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The Survey of
Thai Public Opinion toward
Myanmar Refugees
and Migrant Workers:
A Case Study of
Ratchaburi Province

- Malee Sunpuwan
- Sakkarin Niyomsilpa

Institute for Population and Social Research, Mahidol University
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E-mail: directpr@mahidol.ac.th
Website: <http://www.ipsr.mahidol.ac.th>

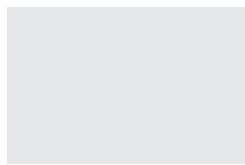
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PREFACE

Refugees are people who are victims of forced migration. Since ethnic conflicts and fighting between government forces and minority groups in Myanmar have been occurring during the past few decades, hundreds of thousands of people have been forced to leave their homes and villages, looking for safe areas elsewhere. Many of them have returned to their original homes to stay and have thus become internally displaced persons (IDPs), while many of others have chosen to cross borders and look for safer places in neighbouring countries, becoming Myanmar displaced persons (MDPS). Thailand is one of their places of destination and hundreds of thousands of refugees from Myanmar have come to live in Thailand. According to the data of Thailand Burma Border Consortium (TBBC), as of early 2012, more than 130,000 refugees from Myanmar were living in nine refugee camps in four Thai-Myanmar border provinces.

Apart from refugees, Thailand also hosts millions of migrant workers from Myanmar, currently estimated to be around four million, and half of them are undocumented migrant workers and their dependants. Ratchaburi is one of border provinces with 7,000 refugees and over 30,000 migrants from Myanmar. Hosting refugees and migrants creates concerns for their situation in terms of protection and aid distribution. Thus, this study focuses on eight major dimensions as follows: 1) Personal Security; 2) Human Rights; 3) Labour Protection; 4) Economics; 5) Socio-cultural; 6) Human Settlement and Naturalisation; 7) Future of Myanmar Displaced Persons and Migrant Workers in Thailand; and 8) Policy Views on Public Services including education and healthcare services. Results of the study show that Ratchaburi respondents are quite positive toward migrants in certain areas such as human rights and public services, but are prejudiced against them on some issues such as personal safety and local integration. In general, urban people have a more negative view than their rural counterparts, while community leaders are more positive to refugees and registered migrants, but less positive to non-registered migrants when compare to villagers.

The study begins with Part I which explores the situation of refugees and migrants in Ratchaburi and objectives of the study. Part II provides a literature review of previous studies on refugees and public service issues. Part III presents details on the research methods for this study, which included a survey of 500 persons and qualitative work focusing on 13 in-depth interviews and 2 focus group discussions. Part IV reveals public opinions on refugees and migrants from Myanmar. Part V provides an analysis of findings and conclusions, as well as policy recommendations that the research team considers for improving public opinions of Thai people toward refugees and migrants.



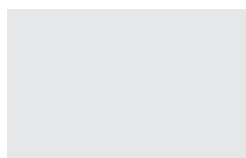
FOREWORD

It is widely known that Thailand has hosted millions of refugees, asylum seekers and migrants from its neighboring countries for several decades. Ratchaburi is one of the Thailand provinces that hosts many of those refugees, asylum seekers and migrants from Myanmar who are referred to as Myanmar displaced persons (MDPs). This is because Ratchaburi shares a border with Myanmar. To the west, the province borders the Tenasserim Division of Myanmar with 73 kilometers of border. There is only one refugee camp, called Tham Hin, in Ratchaburi province located in Suan Phung. This camp was established in 1997 after the Tenasserim Division was attacked by the Burmese military. It is currently home to around 7,000 refugees. Apart from refugees, Ratchaburi province also hosts over 30,000 migrants from Myanmar.

The major issue of concern in hosting refugees and migrants is cultural and ethnic tensions between native and migrant populations. For this reason, the study on public opinion toward refugees and migrants at the local level covers a crucial topic. It is widely known that public opinion of the native population plays a significant role in policy making to promote peace and understanding between local and migrant populations.

This study is a part of report series on Thai public opinion toward Myanmar refugees and migrant workers. Its purpose is to uncover Thai public opinion toward refugees and migrants from Myanmar in Ratchaburi province. We hope that the information and findings of this report are useful for local policy makers to drive public opinion and equip them to promote the strengthening of peace and understanding between local and migrant populations.

Associate Professor Dr. Sureeporn Punpuing
Director, Institute for Population and Social Research
Mahidol University



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This project would not have been possible without the kind support and help of many individuals and organisations.

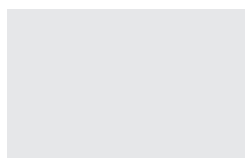
We would like to express our gratitude toward all participants in our study for their kind co-operation and for providing necessary information which turned the project from a challenge to a meaningful task.

We would like to express our special gratitude and thanks to the stakeholders at the workshop and conference during all stages of the study for their useful recommendations.

We wish to express our appreciation to Professor Dr. Aphichat Chamrathirong, research advisor, and Associate Professor Dr. Sureeporn Punpuing, IPSR Director, for their guidance and constant supervision throughout the research process. Our special thanks go to our colleague in developing the project, Dr. Charnporn Holomyong. Also, thanks go to our field supervisors and interviewers who committed their best efforts toward the project's success.

Lastly, our thanks and appreciations also go to the European Union and the Office of the World Health Organisation (WHO) Representative to Thailand who paid considerable attention to this research topic through several meetings. The project would not have been possible without their financial support. And, we would like especially to thank WHO staff, Dr. Brenton Burkholder, Programme Officer, Ms. Aree Mounsookjareoun, National Professional Officer and Ms. Sushera Bunluesin, Programme Assistant, who not only gave support, but also thoughtful suggestions.

The Research Team



ABSTRACT

This study aims to uncover current attitudes of Thai people toward refugees, and registered and non-registered migrants from Myanmar who are referred to as Myanmar displaced persons (MDPs), in order to provide recommendations on interventions to address any perceived misunderstandings. Improvement of Thai attitudes toward MDPs may help to support policies and mechanisms to improve social and healthcare services provided to those MDPs. The objectives of this study are, namely, to map the Thai community attitudes toward Myanmar displaced persons in Ratchaburi province, to assess Thai community views on public health policy improvements targeting MDPs; and to provide recommendations regarding potential interventions to improve Thai public attitudes toward MDPs.

The study employed both quantitative and qualitative approaches to explore Thai public opinions on MDPs in Thailand, and to assess Thai public opinion on public services, especially education and healthcare services. The quantitative approach consisted of 500 questionnaires, 400 for villagers and 100 for community leaders. Half of the respondents live in rural areas or close to the camps, and the other half live in urban areas. The qualitative approach comprised 13 in-depth interviews (IDIs) and two focus group discussions (FGDs). Key informants were community leaders, government agency personnel, local media representative and village health volunteers. The public opinions on Myanmar displaced persons and migrants covered the following major dimensions: security; human rights; labour protection; economics; socio-cultural; human settlement and naturalisation; future of Myanmar displaced persons and migrant workers in Thailand; and policy views on public services, including education and healthcare.

Major findings

The study reveals both positive and negative views held by Ratchaburi respondents toward MDPs. Brief observations can be made as follows:

1. All respondents had a more positive view of registered migrant workers and refugees than of non-registered migrant workers.
2. Rural dwellers who had contacted with refugees and migrants tended to have more positive attitudes toward them.

3. Generally, community leaders were more likely to be positive toward refugees and registered migrants, but less positive to non-registered migrants when compared to their villagers.
4. Personal safety issues were a major concern for all respondents. Non-registered migrants, however, were seen as the biggest threat.
5. On human rights issues, about half of respondents agreed to provide shelter and humanitarian assistance to refugees. Basic necessities of life for MDPs is another humanitarian issue that respondents agreed should be provided to registered migrants, followed by refugees and non-registered migrants, respectively.
6. Regarding labour protection, though almost half of respondents agreed to provide the same labour protection as for Thais to registered migrants, but the level of agreement declined when considering non-registered migrants. When the issue of providing the same minimum wage as Thai workers receive, they were less likely to agree for both registered and non-registered migrants.
7. With respect to economic aspects, local residents were concerned with job competition, feeling was stronger among urban residents and community leaders than rural residents and villagers. Two-fifths to slightly more than half of the respondents also were worried about the competition for land and natural resources.
8. On social and cultural issues, though majority of respondents agreed that MDPs should use Thai language in communications with Thais, the level of agreement declined when asked if MDPs should use ethnic languages to communicate with those who use them. This indicates that Thais seemed to prefer the assimilation of migrants into the Thai mainstream culture.
9. On education, over half of respondents agreed that refugees' and migrants' children should get permission to study in Thai schools and get the appropriate certificate for it. However, only one-third of respondents agreed to provide such programmes to children of non-registered migrants. Similar patterns of opinions were observed when asked whether the children of MDPs should learn both their ethnic languages and Thai language in school, with an increasing level of agreement for children of non-registered migrants.
10. Regarding the issue of human settlement, respondents agreed to grant permanent residency to stateless persons the most, but they were less likely to agree with such a grant to those MDPs who married Thais, as well as those who have lived at least 10 years in Thailand.
11. With respect to health issues, a majority of respondent agreed with providing public health services to registered migrants, followed by refugees and non-registered migrants, respectively. The majority did not, however, consider that non-registered migrant workers should enjoy the same privileges. On the healthcare financing issue, most respondents agreed strongly that refugees

and all migrant workers should self-finance their own healthcare services. It was noted that a majority of respondents viewed non-registered migrants and refugees as disease carriers, and their fear of disease from refugees and migrants pertained to certain infectious diseases such as cholera, elephantiasis and malaria.

Policy Recommendations

1. *Human Rights Policy and Protection of Refugees*

As the majority of respondents have supported the human rights principle to provide assistance to refugees, the government should work closely with the UNHCR, other UN agencies and NGOs to provide protection and humanitarian assistance to those refugees facing political persecution and human rights abuse. Importantly, coordination among policy makers and stakeholders is necessary to ensure consistent policy practice and continuity. The Thai government and its bureaucracies should be flexible and more adaptable to local circumstances.

2. *Protection of Life and Property*

As both migrants and Thais need better protection of their lives and properties, the justice system should be improved and law enforcement enhanced in border provinces. More secure environment and improved community safety could ensure social cohesion in areas where several ethnic groups live.

3. *Economic Opportunities*

Respondents perceive that intense job competition and competition for land and natural resources exists between Thais and migrants. Urban people have a more negative view of migrants and refugees than their rural counterparts. This perception runs against the fact that migrants are usually employed in the “3D jobs” (dirty, dangerous and difficult) ignored by most Thais. The Thai authorities, media and scholars should, therefore, produce more positive information on the economic contributions of migrants.

4. *Education Policy*

At present, most refugees and migrants are not educated in schools accredited by the Ministry of Education of Thailand. Many children of migrants also have not enrolled in Thai schools as bilingual education is not well promoted. This study found that respondents strongly support refugees’ and migrants’ enrolment in schools accredited by Thai authorities. Moreover, they also supported the attendance of migrant children in Thai schools and bilingual education for migrants. Thai education policy should therefore aim to promote access to migrants and their children to schools accredited by Thai authorities. Teachers who speak the ethnic languages of migrants should also be recruited to motivate enrolment of migrants’ children in Thai schools. In addition, more information campaign is needed to encourage Thais to understand the rights of migrants to education.

5. Health Policy

A majority of respondents supported an access to universal healthcare of refugees and migrants, but they did not support health subsidies to be given by the Thai government. The registration of all migrants is an appropriate solution to this problem. In order to help them to access healthcare services, as well as to improve their health, mobile health care services, health promotion and preventative health programmes should be promoted. In addition, migrant health volunteers and Thai village health volunteers will be playing a crucial role in improving the health of migrants. As non-registered migrants are not covered by any healthcare scheme, self-funds and co-payment schemes between employees and employers should be established. As a majority of respondents viewed refugees and non-registered migrants and their families as disease carriers, migrants' health screening and registration could be a solution to reduce negative attitudes toward them.

6. Media and Communication

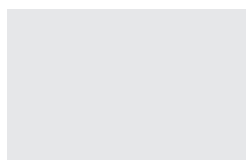
Many negative views and perceptions toward refugees and migrants in Thailand are influenced by negative reporting from the Thai media. According to this survey, the main sources of information on refugees and migrants of the respondents were mostly from TV and conversations with other people. Regarding information distributed through media, television seemed to have the major role, followed by print media and radio. Therefore, the media needs to play a key role in reducing such prejudice.

7. Social Cohesion and Community Involvement

To avoid misunderstandings and conflict between local residents and migrants, collective management of local resources, such as forest and water resources, involving refugee camp committees and local community leaders should be promoted. More interactions and exchanges between refugees, NGO personnel and local community members should also be promoted to ensure social cohesion.

8. Human Settlement and Local Integration

Flexible solutions to local integration issues involving stateless children, refugees and migrants are necessary with the involvement of all stakeholders. Multiculturalism should be promoted in order to create a more inclusive society where people of different ethnic origins can live and work together.



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EXECUTIVE SUMMARY

Though respondents in Ratchaburi province provided quite positive attitudes toward MDPs, there are some negative views and prejudice toward refugees and migrants which require continued effort in order to improve community relations between Thai and MDPs. Major findings in this research are as follows:

1. All respondents provided a more positive view of registered migrant workers and refugees than non-registered migrant workers.
2. Rural respondents who had contact with refugees and migrants tended to have more positive attitudes toward them.
3. Generally, community leaders were more likely to be positive toward refugees and registered migrants, but less positive toward non-registered migrants when compared to their villagers.
4. Personal security threat was a major concern for all respondents. Over half of respondents (52.0%) believed refugees posed a threat to their human safety, while slightly less than half (48.0%) of them thought registered migrant workers did. Non-registered migrants, however, were seen as the biggest threat with 77.2 percent of respondents in agreement.
5. On human rights issues, about half of respondents agreed to provide shelter and humanitarian assistance to refugees. Basic necessities of life for MDPs is another humanitarian issue that respondents agreed to provide to registered migrants (67.2%), followed by refugees (63.6%), and non-registered migrants (34.2%), respectively. When the issue of providing the same labour protections as for Thai workers was raised the same pattern of agreement as former statement was found but with lower percentages.
6. Regarding labour protection, only 49.2 percent of respondents agreed to provide minimum wages to registered migrants while only 17.0 percent agreed to provide them the same wage as Thai workers. It was noted that the level of agreement on this issue declined when such protection would be provided to non-registered migrants .

7. With respect to economic aspects, slightly more than two-thirds of local residents were concerned with job competition, especially with non-registered migrants. This was a concern to urban residents and community leaders more than to rural residents and villagers. Over half of the respondents were also worried with the competition for land and natural resources.
8. On social and cultural issues, over 70 percent agreed that MDPs should use Thai language in communications with Thais, but less than two-thirds agreed that Thai should use ethnic languages to communicate with MDPs. It was noted that Thais seemed to prefer the assimilation of migrants into the Thai mainstream culture.
9. Regarding education, over half of the respondents agreed that refugees' and migrants' children should get permission to study in Thai schools, and should attend Thai schools and get a certificate. But only one-third of them agreed to provide such programmes to children of non-registered migrants. Similar patterns of opinions were observed when asked whether children of MDPs should learn both their ethnic languages and Thai language in school, but with an increasing level of agreement for children of non-registered migrants.
10. Regarding the issue of human settlement, slightly more than half of respondents did agree to grant permanent residency (PR) to stateless persons. Slightly less than one-third of respondents agreed to grant PR registered migrants and refugees who married Thais. They also did not agree with granting PR to those who have lived at least 10 years in Thailand.
11. Regarding health issues, opinions of respondents are as follows:
 - a. Four-fifths of respondents agreed with standard health treatments to registered migrants, followed by refugees (73.0%) and non-registered migrants (44.8%), respectively.
 - b. Around 60 percent of them preferred separate health facilities for non-registered migrants, followed by refugees (55.6%) and registered migrants (47.6%).
 - c. Around 75 percent of respondents agreed with providing public health services to registered migrants, followed by refugees and non-registered migrants, respectively. The majority did not, however, consider that non-registered migrant workers should enjoy the same privileges.
 - d. Most respondents agreed strongly that refugees and all migrant workers should self-finance their own healthcare services. Though a majority of them did agree that non-governmental organisations and United Nation agencies should subsidise healthcare costs for MDPs, they did not agree that the Royal Thai Government should do that.
 - e. Respondents reported that healthcare services provided to registered migrants should be improved the most (90.8%), followed by their families (56.0%). But they were less likely to agree with such improvements for refugees and non-registered migrants.
 - f. Over 80 percent viewed non-registered migrants as disease carriers, followed by families of non-registered migrants (78.4 %) and refugees (80.2%).

- g. Fear of disease from refugees and migrants pertained to certain infectious diseases such as cholera, elephantiasis and malaria.

Policy Recommendations

1. *Human Rights Policy and Protection of Refugees*

As the majority of respondents supported the human rights principle to provide assistance to refugees, the government should work closely with the UNHCR, other UN agencies and NGOs to provide protection and humanitarian assistance to those refugees facing political persecution and human rights abuse. Importantly, coordination among policy makers and stakeholders is necessary to ensure consistent policy practice and continuity. The Thai government and its bureaucracies should be flexible and more adaptable to local circumstances.

2. *Protection of Life and Property*

As both migrants and Thais need better protection of their lives and properties, the justice system should be improved and law enforcement enhanced in border provinces. More secure environment and improved community safety could ensure social cohesion in areas where several ethnic groups live.

3. *Economic Opportunities*

Respondents perceive that intense job competition and competition for land and natural resources exists between Thais and migrants. Urban people have a more negative view about migrants and refugees than their rural counterparts. This perception runs against the fact that migrants are usually employed in the “3D jobs” (dirty, dangerous and difficult) ignored by most Thais. The Thai authorities, media and scholars should, therefore, produce more positive information on the economic contributions of migrants.

4. *Education Policy*

At present, most refugees and migrants are not educated in schools accredited by the Ministry of Education of Thailand. Many children of migrants have not enrolled in Thai schools as bilingual education is not well promoted. This study found that respondents strongly supported refugees’ and migrants’ children enrolment in schools accredited by Thai authorities. Moreover, they also supported the attendance of migrant children in Thai schools and the provision of bilingual education for migrants. Thai education policy should, therefore, aim to promote access of migrants and their children to schools accredited by Thai authorities. Teachers who speak the ethnic languages of migrants should also be recruited to motivate enrolment of migrants’ children into Thai schools. In addition, more effective campaign to promote Thais understanding of the rights of migrants to education is needed.

5. Health Policy

A majority of respondents supported access to universal healthcare of refugees and migrants, but they did not support a health subsidy to be given by the Thai government. The registration of all migrants is an appropriate solution to the problem. In order to help them to access healthcare services, as well as to improve their health, mobile health care services, health promotion and preventative health programmes should be promoted. In addition, migrant health volunteers and Thai village health volunteers will be playing a crucial role in improving the health of migrants. As non-registered migrants are not covered by any healthcare scheme, self-funding and co-payment schemes between employees and employers should be established. As a majority of respondents viewed refugees and non-registered migrants and their families as disease carriers, migrants' health screening and registration could be a solution to reduce negative attitudes toward them.

6. Media and Communication

Many negative views and perceptions of refugees and migrants in Thailand are influenced by negative reporting from the Thai media. According to this survey, the main sources of information on refugees and migrants of the respondents were TV and conversations with other people. Regarding information distributed through the media, television seems to have a major role, followed by print media and radio. Therefore, the media should play a key role in reducing such prejudice.

7. Social Cohesion and Community Involvement

To avoid misunderstandings and conflict between local residents and migrants, collective management of local resources, such as forest and water resources, involving refugee camp committees and local community leaders should be promoted. More interactions and exchanges between refugees, NGO personnel and local community members should also be promoted to ensure social cohesion.

8. Human Settlement and Local Integration

Flexible solutions to local integration issues involving stateless children, refugees and migrants are necessary with the involvement of all stakeholders. Multiculturalism should be promoted in order to create a more inclusive society where people of different ethnic origins can live and work together.

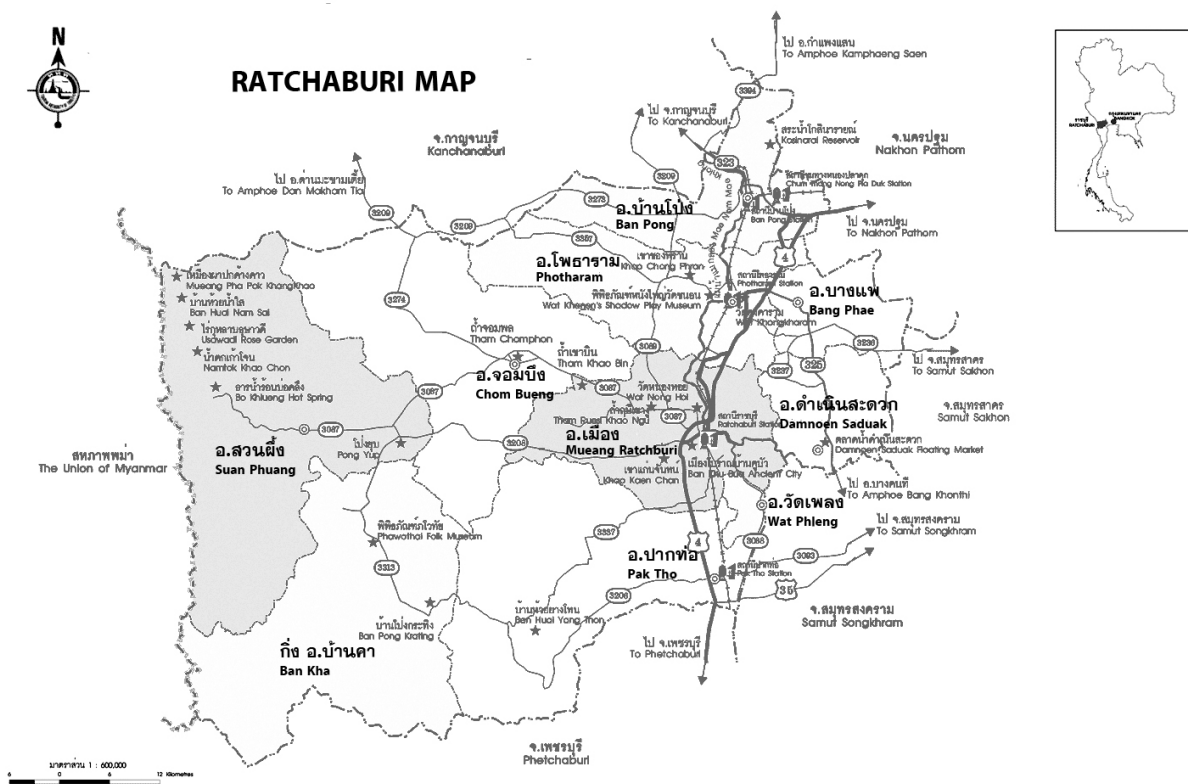
PART I

INTRODUCTION

1.1 Introduction

Ratchaburi is a central province of Thailand located 100 kilometers west of Bangkok. Figure 1.1 shows that to the west the province borders Tenasserim Division of Myanmar with 73 kilometers of border. The province also borders Kanchanaburi province to the north, Petchaburi province to the south, as well as Nakhon Pathom, Samut Sakhon, and Samut Songkhram province to the east (Ratchaburi Governor’s Office, 2012).

Figure 1.1: Map of Ratchaburi province

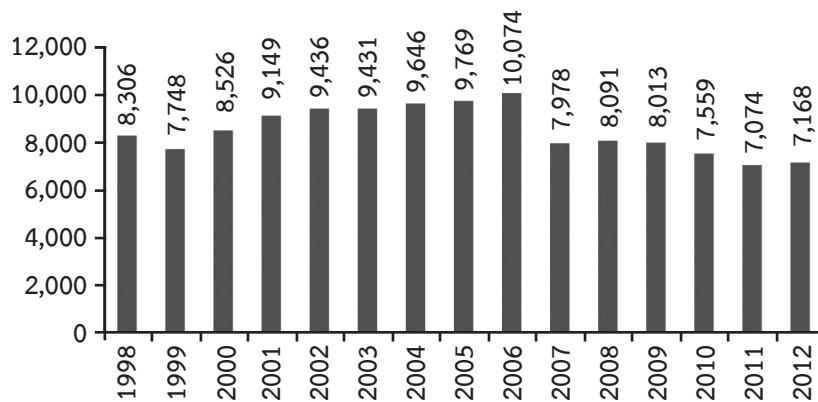


Source: Tourism Authority of Thailand

The population of Ratchaburi province is 848,086 persons. Almost 99 percent of the population is Thai, while only 1.1 percent of the population is a mix of ethnic minority groups. A majority of the hilltribe people in this area are Karen residing near the boundary with Myanmar. Other ethnic minorities in the areas are Mon, Lawa, Lao, Chinese and Khmer (Ratchaburi Governor's Office, 2012).

When looking at refugees in this province, there is only one refugee camp in Ratchaburi province, located in a Suan Phung District called Tham Hin. This camp was established in 1997 after the Tenasserim Division was attacked by the Burmese military. Its current population in early 2012 was 7,168. The figure below shows the number of refugees residing in Ratchaburi between 1998-2012, varying between seven to ten thousands, with a peak in 2006 (Figure 1.2).

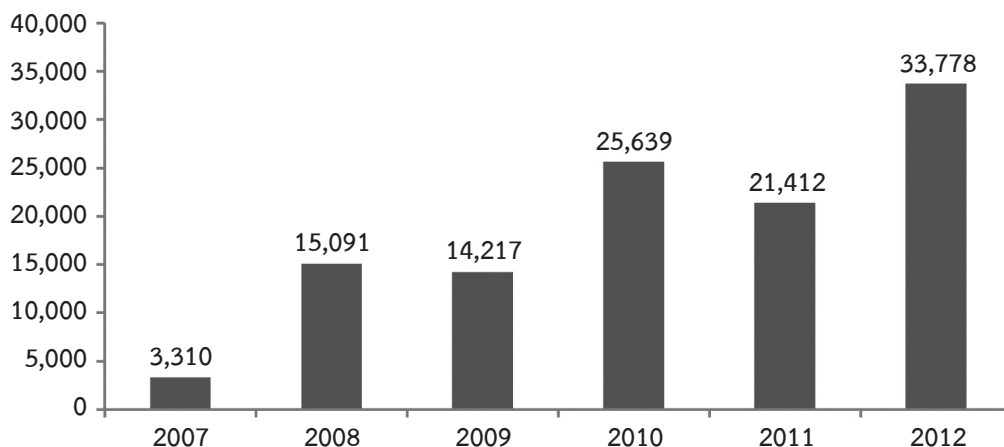
Figure 1.2: Number of refugees in Tham Hin camp, Ratchaburi province, 1998-2012



Source: Adapted from data of Thailand Burma Border Consortium (TBBC, 2012)

According to statistics from the Ministry of Labour, Figure 1.3 shows a trend of migrant workers in Ratchaburi province increasing a period of 1998 to 2006 and the decreasing between 2007 and 2012 (Office of Foreign Workers Administration, 2012). The number of migrant workers has increased tenfold between 2007 and 2012 as a result of demand for cheap labour in the province.

Figure 1.3: Number of migrant workers in Ratchaburi province, 2005-2012



Source: Adapted from Office of Foreign Workers Administration, 2012 (Office of Foreign Workers Administration, 2012)

1.2 Objectives of the Study

The present study concerns current attitudes of Thai society toward Myanmar refugees and migrant workers with a view to providing recommendations on interventions to correct misunderstandings and reduce prejudice, if any. The improvement of Thai attitudes toward refugees and migrant workers will contribute to a political will that should lend support to policies and mechanisms to improve universal healthcare services in Thailand. Three main objectives are:

1. to examine Thai community attitudes toward Myanmar refugees and migrant workers in Ratchaburi province,
2. to understand community views in Ratchaburi province on public health policy improvements targeting Myanmar refugees and migrant workers, and
3. to provide recommendations on interventions to improve public attitudes toward Myanmar refugees and migrant workers.

PART II

THEORIES AND LITERATURE REVIEW

This chapter explores the existing theoretical and empirical knowledge that contributes to the understanding of situations of refugees, non-registered migrants and registered migrants.

2.1 Theories

Attitudes toward immigrants and attitudes on immigration are the most concerning issues of studies on public attitudes on migration. There are two main theories that are used to explain this phenomenon. The first one is micro-sociological perspective which focuses on an individual basis, and the second is the structural perspective that emphasizes a contextual level (Ceobanu & Escandell, 2010).

At the individual level, the focus is on three main perspectives which include: a) socioeconomic correlates and self-interests; b) identities and values; and c) contact with out-group members. Firstly, the socioeconomic correlates and self-interests perspectives point out that negative attitudes toward MDPs are caused by an individual's fear of competition for jobs and resources from immigrants (Olzak, 1994; Sears & Funk, 1991). Secondly, a perspective on identities and values, indicates that his/her group's values and identities are from an individual perspective. Consequently, negative attitudes toward outsiders result from a positive impression of one's group's identity (Mummendey, Klink, & Brown, 2001). Lastly, a perspective on contact with out-group members reveals that positive attitudes toward out-group members and a reduction of prejudice work through close contacts (Flashman, 2009).

At the contextual or structural level, the group threat theory is widely known because it is used to explain a feeling of 'otherness' between groups which is a result of competition for power and resources between the majority and ethnic minority groups (Flashman, 2009; Olzak, 1994; Quillian, 1995).

2.2 Literature Review

Apart from theories, historical background of refugees and Thailand's migration policies are also important factors to discern public attitudes toward MDPs. Therefore, this session reviews related issues of refugees and migration policies in Thailand.

Background of Myanmar Refugees and Migrants

It is widely known that refugees and asylum seekers from Myanmar have been victims of political and ethnic conflict since 1948, after achieving independence from British rule. A huge number of displaced persons have been fleeing Myanmar and heading to neighbouring countries. There are two main waves of displaced persons who fled Myanmar and headed to Thailand. The first wave was during a period of the 1980s when Myanmar's army launched an offensive against ethnic groups, which aimed at extending the government's political and economic control of outlying regions. The second wave was in the late 1980s and 1990s when the prosecution and persecution of opposition parties and pro-democracy movements occurred. Since then, those displaced persons have lived in refugee camps located in the border provinces in Thailand.

In 1995, The Royal Thai Government imposed a freedom of movement control for refugees. They are prohibited from leaving the camp and engaging in income-generating activities. However, they can leave the camp and work outside with some exceptions depending on approval from the camp commander on a case by case basis. Basically, refugees depend on humanitarian assistance from aid agencies for food, shelter and other supplies (Human Rights Watch, 2012).

Although a majority of refugees live in the camp, many choose to live outside the camp and look for migrant worker status, particularly in areas with a high concentration of migrant workers. These areas include border provinces, Bangkok and its surrounding provinces, industrial towns, and coastal areas where fishing industries are located (Feinstein International Center, 2011; Human Rights Watch, 2012).

Refugee Status

Although Thailand has been a host country for millions of refugees for almost three decades, it has not yet ratified the 1951 Convention Relating to the Status of Refugees (1951 Refugee Convention) or its 1967 Protocol. Therefore, the Royal Thai Government defines refugees and encamped migrants as temporarily displaced persons, or asylum seekers, and those living outside the camps as non-registered migrants or irregular migrants. This results in making their stay in Thailand uncertain and their status unclear. In addition, they have encountered many challenges in getting fair wages, health services, labour rights protection and protection from physical abuse (Feinstein International Center, 2011; Human Rights Watch, 2012).

Rights of Refugees and Migrant Workers

Because of the unclear status of those refugees, asylum seekers and non-registered migrants, they are all considered to be illegal immigrants by the Thai authorities. Sometimes, the deportation of some asylum seekers and migrants has occurred because Thailand does not formally respect customary international law regarding non-refoulement. In order to manage migration of MDPs the Thai government has provided nine shelters for MDPs along the border provinces of Mae Hong Son, Tak, Kanchanaburi and Ratchaburi. While irregular migration has been managed by using a regularisation policy, which is based on the 1979 Immigration Act which allows the Ministry of the Interior, with approval from the Cabinet, to permit irregular migrants temporary stay in Thailand (Immigration Act, 1979). In addition, the Labour Protection Act of 1998 and its amendments, and the Criminal and Civil Codes are used to protect all migrant workers (Labour Protection Act B.E. 2541, 1998). Therefore, registered migrant workers have the right to get fair wages, eight-hour work days, humane working conditions and equal treatment between men and women. The 2008 Alien Employment Act also provides permission for registered migrants to work temporarily, but non-registered migrants could be put in jailed for up to 5 years and/or fined up to 100,000 THB (Alien Working Act, 2008).

Migrant Registration and Nationality Verification of Migrant Workers

Although regularisation policy helps those migrant workers to temporarily stay in Thailand, the process of applying for work permits and health insurance relies on their employers. When the process of application has been completed they can work with their employers, but they cannot change jobs without consent from their employers except for conditions specified by the Ministry of Labour, such as the death of the employer and the termination of the business enterprise. In addition, registered migrants are not allowed to travel outside the province in which they are registered.

Since 2009, a memorandum of understanding (MoU) between Thailand and Myanmar has been signed and its collaboration is to manage cross-border employment affairs. Thus, registered migrant workers from Myanmar have to apply for the process of national verification (NV) in order to verify nationality and obtain necessary documents (e.g. temporary passport). However, this process is run by the country of origin. Initially, there were three centers that the Thai and Myanmar governments opened for Nationality Verification (NV) and Temporary Passport Issuance, in Ranong province, Takhilek and Myawaddy. After the process of national verification, migrant workers receive a longer working visa, greater freedom of movement and better access to workers' compensation. In 2012, another five NV centers were set up in Bangkok, Samut Prakarn, Surat Thani, Chiang Mai, and Samut Sakhon along with border NV centers in Kawthuang port opposite Ranong, Tachilek opposite Mae Sai in Chiang Rai, and Myawaddy opposite Mae Sot in Tak (Ministry of Labour, 2012).

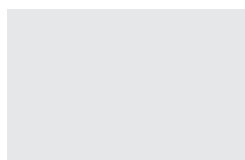
Perception of Refugees and Migrants

Previous studies have pointed out that native born citizens with a strong sense of national pride tend to be more distrusting of migrants, who are seen as a threat to their national identity. Likewise, a feeling of otherness for minority ethnic groups in Thailand is due to a strong sense of Thai national identity which is called 'Thainess' (Sattayanurak, 2008; Traitongyoo, 2008). Security agencies and the local population often view Myanmar refugees and migrants as a threat to personal safety, social order and public health. This shows up in Thai media, which consider refugees to be trouble makers and a burden to Thailand, particularly by insensitive comments by the media presenters and politicians (Chaipipat, 2007; Sides & Citrin, 2007). Other events have confirmed such negative attitudes toward refugees and migrants, for example, the seizure of the Myanmar Embassy in Bangkok by Myanmar students in 1999, and the hostage taking in a Ratchaburi hospital by armed insurgent forces from Myanmar in 2000. In addition, another study reveals that misunderstandings and misgivings between Thais and refugees are caused by limited contact (Brees, 2010). Although Thailand has enjoyed economic benefits from refugees and migrant workers in terms of lower production costs and increased labor supplies, the contribution of these people is not adequately recognized by Thai society.

2.3 Hypotheses

Research hypotheses of this study were generated in accordance with the theories and literature review as follows:

1. More positive opinions toward MDPs are related to close contacts with MDPs.
2. More positive opinions toward MDPs are associated with the human rights principle.
3. Less positive opinions toward MDPs are related to a competition for job and resources between local residents and MDPs.
4. Less positive opinions toward MDPs are associated with a feeling of otherness.



PART III

RESEARCH METHODS

The survey of Thai public opinions on Myanmar refugees and displaced persons took place in Ratchaburi province. The research methods employed for the study are as follows:

3.1 Research Design

The study used both quantitative and qualitative methods. The quantitative method was performed through a structured questionnaire and face-to-face interviews. The qualitative method used in-depth interviews and focus group discussions with key informants using guidelines.

3.2 Population and Sampling

The sample for the quantitative study included general people aged 18 and above, and community leaders. These two groups of individuals were included due to the fact that opinions of the general population have the power to change policy, while community leaders can bridge between government and the general population in order to formulate social policy (Munro, Skelcher, & Roberts, 2006).

Four hundred general people and one hundred community leaders were interviewed by structured questionnaire (see Table 1.1). A stratified sampling strategy was performed by dividing areas into sub-district where the refugee camp is located and sub-district where the city hall is located. After that, five villages from each sub-district were randomly selected. Then the first household was randomly selected and one person, aged 18 or over, was randomly selected from each household, while the next household and individual were systematically selected. The sample from each village was forty general people, while ten community leaders from each village were purposively selected. The ten community leaders were village heads, community committee members, community group leaders and village health volunteers.

Table 3.1: Sample allocation by types of individuals

Types	Sample
General People or Villagers	400
Community Leaders	100
- Village heads	10
- Community committee members	44
- Village health volunteers	21
- Community group leaders	25
Total	500

Key informants for in-depth interviews were stakeholders including community leaders, government and non-government agencies (including local and international organisations), and local media. The participants of the focus group discussions were village health volunteers. Allocation of key informants is described in Table 3.2. The study conducted eleven in-depth interviews and two focus groups discussions. The inclusion criteria for selecting key informants and participants were those directly involved with refugees, non-registered migrants and registered migrants.

Table 3.2: Sample allocation for in-depth interviews and focus group discussions

Key informants	In-depth interview	Focus group discussion
Community Leaders	3 people	-
Government Officials (army officers, policemen, immigration officers, health officers, district heads)	5 people	-
NGOs/ INGOs (related to health issues)	4 people	-
Health Workers	-	2 groups
Local Media	1 person	-

3.3 Data Collection Process

The study used both quantitative and qualitative approaches, and used individuals as the entry point. Inclusion criteria was also used to identify general people aged 18 and above and community leaders. The structured questionnaire and face-to-face interviews were used to collect quantitative information at the individual level, while interview guidelines were used to collect qualitative information through in-depth interviews and focus group discussions.

At the beginning phase of the study, questionnaires for individuals and interview guidelines for in-depth interviews and focus group discussions were constructed. After that, the questionnaires and guidelines were tested. The questionnaire was tested two times. The first pre-test indicated a problem of validity and reliability of the five point typical Likert scale, with a Cronbach's alpha of the total score only 0.35, indicating a low level of acceptance for reliability testing. Therefore, the second pre-test was conducted by modifying the Likert scale to range from agree slightly, agree somewhat, agree moderately, agree very much and agree totally and the analysis of reliability showed that Cronbach's alpha of total scores was at 0.86, which is highly acceptable in reliability testing.

The target population for both the qualitative and quantitative research was established for data collection by approaching community leaders, general people and key informants. Thereafter, data collection began by using a survey, in-depth interviews and focus group discussions.

Information on the research, the purpose of the study, the process of the interviews, the confidentiality of the data and the right to participate or to refuse to participate in the study was given. When respondents agreed, a written informed consent was signed before the interview took place.

When respondents did not want to answer questions, they were not compelled to do so, and then termination of participation was undertaken. In addition, respondents could end the interview at any time. In the case of a termination of participation, replacement of the sample with the same criteria of individual selection was used.

The actual field survey was conducted in the third and fourth quarters of 2012. However, disrupted and delayed the field survey was caused by storms in northern and western Thailand as well as subsequent floods in many parts of Thailand in 2012. Soon after the end of the flood, the field survey and data collection for qualitative method were accomplished.

3.4 Data Quality Control

Quality control of the data collection was performed by training only ten interviewers who completed at least a bachelor degree, with skills necessary for interviewing. In addition, monitoring was performed during the period of data collection by researchers.

3.5 Data Analysis

Confidentiality was a major concern, thus, data entry was conducted by omitting entry of personal identifying information. Data on the socio-demographic of individuals, knowledge and understanding of refugees and migrant workers from Myanmar, attitudes toward social services provided to refugees

and migrant workers, attitudes toward benefits of refugees and migrant workers, policy suggestions for the Thai government on refugees and migrant workers were compared by using percentage and cross tabulation.

Based on a modified Likert scale, the measurement of opinions was measured by ordering the level of agreement range from agree slightly, agree somewhat, agree moderately, agree very much or agree totally. A high level of agreement was a focus of the study, therefore ratings of agree very much and agree totally were taken into consideration.

The qualitative approach was used to supplement the quantitative, and content analysis was used to analyse the qualitative data in order to understand the overall picture of Thai public opinion on refugees and migrant workers.

3.6 Ethical Considerations

The study was approved taking into account the following ethical considerations:

- making sure respondents and key informants understood why this research was being undertaken, and getting their permission to participate with full knowledge of their right to refuse to answer any question or stop the exchange at any time
- ensuring contact with respondents would not get them into trouble with neighbours; gaining necessary permission or safe access for their participation was crucial
- agreeing on a method for recording information with which the participant is comfortable, and requesting permission to take notes or use a tape recorder for in-depth interviews and focus group discussion was required
- remaining open and non-judgmental in interactions with the participants
- selecting a convenient time and day for the interviews that did not interfere with other demands on the participant
- being sensitive to the surroundings and circumstances in which interviews or discussions would take place
- being willing to terminate discussions if any sign of discomfort or insecurity arose
- developing a system for coding all personal information, such as the names or addresses of participants
- keeping all data locked and confidential
- providing small gifts of thanks to those who provided their time for lengthy interviews

In order to address ethical issues, the research protocol and IRB submission forms were submitted and approved by the Institutional Review Board (IRB) of Mahidol University. The study received documentary proof of Mahidol University Institutional Review Board No. MU-SSIRB 2011/068.1803.

3.7 Terminology

Myanmar: Name of the country and any of the peoples of Myanmar, regardless of ethnic group.

Myanmar Displaced Persons (MDPs): Any of the peoples of Myanmar who are refugees or non-registered migrants or registered migrants, residing in Thailand, regardless of ethnic group

Refugee: A person from Myanmar who has fled conditions of conflict or persecution and is residing in camps in one of four border provinces (Tak, Mae Hong Son, Kanchanaburi and Ratchaburi) in Thailand.

Non-registered migrant: A migrant from Myanmar who has not registered with the Royal Thai Government during any of the previous registration periods and, therefore, whose presence working in Thailand is illegal.

Registered migrant: A migrant from Myanmar who has registered their presence with the Thai Government during one of the organized registration periods, and therefore is legally entitled to stay and work in Thailand. See ‘registration’.

Registration: A process through which undocumented migrant workers from Myanmar, Cambodia and Lao PDR have periodically been able to legalise their status in Thailand by registering their presence with local authorities (Provincial Administration Department, the Ministry of Interior). This operates like an ‘amnesty’ for migrant workers. According to the Immigration Regulations, when the Royal Thai Government permits registration (usually for a period of 30 days) then undocumented migrants can report for a temporary residence card (Tor-ror 38/1).

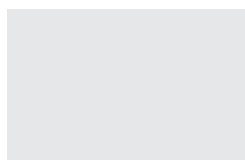
Stateless: A person who is an ‘alien or person without Thai nationality’ who does not have documents for personal legal status; often ethnic minorities and rootless persons or those without civil registration records.

Villager or general people: A person who is a member of a community, but not in the position of village head, community committee member and other community leaders (including village health volunteers and community group leaders).

Community leader: A person who is a village head, a community committee member or other community leaders (including village health volunteer and community group leader).

Rural/camp area: An area surrounding the camp, located within the sub-district where a refugee camp is located.

Urban/city area: An area surrounding city hall, located within a sub-district where the city hall is located.



PART IV

RESULTS

This part presents the research results from Ratchaburi province. It begins with a demographic profile and the findings from the survey on public opinion toward refugees and migrant workers from Myanmar.

4.1 Profile of Respondents

Overall, the proportion of female respondents was higher than that of male respondents (55.6 versus 44.4%). Only among community leaders was the proportion of males slightly higher than their female counterparts. Slightly more than two-fifths of respondents were young adults between 30-49 years old. It was observed that community leaders were older than villagers with high a proportion age 40 and older. Almost all respondents were Buddhist and their parents were Thais. Slightly more than three-fourths of respondents were married. Over half of respondents had completed secondary school, but the proportion of those never enrolled in school was 5.4 percent and none of them were community leaders. Almost 90 percent of respondents were employed, but the proportion of employment among community leaders was slightly higher than among the villagers.

When respondents were asked if they had visited refugee camps or had friends who were refugees, only one-fourth had visited refugee camps and less than 20 percent knew any refugees. However, community leaders and those who lived close to a camp were more familiar with refugees (see Table 4.1).

Table 4.1: Characteristics of respondents in Ratchaburi province

Respondents' profile	Position		Location		Total
	Leader	Villager	Camp	City	
Sex					
- Male	55.0%	41.8%	48.4%	40.4%	44.4%
- Female	45.0%	58.3%	51.6%	59.6%	55.6%
Age group					
- 18-29 years	11.0%	20.0%	21.6%	14.8%	18.2%
- 30-39 years	10.0%	22.0%	23.2%	16.0%	19.6%
- 40-49 years	23.0%	24.5%	27.2%	21.2%	24.2%
- 50-59 years	33.0%	15.5%	14.0%	24.0%	19.0%
- >=60 years	23.0%	18.0%	14.0%	24.0%	19.0%
Religion					
- Buddhist	100.0%	97.0%	95.2%	100.0%	97.6%
- Christian	0.0%	3.0%	4.8%	0.0%	2.4%
Ethnicity of parents					
- Thai	98.0%	94.0%	90.8%	98.8%	94.8%
- Karen	3.0%	5.5%	10.0%	0.0 %	5.0%
- Shan	0.0%	0.0%	0.0%	0.0%	0.0%
- Chinese	0.0%	1.8%	.8%	2.0%	1.4%
- Others	0.0%	0.5%	0.4%	0.0%	0.4%
Marital status					
- Single	13.0%	18.8%	18.0%	17.2%	17.6%
- Married	86.0%	77.0%	79.6%	78.0%	78.8%
- Others	1.0%	4.3%	2.4%	4.8%	3.6%
Education					
- Never enrolled in school	0.0%	6.8%	8.0%	2.8%	5.4%
- Primary	45.0%	41.0%	40.4%	43.2%	41.8%
- Secondary	55.0%	52.3%	51.6%	54.0%	52.8%
Employment status					
- Unemployed	21.0%	7.8%	7.2%	13.6%	10.4%
- Employed	79.0%	92.3%	92.8%	86.4%	89.6%

Table 4.1: Characteristics of respondents in Ratchaburi province (Cont'd)

Respondents' profile	Position		Location		Total
	Leader	Villager	Camp	City	
Experience of respondents in visiting refugee camp					
- Yes	35.0%	22.3%	45.2%	4.4%	24.8%
- No	65.0%	77.8%	54.8%	95.6%	75.2%
Have friends or know persons in camps					
- Yes	32.0%	14.5%	34.8%	1.2%	18.0%
- No	68.0%	85.5%	65.2%	98.8%	82.0%

* Remark other = Widowed/Divorced/Separated

4.2 Sources of Information about Refugees

How people get information about migrants is an important issue as it may explain social interactions. Social interactions can help people to understand refugees (Mansson & Dahlander, 2010). Exposure to information on refugees may be a key factor influencing Thais' attitudes toward Myanmar displaced persons. Table 4.2 shows that apart from having personal relations with refugees, respondents knew about refugees from friends/relatives, television and from print media. Respondents living near camp areas made use of friends/relatives more than urban residents, while the media (especially, television) played an important role in disseminating information to all respondents. It is noteworthy that community leaders were more likely to have access to more information on refugees than villagers, while urban residents were more likely to get information from television and print media than rural residents.

Table 4.2: Sources of information about refugees in Ratchaburi province

Sources of information	Position		Location		Total
	Leader	Villager	Camp	City	
Self	25.0%	22.3%	40.8%	4.8%	22.8%
Friends/relatives	62.0%	49.5%	61.6%	42.4%	52.0%
Radio	9.0%	5.3%	3.6%	8.4%	6.0%
Television	88.0%	73.8%	66.8%	86.4%	76.6%
Print media	33.0%	15.5%	9.6%	28.4%	19.0%
Authorities	24.0%	11.5%	19.2%	8.8%	14.0%
Internet	1.0%	0.0%	0.0%	0.4%	0.2%

4.3 Public Opinions in Ratchaburi on Refugees and Migrant Workers from Myanmar

Opinions on refugees and migrants in Ratchaburi are presented here based on questions and answers regarding eight specific issues.

4.3.1 Human Safety

As with other provinces, respondents were asked to rate how much they agreed with the statement: “Do refugees or migrant workers pose a threat to your life and property?” Table 4.3 reveals that slightly less than half of the respondents believed registered migrant workers (48.0%) and refugees (52.0%) posed a threat to their human safety. Non-registered migrants, however, were seen as the biggest threat as 77.2 percent of respondents agreed with the question. It is noted that urban respondents were more concerned about this issue than those living close to the camp area, while community leaders were less concerned about refugees and registered migrants, but more concerned about non-registered migrants when compared to their villagers.

Table 4.3: Percent of respondents agreeing that refugees or migrant workers posed a personal security threat by position and location

Type of MDPs	Position		Location		Total
	Leader	Villager	Camp	City	
Refugees	42.0%*	54.5%*	44.8%*	59.2%*	52.0%
Non-registered migrants	97.0%*	72.3%*	70.8%*	83.6%*	77.2%
Registered migrants	37.0%*	50.8%*	44.0%	52.0%	48.0%

* Chi-square was statistically significant at the 0.05 level.

4.3.2 Human Rights

Based on humanitarian considerations, the Royal Thai Government has provided shelter, four basic necessities and minimum protection to MDPs for several decades. About half of the respondents agreed with providing shelter and humanitarian assistance to refugees, with support higher among rural residents and community leaders than among urban residents and villagers. Providing basic necessities of life for MDPs received approval regarding registered migrants (67.2%), followed by refugees (63.6%) and non-registered migrants (34.2%), respectively. Although respondents generally agreed less with providing security protection to such persons on an equal basis to Thais, there was a difference between community leaders and villagers. Table 4.4 reveals that community leaders provided a more positive view than did their villagers. This may reflect that Thais view migrants as others who should not be treated in a similar way as Thais.

Table 4.4: Percent of respondents agreeing that humanitarian assistance, shelter and basic necessities of life should be given to refugees and migrant workers by position and location

Opinion and type of MDPs	Position		Location		Total
	Leader	Villager	Camp	City	
Humanitarian assistance and shelter should be given to refugees	66.0%*	47.3%*	56.0%*	46.0%*	51.0%
Basic necessities of life					
Refugees	75.0%*	60.8%*	67.2%*	60.0%*	63.6%
Non-registered migrants	31.0%*	35.0%*	36.0%	32.4%	34.2%
Registered migrants	64.0%*	68.0%*	66.4%	68.0%	67.2%
Same security protection as Thais					
Refugees	70.0%*	38.3%*	42.0%*	47.2%*	44.6%
Non-registered migrants	19.0%*	14.0%*	15.6%	14.4%	15.0%
Registered migrants	87.0%*	54.0%*	58.0%*	63.2%*	60.6%

* Chi-square was statistically significant at the 0.05 level.

4.3.3 Labour Protection

Although under the Thai Labour Protection Acts minimum wages and labour protection are applied to all (Labor Protection Act (No. 2) B.E. 2551, 2008), enforcement is not effective. Previous studies have pointed out how migrants were engaged in exploitative work and were provided with fewer protections than Thais (ILO Mekong Sub-regional Project to Combat Trafficking in Children and Women, 2006; Tangchonlatip & Richter, 2011). Only 17.0 percent of respondents agreed with providing minimum wages to registered migrants, while only 8.0 percent agreed with providing such benefits to non-registered migrants. It also demonstrated that villagers and rural residents had a more positive view than community leaders and urban dwellers.

On the issue of labour protection, Table 4.5 indicates that 49.2 percent of respondents agreed to provide similar labour protection to registered migrant workers, but only 6.6 percent agreed with this for non-registered migrants. Again, community leaders and residents living close to the camp area were more likely to have a more positive view than villagers and urban residents.

It is noted that the results of the issue of labour protection seem to reflect a feeling of otherness toward migrant workers, especially non-registered migrant workers.

Table 4.5: Percent of respondents agreeing that labour protection and minimum wages should be provided equally to Thais and migrant workers by position and location

Opinion and type of MDPs	Position		Location		Total
	Leader	Villager	Camp	City	
Same wage as Thai workers					
Non-registered migrants	6.0%	8.5%	9.2%	6.8%	8.0%
Registered migrants	14.0%	17.8%	22.4%*	11.6%*	17.0%
Same labour protection as Thai worker					
Non-registered migrants	7.0%*	6.5%*	7.6%	5.6%	6.6%
Registered migrants	75.0%*	42.8%*	52.4%	46.0%	49.2%

* Chi-square was statistically significant at the 0.05 level.

4.3.4 Economic Dimension

Economically, migrant workers were perceived in both a positive and negative light. The positive view indicates that migrant workers contribute to economic development because of their cheap labour, and by providing a solution to labour shortages (International Labour Organization, 2007; Pholphirul & Rukumnyakit, 2010). The negative view sees migrants as “the others” who take away jobs (Blinder, 2011; Ceobanu & Escandell, 2010). As the present study applies a concept of ‘out-group member or otherness’ to explore Thais’ opinion on migrant workers, a question on the extent to which there was competition for jobs and natural resources was asked of respondents. Table 4.6 indicates that local residents were in fear of job competition, especially from non-registered migrants. This feeling was stronger among urban residents and community leaders than rural residents and villagers. More than two-fifths of respondents were concerned with competition for land and water resources. This issue was more of a concern among villagers and urban residents.

Another issue regarding economics is whether to allow refugees to work in order to increase self-reliance. Legally, a refugee is not allowed to work or stay outside a camp, but in reality many of them go outside the camp to work as daily workers. Table 4.6 shows that more than half of the respondents agreed to allow refugees to work to increase their self-reliance, with higher favorable percentage among community leaders and residents surrounding camp area. This may also reflect local demand for cheap labour. Findings from the qualitative research also confirm this finding.

‘They pay lower wage for refugees. If they hire Thai workers, they have to pay 300 Baht per day but for them (refugees) only 250 Baht. Their performance is better than Thais because they are afraid of not getting a job. It is necessary for us to take them to work outside the camp’

(FGD 8.2)

Table 4.6: Percent of respondents agreeing that refugees and migrants competed with locals for jobs, land and water resources as well as allow refugee to work by position and location

Opinion and type of MDPs	Position		Location		Total
	Leader	Villager	Camp	City	
Compete with locals for jobs					
Refugees	26.0%*	46.0%*	30.4%*	53.6%*	42.0%
Non-registered migrants	80.0%*	64.3%*	62.0%*	72.8%*	67.4%
Registered migrants	41.0%	48.8%	46.8%	47.6%	47.2%
Compete for land and natural resources					
Refugees	26.0%*	49.5%*	40.4%	49.2%	44.8%
Non-registered migrants	55.0%	55.3%	46.8%*	63.6%*	55.2%
Registered migrants	22.0%*	44.8%*	38.0%	42.4%	40.2%
Refugees should be allowed to work to increase their self-reliance	70.0%*	51.5%*	62.0%*	48.4%*	55.2%

* Chi-square was statistically significant at the 0.05 level.

4.3.5 Socio-cultural Dimension

A strong sense of Thai national identity – ‘Thainess’ – among native born citizens creates a feeling of otherness for minority ethnic groups. Thais are less likely to include others for local integration into their society (Sattayanurak, 2008; Traitongyoo, 2008). It is important to know how local Ratchaburi people think about this issue. Table 4.7 indicates that over 70 percent of the respondents agreed that MDPs should use Thai language to communicate with Thais. Yet, in addition, around 60 percent of respondents also agreed that Thais should learn ethnic languages in order to communicate with MDPs. The first two issues of the socio-cultural aspect show a higher percentage of agreement among community leaders and rural residents than among villagers and urban dwellers. In addition, about three-fourths of respondents agreed to use ethnic languages to disseminate information to refugees, but only slightly more than two-thirds agreed to do so for non-registered migrants.

Table 4.7 also reveals a lower percentage of agreement for engaging in activities to promote the relationship between Thai and migrants, in particular with non-registered migrants, when compared with the above issues. Villagers quite agreed with the statement regarding non-registered migrants more than community leaders, while rural residents provided a more positive view on this issue than urban residents.

It is important to note that the results seem to suggest that Thai people prefer minorities' assimilation into the Thai mainstream.

Table 4.7: Percent of respondents agreeing that language use and cultural exchange should be encouraged and ethnic languages should be used to disseminate information by position and location

Opinions and type of MDPs	Position		Location		Total
	Leader	Villager	Camp	City	
MDPs should use Thai language to communicate with Thais					
Refugees	98.0%*	74.8%*	81.6%	77.2%	79.4%
Non-registered migrants	92.0%*	65.0%*	73.2%	67.6%	70.4%
Registered migrants	100.0%*	76.8%*	82.0%	80.8%	81.4%
Thais should learn ethnic languages of refugees and migrants in order to communicate with them					
Refugees	72.0%*	54.3%*	60.0%	55.6%	57.8%
Non-registered migrants	64.0%*	53.5%*	58.4%	52.8%	55.6%
Registered migrants	75.0%*	61.3%*	62.4%	65.6%	64.0%
Use ethnic languages to disseminate information					
Refugees	84.0%*	73.5%*	79.6%*	71.6%*	75.6%
Non-registered migrants	61.0%*	72.5%*	72.8%	67.6%	70.2%
MDPs and Thais should engage in activities to promote cultural exchange					
Refugees	40.0%	41.3%	45.2%*	36.8%*	41.0%
Non-registered migrants	17.0%	23.8%	23.6%	21.2%	22.4%
Registered migrants	51.0%	47.5%	53.2%*	43.2%*	48.2%

* Chi-square was statistically significant at the 0.05 level.

4.3.6 Education

Thailand has adopted a policy on Education for All (EFA) since 2005. Regardless of their legal status, all children residing in Thailand have a right to education. This study asked questions to explore how respondents viewed such an education policy for refugees and migrants. Table 4.8 reveals that almost two-thirds of the respondents agreed that children of registered migrants should get permission to study in Thai schools, followed by children of refugees (55.0%) and children of non-registered migrants (30.0%) respectively. It is also demonstrated that rural residents were more in agreement with this than urban residents, while community leaders agreed with this statement regarding children of refugees and registered migrants, but agreed less regarding children of non-registered, when compared to villagers.

When asked whether children of MDPs should attend Thai schools and get certificates, more of the respondents agreed with this statement when compared to the above statement. In addition, the same pattern of agreement can be seen between rural and urban residents, as well as between community leaders and villagers. Although about two-thirds of the respondents agreed that refugees and migrants should learn both their ethnic languages and Thai language in school, only half of them agreed to provide such programmes to non-registered migrants. It is noted that community leaders and those living close to camp provided a more positive opinion toward MDPs than did villagers and urban residents.

Table 4.8: Percent of respondents agreeing that education for refugee and migrants should be provided by position and location

Opinions and type of MDPs	Position		Location		Total
	Leader	Villager	Camp	City	
Children of refugees and migrants should be allowed to study in Thai schools					
Refugees	72.0%*	50.8%*	64.0%*	46.0%*	55.0%
Non-registered migrants	35.0%	28.8%	36.4%*	23.6%*	30.0%
Registered migrants	73.0%*	62.5%*	71.6%*	57.6%*	64.6%
Children of refugees and migrants should attend Thai school and get certificate					
Refugees	64.0%	59.8%	63.6%	57.6%	60.6%
Non-registered migrants	20.0%*	40.0%*	38.0%	34.0%	36.0%
Registered migrants	64.0%	69.8%	68.8%	68.4%	68.6%
Refugees and migrants should learn Thai together with their own language in school					
Refugees	87.0%*	60.3%*	68.4%	62.8%	65.6%
Non-registered migrants	66.0%*	47.3%*	52.8%	49.2%	51.0%
Registered migrants	87.0%*	61.8%*	67.2%	66.4%	66.8%

* Chi-square was statistically significant at the 0.05 level.

4.3.7 Human Settlement and Naturalisation

Table 4.9 reveals that slightly less than one-third of respondents agreed to the granting of PR (Permanent Residence) to registered migrants and refugees who married Thais. The percentage of agreement was even lower for those non-registered migrants who married Thais. About one-fifth of respondents agreed to the granting of PR or citizenship to native-born persons, but they agreed less with granting PR to those refugees who had lived at least 10 years in Thailand. It was also observed that rural dwellers demonstrated a more positive view than their urban counterparts, while community leaders were more positive toward refugees and registered migrants, but less to non-registered

migrants when compared to villagers. In addition, slightly more than half of respondent agreed to grant such status to stateless persons, whereas community leaders and rural residents provided a more positive view than urban residents and villagers.

Table 4.9: Percent of respondents agreeing that permanent residence and citizenship should be granted by position and location

Opinion toward type of MDPs	Position		Location		Total
	Leader	Villager	Camp	City	
PR should be granted to those married Thai					
Refugees	36.0%	29.3%	39.2%*	22.0%*	30.6%
Non-registered migrants	7.0%	12.3%	15.2%*	7.2%*	11.2%
Registered migrants	46.0%*	27.5%*	36.4%*	26.0%*	31.2%
PR should be granted to those were born in Thailand					
Refugees	19.0%	20.8%	23.6%	17.2%	20.4%
Non-registered migrants	0.0%*	3.0%*	2.4%	2.4%	2.4%
Registered migrants	30.0%*	18.0%*	24.0%*	16.8%*	20.4%
PR should be granted to those who have lived in Thailand for 10 years or more					
	14.0%	11.5%	17.6%*	6.4%*	12.0%
Citizenship should be granted to stateless persons					
	80.0%*	49.5%*	60.8%*	50.4%*	55.6%

* Chi-square was statistically significant at the 0.05 level.

4.3.8 Health Care

This study focused on two out of six building blocks of a health system for migrants in Thailand, namely, service delivery and health financing. Previous studies recommended that the provision of comprehensive and intensive health services and healthcare financing should be considered for migrants (Institute for Population and Social Research, 2011). This study explored Thais' opinions on these issues in order to understand their point of view at the local level.

4.3.8.1 Healthcare services

Table 4.10 illustrates that four-fifths of the respondents agreed with providing standard treatment to registered migrants, followed by refugees (73.0%) and non-registered migrants (44.8%), respectively. It also reveals that rural respondents were more likely to agree with this statement than urban residents, while community leaders provided a more positive view toward refugees and registered migrants, but were less positive toward non-registered migrants than villagers. Conversely, on the

issue of separated health care facilities, 60 percent of respondents agreed to separate health facilities for non-registered migrants the most, followed by refugees (55.6%) and registered migrants (47.6%). Villagers and urban dwellers were more likely to agree with this issue than community leaders and rural residents.

Table 4.10: Percent of respondents agreeing that standard healthcare services should be provided and health facilities should be separated by position and location

Opinions and type of MDPs	Position		Location		Total
	Leader	Villager	Camp	City	
Should get standard treatment as Thais					
Refugees	89.0%*	69.0%*	80.4%*	65.6%*	73.0%
Non-registered migrants	39.0%*	46.3%*	52.0%*	37.6%*	44.8%
Registered migrants	97.0%*	77.5%*	87.2%*	75.6%*	81.4%
Should get treatment at health facilities that separate from Thais					
Refugees	42.0%*	59.0%*	47.2%*	64.0%*	55.6%
Non-registered migrants	58.0%*	60.8%*	54.0%*	66.4%*	60.2%
Registered migrants	23.0%*	53.8%*	40.0%*	55.2%*	47.6%

* Chi-square was statistically significant at the 0.05 level.

The information gained from qualitative interviews also supported the idea that refugees and migrants should get the same standard of treatment as Thais. These ideas were based upon human rights principles.

‘The quality of service is not reduced. Our doctors provide a good care and treatment. Whether they are registered or non-registered, migrants can get treatments from the hospital’

(IDI LO 8.1)

‘They should get equal services because we are all human beings. They should get services based on humanitarian principles’

(IDI LO 8.1)

‘The quality of health service is still the same because health personnel provide services to everyone equally’

(IDI LO 8.3)

'I don't think that the quality is not the same because public hospitals provide a good service already'

(IDI NGO 8.3)

'We provide service on a humanitarian basis and with the same standard'

(IDI GO 8.2)

On the issue of the separation of healthcare facilities for migrants, the qualitative studies reveal contradictory ideas among respondents. Although results from the survey supported the idea that health facilities for migrants should be separated, the qualitative data showed the opposite point of view. Human rights considerations seemed to be relevant here.

'We know that irregular migrants are illegal, but we should not exclude them from the healthcare service'

(IDI LO 8.1)

'For refugees, they are not allowed to go outside, the separation of health facilities is fine, but migrants should not be separated'

(IDI NGO 8.2)

'Migrants should not get healthcare services separately'

(IDI NGO 8.3)

'We should not separate them because everyone is a human being'

(IDI LO 8.2)

4.3.8.2 Provision of healthcare services

Standard healthcare services include health promotion, prevention and control, diagnosis and treatment of illness and rehabilitation. Table 4.11 shows that more than 70 percent of respondents agreed with providing public health services to registered migrants. But there was less agreement for refugees and non-registered migrants. Comparing urban and rural respondents, respondents from the areas surrounding the camp were more likely to agree with such provision of services than their urban peers. However, the proportion of community leaders agreeing with the issue of providing healthcare services to refugees and registered migrants was higher than villagers, but less when considering non-registered migrants.

Table 4.11: Percent of respondents agreeing that provision of health services should be given by position and location

Opinion on healthcare service	Type of MDPs								
	Refugees			Non-registered migrants			Registered migrants		
	Camp	City	Total	Camp	City	Total	Camp	City	Total
By location									
Health promotion	83.6%*	77.2%*	80.4%	51.6%	44.4%	48.0%	88.0%	82.4%	85.2%
Health prevention	84.4%*	76.4%*	80.4%	49.2%	43.6%	46.4%	88.8%	84.4%	86.6%
Disease diagnosis	84.8%*	75.2%*	80.0%	43.6%	39.6%	41.6%	84.4%	80.8%	82.6%
Treatment	84.0%*	74.4%*	79.2%	45.6%	40.0%	42.8%	86.4%	80.8%	83.6%
Rehabilitation services	79.2%*	71.6%*	75.4%	43.6%	37.6%	40.6%	80.0%	79.5%	79.8%
By position	Leader	Villager	Total	Leader	Villager	Total	Leader	Villager	Total
Health promotion	90.0%*	78.0%*	80.4%	24.0%*	54.0%*	48.0%	91.0%*	83.8%*	85.2%
Health prevention	89.0%*	78.3%*	80.4%	23.0%*	52.3%*	46.4%	91.0%*	85.5%*	86.6%
Disease diagnosis	87.0%*	78.3%*	80.0%	17.0%*	47.8%*	41.6%	85.0%	82.0%	82.6%
Treatment	88.0%*	77.0%*	79.2%	18.0%*	49.0%*	42.8%	85.0%	83.3%	83.6%
Rehabilitation services	84.0%*	73.3%*	75.4%	18.0%*	46.3%*	40.6%	82.8%*	76.4%*	79.8%

* Chi-square was statistically significant at the 0.05 level.

A similar view was found in the qualitative data. Healthcare provision seems to be influenced by human rights principles.

‘Refugees have health services in the camp, while registered migrants have rights to access health services at public health facilities. Whether they are registered or non-registered migrants, they should get healthcare services on a humanitarian basis. As a human being, everyone should get the same basic rights including health prevention and control’

(IDI NGO 8.1)

‘Refugees taken care of by UNHCR are OK, they can access healthcare service in the camps’

(IDI NGO 8.3)

4.3.8.3 Improvement of healthcare facilities for MDPs

Table 4.12 indicates that 90.8 percent of respondents thought that services provided to registered migrants should be improved, followed by families of registered migrants (56.0%), refugees (31.4%), and non-registered migrants and their families (5.0%), respectively. Regarding this issue people living close to the camp area and community leaders provided a more positive view than urban residents and villagers.

Table 4.12: Percent of respondents perceiving that healthcare services provided to certain groups of MDPs should be improved by position and location

Type of MDPs	Position		Location		Total
	Leader	Villager	Camp	City	
Refugees	45.0%*	28.0%*	36.8%*	26.0%*	31.4%
Non-registered migrant workers	7.0%	4.3%	7.6%*	2.0%*	4.8%
Registered migrant workers	91.0%	90.8%	91.6%	90.0%	90.8%
Families of non-registered migrant workers	7.0%	4.5%	8.0%*	2.0%*	5.0%
Families of registered migrant workers	82.0%*	49.5%*	53.2%	58.8%	56.0%

* Chi-square was statistically significant at the 0.05 level.

Although survey results revealed that healthcare services for refugees and migrants should be provided and improved, the qualitative data showed that there were still barriers in the access to healthcare services. These barriers include: 1) language; 2) shortages of health personnel and medical equipment; 3) knowledge gap; 4) lack of continuous treatment; and 5) fear of deportation.

‘The problem is that they cannot communicate and they are afraid of police who may deport them back home’

(IDI LO 8.2)

‘In terms of health, there are many problems for refugees. There is no adequate care or provision of medication. The center established by our organisation intends to improve migrants’ health. They are not afraid to come to visit our center. The important thing is that we have staff that can communicate in their own languages’

(IDI NGO 8.3)

‘Non-registered migrants have a problem of access to healthcare services because they are afraid of being arrested by authorities. Whilst registered migrants do not know about their rights’

(IDI LO 8.1)

‘The problem with non-registered migrants is that they are afraid of being arrested. To solve this problem, legal amendments are a solution’

(IDI NGO 8.2)

‘As they move from place to place, they cannot follow up appointments. This means they cannot get treatment continuously’

(IDI GO 8.2)

‘Non-registered migrants will not visit doctors at public hospitals but they will go to drugstores. Sometimes they may not get proper treatments or not get treatments continuously’

(IDI GO 8.3)

Thais are also concerned about the quality of healthcare services for themselves that may be affected by the growing number of migrants and their infectious diseases.

‘The standard of service is the same but the workload is a problem’

(IDI GO 8.2)

‘The quality of service is reduced because there are many patients, both Thais and Myanmar. They have a problem in communication that makes health personnel frustrated sometimes. This may have an effect on the quality of service also’

(IDI LO 8.2)

‘I think the quality of service is reduced because the budget per head is for Thais, but we have to pay for those migrants also. Sometimes medication and medical supplies are not enough for Thais’

(IDI M 8.1)

‘There is a problem with non-registered migrants that when they get sick from infectious diseases, they are afraid of going to hospital. Then it will be hard to control infectious diseases’

(IDI NGO 8.1)

‘There are many migrants and this will affect the quality of service because health personnel cannot take care of Thais’

(IDI GO 8.3)

The qualitative study revealed that special management and outreach programmes may help address some of these challenges.

‘We have outreach programmes to provide services to non-registered migrants’

(IDI NGO 8.3)

‘I think the lower quality of service is not because of migrants, but due to bureaucratic systems and management’

(IDI NGO 8.2)

4.3.8.4 Healthcare financing

The issue of healthcare financing for migrants in Thailand has long been a concern as only registered migrants fall under the Compulsory Migrant Health Insurance Scheme (CMHI). Ethnic minorities, displaced persons and non-registered migrants are not covered by any health insurance (Srithamrongsawat, Wisessang, & Ratjaroenkhajorn, 2009). It is therefore important to explore attitudes of respondents toward healthcare financing for MDPs. Most respondents preferred health financing schemes for MDPs to be self-funding. With regard to self-funding respondents living around the camp provided a higher percentage of agreement than urban residents. Whereas villagers more agreed with paying out of pocket for refugees and non-registered migrants, but recorded less agreement for registered migrants when compared with community leaders (see Table 4.13).

Respondents also agreed that non-governmental organisations should support healthcare cost for refugees (88.2%) and non-registered migrants (64.6%). Villagers and rural residents agreed more with this than community leaders, particularly for refugees. Almost all respondents agreed that UN agencies should support healthcare financing for refugees with a higher percentage of agreement among community leaders and rural residents. Even about one-fourth to one-fifth of respondents agreed that the Royal Thai Government should subsidize healthcare costs of refugees and registered migrants, less than one-tenth agreed with such for non-registered migrants. This indicates

that respondents agree less with health financing for MDPs to be supported by the Royal Thai Government (see Table 4.13).

Table 4.13: Percent of respondents considering where financial support should come from by position and location

Opinions and type of MDPs	Position		Location		Total
	Leader	Villager	Camp	City	
Financial support should come from					
Self-funds					
Refugees	62.0%	66.3%	66.8%	64.0%	65.4%
Non-registered migrants	72.0%*	85.0%*	84.4%	80.4%	82.4%
Registered migrants	96.0%*	85.0%*	90.4%	84.0%	87.2%
NGO and INGO					
Refugees	94.0%*	86.8%*	92.0%	84.4%	88.2%
Non-registered migrants	64.0%	64.8%	62.4%	66.8%	64.6%
United Nations agencies					
Refugees	98.0%*	87.8%*	92.4%	87.2%	89.8%
Royal Thai Government					
Refugees	8.0%*	27.3%*	24.8%	22.0%	23.4%
Non-registered migrants	1.0%*	11.3%*	12.4%	6.0%	9.2%
Registered migrants	3.0%*	23.3%*	18.4%	20.0%	19.2%

* Chi-square was statistically significant at the 0.05 level.

On the issue of health financing for refugees, the qualitative data show that respondents think that non-governmental organisations (NGOs) and United Nations agencies should provide financial support for them.

‘Refugees should get financial support for healthcare services’

(IDI NGO 8.2)

‘I know that when patients are referred to public hospitals, UNHCR is responsible for financial support. Sometimes they may get better service than Thais because the hospital can get cash from UNHCR’

(IDI LO 8.3)

“UN agencies take care of refugees in the camps”

(IDI GO 8.3)

'Refugees have NGOs to help them for healthcare costs'

(IDI LO 8.1)

'In the camps I think the UN and a third country should pay for healthcare cost'

(IDI NGO 8.3)

'UN takes care of refugees'

(IDI LO 8.3)

'There are some organisations that take care of refugees and they are responsible for healthcare costs of those refugees also'

(IDI NGO 8.1)

'I think that NGOs or international organisations should be responsible for healthcare costs of refugees'

(IDI GO 8.2)

For registered migrants, they have already paid for their healthcare via the health insurance scheme, which is a co-payment system between them and their employers.

'Registered migrants are covered by health insurance'

(IDI GO 8.3)

'Registered migrants have health insurance'

(IDI LO 8.1)

'Registered migrants, they already paid for health insurance'

(IDI NGO 8.3)

'Both employers and registered migrants pay for health insurance, then they can access healthcare services'

(IDI NGO 8.1)

'Registered migrants already have health insurance'

(IDI GO 8.2)

‘Registered migrants have a funding system already’

(IDI LO 8.3)

With respect to healthcare financing for non-registered migrant workers, the fact that they are not under any health insurance scheme creates challenges. However, evidence from the qualitative study suggests that healthcare costs for non-registered migrants should come from self-funding methods and support from their employers. Self-payment funds were recommended by key informants in cases where non-registered migrants could not afford healthcare services.

‘The problem is non-registered migrants because they have to pay out of their own pocket’

(IDI GO 8.3)

‘But non-registered migrants have to pay by themselves’

(IDI LO 8.1)

‘Non-registered migrants should pay out of pocket’

(IDI NGO 8.1)

‘But non-registered migrants have to pay by their own money because they are illegal migrants’

(IDI GO 8.2)

‘If they (non-registered migrants) go to hospital they have to pay’

(FGD 8.2)

Not all non-registered migrants can afford healthcare service. Sometimes employers pay for such treatment or there is a co-payment scheme.

‘For me, employers should pay for healthcare costs of all groups (registered and non-registered migrants) because they hire them to work and they have to take care of them. Their costs should not be paid out of the national budget’

(IDI M 8.1)

‘For non-registered migrants, their employers should pay’

(IDI NGO 8.3)

As mentioned above, there are some additional healthcare financing avenues for non-registered migrants, for instance, self-financing and support from employers. But, healthcare provision for undocumented migrants may create a national financial burden.

'If they are non-registered migrants, they will be a budgetary burden'

(IDI LO 8.3)

'The quality of service is OK, but both residents in the camps and outside of the camps will be a burden'

(IDI GO 8.4)

'I am not sure, but I think that the Thai government pays for healthcare costs for all three groups'

(IDI LO 8.2)

'The Thai government pays for healthcare of both registered and non-registered migrants'

(IDI LO 8.3)

4.3.8.5 Fear of disease carriers

A fear of diseases from abroad brings about prejudice against immigrants. Such phenomenon has been found in countries which experience an influx of immigrant workers (Kraut, 2010). Thailand is no exception because some diseases (e.g. malaria and tuberculosis) have re-emerged due to the growing number of migrants (Bureau of Epidemiology, 2010). Table 4.14 shows that more than 80 percent of respondents viewed non-registered migrants as disease carriers, followed by refugees (80.2%), families of non-registered migrants (78.4%), families of registered migrants (35.2%), and families of non-registered migrants (34.4%), respectively.

Table 4.14 also reveals that respondents living around the camp area were more concerned about refugees being disease carriers than those living in urban areas. Moreover, community leaders were more likely to be concerned with non-registered migrants and their families being disease carriers than villagers.

Table 4.14: Percent of respondents viewing MDPs as disease carriers by position and location

Type of MDPs	Position		Location		Total
	Leader	Villager	Camp	City	
Refugees	76.0%	81.3%	87.2%*	73.2%*	80.2%
Non-registered migrant workers	96.0%*	83.0%*	86.0%	85.2%	85.6%
Registered migrant workers	30.0%	36.5%	35.2%	35.2%	35.2%
Families of non-registered migrant workers	97.0%*	73.8%*	78.8%	78.0%	78.4%
Families of registered migrant workers	34.0%	34.3%	35.6%	32.8%	34.2%

* Chi-square was statistically significant at the 0.05 level.

The quantitative study confirms a fear of infectious diseases from abroad. These diseases include cholera, elephantiasis, malaria, tuberculosis and some unknown infectious diseases.

‘Refugees have some diseases from their countries that we cannot know. There are many of them but we do not have enough doctors. Sometimes there is an outbreak and we have to send our health personnel to help them in the camp’

(IDI LO 8.1)

‘There is a need to take care of sanitation in the camp because they reside in the water basin. It may have an effect on us as well’

(IDI LO 8.3)

‘Major diseases that they have got are cholera, diarrhea and other infectious diseases. There was a cholera outbreak’

(IDI NGO 8.3)

‘Malaria and diarrhea are commonly found among migrants because of poor hygiene’

(IDI M 8.1)

‘I heard that malaria and elephantiasis are often found among migrants’

(IDI GO 8.3)

‘Refugees have got some infectious diseases that have already disappeared from Thailand’

(IDI GO 8 .2)

‘Malaria and elephantiasis are transmitted by mosquitoes, migrants often get these diseases. When a mosquito bites migrants and then bites Thais, the disease will spread’

(FGD 8.1)

‘We are worried about contagious diseases that they bring from that side (Myanmar). They have lots of infectious diseases’

(FGD 8.2)

4.4 The Future of Refugees

The most important issue concerning the future of MDPs living in the border camps is whether they should be allowed long-term residency and be granted permission to work in Thailand, or should they be repatriated to Myanmar when the situation is deemed right. Recently, Thailand announced a plan to close all border camps and send hundreds of thousands of refugees back to Myanmar. It is important to know how Thai people think about such issues. Table 4.15 shows that only 12.8 percent of respondents felt that those refugees should be allowed to live and work in Thailand permanently, while the majority agreed to send them back. Urban residents and villagers seemed to agree with this more than rural residents and community leaders.

The main reasons for sending refugees back to their homeland include job competition, personal security threat, competition for land and water resources, country budget burden and illegal entry. When comparing reasons for sending refugees back to their place of origin between rural and urban residents, there was a difference. About two-fifths of rural residents were concerned about personal safety, competition for land and water resources and job competition, while slightly more than one-fourth of urban respondents were concerned about job competition, followed by personal threat and country budget burden, respectively. As shown in Table 4.16 there was also a difference in attitude between community leaders and villagers toward this issue. Community leaders were more concerned about personal security threat, deforestation and job competition as well as competition for land and water resources. Villagers were more concerned about job competition, personal security threat, and competition for land and water resources.

The reasons for agreeing to allow refugees to stay and work permanently were humanitarian, labour shortage and lower wages (see Table 4.16). Respondents living near the camp areas agreed more with these reasons than those living in an urban area. In addition, community leaders agreed for the reasons of labour shortage, followed by humanitarian and lower wages, while villagers agreed for humanitarian reasons, labour shortage and lower wages (see Table 4.16).

Table 4.15: Percent of respondents considering whether refugees should be allowed to live and work in Thailand permanently or sent back to their origins by position and location

Opinion	Position		Location		Total
	Leader	Villager	Camp	City	
Allow them to live and work in Thailand permanently	18.0%	11.5%	18.4%*	7.2%*	12.8%
Send back to their origins	82.0%	88.5%	81.6%*	92.8%*	87.2%

*Chi-square was statistically significant at the 0.05 level

Table 4.16: *Reasons for sending refugees back to their origins or allowing them to live and work permanently by position and location

Reasons	Position		Location		Total
	Leader	Villager	Camp	City	
Reason for sending refugees back to their origins					
Job competition	13.0%	27.5%	20.0%	29.2%	24.6%
Personal safety concerns	18.0%	22.3%	22.4%	20.4%	21.4%
Competition for land and water resources	13.0%	14.3%	22.0%	6.0%	14.0%
Burden on public finance	10.0%	10.8%	6.0%	15.2%	10.6%
Non-Thai and illegal entrants	5.0%	9.3%	5.6%	11.2%	8.4%
Fear of growing number of MDPs	8.0%	7.3%	4.8%	10.0%	7.4%
Deforestation	15.0%	2.0%	7.6%	1.6%	4.6%
National security concerns	4.0%	3.5%	2.4%	4.8%	3.6%
Disease carriers	4.0%	1.8%	2.4%	2.0%	2.2%
Involved in drug trafficking	2.0%	1.5%	2.0%	1.2%	1.6%
Reason for allowing refugees to live and work permanently					
Humanitarian reason	7.0%	5.5%	9.2%	2.4%	5.8%
Labour shortage in Thailand	13.0%	3.8%	7.2%	4.0%	5.6%
Lower wages than Thai workers	2.0%	1.5%	2.0%	1.2%	1.6%

* can answer more than one reasons

PART V

SUMMARY

This part presents a summary of the key findings which cover all eight dimensions. In addition, it provides recommendations to improve attitudes toward MDPS.

5.1 Summary of Key Findings in Respect to Hypotheses

As we anticipated that positive opinions toward MDPs are related to close contacts with MDPs and the human rights principle. On the other hand, negative opinions toward MDPs are associated with a feeling of otherness and a competition for job and resources. The results from this study support these hypotheses to some extent. It is found that rural dwellers that have close contacts with MDPs are more likely to have positive opinions toward refugees and migrants. The findings of human rights, educational service and health services issues do support the hypothesis on the positive opinions toward MDPs are related to the human rights principle.

With regard to negative opinions toward MDPS, it was found that a feeling of otherness which is related to a fear of non-registered generates negative attitudes toward MDPs in particular on the issue of personal safety. This result also supports the hypothesis on a feeling of otherness is related to negative opinions toward MDPs. In addition, a competition for resources between local residents and MDPs shows a great concern for Ratchaburi residents, it indicates that hypothesis on negative opinions toward MDPs are related to a competition for job and resources between local residents and MDPs is supported

5.2 Summary of Key Findings

The study reveals both positive and negative views held by Ratchaburi respondents toward refugees and migrant workers from Myanmar. Brief observations can be made as follows:

1. All respondents provided a more positive view of registered migrant workers and refugees than non-registered migrant workers.

2. Rural respondents who had contact with refugees and migrants tended to have more positive attitudes toward them.
3. Generally, community leaders were more likely to be positive toward refugees and registered migrants than non-registered migrants when compared to their villagers.
4. Personal security threat was a major concern for all respondents. Over half of respondents (52.0%) believed refugees posed a threat to their human safety, while slightly less than half of them (48.0%) thought registered migrant workers believed this. Non-registered migrants, however, were seen as the biggest threat as 77.2 percent of respondents indicated.
5. On human rights issues, about half of respondents agreed to provide shelter and humanitarian to refugees. Basic necessities of life for MDPs is another humanitarian issue that the respondents agreed to provide to registered migrants (67.2%), followed by refugees (63.6%), and non-registered migrants (34.2%), respectively. When the issue of providing the same labour protections as for Thais was raised, the same pattern of agreement as for the previous statement was found but with lower percentages.
6. Regarding labour protection, only 49.2 percent of respondents agreed to provide minimum wages to registered migrants, while only 17.0 percent agreed to provide them the same wage as Thai workers. It was noted that the level of agreement on this issue declined considerably when such protection would be provided to non-registered migrants.
7. With respect to economic aspects, slightly more than two-thirds of local residents were concerned about job competition, especially with non-registered migrants. This feeling was from urban residents and community leaders more than from rural residents and villagers. Over half of the respondents were also worried with the competition for land and natural resources.
8. On social and cultural issues, over 70 percent agreed that MDPs should use Thai language in communications with Thais, but there was a lower percentage of agreement (less than two-thirds) as to whether Thais should use ethnic languages to communicate with MDPs. It was noted that Thais seemed to prefer the assimilation of migrants into the Thai mainstream culture.
9. On education, over half of respondents agreed that refugees and migrants' children get permission to study in Thai schools and should attend Thai school and get certificates. However, only one-third agreed to provide such programmes to children of non-registered migrants. Similar patterns of opinions were observed when asked about whether children of MDPs should learn both their ethnic languages and Thai language in school, but with an increasing level of agreement considering children of non-registered migrants.
10. Regarding the issue of human settlement, slightly more than half of respondents did agree to grant permanent residency to stateless persons. Slightly less than one-third of respondents

agreed to grant PR registered migrants and refugees who married Thais. They also did not agree with granting PR to those who have lived at least ten years in Thailand.

11. Regarding health issues, opinions of respondents are as follows:
 - a. Four-fifths of respondents agreed with standard health treatments for registered migrants, followed by refugees (73.0%) and non-registered migrants (44.8%), respectively.
 - b. Around 60 percent preferred separate health facilities for non-registered migrants, followed by refugees (55.6%) and registered migrants (47.6%).
 - c. Around 75 percent of respondents agreed with providing public health services to registered migrants, followed by refugees and non-registered migrants, respectively. The majority did not, however, consider that non-registered migrant workers should enjoy the same privileges.
 - d. Most respondents agreed strongly that refugees and all migrant workers should self-finance their own healthcare services. Though a majority of them also agreed that non-government organisations and United Nation agencies should subsidise healthcare costs for MDPs, they did not agree that the Royal Thai Government should do that.
 - e. Respondents reported that healthcare services provided to registered migrants should be improved (90.8%), followed by their families (56.0%). But, they agreed less that such improvements be provided for refugees and non-registered migrants.
 - f. Over 80 percent view non-registered migrants as disease carriers, followed by families of non-registered migrants (78.4%) and refugees (80.2%).
 - g. Fear of disease from refugees and migrants pertained to certain infectious diseases such as cholera, elephantiasis and malaria.

5.3 Policy Recommendations

1. *Human Rights Policy and Protection of Refugees*

As the majority of respondents have supported the human rights principle to provide assistance to refugees, the government should work closely with UNHCR, other UN agencies and NGOs to provide protection and humanitarian assistance to those refugees facing political persecution and human rights abuse. Importantly, coordination among policy makers and stakeholders is necessary to ensure consistent policy practice and continuity. The Thai government and its bureaucracies should be flexible and more adaptable to local circumstances.

2. *Protection of Life and Property*

As both migrants and Thais need better protection of their lives and properties, the justice system should be improved and law enforcement enhanced in border provinces. More secure environment and improved community safety could ensure social cohesion in areas where several ethnic groups live.

3. *Economic Opportunities*

Respondents perceive that intense job competition and competition for land and natural resources exists between Thais and migrants. Urban people have a more negative view on migrants and refugees than their rural counterparts. This perception runs against the fact that migrants are usually employed in the “3D jobs” (dirty, dangerous and difficult) ignored by most Thais. The Thai authorities, media and scholars should, therefore, produce more positive information on the economic contributions of migrants.

4. *Education Policy*

At present, most refugees and migrants are not educated in schools accredited by the Ministry of Education of Thailand. Many children of migrants have not enrolled in Thai schools as bilingual education is not well promoted. This study found that respondents strongly support refugees’ and migrants’ children enrolment in schools accredited by Thai authorities. Moreover, they also supported the attendance of migrant children in Thai schools and bilingual education for migrants. Thai education policy should therefore aim to promote access of migrants and their children to schools accredited by Thai authorities. Teachers who speak ethnic languages of migrants should be recruited to motivate the enrolment of migrants’ children into Thai schools. In addition, more information campaign is needed to encourage Thais to understand the rights of migrants to education.

5. *Health Policy*

A majority of respondents supported access to universal healthcare for refugees and migrants, but they did not support a health subsidy to be given by the Thai government. The registration of all migrants is an appropriate solution to this problem. In order to help them to access healthcare services, as well as to improve their health, mobile health care services, health promotion and preventative health programmes should be promoted. In addition, migrant health volunteers and Thai village health volunteers will be playing a crucial role in improving the health of migrants. As non-registered migrants are not covered by any healthcare scheme, self-funding and co-payment schemes between employees and employers should be established. As a majority of respondents viewed refugees and non-registered migrants and their families as disease carriers, migrants’ health screening and registration could be a solution to reduce negative attitude toward them.

6. *Media and Communication*

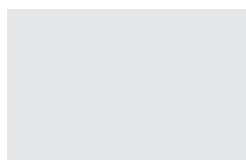
Many negative views and perceptions of refugees and migrants in Thailand are influenced by negative reporting from the Thai media. According to this survey, the main sources of information on refugees and migrants of respondents were from TV and conversations with other people. Regarding information distributed through the media, television seems to have a major role, followed by print media and radio. Therefore, the media should play a key role in reducing such prejudice.

7. *Social Cohesion and Community Involvement*

To avoid misunderstandings and conflict between local residents and migrants, collective management of local resources, such as forest and water resources, involving refugee camp committees and local community leaders should be promoted. More interactions and exchanges between refugees, NGO personnel and local community members should also be promoted to ensure social cohesion.

8. *Human Settlement and Local Integration*

Flexible solutions to local integration issues involving stateless children, refugees and migrants are necessary with the involvement of all stakeholders. Multiculturalism should be promoted in order to create a more inclusive society where people of different ethnic origins can live and work together.



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Ratchaburi is a western border province housing 7,000 refugees and over 30,000 migrants from Myanmar. The presence of many refugees and migrants in the province has raised local concerns on their social and economic impacts. In order to better understand this situation, a survey of Thai public opinions in Ratchaburi was conducted to examine their views on eight major dimensions as follows: 1) Personal Security; 2) Human Rights; 3) Labour Protection; 4) Economic Views; 5) Socio-cultural Views; 6) Human Settlement and Naturalisation; 7) the Future of Myanmar Displaced Persons and Migrant Workers in Thailand; and 8) Policy Views on Social Services including education and healthcare. This study is intended to find out local views useful for policy recommendations aimed at promoting peace and understanding between local and migrant populations.

RATCHABURI