain due to lifting heavy fish trays and I want to take my annual leaves for medical checkup and resting up. I can take 9 days remaining annual leaves because I did not take them for three years. But my employer did not allow me to take them because there has nobody to replace my work when I took leaves.”

Bonus: In spite of the fact that undocumented workers were working with long working hours from early morning to late evening, they had less change to get annual or monthly bonus payment.

Ma New explained,

“There is no extra wages for all undocumented workers in my work.”

Daw Mar showed,

“I never got special payment except my daily wages from my employer”.

Both limitedly documented and documented migrant workers were paid monthly or annual bonus payments by their employer for their work hard.

Ma Myint expressed,

“My employer provides 5500 baht as annual bonus payment to the workers if they did not have any absent day within one year. The workers who took the leaves not more than 10 days can get 2500 baht yearly. Furthermore,

my employer gives pocket money 2500 baht to all workers once a year. The workers are increased 100 baht every year as their monthly bonus payment. I get 250 baht per month this year. Next year, I will get 350 baht once a month.”

U Ohn talked,

“I receive only 200 baht per month for without absent day. My employer doesn’t supply another bonus and pocket money.”

Ma Thi mentioned,

“I am paid 175 baht twice a month as a bonus payment.”

No supporting for health insurance and health injuries: Undocumented migrant workers were discriminated to provide health insurance and health care services by their employers compared with migrant workers who were limitedly documented and legal. Their employers denied to support for their health care as they were illegal status. Because of no health insurance, they themselves had to pay full cost of treatment and health care service in the hospital when they were sick or injuries.

Ma Myat stated,

“There was no supporting for my health in this factory. If I was sick, I bought drugs from the shop. If I did not relieve my sick, I visited the clinic beside my factory. I had to pay the cost of treatment myself.”

Daw Cho said,

“I myself have to pay 150 baht per visit for cost of treatment. At least, my employer should tell me the location of clinic where is cheap cost.”

Daw Mar explained,

“I paid full cost of health care service each visit in the hospital. My employer did not provide anything for my pregnancy and health. If I gave birth, I spend much money on hospitalization.”

On the other hand, limitedly documented and legal migrants could access health care service with low cost of treatment or without cost of treatment because their employers made contributions and did registration of SSS for their workers. Therefore, they could use SSS for seven types of benefits involving (1) sickness (2) maternity (3) child allowance (4) invalidity (5) death (6) old-age pension and (7) unemployment in designated hospitals.

Ma Myint told,

“As a result of supporting “Pai-Tang Sung Khom” from the employers, I got 25000 baht for cost of delivery and 600 baht for child allowance until six years of child.”

Ma Thi described,

*“Female migrant workers who got married in my work are eligible to get cost of delivery as they have **“Pai-Tang Sung Khom”**. In addition, they are paid 30 baht per day during pregnancy and 600 baht per month for their children after delivery.”*

Temporary work permit: The employers did not provide any information to register temporary work permits for undocumented migrant workers. If they supported them to do their work permit, they could not easily exploit the rights of workers such wages, benefits, compensation and working time.

Pwint said,

“Most of migrant worker did temporary work permit and extension of temporary work permit. But some undocumented migrant workers were left to do this as they

did not know to do temporary work permits because their employers did not share information about work permit and they hid and lived far from Myanmar migrant community.”

Ma Zin explored,

“I don’t know how to do temporary work permit. My employer never told all undocumented migrant workers. I was not allowed to go out. How I can do this!”

Some employers deducted the wages of limitedly documented migrant workers to do temporary work permits but they did not do for their work permits in real. Consequently, some migrant workers changed their immigration status from limitedly documented to undocumented.

Paing showed,

“Some migrant workers came to one stop service center for extension of work permit. However, they were late to do this because they had lack of information and they lived in their factories compounds where were far from the city. They had lack of social network with migrant workers from other place. While Thai cabinet continuously announced about work permit in public media, they did not know it as they spent their time on work from early morning to late evening. More importantly, their employers neglected them and hid the information to do extension of their work permit.

He went on to speak,

“Some employers deducted the wages for work permit extension but in actual fact they did not do any work permit for them. In this way, some limitedly documented migrant workers became undocumented workers.”

Some employers collected the name lists of the undocumented migrant workers who wanted to work in their factory. When the concerned authorities made temporary work permits, the employers provided these undocumented migrant workers for their work permits. After getting work permit, undocumented migrant workers changed their immigration status to limitedly documented workers who got full labor rights and benefits according to Thai policy for migrant workers.

U Ohn talked,

“Although I came to Thailand illegally, I can stay and work as a documented worker in designated area. My employers arranged me to do my temporary work permit when Thai cabinet announced for work permit. Now my daughter has been illegally staying with me in Thailand. I gave her name list to my employer. When Thai cabinet announced for temporary work permits, he will do work permit for my daughter. I give monthly 500 baht to the concerned polices for her police card. If undocumented migrant s had police cards, they are not arrested by the police in restricted area.”

Ethnic friendly workers who work in big factories were supported by their employers for extension temporary work permit. When Thai cabinet announced information about temporary work permits in the public media, limitedly documented and documented migrant workers shared this information each other. Furthermore, their employers adhered the information sheets concerning with work permits on the notice board in the factories and arranged migrant workers to go the one stop service center where can do work permit extension.

U Ohn described,

“I paid 3160 baht to employers for my work permit. The bigger factory, the higher payment I need to pay for services fees and for work permit because the big factories provide all benefits for workers.”

Ma Thi explained,

“My employer announced the detailed information about temporary work permit on the notice board and arranged the transportation to go to one-stop service place for work permits of migrant workers. The workers had to pay 3800 baht for work permit registration and 400 baht for transportation to my employer.”

(c) Working hours

This study explained that the employers exploited migrant workers in long working hours without overtime payment and lack of break time and short time break. They pushed migrant workers to work quickly to finish their jobs because they got more money during short period. However, migrant workers did not get extra wages when they worked very hard using their effort with long working hours.

Long working hours without overtime payment: To get more money, the employers wanted undocumented migrant workers to hurry their jobs with the limited time. Undocumented migrant workers received little pay for large quantity of work and long working hours. The working hours in the workplace were very long for undocumented female migrant workers. Work started in the early morning and finished in the late evening. They worked more than 12 hours per day but they did not get any over time fees compared with limitedly documented and documented migrant workers.

Ma Nwe told,

“When I was sick, I went back to my room for taking a rest after finishing my working hours- 8 p.m. My employer shouted me due to go back my room. She wanted me to work more hours. Some other days, I continued to work until 10 p.m. after my working hours but I never get extra wages.”

Ma Myat mentioned,

“I don’t know how much I get to peel the shrimp for one kilogram. I peeled the whole day from 5 a.m. to 8 p.m. sometime until 10 p.m. But I get only 50 baht per day.”

Daw Mar stated,

“I work the whole morning starting from 8 a.m. and ending up at 8 p.m. As I am pregnant, my husband begins his night shift from 5 p.m. and finish at 8 a.m. So, my working hour is from 8 a.m. to 5 p.m. But I and my husband get daily 300 baht each for these working hours.”

Daw Cho said,

“My employer always watches our work and pushes us to hurry up. As I and my husband are old, we cannot see clearly to peel the shrimps. Sometimes, when some parts of shells were remained to peel, the employer spilled all shrimps which we peeled, on the table and she ordered us to peel all shrimps again. Other undocumented migrant workers helped us to peel them.”

Limitedly documented and documented ethnic friendly workers worked 8 hours per day but not including one hour for lunch break. If they worked more than 8 hours, they got overtime fees according to their extra working hours but not including break time. However, they had limitation for overtime that is not more than two hours per day. Additionally, their employers provided some food during their working days.

Ma Hnin expressed,

“I start work at 7 a.m. and finish at 4 p.m. Overtime fee is 56 baht per hour. My employer allows all workers to work overtime not more than 2 hours per day. There is providing some rice for all workers during working days. I have to buy some curry or food in factory cafeteria.”

U Ohn explained,

“I work from 8 a.m. to 5 p.m. per day. Sunday is my day off. My overtime fee is 40 baht per hour.”

Ma Thi explored,

“My working hour is from 8 a.m. to 5 p.m. I am paid 56 baht per hour as overtime payment. If I had overtime, my employer provides dinner for all workers.”

Limitedly documented migrant workers had to finish their work during time limitation. The employer also wanted to finish their work and to get money quickly. As a result, they pushed migrant workers to hurry their work. However, limitedly documented migrant workers had rewards if they met their targets.

Ma Hnin showed,

“I have to finish at least 10 kilogram per day to remove the skin of the fishes. If I removed more than 10 kg per day, I can get the bonus from my employer after one year.”

Some documented ethnic friendly workers also faced increasing workload due to inadequate workers. As their employers reduced their cost of production and made more profits, they did not fill adequate workers according to the requirement of work nature. For this reason, the rest of workers shared all the responsibility of jobs in their work sites. However, the employer did not provide any extra wages for them.

Ma Thi told,

“I am not happy in my work. The employer always force me to work uninterruptedly. I put the fishes into the fish cans continuously. My work cannot stop. If I stopped to put the fishes into fish cans, the fishes will drop from the machine and spill on the floor. There is nobody to replace when I went to toilet. I had no time to go toilet exception of break time. There is a few worker in my work site. Some

left from jobs and some were dismissed by the employer. However, my employer did not hire new workers to replace for those workers who left from the job. The remaining workers share all the tasks. The workers worked more, the employer did not pay more wages for them.”

Lack of break time and short break time: Not only undocumented migrant workers but also migrant workers who were limitedly documented and documented were allowed to take lunch break for one hour during their working hours. But undocumented migrant workers were long working hours with lack of break and short time break.

Ma Nwe mentioned,

“I worked from 5 a.m. to 8 p.m. 8 a.m. to 8.15 a.m. and 5 p.m. to 5:15 p.m. are tea breaks and 12 noon to 1 p.m. is lunch break. But I never take the lunch break until one hour. As I dare not to finish my work, I start my work before whistle from the employer. Old migrant workers said me, my wages depend on the weight of shrimps which I peeled.”

Ma Myat stated,

“My employer allows all workers to take one hour lunch break, 12 noon to 1 p.m. Although other workers take a rest a few minutes and drink some tea or coffee during working time, I scare to take break and not to finish my work. While other working were taking the rest, I continue to peel the shrimps except to go toilet.”

Both limitedly documented and documented ethnic friendly workers had lack of break time during their working hours. Their employers provided only one

hour for lunch break per day. But if they had overtime, they took break 15 minutes between finishing their working hours and starting overtime.

Ma Myat explored,

“I work night from 6 p.m. to 4:30 or 5 a.m. There has one hour break time at 12 mid night.”

Ma Moe expressed,

“I have only one lunch break from 12 noon to 1 p.m. during 7 a.m. to 4.p.m.”

(3) Security- Sexual, verbal, physical and social abuse

This findings explored that migrant workers encountered life difficulties regarding to insecurity: verbal, physical and social abuses. There had discrimination between local workers and migrant workers by their employers in their work places. However, male migrant workers were lack of abuse in verbal and physical by their employers or supervisors. Female migrant workers were much more vulnerable than male to abuse physically and verbally by their employers or their supervisors. As they were taught to be feminism and subordinate since they were young, they were lack of confidence and lack the power of decision for their own views when they feel strongly about them. Even if they were right, they were reluctant to explain for their problems or difficulties to their employers. Among female migrant workers, undocumented female migrant workers were extremely vulnerable to abuse by their employers or leaders because of illegal status. In spite of abuse by the employers or the leaders of workers, they had less chance to complain someone. Limitedly documented and documented female migrant workers could find new jobs but undocumented migrant workers were lack of opportunity to seek new one.

Verbal abuse: This study pointed that undocumented migrant workers were verbally abused from their employers by yelling, speaking rudely and swearing at in front of many workers but they could not complain to anyone. There was nobody to assist them for decreasing their difficulties.

Ma Myat talked,

“It was the bad shout me from the employer in front of the workers. She never scold Thai workers in front of the workers”.

Daw Cho explained,

“My employer yelled at me in front of the workers. I did not know what she says. But I can read her facial expression that she makes angry shouts to me. I am not happy to work here. I want to move another job but I cannot do like this due to no proper documents.”

Both limitedly documented and documented migrant workers also encountered verbally abuse by their employers. Even if they had full rights of workers, they could not complain concerned their supervisors and could not find anyone to solve their difficulties in their work place.

Ma Myint showed,

“The leader of migrant workers in my work site is bad natured. She always scolds loudly and swears at our Myanmar workers in front of the workers. When she scolded and spoke angrily in front of workers, I can understand what she spoke to me. If migrant workers complained this issues to her supervisor, the supervisor never took any action. But she never shout to the men.”

Ma Thi expressed,

“I can take 9 days leaves. But the employer doesn't allow me to take these leaves. I dare to talk for my leaves again. She often yell migrant workers in front of the workers.”

Some documented workers were working under the good leaders or good natured employers who had not discrimination between Thai workers and migrant

workers. They provided equal praise and equal scolding to both Thai and migrant workers.

Ma Lwin described,

“There is no discrimination in my work place. If the workers made some mistakes, the leaders scold to those workers, whoever Thai workers or Myanmar workers are.”

Physical abuse: Limitedly documented and documented workers were physically abused including hitting or slapping and throwing some things by their employers or leaders of workers. However, they received lack of support for their difficulties because of alien status.

Ma Myint mentioned,

“My leader is bad natured and she always speaks rudely to migrant workers. Sometime, she threw some things to the migrant workers and sometimes slapped the arms or hand or shoulders of migrant workers. She often hit to the migrant workers with her hands. If they complained to her supervisor, her supervisor said that she cannot take any action to her. Thus, migrant workers themselves left from the jobs.”

Ma Thi explained,

“The leader in my work site considers Myanmar migrant workers as their slaves. If she was angry to migrant workers, she used her hands doing something to migrant workers like hitting and throwing some things. Sometimes, she threw the fish cans to the workers. I also was thrown fish can by my leader. The migrant workers complained to her supervisor but the supervisor said that she cannot move her to other site. If her supervisor could not take any action on her, the migrant workers don't want to bear her

yelling, her hitting or her throwing things and they themselves quit from the jobs. As a result, the workers are not entitled to access compensation.”

Social abuse: Migrant workers were socially abused by their employers including restriction of freedom of movement and preventing from having contact with family, friends and other people. This study showed that undocumented migrant workers felt more socially abused among migrant workers. They were restricted by their employers or their colleague for their free of movement and communication with family. They were isolated from other Myanmar migrant workers community.

Ma Zin said,

“When the concerned authorities checked to my workplace, the employer forced all undocumented migrant workers to stay in the dark room where some detergents are placed. We hid from 3 p.m. to 7 p.m. in this room for three times. In this room, we were bitten by mosquitoes. We cannot drink, we cannot eat anything, we cannot go to toilet and we cannot go out.”

Ma Myat told,

“My employer always closes the door, keeps this key herself and sits at the entry. She never allows us to go out. Although I work here about 7 months, I never been outside the factory exception of visiting the clinic beside the factory.”

Daw Cho stated,

“When I went to my sister, I paid 2500 baht to old Myanmar migrant worker who arranged me to take the permission of my employer for visiting my sister and sent me to my sister. He said me that this payment was for concerned polices. I don’t know whether he gave this

policies or not. Normally, my employer never allow all undocumented migrant workers to go out. She always close the door and keep us in the factory.”

Both limitedly documented and documented migrant workers had freely movement and no restriction of having contact to their family, friends and other people. However, some documented workers were controlled their freedom by their employers in their work place.

Ma Thi showed,

“My employer doesn’t allow all workers to take mobile phone into the factory. I have no chance to get communication with other. My working hours is from 8 a.m. to 5 p.m. But if I have over time, I have to work until 8 p.m. Even if my family in Myanmar have some important problems, they cannot contact me on time. The employer should allow us to use the phone during our break time. One of Myanmar migrant workers played his phone during his lunch time. Someone informed to our employer. He had been immediately dismissed from the jobs for playing phone.”

4.8.3 Power relationship between men and women: Life as women

This findings explored that female migrant workers faced life difficulties related to unequal power relation between men and women and gender discrimination. According to cultural norms and religious stereotypes, female migrant workers were taking multi-roles as mothers, as daughters, as wives and as paid workers for their family. These multi-roles that a woman occupied, caused stress, depression and even physical illness. Moreover, they were responsible for not only doing household chores but also earning in order to meet the increasing cost of living under the market economy that made double burden to female migrant workers. In addition, they faced triple sufferings as being lower working class workers, as being women and as not

being Thai citizens but they had lack of support to reduce their sufferings or their difficulties from their families or their migrant communities or same ethnic groups.

(1) Perceived as women

This study found that female migrant workers encountered difficulties regarding multiple roles in their family involving as a wife, as a mother and as a daughter. As men occupied a higher social status in the family than women, they normally took the role of leader of the family. Women were taught to be feminism and experienced male domination in the family. They copied their role as mother, housewife, daughter and caregivers to their family members. This kinds of cultural stereotypes made difficulties to female migrant women including lack of decision making, less of power and respect, lack of freedom and favor, burden of responsibilities for parents as daughters and burden of duty for children as mother.

Lack of decision making: Myanmar women know what kind of role they must play and how they should pay respect to their husband. Whatever they do, they always take approval from their husband. As Myanmar female migrant workers were living under control of their parents and their husbands, they lacked confidence and they could not decide for themselves.

Ma Zin expressed,

“My father is the head of my family. Other family members including my mother lives under his management. Whatever we want to do, we have to take his approval. He is the decision maker in my family. As a result, I have no confidence to decide something. I feel worried that my decision will be wrong.”

Ma Moe described,

“As a married women, I cannot live freely. Everything depends on decision of my husband. Even if I wore what I want, I have to avoid to wear short pants, short skirts and low-cut neckline blouse. These dresses are not suitable for

married women as Myanmar culture. My husband doesn't like to wear these kinds of dresses."

Less of power and respect: Women were taught that they had to pay respect to their husbands and think of their husbands as superior. As a result, they had difficulties for reducing recreation time and lack of confidence.

Ma Myat mentioned,

"According to our culture, we eat food together and if I ate food before my husband, I served food first to him as a gesture of respect. Sometime even though I was hungry, I had to wait him for eating after finishing his tasks."

Daw Cho showed,

"As you know, male are more glory and powerful than women in Myanmar culture. If a wife hung her pants, skirts and underwear at the same height with her husband's clothes, most of Myanmar society doesn't accept to do this. Hanging the clothes at the same level with man makes him to decrease his power."

Daw Mar told,

*"I did domestic works until last 8 months of my pregnancy. My husband washed my clothes but he did not wash my **"Htamein"** (a sheet of cloth with black calico band called **"Htet Sint"** for the waist) and my underwears. I washed them myself. I am afraid that he would be decreased his power. In Myanmar, my sisters or my daughters will help me to do household work."*

Lack of freedom and favor: According to Myanmar culture, men were more freedom and more favorable than women. Whatever men did, it was suitable for him. However, women were grown up under the religious and cultural restrictions.

Due to control of freedom by their parents, female migrant workers faced more difficulties than male. This control prevented them from their freedom, lack of general knowledge and reducing their self-confidence. For this reason, they were more abusive and exploitable than men from their employers.

Ma Nwe explained,

“My parents taught me not to go, not to come here and there. It is not suitable for girls something like that. When I lived in Myanmar, I could not sit with my friends in the teashop. I could not visit to my friends. They strictly prohibited me to go out. As the result, I dare to complain or explain to my employer in my work. I always silence how my employer scolded or yelled me even if I was right.”

Ma Zin described,

“Among my siblings, I dropped out from school due to poor economic situation of my family. My parents continued supporting my brother for his education. Due to lack of education, I was exploited by my employer. I got my wages as she gave. I worked all as she ordered.”

Burden of responsibilities for parents as daughter: Most of Myanmar society accepted that women should need to take care of their parents more than men including physical emotional and financial supports. As a single life, most of parents felt that their daughters might be insecure to live alone. Thus, they lived with their parents wherever they went. Even if they were married, most of them lived with their parents and looked after them. Even though they lived away from parents, they must provide care to their parent at least financial and psychological supports. Moreover, mother-in-law and daughter-in-law were not usually compatible with each other and they did not often live together. As this reason, sons did not often live with their parents. Therefore, daughters were more burden than sons for taking care of their parents.

Ma Myat said,

“As I am only one daughter, I must look after my parents. I don’t want to go back to Myanmar if I cannot send money to my parents. I haven’t communicated to my parents since I started to come to Thailand. They don’t know that I faced a lot of difficulties here.” (Cry).

Ma Lwin talked,

“Although both of me and my elder brother have been living in Thailand, my mother lives with me. I am responsible to take care of my mother.”

Burden of duty for children as mother: Myanmar female migrant workers want to be a good mother who must be dutiful to bring up their children well. Although female migrant workers worked in Thailand according to their economic situation, they were always worried for their children and they wanted to place them to equal standard as other children. In spite of the fact that they were facing difficulties in their workplace, they tried to save and remit their low wages to their family in Myanmar.

Daw Cho expressed,

“I miss my son very much. I don’t talk him about 7 months. I want to send money for him. I want to phone him but I can’t. I must try to earn money for him. I want him to be educated like you.” (Cry)

Daw Mar explained,

“As a mother, I feel worried about my children in Myanmar. I left only my children in Myanmar. Despite the fact that my parent’s home is near my home, they cannot look after them the whole time. My eldest daughter does not only to take care of her younger sisters and brother but also to study. I send my wages for them as they all are

students. My eldest daughter manages the money which I sent. If they had less of money, they ask for me to send money for them. I always think how they are, how they eat, how they live, what they eat, and how they take care when they are sick. We can work here because my children are well-behaved. After my debt, I will go back to Myanmar.”

(2) Domestic and household works as mother and wife

The workload of women was doubled since the money that their husband earn was not enough to meet the needs of their family. Women had to earn money in order to catch up the increasing cost of living under the market economy. They were assigned to do domestic work according to the gender division of labor. They continued to work their household jobs including going to the market, cooking food, preparing food, washing clothes, cleaning dishes, ironing and cleaning the house although males can take relax by watching video, reading the books, playing the games, using the internet, betel chewing and talking with their friends after working the whole day in production jobs.

Double burden of jobs: Even though all types of Myanmar female migrant workers were responsible for not only their factories works but also household jobs, undocumented female migrant workers were more difficult than other types of migrant workers. They worked factory jobs with long working hours as well as household jobs for their family. Moreover, they served the need of their husband and they managed to be enough their low wages for expenditure of their family.

Ma Myat expressed,

“My sleeping time is only my resting time. I don’t know how I spent my time on household works. Although men can take the rest after factory work, female cannot take the rest. Female continue cooking, washing the clothes and doing chores after finishing my factory work.”

Daw Cho explored,

“Due to low wages, it is very difficult to manage my wages and my husband wages for expense of domestic and cost of health care service. If I did not cook, our wages cannot buy enough food for my family.”

Limitedly documented and documented migrant workers had doubled between paid and unpaid jobs. After their paid jobs, they continued doing household works for their family.

Ma Moe mentioned,

“My husband is now jobless because he went back to Myanmar. Even if he was free, I do all household jobs myself after finishing my factory job. I am busier in holidays than in working days. On Sundays, I spend my time on going to bazaar, cooking, washing clothes and ironing, cleaning my room, watching movies and talking with my friends.”

According to the findings, some female migrant workers lived together with their families in migrant community because they had proper documents. They were helped by their family members to do their household jobs. Some had opportunity to stay away from doing household jobs for their families because they were accessible to buy the cooked food or readymade food if they did not want to prepare the food and they could use washing machines if they did not want to wash their clothes because they were affordable to pay the cost of using washing machines and they were available to use them which are in their apartments. In addition, some single female migrant workers were less burden than married one because they did not serve the needs of their husbands.

Ma Myint explained,

“As a divorced women, I don’t need to serve for husband. Before divorcing, I was responsible for not only household job but also the need of my husband. Furthermore, I was

working in factory. Now, I have no burden to do anything for household jobs and to serve for my husband. If I don't want to cook, I can buy some food from shop."

Ma Lwin described,

"I live with my mother. She is responsible for cooking, going to bazaar and cleaning house. I am lucky because my mother lives with me and does some household jobs. After come back from my work, I can take a rest and I don't need to cook and to do household jobs as other female workers. But I have to do the needs of my husband. I wash and iron his clothes, prepare food for him and wash some dishes."

(3) Social and Family support

In this study, female migrant workers encountered triple sufferings; being lower working class workers, being women and as not being Thai citizens in Samut Sakhon province. As most of the jobs taken by female migrant workers were worked in dirty, dangerous and difficult compared with Thai female workers, they were at the lowest position of Thai social structure, looked down by Thai society as lower working class workers, were exploited their wages, their working hours, benefits and their rights of workers and had negative interaction with their employers and their supervisors in the world of their work. Then, with the availability of female migrant workers and employers to hire them in labor-intensive sectors, Thai workers were able to move up to sectors that required higher skills and benefit from the work and training gained from working in those sectors. Therefore, female migrant workers from Myanmar were consistently labeled as "lower working class workers". Additionally, due to being women, they were responsible for not only taking multi-roles and responsibilities but also earning to meet the needs of their families. They had to continue the household works and chores for their family by taking roles of household wives as well as mothers until they went to bed whilst their husbands were taking the rest by watching television, talking with their friends and relaxing with their personal

habits. While male workers in the families had the private relaxed time for their physical, psychological and social tensions, female workers were still busy continuously with their family affairs and domestic works. Moreover, since they were not being Thai citizens, they got insufficient support from the Thai government and were not entitled to the rights of Thai workers. Furthermore, they did not get full rights of legal protection from Thai government. Female migrant workers in this study were multi-vulnerabilities to face life difficulties regarding to their workplaces, their daily lives, their families and new environment. However, they had lack of opportunities for their emotional, physical and social relaxation and recreation times without supports and notices even by their husbands and their families. There was nobody to ask them how they tried to adjust in their daily lives. Even no one thought that female workers were harder than male in their everyday lives. They mostly kept for their sufferings and their struggling.

Lack of seeking social and family support: This study found that undocumented female migrant workers faced more sufferings than other female migrant workers who were limitedly documented and documented. Undocumented female migrant workers encountered not only triple sufferings (being lower working class workers, being women and not being Thai citizens) but also the added suffering; being undocumented workers. They were the group most vulnerable to human rights violations and labor rights exploitations owing to their invisibility in Samut Sakhon province. Additionally, they felt unsecure for their illegal status and worried to being arrested by polices and for deportation. However, they could not seek the helps to reduce sufferings and to protect them from Thai law. They were hidden status and they were vulnerable to physical and social isolation in their workplaces because they were restricted their freedom of movement by their employers and were lack of contact with other migrant workers from different workplaces. Therefore, they did not get any social supports from their same ethnic groups and migrant workers and they were lack of sharing their sufferings to their families or their husband. As the result, they coped their sufferings and expressed by crying.

Ma Zin said,

“If the employer scolded and yelled me rudely, I cried in my room and kept in my mind. How I can complain her! I don’t want to tell anyone. If I expressed my sufferings to my parents, they will be sad.”

Ma Myat told,

“Since arriving to Thailand, I don’t communicate my parents. I spend my money that was taken from my parents on food, health and other expenditure. I am only one daughter in my family. This is the first time to separate from my parents. I miss my parents very much and want to talk them. I cannot support anything to them but I spent the money of my parents. Therefore, I don’t want to contact my parents. I try this work without complaint. When I can provide money to my parents, I will communicate them. Actually I don’t want to work in this workplace. Even though I want to move another factories, I can’t do this due to illegal status. So you think, please, how I suffer! Missing home, unenjoyable working environment, feeling of sad for my parents that I cannot support them. I cannot sleep well and eat well because I get a lot of stress. Sometimes, I express my feelings to my husband. How I can share my husband about my sufferings as long as he is not interested on these situation! I just keep silence and express by crying.”

Daw Cho talked,

“If I needed some money, I cannot request anybody to borrow some money in Thailand. When I lacked money in Myanmar, I can borrow from my sisters and brothers or other relatives. Even if I did not cook anything, I can eat

to my parents or my sisters and brothers. In Myanmar, it is easy to get a meal. I face a lot of troubles working in Thailand. I feel downhearted. I not only did not get more wages but also face many difficulties. Even if I felt any sufferings in Myanmar, I can share my parents or my relatives or my friends and I can travel some places or I can go temple or monastery or I can do shopping. I can express my feelings to my husband but in every day, who want to listen to my suffering!”

Generally, limitedly documented and documented female migrant workers had fewer problems than undocumented female migrant workers. As they had proper documents for their immigrants, they were entitled to protect exploitation of their rights and benefits and human rights violation under the Thai law. Moreover, since they lived in their migrant community or same ethnic groups, they supported and shared information each other. In addition, they chose to reduce their stress or sufferings by doing shopping, watching movies, talking with their friends, going to temple and crying.

Ma Myat showed,

“Before divorcing my husband, he was a drinker. I was afraid of him. When he drank and was angry, he beat me. I was taught that I should listen to my husband since I was young. Myanmar society looks down the divorced women. I bore his cruel behavior as much as I can. Nobody could not help me. I kept my mind and sometime I myself cried. Now I am free and if I suffered something, I chose some ways to reduce my feelings including watching movies or talking with my colleagues or my sisters or doing the shopping or going to temple or visiting my friend’s home. But I cannot share some problems to my colleagues and my sisters.”

Some documented female migrant workers were not supported to reduce their sufferings from their family and friends. Although they had many chances to relieve their sufferings, they could not share with anyone and they kept them in their mind.

Ma Thi stated,

“I am not happy in my job. I really want to escape from jobs and live with my son in Myanmar. It is difficult to find the jobs above 35 years old. If I got new jobs, I have to wait for “smart card” about one month. Migrant workers cannot stand without jobs for their survival in Thailand. I have no husband that I can rely on myself. I have no one who provides me for my living in Thailand. If I feel serious sufferings, I keep in my mind and cry freely. I encourage myself that I have to try for my son and to build a house which I will live with my son. I need to save 229000 baht for building house. As a result, I have to work in Thailand before target money for house.”

CHAPTER V

SUMMARY, DISCUSSION, AND RECOMMENDATIONS

This chapter will cover (1) summary findings of the research, (2) discussion part for some significant findings which are contrary or in line with other studies and (3) providing recommendation that will benefit to undocumented female migrant workers.

5.1 Summary findings

The purpose of this research was to explore life difficulties of undocumented female migrant workers from Myanmar regarding the domination of capitalist system, exploitation of capitalist employers, and discrimination of capitalist society in health care access and their working environments and to study that how gender discrimination affects to daily lives of undocumented female migrant workers. This study was done Mueang Samut Sakhon district, Samut Sakhon province. The period of data collection was three months from July to September 2015. An exploratory qualitative research methodology had been conducted with in-depth interviews and focus group discussions. The interviews were transcribed and analyzed for inequity of access to health care services, unhealthy working environment without guaranteed or social securities for occupational injuries or illness, discrimination in wages, exploitation of benefits and labor rights and burden of double jobs, multi roles and responsibilities and unequal power relation between man and women in their families based on gender by using a political economy and a gender perspectives which were used as lens in this study. Altogether fifteen participants including five undocumented female migrant workers, two limitedly documented female migrant workers, four documented female migrant workers, three health care providers and one male migrant worker were chosen for this study. Among those participants, total eleven female migrant workers were selected as informants and one male migrant

worker was chosen as key informant by snowball sampling method and three health care providers were selected as key informants by using purposive method in this study. In summary, regarding to life difficulties among documented female migrant workers from Myanmar in seafood processing factories, Meaung Samut Sakhon district, Samut Sakhon province, Thailand, it was found that those female migrant workers experienced variety of life difficulties related to health care inaccessibility, their working environment and life as women in their daily lives as following:

5.1.1 Health care inaccessibility

This research was to study about life difficulties of undocumented female migrant workers regarding inaccessibility of health insurance and health care services.

Health insurance: In this study, total five undocumented female migrant workers did not have any kind of health insurances even though almost all limitedly documented and documented female migrant workers were accessible for SSS. Undocumented female migrant workers were not eligible to access SSS due to without proper documents proving their immigration status: work permits or passports but they were allowed to apply for UCS known as 30 baht scheme. However, the findings showed that undocumented female migrant workers had many barriers to use UCS especially when compared to limitedly documented and documented migrant workers because they faced lack of information about UCS, less of communication to share information of UCS from Myanmar migrant workers in other workplaces. Additionally, some undocumented migrant workers had knowledge to apply UCS but they were afraid of being arrested by polices on the way to designed hospitals or one stop service centers. Another findings showed that they were restricted freedom of movement and were not supported UCS by their host employers whereas limitedly documented and documented migrant workers were provided SSS by their employers when they started working. Moreover, limitation of benefit package and limited criteria to register UCS led to inaccessible UCS for them.

Furthermore, undocumented female migrant workers were unaffordable for initial registration fees for UCS because their employers exploited in wages by supporting low wages 50-300 baht per day with long working hours, withholding

wages, no overtime payment and no bonus while limitedly documented and documented migrant workers were paid contribution fees- 5 percent of wages from employers, 5 percent of wages from employees and 2.75 percent of wages from government for them and they got not only their full wages but also their benefits: overtime payment and monthly and annual bonus. Besides, undocumented migrant workers encountered more discrimination in sharing information and supporting health insurance by their employers than limitedly documented and documented migrant workers. Therefore, undocumented migrant workers were very rare to use UCS in assigned hospitals and health care centers.

Table 5.1 Number of female migrant workers for health insurance accessibility

No	Types of health insurance	Number		
		Undocu- mented	Limitedly documented	Documented
1	UCS accessible			
2	SSS accessible		2	3

Table 5.2 Reasons of health insurance inaccessibility

No	Reason	Number		
	Availability	Undocu- mented	Limitedly documented	Docue mented
1	Lack of information and knowledge	3		
2	Less of communication	3		
3	Afraid of being arrested by police	2		
4	Restriction of freedom of movement	4		
5	Limitation of criteria to register health insurance	5		
6	Unwilling to pay contribution fees or no supporting health insurance	5		1

Table 5.2 Reasons of health insurance inaccessibility (cont.)

	Affordability			
1	Very low wages	4		
2	Withholding the wages	4		
3	No overtime payment	5		
4	No bonus payment	5		
	Discrimination			
1	Discrimination in sharing information	4		
2	Discrimination in supporting for health insurance	4		1

Health care service: This study showed that undocumented female migrant workers never used health care services in hospitals and health care centers. They only relied on health cares and treatments in hospitals when they only needed emergency care or intensive care or antenatal care in one month before delivery or child birth. There were more difficulties to access health care services for undocumented female migrant workers in hospitals and health care centers than limitedly documented and documented migrant workers. (1) They had lack of information for the location of hospitals and health care centers and about health care services. (2) They never contacted with local workers and Myanmar migrant workers from other workplaces because of living far from city, language barriers and feeling of insecurity for their illegal status. (3) They were fear of being arrested by polices on the way to hospitals or health care centers. (4) They were restricted freedom of movement by their employers due to debt bondages and fear of arrested by concerned authorities for receiving undocumented migrant workers. (5) They had no time to visit hospital or health care centers as a consequence of long working hours 12-17 hours per day. (6) They felt reluctant to go hospitals owing to deduction of wages for absent day. (7) They experienced long queue for receiving treatment and health care in hospital. (8) They encountered no supporting health care services for occupational injuries or other health problems. (9) They had no chance to take sick leaves and maternity leaves (10) Undocumented female migrant workers without UCS called 30 baht schemes,

could not afford to pay full cost of treatment and health care services. (11) The fee-for-service system and the prescribed medication were very expensive as undocumented female migrant workers because of exploitation in wages of their employers including very low wages, withholding their wages, no overtime payment and no bonus. (13) Due to immigration status, undocumented female migrant workers experienced discrimination in cost of treatment and health care services and deduction of wages for sick days. (14) Female translators looked down and shouted to Myanmar migrant workers at designated health care center.

On the other hand, limitedly documented and documented migrant workers with SSS, did not need to pay for treatment and health care services and they were paid back cost of child birth. They had no deduction of wages and had a chance to take sick leaves if they took recommendation letter proving their illness from the doctors and could took maternity leaves for 45 days with payments. As they had SSS, they were entitled seven types of SSS benefit package: sickness, maternity, child allowance, invalidity, death, old-age pension and unemployment. When they got occupational injuries or accidents, they were provided not only cost of health care treatment but also compensation depending on their level of injuries. As a result, limitedly documented and documented migrant workers were less difficulties to access health care services and treatment in hospitals and health care centers than undocumented female migrant workers.

Therefore, undocumented female migrant workers ran away to seek health care services in hospitals and health care centers. Even if they got moderate sickness, they utilized drug stores and treated with medicine at home. They used health care services at hospitals when they suffered serious illness.

Table 5.3 Reasons of health care service inaccessibility

No	Reason	Number		
	Availability	Undocu- mented	Limitedly documented	Docuem nted
1	Lack of information and health knowledge	5		

Table 5.3 Reasons of health care service inaccessibility (cont.)

2	No supporting health care service from the employers	5		
3	Afraid of being arrested by police	2		
4	Restriction of freedom of movement and not allowed on health care services	4		
5	Long working hours	5		
6	Deduction of wages and no sick leave	3		
7	Long queue for treatment and health care	1	1	1
	Affordability			
1	Very low wages or expensive cost of treatment	5		1
2	Unable to get full wages for working days	4		
3	No overtime payment	5		
4	No bonus payment	5		
	Discrimination			
1	Negative interaction of health care providers		1	
2	Discrimination in cost of treatment and health care services	1		
3	Unequal deduction of wages for sick days	1		

5.1.2 Working environment

The findings showed that life difficulties of undocumented female migrant workers concerned with their working environment. The study of working environment was divided into three parts, (1) physical safety (2) working structure and (3) security as follow;

Physical safety: Life difficulties of undocumented female migrant workers were associated with their workplaces. To get high profits and to reduce cost of production, the employers forced them to purchase protective equipment for work while almost of limitedly documented and documented workers were provided these equipment by employers. Moreover, undocumented female migrant workers were denied to provide first aid kits or factory small clinics for occupational injuries and to create healthy workplace with good disposal and drainage system that were less risks to the health status of undocumented female migrant workers whereas limitedly documented and documented migrant workers were working in safe working environment and lack of occupational hazards.

Table 5.4 Reason of physical safety inequity

No	Reason	Number		
		Undocu- mented	Limitedly documented	Docume nted
1	No supporting formal occupational training	5	2	4
2	Lack of providing protective materials and uniforms	5		1
3	No supplying for first aid kits or small clinic for occupational injuries	5		
4	Influences of unhealthy workplace and long working hours with fixed jobs on health	2	1	1
5	Inadequate workers			1

Working structure: This findings showed that the employers made more exploitation in wage by paying very low wages and withholding payments and deduction of wages to undocumented female migrant workers than other types of migrants. Besides, undocumented migrant workers did not get their full wages for their working days and they were withheld their wages by their employers. Also, they were deducted their wages for electricity charges and the cost of the things that they

purchased from factory shops whilst limitedly documented and documented migrant workers were also done deduction of their monthly wages for five percent contribution fees of SSS but some of them were deducted their wages for protective materials twice a month.

It can be said that undocumented migrant workers were often extremely exploited benefits and labor rights by their employers when compared with limitedly documented and documented migrant workers. Undocumented female migrant workers had lack of leaves (sick leaves, maternity leaves and annual leaves) and public holidays, no bonus, no health insurance and health care services and hiding information for temporary work permits from their host employers.

Additionally, this study explained that the employers forced migrant workers to work long working hours without overtime payment and lack of break time and short time break. They pushed undocumented migrant workers to work quickly to finish their jobs because they get more money during short period. However, undocumented migrant workers did not get any extra wages when they worked very hard using their effort with long working hours. Contrastingly, limitedly documented and documented migrant workers were working eight hours per day but not including break time and were paid 40-56 baht per hours for their extra working hours.

Table 5.5 Structure: Wage, benefit and working hours

No	Reason	Number		
	Wages	Undocu- mented	Limitedly documented	Documented
1	Very low wages	4		
2	Withholding payment	4		
3	Deduction of wages	4	2	4
	Benefit			
1	No leaves and lack of public holidays	5		

Table 5.5 Structure: Wage, benefit and working hours (cont.)

2	No bonus	5		
3	No supporting for health insurance and health injuries	5		
4	Temporary work permit	5		
	Working hours			
1	Long working hours without overtime payment	5		
2	Lack of break time and short break time	5		

Security: In this study, undocumented female migrant workers were not only exploited in their benefits but also scolded and shouted by their employers forcing them to finish work at the fixed time. Similarly, some limitedly documented and documented migrant workers also suffered both verbal abuses for yelling, speaking rudely and swearing and physical abuses for hitting or slapping and throwing some things from their supervisors in front of the workers. The findings added life difficulties of undocumented migrant workers concerning with social abuses in their workplaces. Undocumented migrant workers in this research felt more socially abused when compared with limitedly documented and documented migrant workers. They were restricted by their employers for their free of movement and communication with family and were isolated from other Myanmar migrant workers community. In a similar way, even though one documented workers were controlled by their employers for bringing their mobile phones from 8 a.m. to 5 p.m. in their work place, they were freely movement and no restriction of having contact to their family, friends and other people exception of working periods. Accordingly, among ethnic friendly workers from Myanmar in ethnic friendly labor markets, undocumented female migrant workers were extremely vulnerable to abuse by their employers or their supervisors in workplace due to illegal immigration status. They had less chance to complain someone and to seek assistant for their difficulties and problems and to find new jobs

whereas limitedly documented and documented migrant workers could move to new jobs.

Table 5.6 Security: Verbal abuse, physical abuse and social abuse

No	Reason	Undocu- mented	Limitedly documented	Documented
1	Verbal abuse	4	1	1
2	Physical abuse	2	1	1
3	Social abuse	4		1

5.1.3 Power relationship between men and women: Life as women

This findings explained that life difficulties of undocumented female migrant workers were due to perceived as women, burden of domestic and household works as ‘mothers’, as ‘daughters’ and ‘wives’ and lack of social and family support as a consequence of discrimination between male and female migrant workers based on religious and cultural stereotypes of Myanmar.

Perceived as women: In this study, undocumented female migrant workers faced more life difficulties related to unequal power, division of labor, roles and responsibilities between male and female migrant workers than limitedly documented and legal female migrant workers. They were taking responsible for multiple roles in their family as ‘wives’, as ‘mothers’ and as ‘daughters’. According to religious and cultural background of Myanmar, as men were in a higher social status in the family than women, they normally took the role of leader in their family. Women were taught to be feminism and experienced male domination in the family. These kinds of cultural norms led to life difficulties to undocumented female migrant workers: lack of decision making, lack of power and respect, lack of freedom and favor, burden of responsibilities for their families in Thailand. They were not only hidden status with long working hours and very low wages but also responsible for multiple roles for their family and keeping their cultural norms. Consequently, they were less of less of self-confidence, reduced recreation time, more stressful and easier to exploit them from their employers.

Domestic and household works as mother and wife: The gender division of labor at home placed women in the position of taking responsible for household works and serving the needs of their husband while men were head and breadwinner in their family. However, according to demands of market economy, women worked out to cover the expenses of their families. In spite of working in paid jobs, Myanmar female migrant workers were assigned to take responsible for all chores in their family. Although female migrant workers continued doing household works, men did not take any responsibilities for domestic works after finishing their paid jobs. Undocumented female migrant workers were facing more burden between work of production and household jobs than limitedly documented and documented migrant workers because of long working hours 12 to 17 hours per day, lack of support to share their chores and illegal immigration status whereas limitedly documented and documented migrant workers worked eight hours per day, and having assistant to do their domestic works (i.e. if they did not want to cook, they can buy some food easily. Some lived with their family who helped them to do household jobs). Therefore, undocumented female migrant workers were ended up with life difficulties regarding to burden of double works.

Social and family support: Undocumented female workers were still busy continuously with their family affairs and domestic works with lack of chance to be relaxed for their emotional, physical and social burdens without provided and noticed even by their husbands and their families. Long working hours, lack of holidays and busy with household chores led to less private relaxed time for undocumented female migrant workers when compared with limitedly documented and legal female migrant workers. Even though undocumented female migrant workers had many burdens as being women, being illegal status, being migrants and being workers in Thailand, they could not easily seek assistants to reduce their difficulties or their suffering because they were hidden lives with illegal status while limitedly documented and documented migrant workers had many assistants to reduce their burden in daily lives. They shared their sufferings to their husbands or their colleagues from their workplaces but in every day, as long as their husbands or their friends were not interested on these situation. Therefore, most of them did not share their feelings to their husband or their

families and they kept in their mind. If they could not bear their sufferings, they expressed it by crying.

Table 5.7 Power relationship between men and women: Life as women

No	Reason	Number		
		Undocu- mented	Limitedly documented	Documented
	Perceived as women			
1	Lack of decision making	1		1
2	Less of power and respect	3		
3	Lack of freedom and favor	2	1	1
4	Burden of responsibilities for parents as daughter	1		1
5	Burden of duty for children as mother	2	1	1
	Domestic and household works as mother and wife			
1	Double burden of jobs	3		2
	Social and Family support			
1	Lack of seeking social and family support	4		2

5.2 Discussion

According to the political and economic changes in Myanmar, women and girls who were lack of education and poor, could not stay anymore and needed money for themselves and their families' survival. The scarcity of job opportunities and low income which were unable to cover household expenses in Myanmar, pushed women and girls to work under capitalism in Thailand. They came to Thailand to seek better jobs opportunities and income. From laws and regulations of the previous Myanmar military government, women between 16 and 25 years crossed borders with their legal guardians. This laws and regulations were supposed to protect women from trafficking

but in reality they served discrimination to women. Instead of protection it led to suppression, while the women were more reliable on brokers. The travel restrictions combined with poor economic conditions pushed women with no choice to become undocumented female migrant workers.

They crossed in two border areas: Kawthaung-Ranong and Myawaddy-Mae Sot and worked in Samut Sakhon province. They were sent by the brokers and supported by their families or relatives to work in Samut Sakhon. Most of female migrant workers crossed into Thailand illegally by the small container trucks which were taken 40 to 50 people. They travelled through the mountain at night and hid in the forest in the day time. They did not use public road due to illegal conditions. They paid 10000-12500 baht per person to the brokers for the cost of services and transportation. Some migrants borrowed some money from their relatives or their neighbors and some sold their own farms or their cattle to come to Thailand. It is very difficult to work in Thailand. They had the debt for high cost of transportation and hid from Thai authorities on the way to Thailand. Besides, their brokers deceived them about working conditions, daily wages and benefits they approved. Since most of undocumented female migrant workers were low education and lack of general knowledge, they easily entered the traps of the brokers. Nevertheless, differential wages between Thailand and Myanmar were the main factor for them to work in Thailand.

On the other hand, as rapidly developing Thai seafood processing industries, Thai employers required cheap and low skill ethnic friendly labors from Myanmar to produce their products that those employers got their profits. Due to a high demand for cheap and lack of skill workers, the employers hired undocumented ethnic friendly female workers from Myanmar to work in seafood processing factories, Samut Sakhon. Samut Sakhon is the main seafood processing industrial zone in Thailand. The large numbers of Myanmar female migrant workers come to Samut Sakhon crossing the border areas because of the feasible job opportunities.

With the hope of better job opportunities and higher income for undocumented ethnic friendly female workers worked in Samut Sakon. In a similar way, with the expectations of the highest profits and lowest costs for Thai employers hired cheap and low skilled workers from Myanmar for their production. Therefore,

the employers in Thai ethnic friendly society and undocumented ethnic friendly female workers from Myanmar were dependent on each other in order to fulfil their needs in the capitalist society.

However, undocumented female migrant workers were severely restricted to get the jobs in Thailand because of no proper document proving their immigration status and were often relegated to working in the 3 Ds jobs with little or no labor rights. They were the most vulnerable to exploitation, human rights violation, marginalization and abuse as a result of being lower working class workers, not being Thai, being undocumented workers, and being women in the area of study. They were at the lowest position of Thai social structure and were looked down by local society as the lower working class population with lack of education and skills as a result of working in dirty, dangerous and difficult jobs.

Undocumented female migrant workers lived free of charge in simple and dirty factory dormitories provided by employers in their workplaces with poor sanitation, lighting and ventilation and their factory compounds were surrounded by high walls. They were extremely restricted their free movement. The gateways of their factories were always closed. They were not allowed from socializing with outsiders and were forbidden to leave their workplaces. Furthermore, outsiders were strictly prohibited from entering their factory compounds. The evidence of restriction on movement was also associated with higher risks of human right violations and abuse.

Ethnic friendly female workers repeatedly experienced losing their “voice” in their ethnic friendly society and the powerlessness associated with being a migrant worker in an irregular setting. As a consequence of invisibility with lack of legal protection in Samut Sakhon province, undocumented female migrant workers were the group most vulnerable to human rights violations and labor rights exploitations at the hands of unscrupulous employers in Thai ethnic friendly society.

Moreover, health insurance and health care services were not accessible for them. They faced many barriers to access health care as a result of illegal status, financial problems, exploitation of their host employers, lack of information, and restriction of free movement by their employers. In this study, they were allowed to use UCS but they were lack of using it in the hospitals and health care centers. They had many difficulties to access UCS in assigned hospitals due to lack of information

and health knowledge, no supporting them from the host employers, afraid of being arrested by polices and restriction of free movement to leave their workplaces. Furthermore, unaffordable and unwilling to pay initial registration fees led to inaccessible UCS to undocumented female migrant workers. Additionally, low wages without UCS were unable to pay full cost of treatment as undocumented ethnic friendly female workers from Myanmar.

Besides, they felt unsecure for their lack of proper documents proving their immigration status and worried to being arrested by polices and for deportation on the way to hospitals or health care centers. Then, without UCS made them to avoid for using hospitals and health care centers due to unaffordable to pay full cost of medical treatments. Moreover, since they were not allowed to take sick leaves, they were worried to deduct their wages from their capitalist employers when they visited hospitals and health care centers. In addition, burden of double works between household works and paid works of undocumented female migrant workers, were reluctant to visit hospitals for their minor illness or injuries. They neglected their mild symptoms of illness and bought medication from the drug stores near their places as a consequence of busy with their household jobs. When they did not relieve their sick by taking self-medication, they visited to quacks or traditional healers. They were unwilling to spend their time on long queue for their sickness at the hospitals. As long working hours from early morning to late evening, lack of holidays, visiting to hospitals made them to be absent for doing some household works, they accumulated to do them after recovery stage or in holidays. Therefore, they only used health care services in hospitals when they needed emergency care, intensive care and child birth.

In the area of work, undocumented ethnic friendly female labors were doubly marginalized and highly vulnerable to abuse of human rights and exploit in labor rights due to without proper documents proving their immigration status and gender. As they were taught to be subordinate since childhood, they were lack of self-confidence to complain their benefits, their labor rights and their compensations to their employers. In addition, lack of education and unable to speak Thai language made them easier to control from their employers because they either did not know of or were too intimidated to assert their rights under Thai labor laws. They were extremely restricted their freedom of movement by their employers. Most of

undocumented female migrant workers mentioned that the factory compound was surrounded by high wall (The outsiders cannot look in and the workers were unable to look out). Factories hired armed guards at all the time to watch and control them on the work floor, in front of their room and in public places. They were often prohibited from communication with outsiders and were not allowed to go out. Moreover, outsiders were strictly prohibited from entering their compounds.

In addition, they were lack of support for protective materials and were created no healthy work places with wet concrete floor, proper drainage and good sanitation that caused gastric pain, anemia, asthma and edema. Furthermore, anemia was another physical effect of working as the stresses related with excessive working hours, loss of sleep severely affected appetite and nutrition of workers. Besides, anemia was related to financial stress due to very low wages and withholding of their wages from their employers.

Additionally, their daily were very low from 50-300 baht per day without overtime payments for 12 to 17 hours. They were not entitled to access benefits such as leaves (sick, maternity and annual leaves), public holidays, health insurance and bonus. The only break they were allowed to use the toilet. Then, migrant workers encountered verbal, physical and social abuses in their workplaces. Although male migrant workers were lack of abuse in verbal and physical by their employers or supervisors, undocumented female migrant workers were much more vulnerable than male to abuse. As they were taught to be feminism and subordinate since they were young, they were lack of confidence and lack the power of decision for their own opinions. Therefore, they were afraid of to assert their labor rights and human rights with very little power to combat the abuse and exploitation of their employers.

This study showed that life difficulties of ethnic female workers from Myanmar associated with their unequal power between men and women in their families. Ethnic friendly female workers were not only taking multi-roles as mothers, as daughters, as wives and as paid workers for their family based on their cultural norms and religious background but also working out to catch up the increasing cost of household expenditure under market economy. Therefore, they faced triple suffering; being working class workers, being women and not being Thai citizens in Thai ethnic friendly society. Among them, undocumented ethnic female workers faced more life

difficulties because they added triple sufferings as well as undocumented immigration status in ethnic friendly society. As most of them worked in dirty, dangerous and difficult works and they were at the lowest level of Thai social structure, they were looked down by their ethnic friendly society as the lowest level workers. They were not protected under ethnic friendly policies and laws as a result of without proper documents proving immigration status. Cheap undocumented workers were always exploited by capitalist employers in labor rights, benefits and compensation and human rights as a consequence of lack of protection under ethnic friendly policies and laws. Therefore, they were consistently labeled as “lowest class workers”.

In addition, although female workers finished their tasks in their workplaces, they were still busy continuously with their family affairs and domestic works until they went to bed while male workers in the families had the private relaxed time for their physical, psychological and social tensions. Long working hours between 12 and 17 hours and busy household chores caused undocumented female migrant workers to be stressful, depressed and physical illness. Nevertheless, they had less chance to seek the helps for their emotional, physical and social relaxations as a result of illegal status. Furthermore, as they were not being Thai citizens without proper documents proving immigration status, they were not eligible to access supports from the Thai government and they did not get full rights and social welfare. Besides, they were not protected labor rights and benefits according to ethnic friendly policies. Thus, they faced labor rights exploitation, human rights violations and abuses in ethnic friendly society.

Overall, undocumented female migrant workers encountered multiple vulnerability in ethnic friendly labor markets in this study. They faced restrictions on their labor market participation because they were confronted with a labor market that was segregated by both gender and ethnicity without legal protection. Therefore, undocumented ethnic friendly female labors from Myanmar became more vulnerable to encounter life difficulties regarding health care, their workplaces and their families in Thai ethnic friendly society.

5.2.1 Social barriers to accessing health care

This study explored that undocumented female migrant workers were still facing difficulties for health care accessibility in Meaung Samut Sakhon district. There were a lot of Thai workers and limitedly documented and legal who were also working in unsafe working conditions and were exposed to occupational hazards and other health problems but undocumented migrant workers were more vulnerable due to lack of protective equipment and lack of information about risk of their works from their capitalist employers. In addition, they were victims of exploitation in labor rights and human right violations due to illegal status. As a result, they had little control over health care resources available to them compared with limitedly documented and documented migrant workers. Capitalist employers used unfair methods to get high profits and low cost of production. They neglected supporting health care for the health problems and occupational injuries of undocumented female migrant workers when compared with limitedly documented and documented migrant workers. Exploitation of capitalists in wages, providing sick leaves and maternity leaves, working hours and restriction of freedom of movement discouraged undocumented female migrant workers to use health care services in hospitals and health care centers. Lack of communication and information, language barriers and afraid of being arrested by polices were also important factors to cause inaccessible health care for undocumented female migrant workers. As they did not hold any types of health insurance, they could not afford to pay expensive cost of treatment and health care services. Furthermore, they felt reluctant to go hospitals in view of negative attitudes of health care providers. Besides, busy with household chores and multi-roles and responsibilities made reluctant undocumented female migrant workers to visit hospitals and health care center. When they were minor symptoms of illness, they bought medication from the drug stores near their places. Visiting the hospitals led them to accumulate for doing domestic works in the recovery stage and to deduct their wages and to pay their money for cost of treatment and transportation. Accordingly, they were very rare to visit hospitals when they did not suffer serious illness or injuries.

This research was similar to previous study conducted in Thailand. Veerman and Reid showed that Myanmar migrant workers faced many barriers to

access health care and health insurance. Myanmar migrant workers without health insurance must pay full cost of treatment which were unaffordable for them. Additionally, limited health benefit package and afraid of being arrested by polices caused them inaccessible health care. Besides, language barriers and negative attitudes of Ministry of Public Health staff made them refuse health care services in hospitals. They found the added barriers of long queue before health care treatment compared with Thai citizens (Veerman & Reid, 2011).

This study was similar to the study which conducted by Srivirojana et al. (2014) two years ago. They found that Myanmar migrant workers working in unhealthy working situations, were limited to access health care and delayed treatments. Their employers did not support health insurance. As undocumented migrant workers had no health insurance, they could not afford to pay for surgery or cost of health care. Besides, their employers denied them to support health insurance and health care. Since the expenditure of health care could not cover all types of migrant workers, undocumented migrant workers were less of opportunity to use treatment in hospitals. Therefore, migrant workers were inaccessible health care in hospital (Srivirojana et al., 2014).

However, Veerman & Reid and Srivirojana et al. studies could not emphasis on health care inaccessibility of Myanmar migrant workers due to exploitation in labor rights (i.e. wages, working hours, sick leaves and maternity leaves), discrimination in supporting health care services and health insurance and restriction in freedom of movement in capitalist employers so the causes of health insurance and health care services inaccessibility were not explained detail like the study of “life difficulties among undocumented female migrant workers from Myanmar in seafood processing factories, Samut Sakhon, Thailand”, they explained that inaccessible health care services of Myanmar migrant workers were related to financial problems, language barriers, lack of support from the employers, limited access to health services and negative attitude of health care staff.

In the study of Samut Sakhon beyond the findings of Veerman & Reid and Srivirojana et al. was not only health insurance inaccessibility but also health care services for undocumented female migrant workers associated with inequity of health care, discrimination in labor rights and exploitation in benefits under capitalism. In

poor lives, undocumented female migrant workers had lack of information and knowledge, no supporting from host employers, afraid of being arrested by polices and restriction of free movement to register UCS called 30 baht scheme which was accessible for not only migrant workers who were limitedly documented and legal but also undocumented migrant workers. Moreover, UCS had many barriers to access for undocumented female migrant workers including unaffordable and unwilling to pay initial registration fees because of exploitation in wages: very low wages, withholding wages, no overtime and no bonus from their host employers. Therefore, they were lack of utilization of health insurance in designated hospitals and health care centers.

Additionally, undocumented migrant workers had many challenges to access health care services. Low wages of undocumented female migrant workers without UCS could not afford them to pay full cost of treatment and health care services. Besides, their host capitalist employers denied them to support freedom of movement, sick leaves, maternity leaves and share information about health care services. Furthermore, long working hours, fear of being arrested by police on the way to hospitals and long queue for treatment made them inaccessible to health care services. Also, they felt reluctant to visit hospitals and health care centers because of negative interaction of health care providers. As a consequence of difficulties, undocumented female migrant workers were very rare to utilize health care services in hospital and health care centers where they relied them for only intensive care, emergency care and child delivery than migrant workers who are limitedly documented and documented.

Nonetheless, they could not move to new jobs or they could not go back to Myanmar. They had to work for their family survival in capitalist workplaces even though they were neglected to support health care services for occupational injuries or illness and health insurance and freedom of movement and were exploited their rights to take sick leaves and maternity leaves by their capitalist employers.

5.2.2 Unequal labor rights in workplaces

Migration from Myanmar to Thailand has been happening since many years ago but a majority of Myanmar migrant workers living in Samut Sakhon province were still working unsafe working situations. Thai workers, limitedly

documented and undocumented migrant workers were exposed hazardous risks at their workplaces but undocumented migrant workers suffered the greatest relative risk of occupational injuries or illness compared other types of workers as a result of lack of support for protective materials and first aid kits and neglecting for creating healthy workplaces and good environmental sanitation.

The similar study was found by Srivirojana et al. in Ranong province, Thailand. They explored that Myanmar migrant workers worked under dangerous working situations but they were inadequate or lack of providing protective materials and knowledge about their unsafe work by their employers in Ranong province (Srivirojana et al., 2014). Similar study was done by Srinivasan and Ilango in India. Their finding that there were 56%, 59% and 90% of women migrant workers for skin disease, not available to prevent unauthorized entry and heat stress, noise, dust, vibration, stress, lighting and radiation respectively as a result of exploitation of contractors in fundamental rights and facilities (Srinivasan & Ilango, 2012).

According to the findings of Samut Sakhon, capitalist employers made a huge exploitation in labor's rights to undocumented migrant workers owing to get high profits and low cost of production. Even though the wages that undocumented migrant workers were paid very low, the employers took the source of all profits under the capitalist system. Furthermore, capitalist employers controlled welfare of undocumented female migrant workers by increasing working hours and working days and reducing benefits- no supporting health care services for occupational injuries or illness and health insurance, no providing leaves (sick leaves, maternity leaves and annual leaves) and public holidays. Besides, the capitalists pushed them to work long hours from early morning to late evening without overtime payments and bonus in order to secure large profits with short periods from their production. The daily-wages payment of capitalism oppressed undocumented female migrant workers continued to work even for illness or injuries. Also, the capitalist employers did not provide any information to apply temporary work permit for undocumented migrant workers since they had no chance to easily exploit the rights of workers such wages, benefits, compensation and working hours when undocumented migrant workers completed for registration of temporary work permits. In addition, undocumented female migrant workers were more abusive than male workers. They encountered

verbal, physical and social abuses such as scolding, yelling, slapping, and throwing some things in front of many workers. However, they were losing their “voice” to complain about these kinds of manners because they were trained to be feministic and subordinate since they were young. They were lack of self-confidence and lack of power of decision according to their own opinions. Therefore, they feared to ask for their labor rights, their health care benefits and compensations to their employers and had the powerlessness regarding to being women and being migrant workers in an irregular setting.

However, in the study of Samut Sakhon province could not deeply explored life difficulties of undocumented female migrant workers associated to being female in their work place and did not explain well life difficulties that were due to deceit of brokers who sent undocumented migrant workers to capitalist employers. Therefore this research needed to explore life difficulties of undocumented female migrant workers based on gender perspective in workplace.

The similar findings were found by Meyer et al. in the study done in Mae Sot, Thailand where Myanmar migrant workers were exploited not only broker but also their employers including work without payment, deduction of wages and forced excessive working hours without payment, violence including physical and verbal abuse (Meyer et al., 2014). Srivirojana et al. conducted similar study around 2 years ago. In Ranong province, they explored that Myanmar migrant workers faced inaccessible health care services due to unaffordable cost of health care and treatment and limitation of health care services in hospitals. In addition, the employers did not support for occupational injuries or illness and did not pay contribution for social security scheme of Myanmar migrant workers. The last of their findings was that negative attitude of Thai society and lack of legal protection (Srivirojana et al., 2014).

Nonetheless, Srinivasan and Ilango, Meyer et al. and Srivirojana et al did not explain well about the exploitation in labor rights, inequity of health care access and discrimination in wages and benefits for undocumented migrant worker compared limitedly documented and documented migrant workers under the capitalist system.

From the standpoints of political economy, the relationship between undocumented female migrant workers and capitalist employers was exploitation in workplaces. According to this relationship, undocumented female migrant workers in

Samut Sakhon province were exploited in the area of health care access, human rights, labor rights, safety and other benefits.

5.2.3 Double burden works and triple sufferings being women

This research found that undocumented female migrant workers had life difficulties related to unequal power, imbalance division of labors, multi roles and responsibilities between male and female migrant workers in their family. Undocumented female migrant workers from were taught to be subordinate and to pay respect to men, and experienced male domination in their families since they were young. They were taking responsible for all household chores based on division of gender roles whereas their husbands or brothers were breadwinners and their husbands were head of the family and they were only assigned for earning. However religious and cultural stereotypes could not cover to meet with the increasing living expenses of families of Myanmar undocumented female migrants under the market economy. Their husbands' incomes were unable to fulfill the needs of themselves and their families. Therefore, undocumented female migrant workers were assigned not only for getting money but also taking multi-roles as “mothers”, “wives” and “daughters” in their families. Consequently, they encountered life difficulties: lack of decision making, lack of power and respect, lack of freedom and favor, burden of responsibilities for their parents and their children in their families. Although undocumented female migrant workers worked out to cover the expenses of their families, they continued to do household chores for their families while male migrant workers were taking relax after coming back from their workplaces. For that reason, they had life difficulties with less relaxed time for their physical, psychological and social tensions more than other types of migrant workers who are limitedly documented and legal. Even though they earned for their family survival, they were responsible for double works in not only household but also production with long working hours but they could not transfer their roles and responsibilities to others due to cultural norms.

Contrastingly, limitedly documented and documented migrant workers worked eight hours per day, and were also expected to do domestic works for their family, but they had the helps to do their chores (If they did not want to cook, they

could buy some food easily or some lived with their families who helped them to do domestic jobs). Furthermore, undocumented female migrant workers had lack assistants to help or to reduce their sufferings or difficulties regarding their daily lives, their works and their families as a result of hidden lives with illegal status but limitedly documented and documented migrant workers used many ways to reduce their sufferings or their difficulties including doing shopping, watching movies, visiting their relatives or families or going temples and talking their families or friends. The similar findings were shown by Tang, Oatley and Toner. They described that life events and difficulties of Chinese female migrant in Canada were related to migration process, lack of social support, jobs-related events and financial crisis that led to mental health problems (Tang, Oatley & Toner, 2007).

Nevertheless, the findings in Samut Sakhon province could not show that health care inaccessibility of undocumented female migrant workers was concerned with imbalance responsibilities and unfair division of labors between male and female in their families. Moreover, this study did not explored that the consequences of unequal division of roles and responsibilities, imbalance power relation between men and women in their family and burden of double works based on gender perspective also impact on poorer work performance in their workplaces and mental health trauma.

Concerning years of experience, the study in Doucet found that women encountered more contributions to household work, lack of recognition and more responsible for child care and child's life than men within their household (Doucet, 1995). Similar previous study was explored by Murraray. She found that globalization carried better economic opportunities to work Asian women outside of their home for their family survival. Nevertheless, they were responsible for their domestic jobs according to their culture norms. Consequently, Asian women suffered double burden jobs in both production and domestic due to unfair responsibility and unequal division of labor (Murray, 2005).

However, Doucet, Murraray and Tang, Oatley and Toner did not explain life difficulties of undocumented female migrant workers associated with their religious and cultural stereotypes based on gender roles. Additionally, they could not

describe details about gender discrimination between men and women for multi roles, unequal responsibilities and division of labor in their families.

According to this research, political economy explained that the capitalist employers used government policies and capitalist power as the device to get maximum profits and reduce minimum costs of production by exploiting to undocumented migrant workers. Furthermore, they were faced human rights violations for personal freedom and security, freedom from slavery and torture, right to access to public health services, right to respect, right to protect, right to work without discrimination and without being forced to do. Political economy gives an insight into these life difficulties. Gender perspective guided that life difficulties of undocumented female migrant workers were related to unequal division of labor and imbalance power relation between men and women as the result of gender discrimination based on religious and cultural background. Therefore, undocumented female migrant workers from Myanmar had many life difficulties as being, women, being illegal status, being migrants and being workers in seafood processing factories, Meung Samut Sakhon district, Samut Sakhon province, Thailand.

Thai government established ethnic friendly labor policies to get full labor rights, social security and human rights for migrant workers. The Law Reform Commission of Thailand (LRCT) collaborated with concerned authorities in ASEAN community to set up the draft for ASEAN Agreement on the Promotion and Protection of the rights of workers. According to this draft, every workers including frontier workers, migrant and third-country workers with their families who are nationality or immigration legality in each ASEAN member states, will be protected inequity of labor rights, human rights and fundamental freedom for all without distinction of any kind, irrespective of race, religion, gender, language and political opinion and provided compatibility with international labor standards, equal treatment and equal benefits. In this agreement, they can be eligible to access right to work and to be employed, right to freedom of association and collective bargaining, right to have family, right to social security, child labor protection, right to access health care services and health security, health and safety protection, right to training and education, right to protection of female workers. Besides, this agreement also guarantees right to compensation for laid off workers and the workers who are ill or

suffered from occupational injuries. However, this agreement could protect only Thai nationality and immigration legality and may not involve for undocumented migrant workers and their families. Therefore, they were still facing life difficulties in health care accessibility, their work places and their everyday lives in Thailand.

Nonetheless, this study could not explain well life difficulties of undocumented female migrant workers associated with gender discrimination in seafood processing factories. There was no discrimination between male and female workers in workplaces for supporting health care services and health insurance, daily wages, benefits and working hours in ethnic friendly society.

This study filled the gaps of previous studies. Previous studies conducted separately life difficulties related to health care inaccessibility, working environment and gender issues of female migrant workers. Combining the points with previous studies, this study added a body of knowledge that health care accessibility, physical safety, structure and security for undocumented female migrant workers. In addition, previous research showed life difficulties of undocumented female migrant workers as a result of irregular migration. Nevertheless, this findings covered lack linkage cultural and socioeconomic context of ethnic friendly female workers from Myanmar in Samut Sakhon area. Moreover, this research explored health care service inaccessibility and labor rights exploitation and abuses of female migrant workers as a consequence of not only illegal immigrant status but also their cultural norms and religious background. This study compared the degree of life difficulties between three types of female migrant workers: undocumented, limitedly documented and documented female migrant workers in the area of health care, workplaces and their families in ethnic friendly labor markets, Samut Sakhon.

5.3 Recommendations

According to recommendation for concerned authorities, the relevant authorities responsible for setting and implementing policies, and monitoring activities need to have proactive views towards issues of undocumented migrants and undocumented migrant workers. They should pay attention to equalize the requisites of health care access and safe working environment for undocumented ethnic friendly

workers. Besides, they should encourage the employers to promote basic rights of undocumented migrant workers, particularly in terms of safety workplaces and social benefits for them in ethnic friendly societies. Moreover, the local officials should establish mechanisms for regular monitoring and evaluation with unannounced inspection to factories and industrial zones and take feedback and suggestions from migrant workers. If any workplaces was found unsafe working conditions without supporting protective equipment or with lack of providing preventive materials and exploitation in labor rights and benefits for migrant workers, effective punishment those who exploited migrant workers should be implemented. Additionally, the concerned officials should cooperate with organizations (i.e. INGO or Migrant Worker Rights Networks) which play an essential roles and in providing services to undocumented migrant workers, for sharing knowledge, understanding and awareness of laws and practices regarding rights and benefits of undocumented migrant workers.

From policy recommendation for the Government of the Kingdom of Thailand, government-to-government collaboration should be empowered for fair legal process to decrease irregular migration through countries of origin and destination. Also, Thailand should develop specific policy aimed to protect undocumented migrant worker population and should take action to implement policies and legislation for the reduction of undocumented migrant workers and provide education of public on the protection of the rights of undocumented migrant workers. All ethnic friendly policies for migrant workers should be monitored and fully implemented. In addition, workplaces should be subjected to regular government inspection and to use monitoring system to reduce undocumented migrant population. If any workplace was found undocumented migrant workers, immediate steps should be taken to fix both host employers and workers. Furthermore, punishment those who exploited migrant workers must be effectively enforced. Besides, the spread of negative attitudes to Myanmar migrant workers and the conflicts and problems between migrant workers and their host employers can lead to be victims of exploitation, discrimination, and human right violations by Thai society, the employers, and local authorities. In order to solve these issues, reduction of social inequity and negative attitudes to Myanmar migrant workers by providing social welfare, health care services and health insurance, improvement of their social status

that can make the protection of labor rights exploitation, human rights violations and the recognition of Myanmar migrant workers as the contributors of Thai economy should be done. Additionally, a system of reporting workers' rights exploitation and human rights violation should be effectively established and accountability against infringement of migrant workers' rights and human rights violations. Migrant workers whose rights were exploited and abused should be given to access the mechanism of justices. Moreover, the government should more keep in touch factory association and trade unions in the development of policies and law, in the regulation of recruitment and employment practices, and in the sharing of occupational training and information.

This study recommends for Myanmar embassy and the Government of the Union of Myanmar concerned with undocumented migrant workers. Cooperation should be enhanced with Thailand to improve access to safe migration process and documented migrant channel. Myanmar government should well collaborate and negotiate with the Royal Thai government and the employers for employment and protection of Myanmar migrant workers in Thailand and to reduce irregular migration and the negative consequences related to migration. Exploitation can be reduced by supporting access to legal migration and the formal labor market. In addition, the Union of Myanmar government should negotiate with the Royal Thai government to reduce illegal brokers who sent illegally migrant workers to Thailand. Besides, Myanmar concerned authorities should thoroughly educate to Myanmar citizens about unscrupulous private recruiters or brokers, traffickers and trafficking in human being and the dangers and risks of migrating under illegal conditions. Also, they should provide public awareness raising about benefits of migration under legal conditions which protect their human rights and their labor rights. Furthermore, the relevant officials should force to license and do supervision to private recruiters or brokers and sanction or punishment those who did not comply with minimum standards that protect the rights of Myanmar migrant workers. Additionally, Myanmar embassy should continue monitoring to get their labor rights, benefits and compensation for Myanmar migrant workers according to their employment contracts. Moreover, Myanmar embassy should cooperative with Thai government and organizations to eradicate human trafficking and to reduce undocumented migrant population. Also,

Myanmar embassy should support organizations and networks who provide services to Myanmar migrant workers to be smooth their services mechanism and registration process for migrant workers.

Although every workers including both nationalities and immigration legality in each ASEAN member states are protected labor rights and human rights under the labor law and social security in the draft of ASEAN Agreement on the Promotion and Protection of the Rights of Workers, undocumented migrant workers were entitled to access these kinds of legal protection. The Law Reform Commission of Thailand should made the policies to protect undocumented ethnic friendly workers from exploitation of labor rights, human rights violation and abuses.

Collaborative work requires between the various actors (NGO/Networks, health care providers, employers and Myanmar migrant workers) to strengthen health promotion and disease prevention initiatives to reach out to the migrant workers in the community, to provide health care and to establish minimum standards of health care for all vulnerable groups (particularly women, children, undocumented or irregular migrants, victims of human trafficking).

Policy makers, policy implementers including local health care providers, hospitals and community based health care centers, donors, INGOs, CBOs and concerned authorities should be effectively taken collective effort to provide health care service and health insurance to undocumented migrant workers.

Regarding recommendation for employers, the host employers should do the employment contracts in written in Myanmar language including minimum daily wages or monthly salary, working hours per day and time off, rights, social and welfare rights, safety and health and medical care. The host employers should provide equal opportunities and labor rights for undocumented migrant workers in their places of works and should avoid work with low wages and long working hours without overtime payment. They should support for sick benefits and occupational hazards of undocumented female migrant workers in their workplace. They have to share information to register or to extend temporary work permit for their workers.

According to recommendation for undocumented female migrant workers, undocumented migrant workers faced many life difficulties regarding exploitation, discrimination, inequity and human right violations from their host employers due to

illegal status. Therefore, they should know the real and accurate information about the dangers and risks of migrating under illegal conditions before moving to Thailand. They should not believe the deceit of brokers and be versed about working conditions and living situation of migrant workers in Thailand. They should take the help of the agents who are allowed to license with the concerned governments to work in Thailand. They should know the address and phone numbers of Myanmar embassy, Myanmar migrant workers networks and their relatives or friends when they faced difficulties or any human rights violation in Thailand, they should request them to help for their problems.

This research suggested for limitedly documented and documented migrant workers. They should help more undocumented migrant workers to reduce their difficulties and they should share information to undocumented migrant workers about health care services and health insurance and migrant workers networks or organizations which can support to reduce difficulties and labor rights exploitation for undocumented migrant workers. Furthermore, they should provide the information to undocumented migrant workers for temporary work permits when Thai cabinet announced it via public media and should encourage them to request their employers for registration of temporary work permits.

This study recommended to the Government of the Kingdom of Thailand. They should well implement women friendly policies and legislation to reduce excessive working hours and to get labor rights for undocumented female migrant workers. As a result, undocumented female migrant workers can take more private relaxed time and can reduce some difficulties related to financial burden.

For recommendation for husband and family of undocumented female migrant workers, undocumented migrant workers were facing multi burden being women, being mother, being wife, being daughter, being worker, being migrant and being illegal status. Household work responsibilities shouldn't be burden to only women. In order to narrow the gap between women and men caused by unequal power relations, responsibilities of domestic works and taking of children should be shared by all members in their family. Imbalance gender division of labor and gender discrimination between men and women should be eradicated in the family. Equal gender role should be promoted.

Concerning with recommendation for further research, further studies should be done need assessments for cultural context, political situations and relevant policies in Myanmar related to Migration process. The another further qualitative research should be discovered for life difficulties of undocumented female migrant workers in different places and various sectors such as garments, domestic work, and services. In addition, more studies should be done for life difficulties of not only undocumented male migrant workers but also child labor or male migrant workers by using different perspectives and different methodology. Finally, further studies about policy evaluation for undocumented migrant workers need to be conducted.

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APPENDICES

APPENDIX A

IN-DEPTH INTERVIEW GUIDELINES FOR INFORMANTS

- Name
- Age
- Education background
- Occupation
- Marital status
- Number of children
- Home place in Myanmar

1. Can you tell me about your shorty background history of migrating to Thailand? Who helped you to come to Thailand? How did you come to Thailand? Why did you come and work in Thailand?
2. How did you find this job? Who inform you this job? If the brokers found the job for you, how much did you pay for them?
3. Did you have any interview? What kinds of documents do you need to get the job?
4. What types of job do you work?
5. How long have you been living in Thailand? How long have you been working in current work?
6. Who do you live with? Do you live outside your workplace or inside your workplace? How much do you spend your wages on housing monthly?

Health care inaccessibility

(1) Health insurance

Availability

1. Have you heard about health insurance? If not, why?

2. If heard, how do you know about it? Do you have any health insurance card? If have, what kind of health insurance do you have? When and how did you get this? If not, what kinds of difficulties do you face to get health insurance?
3. Do you know what kinds of diseases or illness are included and excluded in benefit package of health insurance?

Affordability

4. Is it expensive for registration fees of health insurance as you? Do you have any financial difficulties to register for health insurance? If have, why do you face financial problems for registration of health insurance?
5. Do you have any salary deduction for health insurance? If have, how much do you pay for it and how many months did you pay for health insurance? Which hospitals and health care centers can you use it? What kinds of benefits do you get as a result of having health insurance when you visited to assigned hospitals or health care centers?
6. Do your employers contribute some fees to buy health insurance for you? How much do they contribute for your health insurance?

Discrimination

7. Do you encounter any discrimination for registration of health insurance from your employer? If you had, what kinds of discrimination did you encounter?
8. Do you know what kinds of discrimination did you experience between Thai people and migrant workers when you used benefits packages of health insurance

(2) Health care service

Availability

1. Do you have any experiences for sick or injuries? If you have, how did you seek when you were ill or got injuries?
2. Do you usually visit hospital or health care center for every sick? If not, why?
3. Is health care service center far from your place? Is it difficult to go there? What kinds of difficulties do you have to visit health care service center?

4. Do you know opening time of health care service center? Is it available time for you to access health care services? If not, why?
5. Is there any limitation in health care center? What kinds of limitation do you face? (number of patients, disease or injuries)
6. If you have insurance, where did you register it? Can you use it in this health care center? Is there any difficulties to use health insurance? If you have, what kinds of benefits did you get? If not, what kinds of difficulties did you experience?

Affordability

7. If you have health insurance, how much do you pay for one visit of health care services? Do you experience paying more out-of-pocket for health service? Is it expensive for health care service costs? What kinds of difficulties do you face to visit health care service center?
8. If you have no insurance, is it expensive for you? How much did you pay per visit in hospital or health care center?

Discrimination

9. Do you experience any discrimination for health care services between local people and migrant workers when you are sick or injuries? (Inequality fees between local people and foreigners, limited number of migrant workers, limited time). What kinds of discrimination did you face?
10. How did you experience at the health care service center? (Please describe the process; long waiting hours, doesn't care about poor migrant workers).
11. How do you think about health care providers who are at health care service center?
12. Do you know the different benefits of health care services between undocumented and migrant workers who are semi legal and legal?

Working environment

1. Can you speak Thai language? If you cannot speak it, how do you communicate your employer or your supervisors and your Thai colleagues in your work?
2. If your employer announced some information, what kind of language do they use and how do they share information to workers?

(1) Physical safety

1. Can you guess how many workers are there in your work site? Who are the largest number of workers?
2. How many undocumented migrant workers are working in your workplaces?
3. What about the working condition? Is it healthy or not? Please describe your workplace (ventilation, overcrowded, sanitation, space, adequate toilet, drainage system, garbage, exposure to chemicals or dangerous materials, noisy place, and lighting).
4. Did you get any on job training before working? If you have, what kinds of training they support? If not, what kinds of difficulties you face?
5. Is there any first aid kit or small clinic for occupational injuries in your work? If not, how do you do when you got occupational injuries? How does your employer support the workers if the workers suffered occupational injuries or illness in your workplace?
6. Is there any supporting for protective materials and uniforms from your employer? If not, how do you work? If have, how often does your employer provide them? Does your employer provide protective material for you adequately?
7. Is there any deduction of wages for protective equipment? How much do you deduct your wages for it? How often do you pay for it?
8. How does your job affect to your health and your life? What kinds of work related illness or disease or injuries do you suffer?

(2) Structure – Wages, benefits and working hours**Wages**

1. How much do you get daily wages? Do you get equal wages comparing with other workers in your work place? If not, why didn't you get equal wages?
2. Did you get your wages on time? Do you get wages regularly? How often do you get your wages?
3. Do you have any experiences for withholding wages of your wages from your employer? If had, how much did your employer withhold your wages each time? How often your employer do withholding your wages? What kinds of workers' wages does your employer withhold?
4. Is there any increased rate of salary? If have, how often they increase salary for workers?
5. How often do the employers deduct your salary? What kinds of wages deduction do you face?
6. If you don't work in public holidays, do you deduct your wages?

Benefits

7. Do you have any contract for your job? If had, do you know about your benefits in your job contract? What kind of benefits do you get? If not, did your employer explain about benefits of workers? What are the benefits in your workplaces?
8. Is there any day off? How many days do you get as days off in a week? Is there any days off in public holidays? If had, how many days do you get as public holidays yearly?
9. Does your employer provide sick leave and sick benefit? How many days can you take sick leave? Did you deduct wages when you took sick leaves? How much did you deduct your wages?
10. Married women: Did you get any materiality leaves when you gave a child birth? How does your employer deduct your salary?
11. Do they support any bonus for workers? What kinds of bonus they provide? How much do you get bonus? How often do you get it?

12. Do you know the benefits for workers according to Thai law? (Illness or injuries, maternity, disability, death, child allowance, old age pension, and unemployment with the contribution of 5% of the monthly salary by the employer and worker).
13. Do your employers contribute the fees of health insurance for you? How much they contribute fees for your health insurance?
14. Do you have any experiences for occupational injuries? If you have, how did you do? Did your employer support you? What kinds of support did you get?
15. When you gave birth, do you get any supporting? If had, what kinds of providing did you receive?
16. Did your employer provide migrant workers for registration and extension of temporary work permit? How did your employer provide migrant workers for temporary work permits?

Working hours

17. Please tell me your daily working hours when do you start and end your work?
18. Is there any overtime? If you have overtime, how much they pay for overtime fees?
19. Do you get enough break time for lunch and tea break? How long each break time is?
20. If you are late for work, how much did they deduct your wages?
21. Is there any providing for food and water? Is it good quality for you? How often they provide food whether daily or not?

(3) Security

1. Do you experience for sexual, physical, verbal and social abuses? If you have, what kinds of abuse do you encounter?
2. What kinds of behavior does your employer do in physical and verbal abuse?
3. In social abuse, how does your employer restrict you in contact with your family or friends and freedom of movement?

4. How many times did you get such kinds of abuse? How did you seek the help for that kinds of abuse? How does this kind of abuse affect your health and your life? What kinds of difficulties do you face?
5. What is your nature of work? Is it stressful?

Life as women

(1) Perceived role as women

1. Who is decision maker in your family? When you have to do something, does you discuss with your husband? Or does you decide yourself?
2. According to your culture, what kinds of respect do you pay to your father or husband or son?
3. Who is more freedom between men and women in your family? Why?
4. How do you feel burden of responsibilities as a mother or as a daughter or as a wife for your family?
5. What kind of cultural norms do you face life difficulties?
6. What kinds of discrimination between men and women do you face in your family? How this discrimination affect to you in workplace?

(2) Domestic and household works as mother and wife

1. Do you live with your family in Thailand? How many family members do you have? How many family members are workers?
2. Who manage household jobs? How does the family manage to cook, clean house, wash and ironize clothes, prepare food, and go to market?
3. When do you get up and go to bed every day?
4. How often do you spend your day off?
5. Can you tell me your daily life? When do you take a rest? How do you take a rest?
6. Busy with household jobs, what kinds of difficulties do you get?
7. What kinds of household jobs do your husband help you?

(3) Social and family support

1. When you suffer difficulties related your jobs, how do you solve this difficulties?
2. Can you express your feeling to your husband or your partner or your family? If can, how do they help you to reduce your difficulties? If not, how do you solve your sufferings or difficulties?
3. When you suffer abuse, how do you seek the assistant? Who do you tell your suffering? What kinds of help do you get from them?

APPENDIX B

IN-DEPTH INTERVIEW GUIDELINES FOR KEY INFORMANTS

Key informants

Health care providers

- Health care center's name
- Health care provider's name
- Position
 1. How many health care service center are there in Samut Sakhon for migrant workers?
 2. How many undocumented migrant workers are there to visit health care service center daily?
 3. What kinds of illness do female migrant workers take the treatment in health care service center?
 4. Is there any limitation between undocumented and documented migrant workers for health care services? (Number of patient, limited time and diseases or injuries).
 5. Is there any different services between national workers and migrant workers? If have, what kinds of health care services are different?
 6. Can you tell me health insurance delivery system? What kinds of documents do undocumented migrant workers need to buy health insurance?
 7. Can you tell me health care delivery system for undocumented female workers?
 8. What are your difficulties related to undocumented migrant workers?

Male migrant worker

1. Do you live with your family in Thailand? How many family members do you have? How many family members are workers?

2. Who manage household jobs? How does the family manage to cook, clean house, wash and ironize clothes, prepare food, and go to market?
3. If only women do household chores, why are they responsible for this?
4. What kinds of cultural norms and religious stereotypes in Myanmar?
5. Is there any discrimination between man and woman? What kinds of discrimination have in your family?
6. Do you prefer your sons or daughters? Why?
7. Who is responsible for taking care of children?

APPENDIX C

FOCUS GROUP DISCUSSION GUIDELINES

Health care accessibility

1. Do you have any health insurance card? If have, what kind of health insurance do you have? How did you get this? If no, what are your difficulties to buy health insurance?
2. Do you encounter any discrimination between migrant worker and national workers for health insurance? If have, what kinds of discrimination do you face?
3. Do you have any difficulties to visit health care service center when you are sick or injuries? What kinds of difficulties do you encounter?
4. Did you have any experience paying more out-of-pocket for health care service? Is it expensive fees for health care service?
5. Did you face any discrimination for health care services between local people and migrant workers when you are sick or injuries? (Inequality fees between local people and foreigners, limited number of migrant workers, limited time).

Working environment

6. What about the working condition? Is it healthy or not? Please describe your workplace (ventilation, overcrowded, space, adequate toilet, exposure to chemicals or dangerous materials, noisy place, and lighting).
7. Did you get any on job training before working? If you have, what kinds of training they support? If not, what kinds of difficulties you face?
8. Is there any protective materials for workers? Do employers provide adequate protective equipment for you? If not, what kinds of problem do you get? How affect for your health and your life?
9. Is there any contribution fees for health insurance from your employer? How the employers contribute your health insurance?

10. Do you have any experiences for occupational injuries? If you have, how did you do? Did your employer support you? What kinds of support did you get?
11. Does your employer provide sick leave and sick benefit?
12. Is there any day off? How many days do you get as days off in a week? Is there any days off in public holidays? If you don't work in public holidays, do you deduct your wages?
13. How often do the employers deduct your salary? What kinds of wages deduction do you face?

APPENDIX D

TABLES

Health care inaccessibility

Table.1 Experiences of health care inaccessibility from health care providers

No	Name of Key informant	Health Insurance	Health care services
1	Pwint	<ul style="list-style-type: none"> •Lack of information and health knowledge 	
2	Mar Mar		<ul style="list-style-type: none"> •No supporting health care service from employers •Long queue for treatment and health care •Very low wages and expensive cost of treatment •Negative interaction of health care providers
3	Paing	<ul style="list-style-type: none"> •Lack of communication •Restriction of freedom of movement •Very low wages 	<ul style="list-style-type: none"> •Restriction of freedom of movement and not allowed on health care services •Long working hours

Table.2 Health insurance inaccessibility

No	Name	Health Insurance	Availability	Affordability	Discrimination
1	Ma Nwe	No	<ul style="list-style-type: none"> • Restriction of free movement • Limitation of criteria • No supporting 	<ul style="list-style-type: none"> • Very low wages • Withholding wages • No overtime fees • No bonus 	<ul style="list-style-type: none"> • Discrimination in • Sharing information • Providing health insurance
2	Ma Zin	No	<ul style="list-style-type: none"> • Lack of information and knowledge • Less of communication • Restriction of free movement • Limitation of criteria • No supporting 	<ul style="list-style-type: none"> • Very low wages • Withholding wages • No overtime fees • No bonus 	<ul style="list-style-type: none"> • Discrimination in • Sharing information • Providing health insurance
3	Ma Myat	No	<ul style="list-style-type: none"> • Lack of information and knowledge • Afraid of being arrested by polices • Restriction of free movement • Limitation of criteria • No supporting 	<ul style="list-style-type: none"> • Very low wages • Withholding wages • No overtime fees • No bonus 	<ul style="list-style-type: none"> • Discrimination in • Sharing information • Providing health insurance

Table.2 Health insurance inaccessibility (cont.)

4	Daw Cho	No	<ul style="list-style-type: none"> • Less of communication • Afraid of being arrested by polices • Restriction of free movement • Limitation of criteria s • No supporting 	<ul style="list-style-type: none"> • Very low wages • Withholding wages • No overtime fees • No bonus 	Discrimination in <ul style="list-style-type: none"> • Sharing information • Providing health insurance
5	Daw Mar	No	<ul style="list-style-type: none"> • Lack of information and knowledge • Less of communication • Limitation of criteria • No supporting 	<ul style="list-style-type: none"> • No overtime fees • No bonus 	
6	Ma Myint	SSS	<ul style="list-style-type: none"> • Available for communication • Sharing information • Paying contribution fees 	Paying- <ul style="list-style-type: none"> • Equal wages to Thai basic pay • Overtime fees • Bonus 	<ul style="list-style-type: none"> • No discrimination
7	Ma Hnin	SSS	<ul style="list-style-type: none"> • Sharing information • Paying contribution fees 	Paying- <ul style="list-style-type: none"> • Equal wages to Thai basic • Overtime fees, bonus 	<ul style="list-style-type: none"> • No discrimination

Table.2 Health insurance inaccessibility (cont.)

8	U Ohn	SSS	<ul style="list-style-type: none"> • Sharing information • Paying contribution fees from employer 	Paying- <ul style="list-style-type: none"> • Equal wages to Thai basic pay • Overtime fees • Bonus 	<ul style="list-style-type: none"> • No discrimination
9	Ma Moe	SSS	<ul style="list-style-type: none"> • Sharing information • Paying contribution fees from employer 	Paying- <ul style="list-style-type: none"> • Equal wages to Thai basic pay • Overtime fees • Bonus 	<ul style="list-style-type: none"> • No discrimination
10	Ma Lwin	SSS	<ul style="list-style-type: none"> • Sharing information • Paying contribution fees from employer 	Paying- <ul style="list-style-type: none"> • Equal wages to Thai basic pay • Overtime fees, bonus 	<ul style="list-style-type: none"> • No discrimination
11	Ma Phaw	No	<ul style="list-style-type: none"> • Sharing information • No paying contribution fees 	Paying <ul style="list-style-type: none"> • less than 300 baht per day • Overtime • Bonus 	<ul style="list-style-type: none"> • Discrimination in supporting health insurance
12	Ma Thi	SSS	<ul style="list-style-type: none"> • Sharing information • Paying contribution fees 	Paying- <ul style="list-style-type: none"> • Equal wages to Thai basic pay • Overtime 	<ul style="list-style-type: none"> • No discrimination

Table.3 Health care service inaccessibility

No	Name	Availability	Affordability	Discrimination
1	Ma Nwe	<ul style="list-style-type: none"> •Lack of information and knowledge •No supporting health care service •Restriction of free movement •Long working hours 	<ul style="list-style-type: none"> •Very low wages •Withholding wages •No overtime payment •No bonus 	
2	Ma Zin	<ul style="list-style-type: none"> •Lack of information and knowledge •No supporting health care service •Afraid of being arrested by police •Restriction of free movement •Restriction in health care service •Long working hours 	<ul style="list-style-type: none"> •Very low wages •Withholding wages •No overtime payment •No bonus 	
3	Ma Myat	<ul style="list-style-type: none"> •Lack of information and knowledge •No supporting health care •Afraid of being arrested by police •Restriction for free movement •Restriction for health care •Long working hours •Deduction of wages and no sick leave 	<ul style="list-style-type: none"> •Very low wages and expensive cost of treatment •Withholding wages •No overtime payment •No bonus 	

Table.3 Health care service inaccessibility (cont.)

4	Daw Cho	<ul style="list-style-type: none"> •Lack of information and knowledge •No supporting health care service •Restriction of free movement and health care service •Long working hours •Deduction and no sick leave 	<ul style="list-style-type: none"> •Very low wages and expensive cost of treatment •Withholding wages •No overtime payment •No bonus 	
5	Daw Mar	<ul style="list-style-type: none"> •Lack of information and knowledge •No supporting health care service •Long working hours •Long queue Deduction of wages and no sick leave 	<ul style="list-style-type: none"> •Expensive cost of treatment •No overtime payment •No bonus 	<ul style="list-style-type: none"> •Discrimination in cost of treatment •Unequal deduction of wages for sick days
6	Ma Myint	<ul style="list-style-type: none"> •Providing SSS from employer 	<ul style="list-style-type: none"> •No need to pay cost of treatment •Affordable due to <ul style="list-style-type: none"> - SSS - Full wages - Bonus - Overtime fees 	<ul style="list-style-type: none"> •Negative interaction of health care providers •Discrimination in cost of treatment for undocumented
7	Ma Hnin	<ul style="list-style-type: none"> •Providing SSS from employer •Long queue 	<ul style="list-style-type: none"> •No need to pay •Affordable due to <ul style="list-style-type: none"> - SSS - Full wages - Bonus - Overtime fees 	

Table.3 Health care service inaccessibility (cont.)

8	U Ohn	<ul style="list-style-type: none"> • Providing SSS from employer • Long queue for 	<ul style="list-style-type: none"> • No need to pay • Affordable due to <ul style="list-style-type: none"> - SSS - Full wages - Bonus - Overtime 	
9	Ma Moe	<ul style="list-style-type: none"> • Providing SSS from employer 	<ul style="list-style-type: none"> • No need to pay • Affordable due to <ul style="list-style-type: none"> - SSS - Full wages - Bonus - Overtime 	
10	Ma Lwin	<ul style="list-style-type: none"> • Providing SSS from employer • Long queue for treatment and health care 	<ul style="list-style-type: none"> • No need to pay • Affordable due to <ul style="list-style-type: none"> - SSS - Full wages - Bonus - Overtime 	-
11	Ma Phaw	<ul style="list-style-type: none"> • No supporting health care service • Long queue for treatment and health care 	<ul style="list-style-type: none"> • Expensive cost of treatment due to no health insurance 	
12	Ma Thi	<ul style="list-style-type: none"> • Providing SSS from employer 	<ul style="list-style-type: none"> • No need to pay • Affordable due to <ul style="list-style-type: none"> - SSS - Full wages - Bonus - Overtime 	

Working environment

Table. 4 Physical safety

No	Name	Nature of work	Type of factory	Protective Materials and Uniforms	Providing for injuries	Health problem
1	Ma Nwe	Peeling shrimp	Small	No supporting	No	
2	Ma Zin	Peeling shrimp	Small	No supporting	No	
3	Ma Myat	Peeling shrimp	Small	No supporting	No	<ul style="list-style-type: none"> • Anemia • Gastric pain
4	Daw Cho	Peeling shrimp	Small	No supporting	No	<ul style="list-style-type: none"> • Asthma • Loss of appetite, • Edema on face and legs
5	Daw Mar	Cutting head of fishes	Small	No supporting	No	
6	Ma Myint	Removing blood of fishes	Big	Supporting	Small clinic	<ul style="list-style-type: none"> • Dull pain in legs • Edema on her insteps
7	Ma Hnin	Removing skin of fishes	Big	Supporting	First Aid kits	
8	U Ohn	Measuring fishes	Small	Supporting but deduction of wages	First Aid kits	
9	Ma Moe	Packing Tuna	Big	Supporting	First Aid kits	

Table. 4 Physical safety (cont.)

10	Ma Lwin	Measuring fish can	Big	Supporting	Small clinic	
11	Ma Phaw	Cutting head of fishes	Small	Deduction of wages	First Aid kits	
12	Ma Thi	Putting fishes into cans	Big	Supporting	First Aid kits	<ul style="list-style-type: none"> • Painful in urination • Back pain

Structure: Wages, benefits and working time

Table.5 Wages

No	Name	Daily wages (Baht)	Withholding payment	Deduction of wages
1	Ma Nwe	50	Yes	<ul style="list-style-type: none"> • Electricity charges • For the cost of purchasing things from shop
2	Ma Zin	50	Yes	<ul style="list-style-type: none"> • Electricity charges • For the cost of purchasing things from shop
3	Ma Myat	50	Yes	<ul style="list-style-type: none"> • Electricity charges • For the cost of purchasing things from shop
4	Daw Cho	50	Yes	<ul style="list-style-type: none"> • Electricity charges • For the cost of purchasing things from shop
5	Daw Mar	300	No	
6	Ma Myint	301	No	• 92 baht per week for SSS
7	Ma Hnin	301	No	• 90 baht per week for SSS

Table.5 Wages (cont.)

8	U Ohn	300	No	<ul style="list-style-type: none"> • 177 baht for SSS and • 139 baht for protective materials twice a month
9	Ma Moe	310	No	<ul style="list-style-type: none"> • 195 baht for SSS twice a month
10	Ma Lwin	301	No	<ul style="list-style-type: none"> • 92 baht per week for SSS
11	Ma Phaw	280	No	<ul style="list-style-type: none"> • Between 350 baht and 380 baht for SSS per month • 139 baht for protective materials twice a month
12	Ma Thi	300	No	<ul style="list-style-type: none"> • 195 baht for SSS twice a month

Table.6 Benefits

No	Name	Leaves and public holidays	Bonus	Health care	Temporary work permit
1	Ma Nwe	<ul style="list-style-type: none"> • No sick leave • No annual leave • Lack of public holidays 	<ul style="list-style-type: none"> • No bonus 	<ul style="list-style-type: none"> • No health insurance • No supporting health care 	<ul style="list-style-type: none"> • No sharing information • No supporting
2	Ma Zin	<ul style="list-style-type: none"> • No sick leave • No annual leave • Lack of public holidays 	<ul style="list-style-type: none"> • No bonus 	<ul style="list-style-type: none"> • No health insurance • No supporting health care 	<ul style="list-style-type: none"> • No sharing information • No supporting
3	Ma Myat	<ul style="list-style-type: none"> • No sick leave • No annual leave • Lack of public holidays 	<ul style="list-style-type: none"> • No bonus 	<ul style="list-style-type: none"> • No health insurance • No supporting health care 	<ul style="list-style-type: none"> • No sharing information • No supporting

Table.6 Benefits (cont.)

4	Daw Cho	<ul style="list-style-type: none"> • No sick leave • No annual leave • Lack of public holidays 	<ul style="list-style-type: none"> • No bonus 	<ul style="list-style-type: none"> • No health insurance • No supporting health care 	<ul style="list-style-type: none"> • No sharing information • No supporting
5	Daw Mar	<ul style="list-style-type: none"> • No sick leave • No annual leave • Lack of public holidays • No maternity leave 	<ul style="list-style-type: none"> • No bonus 	<ul style="list-style-type: none"> • No health insurance • No supporting health care 	<ul style="list-style-type: none"> • No sharing information • No supporting
6	Ma Myint	<ul style="list-style-type: none"> • Public holidays • Sick leaves • 3 days annual leaves • Maternity leave 	<ul style="list-style-type: none"> • 5500 baht for annual bonus • 250 to 350 for monthly bonus • 2500 baht for pocket money 	<ul style="list-style-type: none"> • Social security scheme • 25000 baht for delivery • 600 baht per month for child allowance until 6 years of child 	<ul style="list-style-type: none"> • Sharing information • Providing for extension
7	Ma Hnin	<ul style="list-style-type: none"> • 13 public holidays • 45 days for maternity leaves • Sick leaves 	<ul style="list-style-type: none"> • 5500 baht for annual bonus 	<ul style="list-style-type: none"> • Social security scheme • 30 baht per day for child 	<ul style="list-style-type: none"> • Sharing information • Providing for extension
8	U Ohn	<ul style="list-style-type: none"> • Public holidays • Sick leave • 45 days for maternity leave 	<ul style="list-style-type: none"> • 200 baht for monthly bonus 	<ul style="list-style-type: none"> • Social security scheme 	<ul style="list-style-type: none"> • Sharing information • Providing for registration

Table.6 Benefits (cont.)

9	Ma Moe	<ul style="list-style-type: none"> • Public holidays • 3 days annual leaves • 45 days for maternity leaves 	<ul style="list-style-type: none"> • 600 baht for monthly bonus • 2500 for annual bonus 	<ul style="list-style-type: none"> • Social security scheme • 25000 baht for delivery fees • 400 baht per month for child 	<ul style="list-style-type: none"> • Sharing information • Providing for extension
10	Ma Lwin	<ul style="list-style-type: none"> • Public holidays • Sick leaves • 3 days annual leaves • Maternity leave 	<ul style="list-style-type: none"> • 5500 baht for annual bonus • 250 to 350 for monthly • 2500 baht for pocket money 	<ul style="list-style-type: none"> • Social security scheme • 25000 baht for delivery • 600 baht per month for child 	<ul style="list-style-type: none"> • Sharing information • Providing for extension
11	Ma Phaw	<ul style="list-style-type: none"> • Public holidays • Sick leave • No maternity leave 	<ul style="list-style-type: none"> • 5500 baht for annual bonus 	<ul style="list-style-type: none"> • No health insurance • No supporting for treatment 	<ul style="list-style-type: none"> • Sharing information • Supporting for extension
12	Ma Thi	<ul style="list-style-type: none"> • Public holidays • 3 days annual leaves • 45 days for maternity leaves 	<ul style="list-style-type: none"> • 350 baht for monthly bonus 	<ul style="list-style-type: none"> • Social security scheme • 30 baht for pregnancy • 600 baht per month for child 	<ul style="list-style-type: none"> • . Sharing information • Supporting for extension

Table.7 Working hours

No	Name	Working hours	Break time	Overtime fees (per hour)	Meal
1	Ma Nwe	5 a.m. to 8 p.m.	<ul style="list-style-type: none"> • Lunch break (1 hour) • Tea break (15 minutes) twice a day 	No overtime payment	
2	Ma Zin	5 a.m. to 8 p.m.	<ul style="list-style-type: none"> • Lunch break (1 hour) • Tea break (15 minutes) twice a day 	No overtime payment	
3	Ma Myat	5 a.m. to 8 p.m.	<ul style="list-style-type: none"> • Lunch break (1 hour) • Tea break (15 minutes) twice a day 	No overtime payment	
4	Daw Cho	5 a.m. to 8 p.m.	<ul style="list-style-type: none"> • Lunch break (1 hour) • Tea break (15 minutes) twice a day 	No overtime payment	
5	Daw Mar	8 a.m. to 8 p.m.	<ul style="list-style-type: none"> • Lunch break (1 hour) 	No overtime payment	
6	Ma Myint	6 p.m. to 4:30 or 5 a.m.	<ul style="list-style-type: none"> • Midnight break (1 hour) 	56 baht	
7	Ma Hnin	7 a.m. to 4 p.m.	<ul style="list-style-type: none"> • Lunch break (1 hour) 	56 baht	Only rice for lunch
8	U Ohn	8 a.m. to 5 p.m.	<ul style="list-style-type: none"> • Lunch break (1 hour) 	40 baht	

Table.7 Working hours (cont.)

9	Ma Moe	7 a.m. to 4 p.m.	•Lunch break (1 hour)	56 baht	
10	Ma Lwin	7 a.m. to 4 p.m.	•Lunch break (1 hour)	56 baht	
11	Ma Phaw	8 a.m. to 5 p.m.	•Lunch break (1 hour)	56 baht	
12	Ma Thi	8 a.m. to 5 p.m.	•Lunch break (1 hour)	56 baht	Dinner for overtime

Table.8 Security- Sexual, verbal, physical and social Abuse

No	Name	Verbal	Physical	Social
1	Ma Nwe	<ul style="list-style-type: none"> • Yelling • Scolding in front of the workers 		<ul style="list-style-type: none"> • Keeping in the dark room and factory • Closing the door and not allow to communicate other • Restriction of freedom of movement
2	Ma Zin	<ul style="list-style-type: none"> • Yelling • Scolding in front of the workers 		<ul style="list-style-type: none"> • Keeping in the dark room and factory • Closing the door and not allow to communicate other • Restriction of freedom of movement

Table.8 Security- Sexual, verbal, physical and social Abuse (cont.)

3	Ma Myat	<ul style="list-style-type: none"> • Shouting angrily in front of the workers 		<ul style="list-style-type: none"> • Keeping in the dark room and factory • Closing the door and not allow to communicate other • Restriction of freedom of movement
4	Daw Cho	<ul style="list-style-type: none"> • Yelling in front of the workers 		<ul style="list-style-type: none"> • Keeping in the dark room and factory • Closing the door and not allow to communicate other • Restriction of freedom of movement
5	Daw Mar			
6	Ma Myint	<ul style="list-style-type: none"> • Scolding loudly and swearing in front of the workers • Speaking rudely 	<ul style="list-style-type: none"> • Throwing some things • Slapping the arms or hands or shoulders 	
7	Ma Hnin			
8	U Ohn			

Table.8 Security- Sexual, verbal, physical and social Abuse (cont.)

9	Ma Moe			
10	Ma Lwin			
11	Ma Phaw			
12	Ma Thi	<ul style="list-style-type: none"> • Yelling in front of the workers 	<ul style="list-style-type: none"> • Hitting and throwing fish can 	<ul style="list-style-type: none"> • Lack of communication with others due to restriction of bring mobile phone to work

Table.9 Power relationship between men and women: Life as women

No	Name	Perceived roles as women	Domestic and household works	Social and family support
1	Ma Nwe	<ul style="list-style-type: none"> • Lack of freedom and favor 		
2	Ma Zin	<ul style="list-style-type: none"> • Lack of decision making • Lack of freedom and favor 		<ul style="list-style-type: none"> • Lack of sharing suffering • Keeping in mind and crying
3	Ma Myat	<ul style="list-style-type: none"> • Less of power and respect • Burden of responsibilities for parents as daughter 	<ul style="list-style-type: none"> • Double burden of jobs 	<ul style="list-style-type: none"> • Lack of sharing feeling to husband • Crying • Keeping silence

Table.9 Power relationship between men and women: Life as women (cont.)

4	Daw Cho	<ul style="list-style-type: none"> • Burden of duty for children as mother • Less of power and respect 	• Double burden of jobs	<ul style="list-style-type: none"> • Lack of sharing feeling to husband • Crying • Keeping silence
5	Daw Mar	<ul style="list-style-type: none"> • Less of power and respect • Burden of duty for children as mother 	• Double burden of jobs	<ul style="list-style-type: none"> • Keeping suffering silence • Crying
6	Ma Myint	<ul style="list-style-type: none"> • Burden of duty for children as mother 		<ul style="list-style-type: none"> • Reducing suffering by watching movie, and talking with friends,
7	Ma Hnin	<ul style="list-style-type: none"> • Lack of freedom and favor 		<ul style="list-style-type: none"> • Reducing suffering by watching movie, talking with friends, and going to library
8	U Ohn	<ul style="list-style-type: none"> • Decision maker for his family 		<ul style="list-style-type: none"> • Encouraging from family for suffering • Discussing and solving family's problem
9	Ma Moe	<ul style="list-style-type: none"> • Lack of decision making • Lack of freedom 	• Double burden of jobs	<ul style="list-style-type: none"> • Lack of sharing difficulties to their family • Keeping in mind and crying

Table.9 Power relationship between men and women: Life as women (cont.)

10	Ma Lwin	<ul style="list-style-type: none"> • Burden of responsibilities for parents as daughter 		<ul style="list-style-type: none"> • Providing psychosocial support from husband
11	Ma Phaw		<ul style="list-style-type: none"> • Double burden of jobs 	<ul style="list-style-type: none"> • Encouraging to reduce sufferings from husband • Supporting suggestion for problem solving
12	Ma Thi	<ul style="list-style-type: none"> • Burden of duty for children as mother 		<ul style="list-style-type: none"> • Encouraging herself to reduce sufferings • Keeping in mind • Crying

BIOGRAPHY

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