



**MAHIDOL
UNIVERSITY**
Wisdom of the Land



**World Health
Organization**



European Union

MAE HONG SON

TAK

KANCHANABURI

RATCHABURI

2

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

- Malee Sunpuwan
- Sakkarin Niyomsilpa

Institute for Population and Social Research, Mahidol University
Supported by World Health Organization and the European Union



**MAHIDOL
UNIVERSITY**
Wisdom of the Land



**World Health
Organization**



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

Malee Sunpuwan
Sakkarin Niyomsilpa

Institute for Population and Social Research, Mahidol University
Supported by the World Health Organization and the European Union

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

Malee Sunpuwan

Sakkarin Niyomsilpa

@Copyright 2014 by the Institute for Population and Social Research, Mahidol University

All rights reserved

500 copies

Cataloguing in Publication

The Survey of Thai Public Opinion toward Myanmar Refugees and Migrant Workers:

A Case Study of Mae Hong Son Province/ Malee Sunpuwan, Sakkarin Niyomsilpa. -- 1st ed. -- Nakhon Pathom: Institute for Population and Social Research, Mahidol University, 2014

(Publication/ Institute for Population and Social Research, Mahidol University; no. 429)

ISBN 978-616-279-490-2

1. Public opinion. 2. Public opinion -- Myanmar. 3. Migrant labor -- Myanmar. 4. Refugees -- Burma.

I. Malee Sunpuwan. II. Sakkarin Niyomsilpa. III. Mahidol University. Institute for Population and Social Research. IV. Series.

HN90.P8 S963mh 2014

Published by: Institute for Population and Social Research, Mahidol University
Phutthamonthon 4 Road, Salaya, Phutthamonthon, Nakhon Pathom 73170
Telephone: 66 2 4410201-4
Fax: 66 2 441 9333
E-mail: directpr@mahidol.ac.th
Website: <http://www.ipsr.mahidol.ac.th>

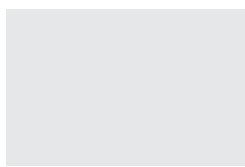
IPSR Publication No. 429

PREFACE

Ethnic and political conflicts in Myanmar that have occurred since its independence from Britain have caused a huge number of people to become Myanmar displaced persons (MDPs). Many of them are internally displaced persons (IDPs) trying to survive from a subsistence economy while many others have chosen to cross borders and head to neighbouring countries to become refugees and migrants there. These countries of destination include Bangladesh, India, Malaysia and Thailand. In early 2012, the Thailand Burma Border Consortium (TBBC) reported that more than 130,000 refugees from Myanmar reside in nine refugee camps in four Thai-Myanmar border provinces (Mae Hong Son, Tak, Kanchanaburi and Ratchaburi). It is also estimated that about four million migrants from Myanmar have also migrated to Thailand, half of them are non-registered migrants.

Mae Hong Son is one of border provinces that house four refugee camps. It hosts almost 50,000 refugees and 6,000 migrants from Myanmar. Hosting a number of refugees and migrants from Myanmar raises concerns about their situation on humanitarian aid and protection. To discern these situations, this study will focus on eight issues 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. It is found that Mae Hong Son respondents have quite positive views about MDPs in areas related to humanitarian principles and public services but less positive views issues such as personal safety and local integration. There is a difference of opinion between urban and rural residents, that is, urban people generally have more negative views about MDPs than their rural counterparts while villagers are more positive toward non-registered migrants and less positive toward refugees and registered migrants when compared to community leaders.

The study consists of five parts, beginning with Part I which provides a situation of refugees and migrants in Mae Hong Son. Part II presents a literature review of previous studies on refugees and public service issues. Part III illustrates details on the research methods for this study, which included a survey of 500 persons and qualitative work focusing on 11 in-depth interviews and two focus group discussions. Part IV discusses public opinion toward refugees and migrants from Myanmar. Part V provides a summary of key findings and its conclusion as well as policy recommendations.



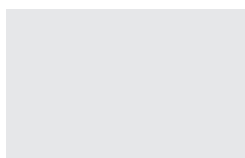
FOREWORD

Mae Hongson is one province bordering Thailand and Myanmar, it shares a border with three states of Myanmar (Shan, Kayah and Kayin) in the north and west. There is a long history of refugees in Mae Hong Son province. Following more than two decades of political conflict in Myanmar, camps were originally established on the Myanmar side of the border before eventually being moved to the Thai side. Since then camps have been combined and moved several times. Currently, there are four refugee camps in Mae Hong Son, namely, Ban Mai Nai Soi, Ban Mae Surin, Mae Ra Ma Luang and Mae La Oon. Currently, it is estimated that Mae Hong Son hosts almost 50,000 refugees and 6,000 migrants from Myanmar.

It is known that hosting refugees and migrants creates a public concern for the native population which is primarily driven by cultural and ethnic tensions between the native and migrant populations. Therefore, public opinion of natives is important because it plays a significant role in policy making. Moreover, it also helps to make changes possible and increases the support of the wider society.

This report is one of a series of reports on Thai public opinion toward Myanmar refugees and migrant workers. It attempts to explain Thai public opinion toward refugees and migrants from Myanmar at the local level in Mae Hong Son province. We hope that the information and findings of this report are useful for local policy makers to correct misunderstandings, reduce prejudice and discrimination.

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



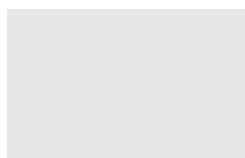
ACKNOWLEDGEMENTS

The research team wishes to acknowledge with sincere gratitude the most important individuals and organisations who have made this report possible. First and foremost, we would like to thank 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. Our sincere gratitude also goes to the stakeholders at a workshop and conference during all stages of the study for their useful recommendations.

We are grateful 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. Special appreciation goes to our colleague in developing the project, Dr. Charnporn Holomyong. Thanks also to our field supervisors and interviewers who committed their best efforts toward the project's success.

Lastly, our thanks and appreciation to the European Union and the Office of the 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 thank WHO staff, Dr. Brenton Burkholder, Programme Officer, Ms. Aree Mounsookjareoun, National Professional Officer and Ms. Sushera Bunluesin, Programme Assistant, who provided continued support and thoughtful suggestions.

The Research Team



ABSTRACT

The objective of this report is to uncover current attitudes of Thai people toward refugees and registered and non-registered migrants from Myanmar which are called Myanmar displaced persons (MDPs). The findings from this study will 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 MDPs. There are three main objectives of this study, namely, mapping the Thai community attitudes toward Myanmar displaced persons in Mae Hon Son, assessing Thai community views on public health policy improvements targeting MDPs, and providing recommendations regarding potential interventions to improve Thai public attitudes toward MDPs.

Both quantitative and qualitative approaches were employed in order to explore Thai public opinion on MDPs in Thailand as well as assessing Thai public opinion on public services, especially education and healthcare services. The quantitative approach consisted of 500 face-to-face interviews with structured questionnaires (400 villagers and 100 community leaders). Half of the respondents lived in rural areas or close to camp areas and another half lived in urban or city areas. The qualitative approach comprised 11 in-depth interviews (IDIs) and two focus group discussions (FGDs). Key informants were community leaders, government agencies, local media and village health volunteers. The public opinion on Myanmar displaced persons and migrants covered the following major dimensions: security; human rights; labour protection; economics; socio-cultural; human settlement & naturalisation; future of Myanmar displaced persons and migrant workers in Thailand; and policy views on public services, including education and healthcare. The major findings from the study are as follows:

1. Respondents in rural areas were in close contact with refugees and had better understandings on refugees and migrants, leading to more positive attitudes toward them than that of urban residents.
2. All respondents had favourable attitudes toward registered migrant workers and refugees than non-registered migrant workers.
3. On personal safety issues, this was a major concern for all respondents. Fear of non-registered migrants was highest among respondents from both camp and city locations, followed by a fear of refugees and registered migrants. Taking location into account, negative attitudes toward refugees and migrants among urban dwellers was stronger than that of rural dwellers.

4. With regard to human rights issues, respondents agreed with providing humanitarian assistance like shelter and basic needs to displaced persons, in particular to those living in camps. They however agreed strongly with providing security protection to registered migrants than to refugees and non-registered migrants.
5. In terms of labour protection, less than half of the respondents considered that labour protection levels should be the same amongst Thai and registered migrant workers. Less than ten percent agreed to provide such protection to non-registered migrant workers. However, the same minimum wage between Thai and migrant workers was rarely accepted by most Thais; this helps to explain why such workers are underpaid and receive less protection.
6. With respect to economic aspects, local people in Mae Hong Son were more concerned with job competition from non-registered migrants as opposed to other groups of displaced persons. This is due to the fact that non-registered migrants provide the cheapest labour. However, local people were less concerned about competition for land and water compared to job competition issues.
7. Regarding social and cultural issues, many respondents in Mae Hong Son agreed that displaced persons from Myanmar should use the Thai language to communicate with Thais. Yet, the proportion of respondents who expressed a high level of agreement declined when asked if Thais should learn languages of ethnic minorities. The proportion of respondents who agreed very much and agreed totally with cultural exchanges with MDPs was even lower. These findings may indicate that Thais are willing to allow displaced persons from Myanmar to assimilate into Thai society while maintaining Thai cultural dominance.
8. On education, respondents generally agreed with the issue of providing Thai education for those residing in the camps, followed by registered migrants and then non-registered migrants. Although education for all includes migrants children, only two-thirds to three fourths of respondents agreed to such programmes.
9. Regarding the issue of human settlement, local residents in Mae Hong Son seemed to agree with granting permanent residency status to ethnic minorities who were stateless rather than to displaced persons from Myanmar.
10. On health issues, a majority of respondents agreed strongly on provision of public health services with similar standard as Thais to registered migrants, followed by refugees and non-registered migrants. However, they did not consider that non-registered migrant workers should enjoy the same privileges. Thus an access to healthcare service of non-registered migrants was difficult because they were not covered by any health insurance system. Self-funding was the respondents'

most preferable method for health financing of refugees and migrants. But respondents agreed that healthcare financing for refugees should be provided by United Nations agencies and non-government organizations and healthcare financing for non-registered migrants should be borne by non-government organisations. Non-registered migrants and their families were also viewed as disease carriers because the fear of disease often occurred among migrant populations, particularly elephantiasis, malaria, polio and meningococcal meningitis.

Policy Recommendations

1. *Human Rights Policy and Protection of Refugees*

As the majority of Mae Hong Son respondents gave considerable attention to human rights principle in providing assistance to refugees, the Royal Thai Government (RTG) should allow UN agencies, international and local non-government organizations to provide protection and humanitarian assistance to those facing political persecution and human rights abuse.

2. *Protection of Life and Property*

As both migrants and Thais needed better protection of their lives and properties, the justice system should be improved and law enforcement enhanced. Safer and more secured environment could assure everyone of less threat in areas where different ethnic groups live together.

3. *Economic Opportunities*

Respondents perceived that intense job and natural resource competition exists between Thais and non-registered migrants due to demand on cheap labour. Urban people have an unfavorable view of migrants and refugees than their rural counterparts. Therefore, more information on the economic contribution of migrants should be produced, and positive views on migrants should be promoted by the Thai State, media and scholars.

4. *Education Policy*

Although education for all in Thailand includes all children residing in Thailand regardless of their legal status, only two-thirds to three-fourths of Mae Hong Son respondents supported such a practice. Hence, Thai education policy should provide outreach campaigns to promote access to Thai education of migrants and their children. In addition, bilingual teachers who speak ethnic languages of migrants should be made available to motivate the enrolment of migrants' children in Thai schools. Public education should be undertaken to ensure that Thai people understand the universal education policy that includes migrant children.

5. *Health Policy*

On a positive note, Mae Hong Son respondents supported the access to universal healthcare service of refugees and migrants, but they did not want the Thai government to provide financial support for them. The increase in registration of migrants is an appropriate solution to this problem. Barriers to access healthcare services of those MDPs included language barriers, a lack

of transportation, shortage of health personnel, and fear of deportation. In order to help them to improve access to healthcare services, mobile healthcare service and health promotion/prevention programmes should be set up. In addition, migrant health volunteers and Thai village health volunteers can play a crucial role to improve the health of migrants. Health care financing for refugees should continue to be supported by non-governmental organisations (NGOs) and United Nations agencies. As non-registered migrants are not covered by any healthcare scheme, healthcare subsidies should be shared among migrants, employers and other parties. As a majority of Mae Hong Son respondents viewed non-registered migrants and their families as disease carriers, the registration of migrant workers in Thailand and their health screening could reduce negative attitude toward them.

6. *Media and Communication*

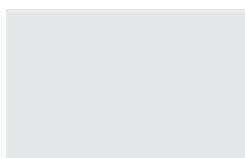
Many negative views of refugees and migrants in Thailand are influenced by biased media reports. According to this survey, three-fourths of Mae Hong Son respondents reported that information about refugees came from friends or relatives. For public media, television played a major role, followed by print media and radio. With fifty thousand refugees and migrants residing in Mae Hong Son, a more balanced view of media reports on migrants should be done.

7. *Social Cohesion and Community's Involvement*

As job competition and competition for land and natural resources with non-registered migrants are a major concern for Mae Hong Son respondents, 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 interaction and exchange between refugees, NGO personnel and local community members should also be promoted to ensure social cohesion.

8. *Human Settlement and Local Integration*

Over half of Mae Hong Son respondents supported the granting of citizenship to ethnic minorities born in Thailand, while less than half support granting of such rights to refugees and migrants. Moreover, social integration is difficult for refugees and migrants as they have to work through many legislation. Flexible solutions to local integration issues should be undertaken involving 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.



LIST OF CONTENTS

PREFACE	i
FOREWORD.....	iii
ACKNOWLEDGEMENTS.....	iv
ABSTRACT.....	v
LIST OF CONTENTS.....	ix
LIST OF FIGURES	xi
LIST OF TABLES.....	xii
EXECUTIVE SUMMARY	xv
 PART I INTRODUCTION.....	 1
1.1 Introduction.....	1
1.2 Objectives of the Study.....	4
 PART II THEORIES AND LITERATURE REVIEW.....	 5
2.1 Theories.....	5
2.2 Literature Review.....	6
Background of Myanmar Refugees and Migrants.....	6
Refugee Status.....	6
Rights of Refugees and Migrant Workers.....	7
Migrant Registration and Nationality Verification of Migrant Workers.....	7
Perception of Refugees and Migrants.....	8
2.3 Hypotheses.....	8
 PART III RESEARCH METHODS.....	 9
3.1 Research Design.....	9
3.2 Population and Sampling.....	9
3.3 Data Collection Process.....	10
3.4 Data Quality Control.....	11
3.5 Data Analysis.....	11
3.6 Ethical Considerations.....	12
3.7 Terminology.....	13

PART IV FINDINGS.....	15
4.1 Profile of Respondents.....	15
4.2 Sources of Information about Refugees.....	17
4.3 Mae Hong Son's Public Opinion toward Displaced Persons from Myanmar.....	18
4.3.1 Human Safety.....	18
4.3.2 Human Rights.....	19
4.3.3 Labour Protection.....	20
4.3.4 Economic Dimension.....	20
4.3.5 Socio-cultural Dimensions.....	22
4.3.6 Education Dimension.....	23
4.3.7 Human Settlement and Naturalisation.....	24
4.3.8 Healthcare.....	25
4.4 The Future of Refugees.....	38
PART V SUMMARY.....	41
5.1 Summary of Key Findings in Relation to Hypotheses.....	41
5.2 Summary of Key Findings.....	41
5.3 Policy Recommendations.....	43
REFERENCES.....	46

LIST OF FIGURES

Figure 1.1: Map of Mae Hong Son province.....	1
Figure 1.2: Number of migrant workers in Mae Hong Son province, 2005-2012.....	3

LIST OF TABLES

Table 1.1:	Population in Mae Hong Son province, 2011.....	2
Table 1.2:	Number of refugees in Mae Hong Son province, 1998-2012.....	3
Table 3.1:	Sample allocation by types of individuals.....	10
Table 3.2:	Sample Allocation for in-depth interviews and focus group discussions.....	10
Table 4.1:	Profile of respondents.....	16
Table 4.2:	Sources of information about refugees amongst respondents.....	18
Table 4.3:	Percent of respondents agreeing that refugees or migrant workers posed a personal security threat by position and location.....	18
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.....	19
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.....	20
Table 4.6:	Percent of respondents agreeing that refugees and migrants competed with locals for jobs, land and water resources by position and location.....	21
Table 4.7:	Percent of respondents agreeing that refugees should be allowed to work to increase their self-reliance by position and location.....	21
Table 4.8:	Percent of respondents agreeing that language use as a cultural exchange should be encouraged and ethnic languages should be used to disseminate information by position and location.....	22
Table 4.9:	Percent of respondents agreeing that education for refugees and migrants should be provided by position and location.....	24
Table 4.10:	Percent of respondents agreeing that permanent residence and citizenship should be granted by position and location.....	25
Table 4.11:	Percent of respondents agreeing that standard healthcare services should be provided and health facilities should be separated by position and location.....	26
Table 4.12:	Percent of respondents agreeing that provision of health services should be given by position and location.....	28

Table 4.13: Percent of respondents perceiving that healthcare services provided to certain groups of MDPs should be improved by position and location.....	30
Table 4.14: Percent of respondents in agreeing on where financial support should come from by position and location.....	33
Table 4.15: Percent of respondents that view MDPs as disease carriers by position and location...	37
Table 4.16: Percent of respondents perceiving that whether refugees should be allowed to live and work in Thailand permanently or sent back to their origins by position and location.....	38
Table 4.17: Reason for sending refugees back to their origins or allowing them to live and work permanently by position and location.....	39

EXECUTIVE SUMMARY

Though respondents in Mae Hong Son province have quite positive attitudes toward MDPs, some negative views and prejudice on refugees and migrants still exist. Therefore, continued efforts to improve community relations between Thais and MDPs are necessary. Major findings in this research are as follows:

1. Respondents in rural area were in closer contact with refugees and had better understanding of refugees and migrants, leading to more positive attitudes toward them than that of their urban residents.
2. Generally, respondents had favourable attitudes toward registered migrant workers and refugees than non-registered migrant workers. However, there are different attitude toward MDPs between different locations and positions, that is, urban residents generally have more negative views about MDPs than their rural counterparts while villagers are more positive toward non-registered migrants and less positive toward refugees and registered migrants when compare to villagers community leaders.
3. On personal safety issues, this was a major concern for all respondents. A fear of non-registered migrants was highest among respondents from both nearby camps and city locations, followed by a fear of refugees and registered migrants. Taking the location into account, negative attitudes toward refugees and migrants among urban dwellers was stronger than that of rural dwellers.
4. With regard to human rights issues, respondents agreed with providing humanitarian assistance such as shelter and basic needs to displaced persons, in particular to those living in camps. They however agreed strongly with providing security protection to registered migrants than to refugees and non-registered migrants.
5. In terms of labour protection, less than half of respondents considered that labour protection levels should be the same among Thais and registered migrant workers. Less than ten percent agreed to provide such protection to non-registered migrant workers. However, the same minimum wage between Thai and migrant workers was rarely accepted by most Thais; this helps to explain why such workers are underpaid and receive less protection.

6. With respect to economic aspects, local residents in Mae Hong Son were more concerned with job competition from non-registered migrants as opposed to other groups of displaced persons. This is due to the fact that non-registered migrants provide the cheapest labour. However, local residents were less concerned about competition for land and water compared to job competition issues.
7. Regarding social and cultural issues, many respondents in Mae Hong Son agreed that displaced persons from Myanmar should use the Thai language to communicate with Thais. Yet, the proportion of respondents who expressed a high level of agreement declined when asked if Thais should learn languages of ethnic minorities. The proportion of respondents who agreed very much and agreed totally with cultural exchanges with MDPs was even lower. These findings may indicate that Thais are willing to allow displaced persons from Myanmar to assimilate into Thai society while maintaining Thai cultural dominance.
8. On education, respondents generally agreed to provide Thai education for those residing in the camps, followed by registered migrants and then non-registered migrants. Although education for all includes migrants children, only two-thirds to three fourths of respondents agreed to such programmes.
9. Regarding the issue of human settlement, local residents in Mae Hong Son seemed to agree with granting permanent residency status to ethnic minorities who were stateless rather than to displaced persons from Myanmar.
10. On health issues, opinions of Mae Hong Son respondents can be summarised as follows:
 - a. Almost 70 percent of Mae Hong Son residents considered that registered migrants should receive standard health services, followed by refugees and non-registered migrants.
 - b. Although three-fourths of respondents preferred separate health facilities for non-registered migrants, less respondents agreed to such situation for refugees and registered migrants. For the latter, the separation of health facilities is not appropriate because of perceived discrimination and shortages of health personnel and medical equipment.
 - c. More than 70 percent of local respondents agreed strongly on the provision of public health services to registered migrants and to refugees. The majority did not however view that non-registered migrant workers should enjoy the same privileges. Access to healthcare service of non-registered migrants was difficult because they were not under any health insurance system. Other barriers include language barriers, a lack of transportation, shortage of health personnel and fear of deportation.
 - d. Self-funding was respondents' most preferable method for health financing of refugees and migrants. However, over 80 percent of respondents agreed that healthcare financing for refugees should be provided by United Nations agencies and non-government

organisations. Respondents would not agree with the Thai government's healthcare financing for refugees and migrants. For non-registered migrants, almost 90 percent of respondents viewed that healthcare financing for non-registered migrants should be borne by non-government organisations.

- e. Most respondents (89.4%) considered that healthcare services provided to registered migrants should be improved.
- f. More than 90 percent of respondents viewed non-registered migrants and their families as disease carriers, compared with less than 90 percent for refugees. While less than half of respondents viewed registered migrants and their families as disease carriers, this could be due to the fact that registered migrants receive health screening before getting a work permit.
- g. Fear of disease from refugees and migrants focused on diseases such as elephantiasis, malaria, polio and meningococcal meningitis.

Policy Recommendations

1. *Human Rights Policy and Protection of Refugees*

As the majority of Mae Hong Son respondents gave considerable attention to human rights principle in providing assistance to refugees, the Royal Thai Government (RTG) should allow the UN agencies, international and local non-government organizations to provide protection and humanitarian assistance to those facing political persecution and human rights abuse.

2. *Protection of Life and Property*

As both migrants and Thais needed better protection of their lives and properties, the justice system should be improved and law enforcement enhanced. A safer and more secured environment could assure everyone of less threat in areas where different ethnic groups live together.

3. *Economic Opportunities*

Respondents perceived that intense job and natural resource competition exists between Thais and non-registered migrants due to demand on cheap labour. Urban residents have an unfavorable view of migrants and refugees than their rural counterparts. Therefore, more information on the economic contribution of migrants should be produced, and positive views on migrants should be promoted by Thai State, media and scholars.

4. *Education Policy*

Although education for all in Thailand includes all children residing in Thailand regardless of their legal status, only two-thirds to three-fourths of Mae Hong Son respondents supported such a practice. Hence, Thai education policy should provide outreach campaigns to promote access to Thai education of migrants and their children. In addition, bilingual teachers who speak ethnic languages of migrants should be made available to motivate the enrolment of migrants' children

in Thai schools. Public education should be undertaken to ensure that Thai people understand that universal education policy includes migrant children.

5. Health Policy

On a positive note, Mae Hong Son respondents support the access to universal healthcare service of refugees and migrants, but they do not want the Thai government to provide financial support for them. The increasing registration of migrants is an appropriate solution to this problem. Barriers of access to healthcare services of those MDPs include language barriers, a lack of transportation, shortage of health personnel, and fear of deportation. In order to help them to have a increased access to healthcare services and mobile healthcare services health promotion/ prevention programmes should be set up. In addition, migrant health volunteers and Thai village health volunteers can play a crucial role in improving the health of migrants. Health care financing for refugees should continue to be supported by non-governmental organisations (NGOs) and United Nations agencies. As non-registered migrants are not covered by any healthcare scheme, a healthcare subsidy should be shared among migrants, employers and other parties. As a majority of Mae Hong Son respondents viewed non-registered migrants and their families as disease carriers, the registration of migrant workers in Thailand and their health screening could reduce negative attitudes toward them.

6. Media and Communication

Many negative views of refugees and migrants in Thailand are influenced by biased media reports. According to this survey, three-fourths of Mae Hong Son respondents reported that information about refugees came from friends or relatives. For public media, television played a major role, followed by print media and radio. With 50,000 refugees and migrants residing in Mae Hong Son, a more balanced view of media reports on migrants should be undertaken.

7. Social Cohesion and Community Involvement

As job competition and competition for land and natural resources with non-registered migrants are a major concern for Mae Hong Son respondents, 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 interaction and exchange between refugees, NGO personnel and local community members should also be promoted to ensure social cohesion.

8. Human Settlement and Local Integration

Over half of Mae Hong Son respondents supported the granting of citizenship to ethnic minorities born in Thailand, while less than half support granting of such rights to refugees and migrants. Moreover, social integration is difficult for refugees and migrants as they have to work through many legislation. Flexible solutions to local integration issues should be undertaken involving 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

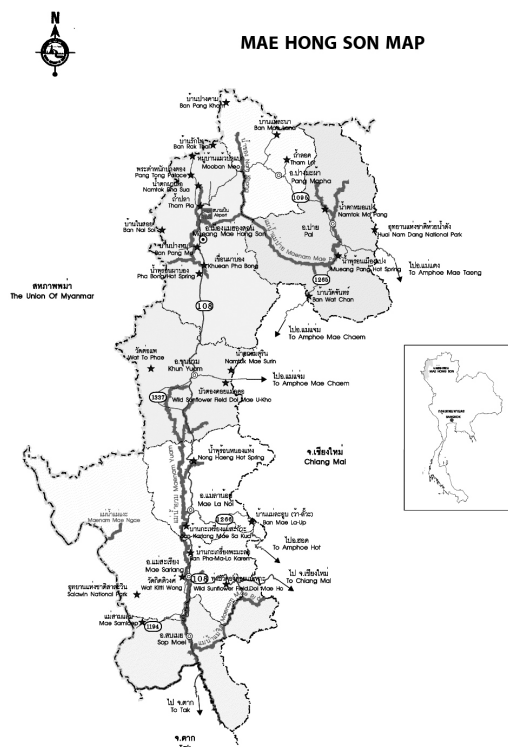
INTRODUCTION

1.1 Introduction

Mae Hong Son is a northern province of Thailand which approximately 924 kilometers from Bangkok. Figure 1.1 shows that the province borders three states of Myanmar (Shan, Kayah and Kayin) in the north and west where Thanon Thongchai Mountains and the Salween and Moei rivers act as a natural boundary between the two countries. To the South, Mae Hong Son borders Ta Song Yang district in Tak province and in the East it borders eight districts of Chiang Mai province (Wiang Haeng, Chiang Dao, Mae Taeng, Samoeng , Galyani Vadhana, Mae Chaem, Hot and Omkoi) (Mae Hong Son Governor's Office, 2012).

All districts in Mae Hong Son share an approximately 483 kilometers long border with Myanmar. Of this, the length of land boundaries is about 326 kilometers, and 157 kilometers is a trans- boundary river. As the province shares a long border with Myanmar, this helps to facilitate cross-border migration as Mae Hong Son is a first stop for some Myanmar migrants before travelling on to work in other provinces of Thailand, especially Chiang Mai, and Bangkok (Mae Hong Son Governor's Office, 2012).

Figure 1.1: Map of Mae Hong Son province



Source: <http://panteethai.com>

With regard to its general population, Mae Hong Son is the province with the lowest population density in Thailand (19.2 people /square km). Its current population is 242,894. The main ethnic majority is Shan, accounting for almost one-third of the total population. Almost two-thirds (63%) are members of hill tribes that comprise nine major tribes, namely, Karen, Hmong, Yao, Lahu, Lisu, Akha, Lua, Khmu and H' Tin (Mae Hong Son Governor's Office, 2012). According to data from the local registration office where residential status can be identified, nine out of ten people in Mae Hong Son already have Thai citizenship (see Table 1.1).

Table 1.1: Population in Mae Hong Son province, 2011

Population	Male		Female		Total	
	No.	%	No.	%	No.	%
Thai citizens	113,831	91.4	108,280	91.6	222,111	91.5
Ethnic minorities	10,763	8.6	9,868	8.4	20,631	8.5
Total	124,594	100	118,148	100	242,742	100

Source : Calculated from Data on the Number of Population, Department of Provincial Administration (Department of Provincial Administration, 2012)

There is a long history of refugees in Mae Hong Son province. Following more than two decades of political conflict in Myanmar, camps were originally established on the Myanmar side of the border before eventually being moved to the Thai side. Since then camps have been combined and moved several times. Currently, there are four refugee camps in Mae Hong Son, namely Ban Mai Nai Soi, Ban Mae Surin, Mae Ra Ma Luang and Mae La Oon (Thailand Burma Border Consortium, 2012)

Table 1.2 shows the number of refugees residing in camps in Mae Hong Son during a period from 1998 to early 2012. The number of refugees has gradually increased and peaked in 2008 and since then has gradually declined. This population change of the camps has resulted from armed conflicts which forced several thousand refugees to Thailand. Among the four camps, Mae Surin has the smallest number of refugees whereas the other three camps have quite similar population numbers (Thailand Burma Border Consortium, 2012).

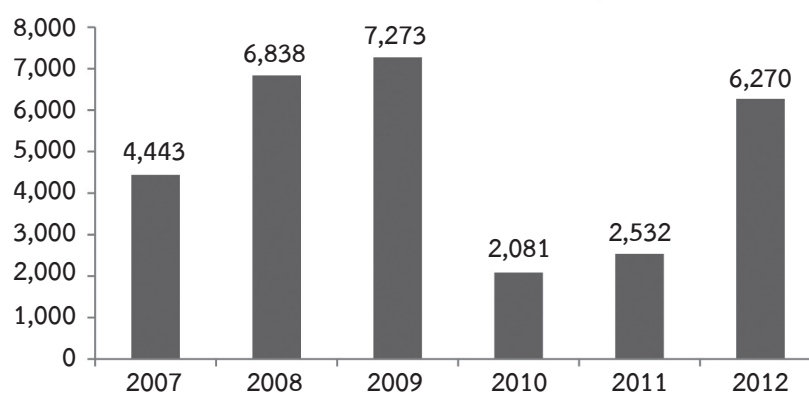
Table 1.2: Number of refugees in Mae Hong Son province, 1998-2012

Year	Ban Kwai/Nai Soi	Mae Surin	Mae La Oon	Mae Ra Ma Luang	Total
1998	10,956	2,772	10,535	7,256	33,517
1999	13,769	2,861	11,073	7,802	37,504
2000	15,912	2,959	13,221	8,743	42,835
2001	16,851	3,240	15,268	9,830	47,190
2002	17,543	3,521	16,270	10,975	50,311
2003	18,466	3,431	15,112	11,800	50,812
2004	19,116	3,666	14,716	12,622	52,124
2005	18,744	3,589	15,331	12,593	52,262
2006	19,541	3,593	15,909	15,949	56,998
2007	19,326	3,653	15,321	15,283	55,590
2008	20,433	4,034	16,098	16,217	58,790
2009	14,505	3,713	16,092	17,642	53,961
2010	14,313	3,505	14,988	17,257	52,073
2011	13,592	3,579	13,763	15,901	48,846
2012	13,770	3,595	14,213	16,317	49,907

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

Figure 1.2 shows how the number of migrant workers in Mae Hong Son province has fluctuated over time. Numbers increased from 4,443 in 2007 to 7,273 in 2009 and then dropped in 2010 before doubling by early 2012 (Office of Foreign Workers Administration, 2012). These changes in numbers of registered workers resulted mainly from the changes in national policy regarding the management of irregular migration.

Figure 1.2: Number of migrant workers in Mae Hong Son, 2005-2012



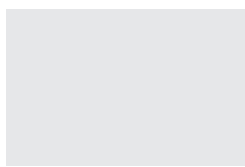
Source: Adapted from the Office of Foreign Workers Administration, 2012 (Office of Foreign Workers Administration, 2012)

Based on the population profile of Mae Hong Son province, ethnic minorities, refugees and migrants do not differ much from local residents because most inhabitants of Mae Hong Son originally came from the Myanmar side of the border.

1.2 Objectives of the Study

In order to identify the current attitudes of the Thai community toward Myanmar refugees and migrant workers in Mae Hong Son with a view to providing recommendations on interventions to correct misunderstandings and reduce prejudice, if any. The objectives of the study are as follows:

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



PART II

THEORIES AND LITERATURE REVIEW

This part presents theoretical and empirical knowledge that contribute to discerning situations of MDPs which include refugees, non-registered migrants and registered migrants.

2.1 Theories

The most common theories that are used to explain public attitudes toward migration are micro-sociological and structural/contextual perspectives. The former focuses on the individual basis and the second emphasizes the contextual or structural level (Ceobanu & Escandell, 2010).

At the individual level, there are three main perspectives, namely, socioeconomic correlates and self-interests, identities and values and contact with out-group members. Firstly, the socioeconomic correlates and self-interests perspectives indicate that an individual's fear of competition for jobs and resources from MDPs could result in one's negative attitudes toward them (Olzak, 1994; Sears & Funk, 1991). Secondly, perspective on identities and values, it illustrates that a group's values and identities are derived from an individual attitude, thus, negative attitudes toward MDPS which are viewed as outsiders results from a positive impression of one's own group identity (Mummendey, Klink, & Brown, 2001). Lastly, the perspective on contact with out-group members, points out that close contacts with MDPs lead to positive attitude toward out-group members and reduced prejudice (Flashman, 2009).

While at the contextual or structural level, the group threat theory is often used to explain a feeling of 'otherness' between groups. Such feeling is results from the competition for power and resources between the majority and ethnic minority groups (Flashman, 2009; Olzak, 1994; Quillian, 1995).

2.2 Literature Review

Not only theories but historical background of refugees and Thailand's migration policies also play important factors in understanding public attitudes toward MDPs. Thus, this section presents related issues of refugees and migration policies in Thailand.

Background of Myanmar Refugees & Migrants

Since Myanmar has achieved independence from British rule in late 1948, political and ethnic conflicts have regularly occurred. Such conflicts have caused a large number of internally displaced persons, refugees and asylum seekers. Many people from Myanmar have been fleeing the country and heading to their neighbouring countries such as Bangladesh, India, Malaysia and Thailand. Considering those who have headed to Thailand, there are two main waves of movements. The first wave occurred during the period of the 1980s with the Myanmar army's offensive against ethnic groups and the second wave occurred in the late 1980s and 1990s with the prosecution and persecution of opposition parties and pro-democracy movements. Since then many of displaced persons have lived in the refugee camps located at the border provinces in Thailand and many of them have become undocumented migrants.

The Royal Thai Government has imposed a freedom of movement control for refugees since 1995. Although leaving the camp and engaging in income-generating activities are not allowed for refugees, some could leave the camp and work outside on case-by-case basis depending on approvals from the camp commander. Thus, humanitarian assistance for food, shelter and other supplies for refugees are from aid agencies (Human Rights Watch, 2012).

As we know, many MDPS decided to live outside the camp, and seek migrant worker status, particularly in 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

For almost three decades now Thailand has hosted millions of MDPs, but has not ratified the 1951 Convention Relating to the Status of Refugees or its 1967 Protocol. Thus refugees and encamped migrants are defined as temporarily displaced persons or asylum seekers and those living outside the camps are referred to as non-registered migrants or irregular migrants. As a result, it makes their stay in Thailand uncertain and their status unclear and they are faced with many challenges in terms of social protection and humanitarian assistance, that include getting fair wages and labour rights protection, accessing health services and justice (Feinstein International Center, 2011; Human Rights Watch, 2012).

Rights of Refugees and Migrant Workers

Because residence in Thailand of refugees, asylum seekers and non-registered migrants is unclear, the Thai authorities have considered those living outside the camps as illegal or non-registered migrants. On some occasions, asylum seekers and non-registered migrants are deported because Thailand does not formally respect customary international law regarding non-refoulement.

To host MDPS the Thai government has set up nine shelters for MDPs along the border provinces, namely, Mae Hong Son, Tak, Kanchanaburi and Ratchaburi. A regularization policy is used to manage irregular migration, based on the 1979 Immigration Act. This allows the Ministry of Interior, with approval from the Cabinet, to permit irregular migrants to temporarily reside in Thailand (Immigration Act, 1979). Moreover, to protect all migrant workers, the Labour Protection Act of 1998 and its amendments, and Criminal and Civil Codes are used (Labour Protection Act B.E. 2541, 1998). Thus, it is their right to acquire fair wages, eight-hour work days, humane working conditions and equal treatment between all men and women. The 2008 Alien Employment Act also allows registered migrants to work temporarily, but non-registered migrants are liable for punishment and a fine up to one hundred thousand Baht (Alien Working Act, 2008).

Migrant Registration and Nationality Verification of Migrant Workers

As we know, the regularisation policy permits migrant workers to temporarily stay in Thailand, but the process of applying for work permits and health insurance, however, is complex and relies on employers. In addition, after receiving work permits and a health card they have to work with only one employer and cannot change jobs without consent from that employer, except for conditions specified by the Ministry of Labour such as the death of the employer and termination of the business enterprise. Additionally, registered migrants are not allowed to travel outside the province in which they are registered.

A memorandum of understanding (MoU) between Thailand and Myanmar has been signed in 2009 with an aim to manage cross-border employment affairs. As a result, registered migrant workers from Myanmar have to verify their nationality with their country of origin by applying for a process of national verification (NV) in order to obtain necessary documents (e.g. temporary passport). When the process of national verification is completed, migrant workers are eligible for a longer working visa, greater freedom of movement and better access to workers' compensation.

The Thai and Myanmar governments initially opened three centers for Nationality Verification (NV) and Temporary Passport Issuance. These centres were set up in Ranong province, Takhilek and Myawaddy. Three years later (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

Migrants are seen as a threat to the national identity when native born citizens have a strong sense of national pride as found from previous studies. Similarly, a feeling of ‘otherness’ for minority ethnic groups of Thais also results from a strong sense of a Thai national identity which is called a ‘Thainess’ (Sattayanurak, 2008; Traitongyoo, 2008). In addition, some findings also reveals that misunderstandings and misgivings between local residents and refugees are caused by limited contact with refugees and migrants (Brees, 2010).

Myanmar refugees and migrants are often seen as a threat to personal safety, social order and public health particularly by security agencies and the local population. In the Thai media, negative portrayals of refugees and migrants are often shown and display them as trouble makers and a burden to Thailand and in particular, insensitive comments by the media and politicians (Chaipipat, 2007; Sides & Citrin, 2007). Apart from the media, recent past occurrences also confirm such negative attitudes toward refugees and migrants shown when the Myanmar Embassy in Bangkok was seized by Myanmar students in 1999 and the hostage taking in Ratchaburi hospital by armed insurgent forces in 2000. Although economic benefits that Thais have received from refugees and migrant workers in terms of lower production costs and increasing labor supplies are evident, their contributions are not adequately recognized by the Thai society.

2.3 Hypotheses

According to the theories and literature review we anticipated that the positive opinions toward Myanmar displaced persons are related to close contacts and human rights principle. Conversely, negative opinions toward Myanmar displaced persons are related to a feeling of otherness as well as a competition for job and resources.

PART III

RESEARCH METHODS

Mae Hong Son province was selected as the study province because a refugee camp is located there. Thus, the survey of Thai public opinions on Myanmar refugees and displaced persons was undertaken in Mae Hong Son province. The research method for this study is presented as follows:

3.1 Research Design

Both quantitative and qualitative approaches were employed. The quantitative method consisted of an opinion survey using structured questionnaire and face-to-face interviews. The qualitative aspect utilized in-depth interviews and focus group discussions with stakeholders using interview guidelines. The stakeholders involved in this research included community leaders, government officials and representatives from non-governmental organisations from both local and international agencies.

3.2 Population and Sampling

Data at the individual level from two groups of people was collected. First, general residents (villagers) aged 18 years and above and second, community leaders were surveyed. With regard to the general population of any area or country, their opinions are believed to have the power to change policy (Burstein, 2003). Community leaders are a part of policy formation which can be a bridge between a government and the general population (Munro, Skelcher, & Roberts, 2006).

Surveying 400 general residents and 100 community leaders in Mae Hong Son was conducted. The study began with a stratified sampling strategy by dividing areas into strata which included sub-districts where refugee camps are located and sub-districts where the city hall is located. Subsequently, five villages from each sub-district were randomly selected. Forty people aged 18 and over were randomly selected from each village while ten community leaders were purposively selected. The community leaders consisted of the village head, community committee members, and another community leaders (see Table 3.1).

Table 3.1: Sample allocation by types of individuals

Types	Sample
General residents or Villagers	400
Community Leaders	100
- Village head	10
- Community committee member	39
- Village health volunteer	21
- Community group leader	30
Total	500

Qualitative data was obtained by using in-depth interviewing and focus group discussions. Key informants were stakeholders including community leaders, government and non-government agencies, health volunteers and local media. Allocation of key informants is presented in the table below.

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	5 people	-
NGOs/ INGOs (related to health issues)	2 people	-
Health Workers	-	2 groups
Local Media	1 person	-

3.3 Data Collection Process

The individual was considered as the entry point of the study, therefore, general residents and community leaders were initially identified through the inclusion criteria mentioned above. Subsequently, information at the individual level was collected by using structured questionnaires and face-to-face interviews.

A survey questionnaire for individuals as well as interview guidelines were constructed at the beginning phase of the study. The questionnaire and guidelines were then tested. The pre-test of questionnaires was conducted twice. Results of the first pre-test indicated a problem of validity and reliability of the five points typical Likert scale range from strongly disagree to strongly agree where Cronbach's alpha of the total score was at 0.35. A modified Likert scale ranging from agree slightly, agree somewhat, agree moderately, agree very much and agree totally was then applied at the second pre-test and the

analysis of reliability revealed that Cronbach's alpha of total scores was higher and at an acceptable level of 0.86.

Data collection began by establishing the size of the target population through approaching community leaders, general residents and key informants. Thereafter, a survey and in-depth interviews were conducted. Quantitative data was collected using a structured questionnaire whilst qualitative data was collected by using interview guidelines.

The survey focused on the socio-demographic data of individuals, knowledge and understanding of refugees and migrant workers from Myanmar, attitudes toward social services provided to refugees and migrant workers, attitudes toward the benefit of refugees and migrant workers and policy suggestions for the Thai government regarding refugees and migrant workers.

Information on the purpose of the study, the process of interview, the confidentiality of the data and their rights to participate or to refuse to participate in the study was provided to all respondents. The respondents who decided to participate in the survey, in-depth interviews and focus group discussion were asked to sign a consent form before an interview took place.

Termination of participation in this study was undertaken where respondents did not want to answer questions and they were not compelled to do so also. In addition, respondents could end the interview at any time they wanted to. In the case of the termination of participation, the same criteria of individual selection was then used.

The survey was conducted in the third and fourth quarters of 2012. However, delayed field survey was due to storms in northern and western Thailand, and subsequent floods in many parts of Thailand in 2012 which disrupted the field work. Soon after the end of the flood, the field survey was completed and consisted of quantitative data collection, focus group discussions and in-depth interviews of key informants.

3.4 Data Quality Control

Quality control for data collection was considered, thus only 10 interviewers who completed at least a bachelors degree with skills necessary for interview were selected. In addition, researchers were monitored throughout the period of data collection.

3.5 Data Analysis

Structured questionnaires and interview guidelines were used to collect data. Data entry was conducted by omitting entry of personal identifying information. Socio-demographic data 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 suggestion for the Thai government on refugees and migrant workers were all compared using percentage and cross tabulation.

Opinions or attitudes was measured by ordering the level of agreement range from agree slightly, agree somewhat, agree moderately, agree very much or agree totally. The study mainly considered a high level of agreement by taking ratings of agree very much and agree totally into consideration.

In order to understand the overall picture of Thai public opinion on refugees and migrants, qualitative data was used as a supplement to quantitative findings. Content analysis was employed for analysing the qualitative data.

3.6 Ethical Considerations

Ethical considerations of the study were taken into consideration by the following procedures:

- Gaining a clear understanding from the respondents and key informants as to why this research was being undertaken and getting permission to participate with full knowledge of rights to refuse to answer any questions 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 was comfortable. Requesting permission to take notes or using 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.

The present study followed several additional steps 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: Any of the peoples of Myanmar, regardless of ethnic group.

Myanmar Displaced Persons (MDPs): Any of the peoples of Myanmar who is a refugee 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 residing in camps in four border provinces (Tak, Mae Hong Son, Kanchanaburi and Ratchaburi) in Thailand.

Non-registered migrant: A migrant from Myanmar who has not registered themselves 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 that 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 should report for a temporary residence card (Tor-ror 38/1).

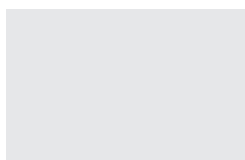
Stateless: A person who is an 'alien or person without Thai nationality' which does not have documents for personal legal status; they are ethnic minorities and rootless persons or those without a civil registration record.

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

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

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



PART IV

FINDINGS

This part of the report begins with the general characteristics of respondents, followed by their acquaintance with refugees, and their attitudes toward Myanmar displaced persons, respectively.

4.1 Profile of Respondents

The respondents from Mae Hong Son province consisted of more males than females (55.6 versus 44.4 %). This pattern was also observed in both camp and city areas. However, male leaders were dominant with a higher proportion than their female counterparts. Generally, a majority of respondents were young adults aged between 30-49 years old. It is noted that community leaders were older than that of villagers with a higher proportion of those aged 40 and above. Most of these respondents were Buddhist and reported that their parents were Thai citizens. Three-fourths were married and had completed primary school but 4.6 percent of respondents reported being illiterate, none of the community leader were illiterate. Ninety percent of respondents were employed with a similar proportion between rural and urban residents as well as community leaders and villagers.

Two questions were asked regarding their experience in visiting refugee camps, and their acquaintance with refugees. Surprisingly, only a little more than one-third of the respondents had visited refugee camps, and only one-fourth of the respondents had known refugees personally, even though Mae Hong Son is home to four refugee camps. It was noted that community leaders and people living surrounding the camps were more familiar with refugees than villagers living in urban areas. In addition respondents knew refugees in their communities which might indicate that refugees travel around camps and communities surrounding camps.

Table 4.1: Profile of respondents

Respondents' profile	Position		Location		Total
	Leader	Villager	Camp	City	
Sex					
- Male	61.0%	54.3%	55.2%	56.0%	55.6%
- Female	39.0%	45.8%	44.8%	44.0%	44.4%
Age group					
- 18-29 years	10.0%	24.0%	18.8%	23.6%	21.2%
- 30-39 years	8.0%	23.3%	18.4%	22.0%	20.2%
- 40-49 years	40.0%	19.8%	26.0%	21.6%	23.8%
- 50-59 years	34.0%	18.0%	23.2%	19.2%	21.2%
- >=60 years	8.0%	15.0%	13.6%	13.6%	13.6%
Religion					
- Buddhist	100.0%	97.5%	99.2%	96.8%	98.0%
- Christian	0.0%	2.5%	0.8%	3.2%	2.0%
Ethnicity of parents					
- Thai	61.0%	75.3%	62.4%	82.4%	72.4%
- Karen	0.0%	3.5%	2.8%	2.8%	2.8%
- Shan	40.0%	23.3%	36.8%	16.4%	26.6%
- Chinese	0.0%	1.0%	0.0%	1.6%	.8%
- Others	0.0%	1.5%	1.6%	0.8%	1.2%
Marital status					
- Single	11.0%	21.5%	15.2%	23.6%	19.4%
- Married	89.0%	71.8%	80.4%	70.0%	75.2%
- Others*	0.0%	6.8%	4.4%	6.4%	5.4%
Education					
- Not enroll at school	0.0%	9.8%	8.4%	7.2%	7.8%
- Primary	50.0%	43.5%	53.6%	36.0%	44.8%
- Secondary	50.0%	46.8%	38.0%	56.8%	47.4%
Employment status					
- Unemployed	10.0%	10.0%	10.0%	10.0%	10.0%
- Employed	90.0%	90.0%	90.0%	90.0%	90.0%

Table 4.1: Profile of respondents (Cont'd)

Respondents' profile	Position		Location		Total
	Leader	Villager	Camp	City	
Experience in visiting refugee camps					
- Yes	57.0%	31.5%	44.4%	28.8%	36.6%
- No	43.0%	68.5%	55.6%	71.2%	63.4%
Having friends/known persons in camps					
- Yes	51.0%	16.0%	30.4%	15.6%	23.0%
- No	49.0%	84.0%	69.6%	84.4%	77.0%
Place of knowing refugees					
- At community	44.0%	5.8%	17.6%	9.2%	13.4%
- At workplace	3.0%	2.8%	2.4%	3.2%	2.8%
- At school	1.0%	0.3%	0.4%	0.4%	.4%
- At refugee's camp	21.0%	11.5%	18.4%	8.4%	13.4%

* Remark others = widowed / Divorced / Separated

4.2 Sources of Information about Refugees

According to previous studies, the media plays an important role in the forming of public opinions regarding refugees and migrants (Federman, 2006; McKay, Thomas, & Kneebone, 2012). The Information Centre about Asylum and Refugees (ICAR) also mentions that, "Refugee protection in the host country should include protection from media misrepresentation" (Federman, 2006; The Information Centre about Asylum and Refugees, February 2012). Hence, this study explored main sources of information about refugees. Table 4.2 illustrates that about three-fourths of respondents reported that information about refugees came from friends or relatives. Regarding information distributed through the media, television seemed to have a major role, followed by print media and radio. Urban residents received information through the media more than their rural counterparts did. In addition, community leaders received information via more channels than that of villagers, except information from television.

Table 4.2: Sources of information about refugees amongst respondents

Sources of information	Position		Location		Total
	Leader	Villager	Camp	City	
Self	56.0%	33.8%	46.0%	30.4%	38.2%
Friends/relatives	80.0%	75.8%	74.0%	79.2%	76.6%
Radio	15.0%	7.8%	8.0%	10.4%	9.2%
Television	63.0%	66.3%	63.6%	67.6%	65.6%
Print media	26.0%	8.8%	8.8%	15.6%	12.2%
Authorities	25.0%	10.3%	14.0%	12.4%	13.2%
Internet	0.0%	0.3%	0.4%	0.0%	0.2%

4.3 Mae Hong Son's Public Opinion toward Displaced Persons from Myanmar

4.3.1 Human Safety

The issue of human safety was explored by asking the question ‘how much do you agree with the statement that refugees or migrant workers pose a threat to your life and property’. A high level of agreement (agree very much and agree totally) on such a statement suggested that prejudice against refugees and migrants exists in Mae Hong Son. This study showed that a fear of non-registered migrants was highest among respondents from both rural and urban locations as well as community leaders and villagers, followed by a fear of refugees and registered migrants. Taking the location into account, negative attitudes toward refugees and migrants was stronger among urban dwellers and villagers than that of rural dwellers and community leaders (see Table 4.3).

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	47.0%	53.0%	49.2%	54.4%	51.8%
Non-registered migrants	63.0%*	74.8%*	67.6%*	77.2%*	72.4%
Registered migrants	37.0%*	49.8%*	42.0%*	52.4%*	47.2%

* Chi-square was statistically significant at p .05

4.3.2 Human Rights

Generally, respondents agreed in providing humanitarian assistance to refugees in terms of shelter and basic needs particularly for those living close to camps. They however agreed more with providing security to registered migrants than to refugees and non-registered migrants. Table 4.4 reveals that almost two-thirds of respondents agreed to provide human assistance in terms of shelter and basic necessities of life to refugees. Although, over half agreed to support registered migrants by providing them such basic necessities of life, only slightly more than one-third of them agreed in providing the basic necessities of life to non-registered migrants. It is observed that rural residents and villagers provided more positive view on these issues.

Regarding the issue of security protection provided to MDPs, over half of the respondents agreed to providing such protection to registered migrants, followed by refugees and non-registered migrants, respectively. Residents surrounding camps gave more positive views than that of urban residents while community leaders were more positive toward refugees and registered migrants but less to non-registered migrants when compared to their villagers.

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	64.0%	64.0%	73.2%*	54.8%*	64.0%
Basic necessities of life					
Refugees	56.0%*	67.3%*	68.8%	61.2%	65.0%
Non-registered migrants	26.0%*	42.8%*	42.8%	36.0%	39.4%
Registered migrants	39.0%*	61.3%*	54.0%	59.6%	56.8%
Same security protection as Thais					
Refugees	52.0%	50.0%	56.4%*	44.4%*	50.4%
Non-registered migrants	18.0%	21.0%	23.2%	17.6%	20.4%
Registered migrants	59.0%	57.8%	60.0%	56.0%	58.0%

* Chi-square was statistically significant at p .05

4.3.3 Labour Protection

According to the Thai Labour Protection Act 2008, migrant workers are provided protection in the same manner as Thai nationals. However, enforcement of the law is weak. The majority of migrant workers in Thailand are still underpaid, overworked and overlooked (ILO Mekong Sub-regional Project to Combat Trafficking in Children and Women, 2006). The findings from Mae Hong Son confirm such phenomenon as less than half of the respondents considered that labour protection should be the same amongst Thais and registered migrant workers, but less than ten percent agreed to provide such protection to non-registered migrant workers. Villagers and rural residents were more likely to have positive attitudes than community leaders and urban dwellers (see Table 4.5).

On the issue whether migrant workers should receive similar wages as Thai workers, only 18 percent of the respondents agreed that registered migrants should receive same wages as Thais, this was a much lower percentage compared to non-registered migrants. It is noted that most Thais did not agree with this statement. This may help explain why such workers are underpaid and receive less protection.

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 labour protection as Thai worker					
Non-registered migrants	3.0%*	10.5%*	8.8%	9.2%	9.0%
Registered migrants	35.0%*	47.3%*	47.6%	42.0%	44.8%
Same wage as Thai workers					
Non-registered migrants	2.0%	5.5%	5.6%	4.0%	4.8%
Registered migrants	13.0%	19.3%	21.6%*	14.4%*	18.0%

* Chi-square was statistically significant at p .05

4.3.4 Economic Dimension

The main reason for employing migrant workers is that they provide cheap labour and help Thai businesses to complete in the international market. However, hiring migrant workers in the community raises a concern that such workers might compete for jobs with local residents. As Table 4.6 shows, local people were more concerned with job competition from non-registered migrants than other groups of displaced persons. Villagers and urban residents were more likely to be concerned with this issue than community leaders and rural residents. This is due to the fact that non-registered migrants provide the cheapest labour.

With regard to competition for land and water, local residents are less concerned on this issue when compared to urban residents while villagers were more concerned about this issue than that of community leaders (see Table 4.6).

Table 4.6: Percent of respondents agreeing that refugees and migrants competed with locals for jobs, land and water resources by position and location

Opinions and type of MDPs	Position		Location		Total
	Leader	Villager	Camp	City	
Compete with locals for jobs					
Refugees	35.0%*	48.0%*	39.6%*	51.2%*	45.4%
Non-registered migrants	51.0%*	62.3%*	54.4%*	65.6%*	60.0%
Registered migrants	36.0%*	53.8%*	42.8%*	57.6%*	50.2%
Compete for land and natural resources					
Refugees	37.0%*	52.8%*	44.4%*	54.8%*	49.6%
Non-registered migrants	50.0%*	57.0%*	49.6%*	61.6%*	55.6%
Registered migrants	33.0%*	48.8%*	35.2%*	56.0%*	45.6%

* Chi-square was statistically significant at p .05

Another economic aspect concerning MDPs is whether they should be allowed to work in order to increase their self-reliance. Although refugees cannot legally stay, work or go outside of their camps, exceptions are made on a case by case basis (Alien Working Act, 2008). In border provinces, refugees can be an alternative labour supply if they receive permission from authorities to work. Mae Hong Son respondents agreed to this proposition. The Table below shows that slightly more than half of the respondents agreed to allow refugees to work outside of their camps. There is a slight difference however between the opinions of those residing near to camps and city areas as well as between community leaders and villagers (see Table 4.7).

Table 4.7: Percent of respondents agreeing that refugees should be allowed to work to increase their self-reliance

Opinion	Position		Location		Total
	Leader	Villager	Camp	City	
Refugees should be allowed to work to increase their self-reliance	50.0%	52.8%	53.6%	50.8%	52.2%

4.3.5 Socio-cultural Dimensions

Socio-cultural considerations are used to measure how much Thais agreed to accept MDPs in their society. Over 80 percent of respondents agreed that displaced persons from Myanmar should use the Thai language to communicate with Thais with a higher percentage among rural residents and villagers. When asked whether Thais should learn the languages of ethnic minorities, the proportion of respondents who expressed a high level of agreement declined, the patterns of difference by residential area and position was similar to the prior statement. The proportion of respondents who agreed very much or agreed totally with cultural exchanges with MDPs was lowest among the three statements. These findings may indicate that Thais are willing to allow displaced persons from Myanmar to assimilate into Thai society while maintaining Thai cultural dominance.

Table 4.8: Percent of respondents agreeing that language use as a 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 the Thai language to communicate with Thais					
Refugees	80.0%*	90.8%*	92.4%*	84.8%*	88.6%
Non-registered migrants	70.0%*	82.5%*	83.6%*	76.4%*	80.0%
Registered migrants	81.0%*	92.5%*	93.2%*	87.2%*	90.2%
Thais should learn ethnic languages of refugees and migrants in order to communicate with them	67.0%	73.5%	77.2%*	67.2%*	72.2%
MDPs and Thais should engage in activities to promote cultural exchange					
Refugees	39.0%	48.8%	52.4%	41.2%	46.8%
Non-registered migrants	16.0%*	36.0%*	40.4%	23.6%	32.0%
Registered migrants	49.0%	52.8%	57.2%	46.8%	52.0%

* Chi-square was statistically significant at p .05

4.3.6 Education Dimension

Since the “Education for All” policy has been adopted by the Thai Government in 2005, there are still challenges faced by ethnic children in accessing such rights. Thai attitudes toward minority groups can have an impact on the access to the “Education for All” policy. Table 4.9 reflects opinion of local residents in Mae Hong Son on education for Myanmar displaced persons (MDPs) and their children. To begin with the statement on agreement that children of MDPs should be allowed to study in Thai schools, about two-thirds of the respondents agreed with this statement for children of refugees and registered migrants but slightly more than one-third of them agreed with such a statement for children of non-registered migrants. Rural residents were more likely to agree with this statement than urban residents. It is also found that community leaders provided more positive views on this issue for refugees and registered migrants but less positive for non-registered migrants when compared to their villagers.

With regard to the issue of whether children of MDPs should attend Thai schools and receive a certificate, the level of agreement slightly declined when compared with the former statement. Respondents generally agreed to provide Thai education with certificates to children of registered migrants (62.6%), followed by those residing in the camps (61.6%) and then non-registered migrants (29.2%). It is also illustrated that rural residents provided more positive views than that of urban residents. While villagers had a more positive opinion toward refugees and non-registered migrants, they had less positive views toward registered migrants when compared to community leaders (see Table 4.9).

Regarding the issue of whether refugee and migrant children should learn Thai and their own language in school, almost three-fourths of the respondents agreed with this statement for refugees while slightly less than two-thirds agreed on this for registered migrants with only half agreeing with this statement for non-registered migrants. This also indicates that rural residents and villagers were more likely to agree with this statement than that of urban residents and community leaders (see Table 4.9).

It is noted that although education for all includes migrant children, slightly less than two-thirds to two-thirds of respondents agreed to such a policy. More public campaigns may be needed to ensure that Thais understand such a policy and the rights of free education for all children in Thai public schools.

Table 4.9: Percent of respondents agreeing that education for refugees 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	64.0%	62.8%	70.4%*	55.6%*	63.0%
Non-registered migrants	35.0%	36.8%	41.2%*	31.6%*	36.4%
Registered migrants	73.0%*	63.0%*	72.8%*	57.2%*	65.0%
Children of refugees and migrants should attend Thai school and receive a certificate					
Refugees	59.0%	62.3%	68.4%*	54.8%*	61.6%
Non-registered migrants	25.0%	30.3%	30.4%	28.0%	29.2%
Registered migrants	71.0%*	60.5%*	69.2%*	56.0%*	62.6%
Refugees and migrants should learn Thai together with their own language in school					
Refugees	68.0%	76.3%	73.6%	75.6%	74.6%
Non-registered migrants	37.0%*	54.3%*	46.8%	54.8%	50.8%
Registered migrants	48.0%*	66.8%*	58.8%	67.2%	63.0%

* Chi-square was statistically significant at p .05

4.3.7 Human Settlement and Naturalisation

This study attempted to ask the question as to which groups of migrants should be allowed to settle and live in Thailand. Local residents in Mae Hong Son seemed to agree with granting permanent resident status to stateless ethnic minorities living in Thailand rather than to displaced persons from Myanmar. Table 4.10 illustrates that less than half of the respondents agreed that permanent residence should be granted to those refugees and registered migrants who marry Thais. Yet, only 11.4 percent of them agreed with such a statement to non-registered migrants. It is noted that rural residents were more likely to be positive toward MDPs than urban residents while villagers provided more positive views toward refugees but less positive views toward migrants compared to community leaders.

Even MDPs living in Thailand for more than 10 years or were born here, respondents did not agree that permanent residence should be granted to them especially to non-registered migrants. It is also found that rural residents and villagers had a more positive view on these statements than urban residents and community leaders.

It is noted that slightly more than half of the respondents did agree that permanent resident status should be given to ethnic minorities who are stateless persons with more positive views by rural residents and community leaders than urban dwellers and villagers.

Table 4.10: 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	42.0%	50.3%	57.2%*	40.0%*	48.6%
Non-registered migrants	15.0%	10.5%	15.6%	7.2%	11.4%
Registered migrants	49.0%*	38.0%*	46.8%*	33.6%*	40.2%
PR should be granted to those were born in Thailand					
Refugees	22.0%*	35.0%*	36.8%	28.0%	32.4%
Non-registered migrants	0.0%*	3.8%*	5.6%*	0.4%*	3.0%
Registered migrants	11.0%	13.5%	17.2*	8.8%*	13.0%
PR should be granted to those who have lived in Thailand for 10 years or more	18.0%*	28.3%*	31.6%*	20.8%*	26.2%
Citizenship should be granted to stateless persons	61.0%	58.3%	64.4%*	53.2%*	58.8%

* Chi-square was statistically significant at p .05

4.3.8 Healthcare

According to the six building blocks of a health system for migrants in Thailand, the present survey shows that Thai public opinion supports two building blocks, namely, service delivery and financing. A systematic review of health system for migrants in Thailand points out that the provision of comprehensive and intensive health services on prevention and promotion as well as additional sources of funds for healthcare financing are recommended (Institute for Population and Social Research, 2011).

Healthcare services

In this research, two questions on healthcare services were asked regarding the standard of treatment of MDPs, and respondents' views on separate health facilities. Regarding standard treatment, almost 70 percent of residents viewed that registered migrants should receive standard health services as provided to Thais, followed by refugees and non-registered migrants. It also illustrates that the views of rural residents and villagers were more positive toward MDPs than urban residents and community leaders.

On the issue of separate health facilities, almost three-fourths of the respondents preferred separate health facilities for non-registered migrants. But less respondents required separated facilities for refugees and registered migrants. Looking at position and residential area, it is revealed that urban residents and villagers were more likely to require separate health facilities than rural residents and community leaders.

Table 4.11: 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 receive standard treatment as Thai					
Refugees	58.0%	64.0%	68.4%*	57.2%*	62.8%
Non-registered migrants	23.0%*	39.8%*	38.8%	34.0%	36.4%
Registered migrants	60.0%*	71.3%*	74.0%*	64.0%*	69.0%
Should receive treatment at health facilities separate from Thais					
Refugees	43.0%	54.8%	50.4%	54.4%	52.4%
Non-registered migrants	58.0%	68.3%	61.6%	70.8%	66.2%
Registered migrants	33.0%	54.3%	48.8%	51.2%	50.0%

* Chi-square was statistically significant at p .05

Findings from the qualitative study also point out that a similar standard of treatment should be provided to everyone. Respondents indicated that not only Thais but also refugees and migrants should receive the same standard of treatment.

‘We give the same standard of service and treatment; even sometimes they have to wait a little bit longer. Whether Thai or non-Thai we give the same standard of treatment. We never lower our standard of treatment’

(IDI GO 6.2)

‘Normally, doctors and nurses take care of all patients and provide similar healthcare services’

(IDI M 6.1)

‘Healthcare service provided to both Thai and migrants are on the same standard’

(GFD 6.2)

Although the survey found that more than half of the respondents agreed with separated health facilities, the qualitative data showed less support for this idea. Empirical evidence from the qualitative study also revealed that the separation of health facilities for migrants might cause several problems including discrimination, lack of health personnel, and shortage of medical equipment.

‘I think you should not separate the facilities because it might cause discrimination against ethnic minorities. In addition, the Thai government does not have the budget to build health facilities for only migrants and the purchase of additional medical equipment’

(IDI NGO 6.1)

‘If separate, we will have a problem of inadequate health personnel and medical equipment. I think it is better to increase the capacity of community health centers that can reduce congestion at hospitals’

(IDI NGO 6.2)

‘The people may think that we have separate services for them (migrants), but actually we did not have such separation because we look at the severity of the condition regardless of the welfare that they have’

(IDI GO 6.2)

‘We should not have separated facilities because it will be discrimination. Actually, we do not have enough medical doctors and medical equipment. If separated, we need to construct a new building. It is better to increase the number of medical doctors and other health personnel to cope with the number of patients’

(IDI LO 6.3)

Provision of healthcare services

This study explored opinions on public health service provision for Myanmar displaced persons. According to the National Health Act B.E. 2550 (2007), standard health services include five main components, namely health promotion, prevention and control, diagnosis and treatment of illness and rehabilitation which are provided at all levels of the health system, particularly at the primary healthcare unit level. Table 4.12 reveals that 70 percent and over of residents agreed strongly on the provision of public health services to registered migrants, followed by the refugee group (two-thirds to almost three-fourths), and non-registered migrants. It is noted that rural residents provided more positive attitudes on this issue toward refugees and registered migrants but less positive to non-registered migrants when compared with urban residents. It is also illustrates that

villagers were more likely to provide more positive views toward MDPs on provision of healthcare services than community leaders (see Table 4.12).

Table 4.12: 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	73.2%*	63.6%*	68.4%	34.4%	36.8%	35.6%	78.8%	72.8%	75.8%
Health prevention	76.8%	68.8%	72.8%	36.4%	44.4%	40.4%	78.0%	73.6%	75.8%
Disease diagnosis	70.8%	65.2%	68.0%	33.2%*	42.4%*	37.8%	74.4%	70.8%	72.6%
Treatment	69.6%	64.0%	66.8%	33.6%	44.0%*	38.8%*	77.6%	74.0%	75.8%
Rehabilitation services	70.8%	62.8%	66.8%	28.8%	35.6%	32.2%	70.4%	69.6%	70.0%
By position	Leader	Villager	Total	Leader	Villager	Total	Leader	Villager	Total
Health promotion	58.0%*	71.0%*	68.4%	31.0%	36.8%	35.6%	62.0%*	79.3%*	75.8%
Health prevention	66.0%	74.5%	72.8%	33.0%	42.3%	40.4%	70.0%	77.3%	75.8%
Disease diagnosis	57.0%*	70.8%*	68.0%	31.0%	39.5%	37.8%	66.0%	74.3%	72.6%
Treatment	59.0%	68.8%	66.8%	30.0%	41.0%	38.8%	68.0%*	77.8%*	75.8%
Rehabilitation services	63.0%	67.8%	66.8%	31.0%	32.5%	32.2%	66.0%	71.0%	70.0%

* Chi-square was statistically significant at p .05

The qualitative evidence revealed that existing healthcare facilities differed between refugees and migrants. In each refugee camp, non-governmental organisations would provide primary healthcare services to refugees. In case of emergency or secondary or tertiary care needs, the patients from the camps would be referred to the nearest government hospitals outside the camps.

“We have our medical doctors to take care of people in the camp and provide primary healthcare. If patients need a major operation, they will be transferred to the hospital”

(IDI NGO 6.1)

“Refugees have a good healthcare system in the camp and medical doctors are from abroad”

(IDI LO 6.3)

‘They have healthcare services inside the camp, UN and NGOs take care of them’

(FGD 6.2).

Outside the camps where public healthcare facilities are located, rights to receive healthcare for registered migrants were clearly presented as they were covered by the health insurance scheme. They were already covered by the Compulsory Migrant Health Insurance Scheme (CMHI).

‘Registered migrants have health insurance as their employers filled out a form about the place for them to get healthcare services during the process of getting a health card. There is no problem.’

(IDI NGO 6.1)

‘For registered migrants, they have a health card and their employers take responsibility for them’

(IDI LO 6.3)

However, perceptions from key informants revealed that access to healthcare services of non-registered migrants was a problem because they were not under any health insurance system. Though healthcare service was already provided for all, it was difficult for them to get access.

‘For non-registered migrants, they experience lack of opportunities to access the healthcare services’

(IDI NGO 6.1)

Improvement of healthcare for MDPs

A question on the improvement of healthcare services for MDPs was asked to examine respondents’ views on this specific issue. Table 4.13 indicates respondents’ views that healthcare services provided to registered migrants should be improved the most (89.4%), followed by families of registered migrants (71.2%), refugees (43.0%) and non-registered migrants (11.0%) and their families (8.6%), respectively. The perception was hardly different between rural residents and residents in urban areas but it was quite clear that villagers were more positive on this issue toward refugees and non-registered migrants and their families but less positive toward registered migrants and their families than community leaders (see Table 4.13).

Table 4.13: 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	29.0%*	46.5%*	43.6%	42.4%	43.0%
Non-registered migrant workers	2.0%*	13.3%*	9.6%	12.4%	11.0%
Registered migrant workers	96.0%*	87.8%*	89.2%	89.6%	89.4%
Families of non-registered migrant workers	2.0%*	10.3%*	8.4%	8.8%	8.6%
Families of registered migrant workers	87.0%*	67.3%*	71.2%	71.2%	71.2%

* Chi-square was statistically significant at p.05

Results from the survey shed some light on the improvement of healthcare services for MDPs as the qualitative evidence revealed barriers in the access to healthcare services of MDPs. There were language barriers, lack of transportation, shortages of health personnel and fear of deportation.

‘They have a problem of language barriers and we cannot communicate with them. For refugees from the camps, sometimes they come with translators’

(IDI GO 6.2)

‘They have a problem of transportation because they live far from health facilities and it is difficult to get health services’

(IDI NGO 6.3)

‘Because non-registered migrants are moving around and cannot get treatment continuously’

(IDI GO 6.4)

‘The important issue is shortage of health personnel and medical equipment’

(IDI LO 6.3)

“Non-registered migrants have a problem of getting continuous treatment because they are illegal migrants. They do not come for follow-up treatments because they are afraid of being deported by authorities”

(IDI M 6.1)

The above barriers affect not only migrants but also the Thai respondents who were also concerned about the quality of healthcare service for themselves, especially when numbers of migrants increased. In addition, the severity of sickness and discontinuity of treatment of non-registered migrants were other concerns.

‘When many migrants come, there is congestion at the hospital and a very long line, this may reduce the quality of service’

(IDI LO 6.1)

‘We have to spend more time to wait for the visiting doctor’

(IDI GO 6.1)

‘We have to wait for longer time’

(IDI LO 6.3)

‘We have to wait for a long time to get health services because it is a very long line’

(FGD 6.2)

‘They have financial problems and have to move from place to place and then cannot get treatment continuously’

(IDI GO 6.3)

‘They come to hospital when they get a serious illness and their condition is at its worst’

(IDI LO 6.2)

‘They often move from place to place, it is hard to follow up and they cannot pay for healthcare costs’

(IDI GO 6.2)

Health care financing

Healthcare financing for migrants in Thailand is a major concern. Previous research has pointed out that healthcare financing for registered migrants in Thailand has been under the Compulsory Migrant Health Insurance Scheme (CMHI) since 1997. However, non-registered migrants, displaced persons and ethnic minorities were not covered by both CMHI and Universal Health coverage (Baker, 2011; Srithamrongsawat, Wisessang, & Ratjaroenkhajorn, 2009). Accessing health care at public health facilities means that such individuals have to pay out of their own pockets. This survey therefore

looked at the opinion of local residents regarding healthcare financing for refugees and migrants. Table 4.14 shows that self-funding was the respondents' most preferable method for health financing schemes of MDPs. However, over 80 percent of respondents viewed that healthcare financing for refugees should be provided by United Nations agencies and non-government organisations (both local and international levels). It is also revealed that those respondents agreed less with the Royal Thai Government's providing health financial support to MDPs. Almost half of the respondents felt that financing healthcare services for non-registered migrants should be the responsibility of non-governmental organisations.

However, there is a different attitude toward this issue among rural and urban residents as well as community leaders and villagers, that is, rural residents agreed more than urban residents for non-registered migrants to pay for healthcare costs by their own while villagers agreed more for refugee and non-registered migrants to pay out of their pocket when compared to community leaders. However, there was hardly any difference in attitude toward self-funding for registered migrants among respondents living in different locations as well as being in different positions (see Table 4.14).

Regarding the difference in opinion toward healthcare costs for refugees whether it should be subsidized by United Nation agencies or not; it was found that villagers and rural residents agreed more with such a statement than that of community leaders and urban residents. With regard to whether non-government organisations should support healthcare costs of refugees and non-registered migrants, villagers agreed more with this when compared with community leaders. Rural respondents did agree with the statement on whether non-government organizations should support healthcare cost of refugees but less for non-registered migrants when compared to urban residents. On the last issue of whether support from the Royal Thai Government should be given to MDPs, there seemed to be a consensus among all respondents regardless of their location and position to agree less with such support.

Table 4.14: Percent of respondents agreeing on 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	70.0%	72.8%	65.2%*	79.2%*	72.2%
Non-registered migrants	89.0%	92.3%	93.2%	90.0%	91.6%
Registered migrants	89.0%	87.0%	87.2%	87.6%	87.4%
United Nations agencies					
Refugees	94.0%*	98.0%*	98.0%	96.4%	97.2%
NGO and INGO					
Refugees	74.0%*	85.8%*	84.0%	82.8%	83.4%
Non-registered migrants	39.0%*	62.0%*	52.4%*	62.4%*	57.4%
Royal Thai Government					
Refugees	16.0%	14.3%	16.0%	13.2%	14.6%
Non-registered migrants	4.0%	5.3%	5.2%	4.8%	5.0%
Registered migrants	18.0%	16.8%	17.6%	16.4%	17.0%

* Chi-square was statistically significant at p.05

Qualitative findings supplemented findings from the survey and gave some ideas on the sources of health care financing for refugees and migrants. In relation to healthcare financing for refugees, qualitative data confirmed that healthcare subsidies to refugees should come from non-governmental organizations (NGOs) and United Nations agencies. In practice, however, the Thai State also has shouldered some financial burdens for refugees.

‘Our organisation is responsible for paying the medical costs of refugees including healthcare services that happen when the transfer of those refugees to hospitals outside the camps take place.

(IDI NGO 6.1)

‘We pay for medication and healthcare service for refugees’

(IDI NGO 6.2)

‘There are some NGOs and foundations that pay for healthcare cost of refugees’

(IDI M 6.1)

‘For refugees, if any organisation says that Thailand should take care of them, they have to pay and help us. Actually, the budget from NGOs and the UN is not enough, and the Thai government has to pay a lot both for direct and indirect expenses, for example, water sanitation and disease control’

(IDI LO 6.1)

Registered migrants are under the Compulsory Migrant Health Insurance Scheme (CMHI), and qualitative evidence also revealed that registered migrants had health insurance which was paid by migrants and their employers.

‘Registered migrants themselves and their employers also share costs because they have health insurance’

(IDI NGO 6.1)

‘For registered migrants, they have a health card then they have rights to get healthcare service and their employers take responsibility. Generally, healthcare costs for registered migrants are covered by insurance’

(IDI LO 6.3)

In terms of healthcare financing, non-registered migrants seem to have more difficulty than that of refugees and registered migrants, because they were not covered by any healthcare scheme. There were some options of healthcare subsidy for them, namely, self-funding, pay by employers and co-payment.

‘Non-registered migrants have to pay out of pocket because no one takes care of them’.

(IDI NGO 6.2)

‘For those migrant workers working here, my question is who gets benefit from them? Then those who get benefit from migrants should pay’

(IDI LO 6.1)

‘For healthcare costs, I think the first half should be paid by migrants whether they are registered or non-registered migrants and another half by the Thai government’

(IDI LO 6.2)

Although there were additional sources of healthcare financing for non-registered migrants, some of them could not afford to pay at all. The entire budget burden for these services falls on the Thai government.

‘To me, I think whoever gets sick they should pay out of their own pocket, but when migrants and ethnic minorities get sick, it is a financial burden for the Thai government.

(IDI GO 6.3)

‘In case they (non-registered migrants) have no money at all, the budget burden goes to the Thai government’.

(IDI NGO 6.2)

‘For non-registered migrants, the Thai government takes care of their financial cost. I think it is quite a big amount of money. Sometimes registered migrants also get free health care service, it is really a budget burden for the Thai government’

(IDI M 6.1)

‘Non-registered migrants are a budgetary burden because they have no money’

(IDI GO 6.4)

‘It seems to be hard to ask for money from them because we know they have no money. I think that funds should be established to solve the problem’

(IDI GO 6.2)

‘To help those refugees and non-registered migrants, it is a national budgetary burden which will affect everyone. But we have to help them on a humanitarian basis. If almost all migrants are registered, this will help because they will be under the migrant health insurance scheme’

(IDI GO 6.1)

‘For non-registered migrants, I can say that only the Thai government pays for their healthcare cost’

(IDI LO 6.3)

‘We provide service based on humanitarian assistance but they are really a budget burden. They could not pay for healthcare costs’

(IDI GO 6.2)

There were some recommended solutions to solve the problems mentioned above. Suggested solutions from qualitative findings included selling health cards to non-registered migrants and requiring all migrants to become registered migrants that would put them under health insurance scheme.

‘They buy healthcare cards that cost 1,300 Baht and then they can get healthcare services’

(FGD 6.1)

‘I think the government should require all migrant workers to register with the Ministry of Labour and their health insurance will be under the Social Security Scheme. It is the way to force employers to contribute, otherwise a whole financial burden goes to the government’

(IDI GO 6.5)

Fear of disease carriers

Fear of diseases from abroad may cause prejudice against immigrants (Kraut, 2010). Thus a question on potential disease carriers was asked in this research to explore Thai perceptions on this issue. Table 4.15 shows that more than 90 percent of respondents viewed non-registered migrants and their families as disease carriers, compared to slightly less than 90 percent for refugees. While less than half of the respondents viewed registered migrants and their families as disease carriers, this might be due to the fact that registered migrants receive health screenings before getting a work permit.

Comparing residents living around camps and urban area, it indicates that more residents in urban areas viewed registered migrants and their families as disease carriers than that of rural residents. This illustrates that the proportion of community leaders who thought that non-registered migrants and their families were disease carriers was higher than villagers (see Table 4.15).

Table 4.15: Percent of respondents that view MDPs as disease carriers by position and location

Type of MDPs	Position		Location		Total
	Leader	Villager	Camp	City	
Refugees	75.0%*	89.3%*	85.6%	87.2%	86.4%
Non-registered migrant workers	98.0%*	91.0%*	94.0%	90.8%	92.4%
Registered migrant workers	24.0%*	48.8%*	41.6%	46.0%	43.8%
Families of non-registered migrant workers	98.0%*	88.0%*	89.6%	90.4%	90.0%
Families of registered migrant workers	24.0%*	48.3%*	39.2%	47.6%	43.4%

* Chi-square was statistically significant at p.05

The quantitative study showed evidence of fear of disease from abroad, but it did not provide a picture of what kinds of diseases were in question. Qualitative findings gave a clearer picture of infectious diseases among migrant populations that included elephantiasis, malaria, polio and meningococcal meningitis.

‘I think they (refugees and migrants) will bring infectious diseases to Thailand. For example, elephantiasis, it has disappeared, but they bring it back to Thailand’

(IDI GO 6.5)

‘They are carriers of dengue fever, malaria and HIV/AIDS’

(IDI NGO 6.1)

‘They have got malaria and diarrhea because of mosquitoes from the forest and unclean drinking water’

(IDI M 6.1)

‘We have to keep an eye on infectious diseases that come with migrants and are rarely found in Thailand, for example polio, meningococcal meningitis, encephalitis’

(IDI GO 6.2)

4.4 The Future of Refugees

Refugee camps along the Thai-Myanmar border have been established for more than two decades and are among some of the most protracted refugee situations in the world. In 2011, Thailand had a plan to close all camps situated along the Thai-Myanmar border, sending over a hundred thousand of refugees back to their homelands (Office of the United Nations High Commissioner for Refugees, 2012; Thailand Burma Border Consortium, 2012). Although the Royal Thai Government has not set the date to close the camps, it is important to know how Thai people residing in border provinces think about this issue. The survey asked the question on ‘whether the Royal Thai Government should allow refugees to live and work in Thailand permanently or to send them back to their place of origins’. Results from the table below show how slightly more than two-thirds of local residents agreed to sending refugees back to their origin countries. It also reveals that urban residents and community leaders agree more in sending them back to their place of origins compared with rural residents and villagers (see Table 4.16).

Table 4.16: Percent of respondents perceiving whether refugees should be allowed to live and work in Thailand permanently or be 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	29.0%	33.8%	41.6%*	24.0%*	29.0%
Send back to their origins	71.0%	66.3%	58.4%*	76.0%*	71.0%

* Chi-square was statistically significant at p.05

As mentioned above a majority of respondents agreed with sending refugees back to their origin country but the reasons needed to be further explored. Table 4.17 indicateds the main reasons including competition for jobs, posing a personal security threat, competition for land and water resources, a country budgetary burden and illegal entry status. It is also revealed that the most common reasons for all residents for sending refugees back to place of origin were job competition and personal security threats (see Table 4.17).

With respect to the reasons for those who agreed to keep refugees in Thailand this included humanitarian assistance and fulfilling a demand for cheap labour. Table 4.17 also shows that the most common concern with keeping refugees in Thailand among all respondents was humanitarian reasons.

Table 4.17: *Reason 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	
Reasons for sending refugees back to their origins*					
Job competition	14.0%	18.8%	14.4%	21.2%	17.8%
Personal safety concerns	13.0%	13.5%	10.8%	16.0%	13.4%
Competition for land and water resources	12.0%	10.5%	11.2%	10.4%	10.8%
Burden on public finance	10.0%	10.5%	8.8%	12.0%	10.4%
Non-Thai and with illegal entry	5.0%	6.3%	3.2%	8.8%	6.0%
National security concerns	11.0%	4.3%	4.0%	7.2%	5.6%
Fear of growing number of MDPs	7.0%	4.5%	5.6%	4.4%	5.0%
Deforestation	8.0%	3.8%	7.2%	2.0%	4.6%
Involved in drug trafficking	2.0%	1.0%	0.4%	2.0%	1.2%
Disease carriers	0.0%	1.0%	0.4%	1.2%	0.8%
Reasons for allowing refugees to live and work permanently*					
Humanitarian reasons	8.0%	19.8%	21.6%	13.2%	17.4%
Labour shortage in Thailand	18.0%	6.8%	11.6%	6.4%	9.0%
Lower wages than Thai workers	4.0%	8.3%	10.0%	4.8%	7.4%

*can answer more than one reasons

PART V

SUMMARY

This part provides a summary of the key findings from the study and policy recommendations.

5.1 Summary of Key Findings in Relation to Hypotheses

As we hypothesised that positive opinions toward Myanmar displaced persons (MDPs) are related to close contacts and humanitarian views. On the other hand, negative opinions toward MDPs are related to a feeling of otherness and a competition for job and resources. The results from this study support these hypotheses to some extent. Firstly, the closer contacts with MDPs of rural dwellers bring about positive opinions toward refugees and migrants. Secondly, evidences from the issues of human rights, educational service and health services support the hypothesis on the positive opinions toward MDPs are more likely to be based on the human rights principle.

With respect to negative opinions toward MDPS, the results show that a fear of non-registered migrants implies a feeling of otherness which generates negative attitudes toward MDPs in particular on the issue of personal safety. This finding also supports the hypothesis on a feeling of otherness is associated with negative opinions toward MDPs. In addition, results on economic aspects which reveal that Mae Hong Son respondents are more concerned about job competition with non-registered migrants support the hypothesis which indicates that a competition for resources between local residents and MDPs is associated with negative opinions toward MDPs .

5.2 Summary of Key Findings

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

1. Respondents in rural areas were in closer contact with refugees and had better understandings of refugees and migrants, leading to more positive attitudes toward them than that of urban residents.

2. All respondents had favourable attitudes toward registered migrant workers and refugees than non-registered migrant workers.
3. On personal safety issues, this was a major concern for all respondents. A fear of non-registered migrants was highest among respondents from both the camp and city locations, followed by a fear of refugees and registered migrants. Taking location into account, negative attitudes toward refugees and migrants among urban dwellers was stronger than that of rural dwellers.
4. With regard to human rights issues, respondents agreed with providing humanitarian assistance like shelter and basic needs to displaced persons, in particular to those living in camps. They however agreed strongly with providing security protection to registered migrants than to refugees and non-registered migrants.
5. In terms of labour protection, less than half of the respondents considered that labour protection levels should be the same amongst Thai and registered migrant workers. Less than ten percent agreed to provide such protection to non-registered migrant workers. However, the same minimum wage between Thai and migrant workers was rarely accepted by most Thais; this helps to explain why such workers are underpaid and receive less protection.
6. With respect to economic aspects, local residents in Mae Hong Son were more concerned with job competition from non-registered migrants as opposed to other groups of displaced persons. This is due to the fact that non-registered migrants provide the cheapest labour. However, local people were less concerned about competition for land and water resources compared to job competition issues.
7. Regarding social and cultural issues, many respondents in Mae Hong Son agreed that displaced persons from Myanmar should use the Thai language to communicate with Thais. Yet, the proportion of respondents who expressed high levels of agreement declined when asked if Thais should learn languages of ethnic minorities. The proportion of respondents who agreed very much and agreed totally with cultural exchanges with MDPs was even lower. These findings may indicate that Thais are willing to allow displaced persons from Myanmar to assimilate into Thai society while maintaining Thai cultural dominance.
8. On education, respondents generally agreed to provide Thai education for those residing in the camps, followed by registered migrants and then non-registered migrants. Although education for all includes migrants children, only two-thirds to three-fourths of respondents agreed to such programmes.
9. Regarding the issue of human settlement, local residents in Mae Hong Son seemed to agree with granting permanent residency status to ethnic minorities who were stateless rather than to displaced persons from Myanmar.

10. On health issues, opinions of Mae Hong Son respondents can be summarised as follows:
 - a. Almost 70 percent of Mae Hong Son residents considered that registered migrants should receive standard health services, followed by refugees and non-registered migrants.
 - b. Although almost three-fourths of respondents preferred separate health facilities for non-registered migrants, less respondents agreed to such situation for refugees and registered migrants. For the latter, the separation of health facilities is not seen as appropriate because of discrimination intentions and shortages of health personnel and medical equipment.
 - c. More than 70 percent of local respondents in Mae Hong Son agreed strongly on the provision of public health services to registered migrants and to refugees. The majority did not however view that non-registered migrant workers should enjoy the same privileges. Access to healthcare service of non-registered migrants was difficult because they were not under any health insurance system. Other barriers include language, a lack of transportation, shortage of health personnel and fear of deportation.
 - d. Self-funding was respondents' most preferable method for health financing of refugees and migrants. However, over 80 percent of respondents agreed that healthcare financing for refugees should be provided by United Nations agencies and non-government organisations. Respondents did not agree with the Thai government's healthcare financing for refugees and migrants. For non-registered migrants, almost 90 percent of respondents viewed that healthcare financing for non-registered migrants should be borne by non-government organisations.
 - e. Most respondents considered that healthcare services provided to registered migrants should be improved (89.4%).
 - f. More than 90 percent of respondents viewed non-registered migrants and their families as disease carriers, compared with less than 90 percent for refugees. While less than half of the respondents viewed registered migrants and their families as disease carriers, this could be due to the fact that registered migrants receive health screening before getting a work permit.
 - g. Fear of disease from refugees and migrants focused on diseases often occurring among migrant populations, particularly elephantiasis, malaria, polio and meningococcal meningitis.

5.3 Policy Recommendations

1. *Human Rights Policy and Protection of Refugees*

As the majority of Mae Hong Son respondents gave considerable attention to human rights principle in providing assistance to refugees, the RTG should allow the UN agencies, international and local non-government organizations to provide protection and humanitarian assistance to those facing political persecution and human rights abuse.

2. *Protection of Life and Property*

As both migrants and Thais needed better protection of their lives and properties, the justice system should be improved and law enforcement enhanced. Safer and more secured environment could assure everyone of less threats in areas where different ethnic groups live together.

3. *Economic Opportunities*

Respondents perceived that intense job and natural resource competition exists between Thais and non-registered migrants due to demand for cheap labour. Urban residents have an unfavorable view of migrants and refugees than their rural counterparts. Therefore, more information on the economic contribution of migrants should be produced, and positive views on migrants should be promoted by Thai State, media and scholars.

4. *Education Policy*

Although education for all in Thailand includes all children residing in Thailand regardless of their legal status, only two-thirds to three-fourths of Mae Hong Son respondents supported such a practice. Hence, Thai education policy should provide outreach campaigns to promote access to Thai education of migrants and their children. In addition, bilingual teachers who speak ethnic languages of migrants should be made available to motivate the enrolment of migrants' children in Thai schools. Public education should be undertaken to ensure that Thai people understand the universal education policy that includes migrant children.

5. *Health Policy*

On a positive note, Mae Hong Son respondents support the access to universal healthcare service of refugees and migrants, but they do not want the Thai government to provide financial support for this. The increasing registration of migrants is an appropriate solution to this problem. Barriers to access to healthcare services of MDPs include language, a lack of transportation, shortage of health personnel, and fear of deportation. In order to help MDPs to have a improved access to healthcare services, mobile healthcare service and health promotion/prevention programmes should be set up. In addition, migrant health volunteers and Thai village health volunteers can play a crucial role in improving the health of migrants. Health care financing for refugees should continue to be supported by non-governmental organisations (NGOs) and United Nations agencies. As non-registered migrants are not covered by any healthcare scheme, a healthcare subsidy should be shared among migrants, employers and other parties. As a majority of Mae Hong Son respondents viewed non-registered migrants and their families as disease carriers, the registration of migrant workers in Thailand and their health screening could reduce negative attitudes toward them.

6. *Media and Communication*

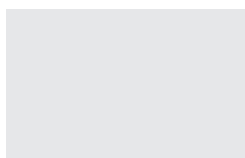
Many negative views of refugees and migrants in Thailand are influenced by biased media reports. According to this survey, three-fourths of Mae Hong Son respondents reported that information about refugees came from friends or relatives. For public media, television played a major role, followed by print media and radio. With fifty thousand refugees and migrants residing in Mae Hong Son, a more balanced view of media reports on migrants should be undertaken.

7. *Social Cohesion and Community Involvement*

As job competition and competition for land and natural resources with non-registered migrants are a major concern for Mae Hong Son respondents, to avoid misunderstanding 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 interaction and exchange between refugees, NGO personnel and local community members should also be promoted to ensure social cohesion.

8. *Human Settlement and Local Integration*

Over half of Mae Hong Son respondents supported the granting of citizenship to ethnic minorities born in Thailand, while less than half support granting of such rights to refugees and migrants. Moreover, social integration is difficult for refugees and migrants as they have to work through many legislation. Flexible solutions to local integration issues should be undertaken involving 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



REFERENCES

- Alien Working Act, BE 2551 (2008).
- Baker, S. (2011). Chapter 7: Migration and Health. In J. W. Huguet & A. Chamrathirong (Eds.), *Thailand Migration Report 2011* (pp. 85-93). Bangkok: International Organization for Migration, Thailand Office.
- Brees, I. (2010). Burden or Boon: The Impact of Burmese Refugees on Thailand. *The Whitehead Journal of Diplomacy and International Relations*, 11(1), 35-47.
- Burstein, P. (2003). The Impact of Public Opinion on Public Policy: A Review and an Agenda. *Political Research Quarterly*, 56(1), 29-40.
- Ceobanu, A. M., & Escandell, X. (2010). Comparative Analyses of Public Attitudes Toward Immigrants and Immigration Using Multinational Survey Data: A Review of Theories and Research. *Annual Review of Sociology*, 36, 309-328.
- Chaipipat, K. (2007). Review of Thai media coverage on migrant and mobile population and training programme for HIV/AIDS. Bangkok: Bangkok Office of Canada South - East Asia Regional HIV/AIDS Programme.
- Department of Provincial Administration. (2012). Data on the Number of Population (ข้อมูลจำนวนประชากร). Retrieved 21March 2012, from Department of Provincial Administration <http://stat.bora.dopa.go.th/xstat/popstat.html>.
- Federman, M. (2006). On the Media Effects of Immigration and Refugee Board Hearings via Videoconference. *Journal of Refugee Studies*, 19(4), 433-452. doi: 10.1093/refuge/fel018
- Feinstein International Center. (2011). Developing a Profiling Methodology for Displaced People in Urban Areas: Case Study Mae Sot, Thailand. Medford, MA: Feinstein International Center, Tufts University.

- Flashman, J. (2009, April 30 to May 2, 2009). *Race and Friendship Choice: A Test of Contact and Group Threat Theories*. Paper presented at the Population Association of America, Detroit, Michigan
- Human Rights Watch. (2012). *Ad Hoc and Inadequate: Thailand's Treatment of Refugees and Asylum Seekers*. United States of America: Human Rights Watch.
- ILO Mekong Sub-regional Project to Combat Trafficking in Children and Women. (2006). *The Mekong challenge - underpaid, overworked and overlooked: the realities of young migrant workers in Thailand (Volume 1)*. Bangkok: ILO Regional Office for Asia and the Pacific.
- Immigration Act, B.E. 2522 (1979).
- Institute for Population and Social Research. (2011). *A Situation Analysis on Health System Strengthening for Migrants in Thailand Nakhon Pathom*, Institute for Population and Social Research, Mahidol University.
- Kraut, A. M. (2010). Immigration, Ethnicity, and the Pandemic. *Public Health Report* 125 (Suppl 3), 123-133.
- Labour Protection Act B.E. 2541 (1998).
- Mae Hong Son Governor's Office. (2012). Mae Hong Son Information Retrieved 31 may 2012 <http://www.maehongson.go.th/index.php/migeography>.
- Mckay, F. H., Thomas, S. L., & Kneebone, S. (2012). 'It Would be Okay If They Came through the Proper Channels': Community Perceptions and Attitudes toward Asylum Seekers in Australia. *Journal of Refugee Studies*, 25(1), 113-133. doi: 10.1093/jrs/fer010.
- Ministry of Labour. (2012). *Protection too costly for many Myanmar workers*. Bangkok: Ministry of Labour.
- Mummendey, A., Klink, A., & Brown, R. (2001). Nationalism and patriotism: National identification and out-group rejection. *British Journal of Social Psychology*, 40(2), 159-172.
- Munro, H., Skelcher, C., & Roberts, M. (2006). *Partnership Governance and Democratic Effectiveness: Community leaders and public managers as strategic actors*. Birmingham: Institute of Local Government Studies, School of Public Policy, University of Birmingham.
- Office of Foreign Workers Administration. (2012). *Monthly Statistics on Foreign Workers* Retrieved 28 May 2012 <http://wp.doe.go.th/monthly-statistics>
- Office of the United Nations High Commissioner for Refugees. (2012). *2012 UNHCR country operations profile - Thailand*. Retrieved 31 May 2012 <http://www.unhcr.org/pages/49e489646.html>.

- Olzak, S. (1994). *The Dynamics of Ethnic Competition and Conflict*. California: Stanford University Press.
- Quillian, L. (1995). Prejudice as a Response to Perceived Group Threat: Population Composition and Anti-Immigrant and Racial Prejudice in Europe. *American Sociological Review*, 60(4), 586-611.
- Sattayanurak, S. (2008). Prawattisart kansang “khwompen Thai” krasae luk In Kritaya Archavanitkul (Ed.), *Chintanakan khwompen Thai* (pp. 61-84). Nakhon Pathom: Institute for Population and Social research (in Thai).
- Sears, D. O., & Funk, C. L. (1991). The Role of Self-Interest in Social and Political Attitudes *Advances in Experimental Social Psychology* 34, 1-91.
- Sides, J., & Citrin, J. (2007). European Opinion about Immigration: The Role of identities, interests and information. *British Journal of Political Science*, 37 477-504.
- Srithamrongsawat, S., Wisessang, R., & Ratjaroenkhajorn, S. (2009). Financing Healthcare for Migrants: A case study from Thailand. Bangkok: International Organization for Migration and World Health Organization.
- Thailand Burma Border Consortium. (2012). Camp Location. Retrieved 1 June 2012 <http://www.tbbsc.org/camps/mhs.htm>.
- The Information Centre about Asylum and Refugees. (February 2012). CAR Briefing Asylum Seekers, Refugees and Media. Retrieved 30 May 2012 http://www.icar.org.uk/Asylum_Seekers_and_Media_Briefing_ICAR.pdf.
- Traitongyoo, K. (2008). *The Management of Irregular Migration in Thailand: Thainess, Identity and Citizenship*. Doctoral degree, University of Leeds, Leeds, UK.

Mae Hong Son is a border province in the north of Thailand that houses four refugee camps. It hosts almost 50,000 refugees and 6,000 migrants from Myanmar. Thousands of asylum seekers also live out of the camps. The presence of many refugees and migrants, many of whom are not well protected, raises much concern about their humanitarian aid and protection. This study will focus on the opinions of local Thai people on refugees and migrants workers from Myanmar pertaining to eight issues as follows: 1) Personal Security; 2) Human Rights; 3) Labour Protection; 4) Economic Issues; 5) Socio-cultural Issues; 6) Human Settlement and Naturalisation; 7) Future of Myanmar Displaced Persons in Thailand; and 8) Policy Views on Social Services including education and healthcare. It is hoped that the information and findings of this study are useful for local policy makers to correct misunderstandings, reduce prejudice and discrimination.



**MAHIDOL
UNIVERSITY**
Wisdom of the Land



**World Health
Organization**



European Union

MAE HONG SON