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

A Case Study of Tak Province

- Sakkarin Niyomsilpa
- Malee Sunpuwan

Institute for Population and Social Research, Mahidol University
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500 copies

Cataloguing in Publication

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

A Case Study of Tak Province / Sakkarin Niyomsilpa, Malee Sunpuwan. -- 1st ed. -- Nakhon Pathom:

Institute for Population and Social Research, Mahidol University, 2014

(Publication/ Institute for Population and Social Research, Mahidol University; no. 430)

ISBN 978-616-279-489-6

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

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

HN90.P8 S963t 2014

Published by: Institute for Population and Social Research, Mahidol University
Phutthamonthon 4 Road, Salaya, Phutthamonthon, Nakhon Pathom 73170
Telephone: 66 2 441 0201-4
Fax: 66 2 441 9333
E-mail: directpr@mahidol.ac.th
Website: <http://www.ipsr.mahidol.ac.th>

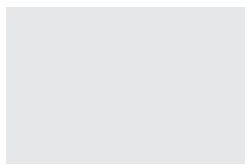
IPSR Publication No. 430

PREFACE

During the past few decades, ethnic conflicts and fighting between government forces and minority groups in Myanmar have been a regular occurrence. This has caused hundreds of thousands of people to be forced to leave their homes and villages, looking for safe areas elsewhere. Many of them have moved to other safe places in their country and have become internally displaced persons (IDPs) while many others chose to cross international borders to look for safer places in neighbouring countries. Thailand is one place of safer destination where hundreds of thousands of refugees from Myanmar have moved to. According to data of the Thailand Burma Border Consortium (TBBC), as of early 2012, more than 130,000 refugees from Myanmar were living in nine refugee camps in four Thai-Myanmar border provinces.

Migrant workers from Myanmar living in Thailand are currently estimated at four million, with half of them undocumented migrant workers and their dependants. Tak is also one of border provinces that housed three refugee camps totaling over 80,000 asylum seekers from Myanmar in 2012, the most of any province in Thailand and it also employed over 50,000 documented migrant workers from Myanmar. Thus, a large number of refugees and migrants create concerns about their situation in terms of protection and aid distribution. In order to better understand this situation this study examines major dimensions as follows: 1) Personal Security; 2) Human Rights; 3) Labour Protection; 4) Economics; 5) Socio-cultural; 6) Human Settlement and Naturalisation; 7) Future of Myanmar Displaced Persons and Migrant Workers in Thailand; and 8) Policy Views on Public Services including education and healthcare services. Results of the study show that public opinions in Tak concerning refugees and migrants are quite conservative, with many of who view migrants as a threat to their lives and properties. Tak people are also highly concerned about job competition from migrants. However, a noticeable difference could be made between Thai opinions closer to the camp areas and those who live further away in the city. Thai respondents in border areas have much more positive opinions toward refugees and migrants than their city peers in many respects.

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

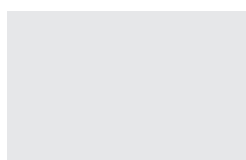


FOREWORD

The western border of Thailand has experienced a large number of refugees and migrants flowing into the area since the 1980s. The first wave of Myanmar refugees came after intensifying political conflicts in the country drove Burmese students and ethnic minorities out of their homeland. While many of them became internally displaced persons (IDPs), some chose to leave Myanmar to seek political refuge and asylum elsewhere. More political control exerted by Myanmar's military regime in outlying states caused more waves of ethnic minorities to flood into Thailand. Frequent armed conflicts in Myanmar resulted in many refugees living along the Thai-Myanmar border stretching for hundreds of kilometers. Thailand has set up nine temporary shelters in four northern and western provinces to house almost 200,000 refugees in 2013. However, the Thai government considers them as asylum seekers, not refugees as often referred to by aid agencies and NGOs.

As Thailand has become a newly industrialized economy, massive investments in infrastructure projects, industrial plants and urban development have raised demand for both skilled and unskilled labour. Migrant workers from Myanmar and other neighbouring countries started to flow into Thailand in the 1980s. Labour shortages in Thailand, coupled with rising wages and better economic prospect, have lured more migrants from Myanmar to enter the Thai workforce. In 2013, around two million migrant workers, most of whom are Burmese, lived and worked in major provinces and industrial centers of Thailand.

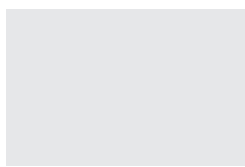
Tak is a major province in the west of Thailand bordering Kayin state of Myanmar. The province is located on a strategic route known as the East-West Economic Corridor (EWEC) linking Myanmar, Thailand, Lao PDR and Vietnam together. Mae Sot district in Tak is a major checkpoint commanding valuable border trade between Myanmar and Thailand. There have been rising flows of goods, people and capital between Tak and Myanmar. The province housed three refugee camps totaling over 80,000 asylum seekers from Myanmar in 2012, the most of any province in Thailand. Tak also employed over 50,000 documented migrant workers from Myanmar during the same period. Many garment and labour-intensive industries were set up in Tak because of the abundant supply of Myanmar migrant workers. The sharp increase in minimum wages in Thailand to 300 baht in 2013



was expected to drive more industrial plants to be relocated to the Thai-Myanmar border areas in the coming years. Tak is thus expected to see a rising number of migrants in the near future.

As refugees and migrants account for over 10 percent of Tak's population, it is important to find out public attitudes toward refugees and migrants in the province. This report is a comparative study of public attitudes of local people in both urban and border areas in Tak. The study covers attitudes in many dimensions including personal safety, humanitarian concern, socio-cultural issues, economic issues, health issues, education issues and prospects for local integration in the future. Policy recommendations and intervention programs have been suggested to correct some misunderstandings and prejudice in an attempt to create peace and harmony for the residents of Tak. Health issues were given a special focus in this report with a view to improving healthcare systems and services to local people, refugees and migrants.

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



ACKNOWLEDGEMENTS

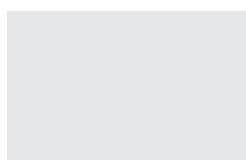
This project would not have been possible without the kind support and help of many individuals and organizations. We would like to express our gratitude toward all participants in our study for their kind co-operation and for providing necessary information which turned the project from a challenge to a meaningful task.

Our special gratitude and thanks also go to the stakeholders at a workshop and conference during all stages of the study for their useful recommendations.

We would like to express our appreciation to our research advisor, Professor Dr. Aphichat Chamratrithirong and Associate Professor Dr. Sureeporn Punpuing, IPSR Director, for their expert guidance, moral support, and kind advice throughout the research process. Our special thanks go to our colleague, Dr. Charnporn Holomyong who provided assistance from the inception of the project. The project's success would not have been possible without the best efforts of our field supervisors and interviewers; we also would like to express our sincere thanks and appreciation to them.

Lastly, we would like to express our sincere gratitude and appreciation to the European Union and the Office of the WHO Representative to Thailand who gave considerable attention to this research topic through several meetings. The project would not have been possible without their generous financial support to the project. We also would like to express our special thanks to WHO staff, Dr. Brenton Burkholder, Programme Officer, Ms. Aree Mounsookjareoun, National Professional Officer and Ms. Sushera Bunluesin, Programme Assistant, who not only provided their support but also thoughtful suggestions.

The Research Team



ABSTRACT

This study focuses on uncovering current attitudes of Thai people toward refugees, registered and non-registered migrants from Myanmar whom are called Myanmar displaced persons (MDPs) in order to provide recommendations on interventions to address any perceived misunderstandings. Improvement of Thai attitudes toward MDPs will help to support policies and mechanisms to improve social and healthcare services provided to them. The objectives of this study are, namely, to map the Thai community attitudes toward Myanmar displaced persons in Tak, to assess Thai community views on public health policy improvements targeting MDPs; and to provide recommendations regarding potential interventions to improve Thai public attitudes toward MDPs.

To explore Thai public opinions on MDPs in Thailand and assessing Thai public opinion on public services, especially education and healthcare services, the study employed both quantitative and qualitative approaches. The quantitative approach consisted of 500 questionnaires, 400 villagers and 100 community leaders. Half of the respondents lived in rural areas or close to camp areas with the other half in urban or city areas. The qualitative approach comprised 12 in-depth interviews (IDIs) and two focus group discussions (FGDs). Key informants comprised community leaders, government agencies, local media and village health volunteers. Public opinion toward Myanmar displaced persons and migrants covered the following major dimensions: security; human rights; labour protection; economics; socio-cultural; human settlement and naturalisation; future of Myanmar displaced persons and migrant workers in Thailand; and policy views on public services, including education and healthcare.

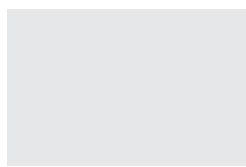
It was found that general public opinion in Tak concerning refugees and migrants are quite conservative, many of whom view them as a threat to their lives and properties. Tak residents are also highly concerned about job competition from migrants. However, a noticeable difference could be made between Thai opinions closer to the camp areas and those that live in the city. Thai respondents in border areas have a much more positive opinion toward on refugees and migrants than their city peers in many respects. Findings from the study can be summarized as follows:

- Rural dwellers were in closer contacts with refugees and migrants, leading to more positive attitudes toward them than that of urban dwellers.
- Most respondents had a more positive view of registered migrant workers and refugees than non-registered migrant workers.
- Community leaders tended to have a more positive attitude toward refugees and migrants than villagers in many respects such as humanitarian assistance and had lesser concerns on job competition from refugees and migrants.
- On human rights issues, over half of the respondents supported humanitarian assistance given to refugees in camps.
- Personal safety issues were a major concern for all respondents. The highest priority of concern was toward non-registered migrant workers, followed by refugees, and registered migrants, respectively.
- Regarding labour protection, most respondents did not agree that migrant workers should receive the same wages or labour protection as Thai workers.
- With respect to economic issues, more than half of all respondents considered that migrant workers competed with them for jobs. Competition for land and natural resources was also a major concern among all respondents.
- On socio-cultural issues, the majority of respondents viewed that refugees and migrant workers should use the Thai language in their contact with Thai authorities and people. Also, a majority of respondents agreed that Thailand should also use ethnic languages in public media to provide information to refugees and registered migrant workers and encouraged Thai people to learn ethnic languages of refugees and migrants.
- On education, the majority of respondents were of the view that refugees and registered migrant workers should learn the Thai language together with their ethnic language in schools. Around half of all respondents agreed that children of registered migrant workers and refugees should be allowed to study in Thai schools. But they were less likely to agree to such educational services for children of non-registered migrants.
- On the issue of human settlement, half of the Tak respondents and even a higher proportion of community leaders supported granting of Thai citizenship to stateless ethnic minorities born in Thailand. About one-third of the respondents supported the granting of permanent residence to refugees and migrants marrying Thais. However, most respondents did not agree that Thailand should allow refugees and children of refugees and migrants to settle permanently in Thailand.

- Regarding health issues, observations on opinions of Tak respondents could be made as follows:
 - Two-thirds of respondents supported the same standard of healthcare services as Thais for registered migrant migrants, followed by refugees (more than half).
 - More than half of all respondents agreed strongly that separate health facilities should be set up for refugees and migrants. But limited healthcare resources would make separate health facilities difficult.
 - Over 60 percent of respondents considered that registered migrant workers and refugees should be entitled to the same type of standard healthcare services provided to Thais, including health promotion, health prevention, disease diagnosis, treatment services and rehabilitation services.
 - The majority of respondents considered that registered and non-registered migrant workers should pay for their own healthcare services. Most did not think that the Thai government should finance healthcare services to refugees and migrants.
 - Respondents reported that healthcare services provided to registered migrants should be improved (90.6%), followed by families of registered migrants (70.8%), refugees (44.0%) and non-registered migrants (9.6%) and their families (8.6%), respectively.
 - The majority of Tak respondents viewed that refugees, non-registered migrants and their families could spread contagious diseases to their communities. But less than half of all respondents had the same view on registered migrant workers and their families. Infectious diseases identified were malaria, cholera and parasites.

The findings from this research suggest that policy and measures should be designed to improve some misunderstandings of people in Tak province concerning refugees and migrants. Policy recommendations include the following: 1) the Thai government should work closer with the UN agencies and non-government organizations to provide protection and humanitarian assistance to refugees and MDPs; 2) the justice system should be improved and law enforcement enhanced in border provinces. A more secure environment and improved community safety could ensure social cohesion in areas where several ethnic groups reside; 3) authorities, media and scholars should disseminate more positive information on the economic contribution of migrants to reduce the Thai perception of job competition and competition for land and natural resources of refugees and migrants; 4) Since 'Education for All' has been adopted by Thai cabinet in 2004, the Thai education policy should aim to promote access of migrants and their children to schools accredited by Thai authorities. Teachers who speak ethnic languages of migrants should also be recruited to motivate enrolment of migrants' children in Thai schools; 5) All migrants should have registration with Thai authorities in order to access healthcare services. As demand for healthcare increases, the number of health personnel and medical equipment should also be boosted. The empowerment of migrants and more health prevention programs are also options to improve migrants' health. Migrant health

volunteers and Thai village health volunteers will be instrumental in Thailand's healthcare policy to include the improvement of the health of migrants as well. As a majority of Tak respondents viewed refugees and non-registered migrants as disease carriers, migrants' health screening should be done to reduce negative attitudes toward them; 6) With many refugees residing in Tak province, social cohesion should be a main agenda of the Thai authorities and Thai media in developing their views on refugees and migrants. Training programmes for media, NGO personnel and community leaders should be introduced to equip these individuals with a more balanced view on refugees and migrants; 7) As job competition and competition for land and natural resources with refugees and migrants was a major concern of Tak respondents, collective management of local resources such as forest and water resources, involving refugee camp committees and local community leaders should be sought; 8) Social integration in Thailand is always difficult for refugees and migrants as they have to work through many legislation. Therefore, flexible solutions to increase local integration that involves stateless children, refugees and migrants is recommended. Multiculturalism should be promoted in order to create a more inclusive society where people of different ethnic origins can live and work together.



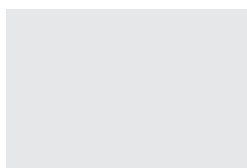
LIST OF CONTENTS

PREFACE.....	i
FOREWORD.....	iii
ACKNOWLEDGEMENTS.....	v
ABSTRACT.....	vi
LIST OF CONTENTS.....	x
LIST OF FIGURES.....	xii
LIST OF TABLES.....	xiii
EXECUTIVE SUMMARY.....	xiv
 PART I INTRODUCTION.....	 1
1.1 Introduction.....	1
1.1.1 Location and Boundaries.....	1
1.1.2 General Population.....	2
1.1.3 Refugees.....	3
1.1.4 Migrant Workers.....	4
1.2 Objectives of the Study.....	4
 PART II THEORIES AND LITERATURE REVIEW.....	 5
2.1 Theories.....	5
2.2 Literature Review.....	5
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.....	7
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.....	12
PART IV RESULTS.....	15
4.1. Profile of Respondents.....	15
4.2. Sources of Information about Refugees.....	17
4.3 Tak's Overall Public Opinion toward MDPs.....	18
4.3.1 Human Safety.....	18
4.3.2 Human Rights Dimension.....	19
4.3.3 Labour Protection Dimension.....	20
4.3.4 Economic Dimension.....	21
4.3.5 Socio-cultural Dimension.....	22
4.3.6 Education Dimension.....	23
4.3.7 Human Settlement and Naturalisation Dimension.....	24
4.3.8 Health Care Dimension.....	26
4.3.9 The Future of Refugees.....	36
PART V SUMMARY OF KEY FINDINGS AND RECOMMENDATIONS.....	39
5.1 Summary of Key Findings in Respect to Research Hypotheses.....	39
5.2 Summary of Key Findings.....	40
5.3 Policy Recommendations.....	41
REFERENCES.....	44

LIST OF FIGURES

Figure 1.1: Map of Tak province.....	2
Figure 1.2: Number of Migrant Workers in Tak province 2007-2012.....	4



LIST OF TABLES

Table 1.1:	Population of Tak province, 2011.....	3
Table 1.2:	Number of refugees in Tak 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:	Respondents' profile in Kanchanaburi province.....	16
Table 4.2:	Experience of respondents with refugees by position and location.....	17
Table 4.3:	Sources of information about refugees by position and location.....	18
Table 4.4:	Percent of respondents agreeing that refugees and migrant workers pose a threat to personal life and properties by position and location.....	18
Table 4.5:	Percent of respondents agreeing that humanitarian assistance, shelter and basic necessities of life should be provided to refugees and migrants by position and location.....	19
Table 4.6:	Percent of respondents agreeing that migrant workers should have the same labour protection and receive the same wage as Thai workers by position and location.....	20
Table 4.7:	Percent of respondents agreeing that migrants from Myanmar compete for jobs, land and natural resources by position and location.....	22
Table 4.8:	Percent of respondents agreeing that language use and cultural exchange should be encouraged by position and location.....	23
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 residency and citizenship should be given to refugees and migrants by position and location.....	25
Table 4.11:	Percent of respondents agreeing that refugees and migrants should receive the same standard treatment as Thais by position and location.....	26
Table 4.12:	Percent of respondents agreeing that refugees and migrants should receive the same health care services as Thais by position and location.....	28
Table 4.13:	Percent of respondents perceiving that healthcare services provided to which group of MPDs should be improved by position and location.....	30
Table 4.14:	Percent of respondents agreeing that financial support should come from by position and location.....	33
Table 4.15:	Percent of respondents that viewed refugees and migrants as disease carriers by position and location.....	36
Table 4.16:	Percent of respondents perceiving whether refugees should be allowed to live and work in Thailand permanently or sent back to their origins by position and location.....	37
Table 4.17:	Reasons for sending refugees back to their origins or allowing them to live and work permanently by position and location.....	38

EXECUTIVE SUMMARY

In general, public opinion in Tak concerning refugees and migrants are quite conservative, many of whom view them as a threat to their lives and properties. Tak people are also highly concerned about job competition from migrants. However, a noticeable difference could be made between Thai opinions closer to the camp areas and those that live in the city. Thai respondents in border areas have a much more positive opinion toward refugees and migrants than their city peers in many respects. Findings from the study could be summarized as follows:

- Rural dwellers were in closer contacts with refugees and migrants, leading to more positive attitudes toward them than that of urban dwellers;
- Most respondents had a more positive view of registered migrant workers and refugees than non-registered migrant workers;
- Community leaders tended to have a more positive attitude toward refugees and migrants than villagers in many respects such as humanitarian assistance and less concern about job competition from refugees and migrants;
- On human rights issues, more than half of respondents supported humanitarian assistance given to refugees in camps;
- Personal safety issues were a major concern for all respondents. The highest concern was toward non-registered migrant workers, followed by refugees, and registered migrants, respectively;
- Regarding labour protection, most respondents did not agree that migrant workers should receive the same wages or labour protection as Thai workers;
- With respect to economic issues, more than half of all respondents considered that migrant workers competed with them for jobs. Competition for land and natural resources was also a large concern among all respondents;
- On socio-cultural issues, the majority of respondents viewed that refugees and migrant workers should use the Thai language in their contact with Thai authorities and people. Also, the majority of respondents agreed that Thailand should use ethnic languages in public media to provide

information to refugees and registered migrant workers and encouraged Thai people to learn ethnic languages of refugees and migrants;

- On education, the majority of respondents were of the view that refugees and registered migrant workers should learn the Thai language together with their ethnic language in schools. Around half of all respondents agreed that children of registered migrant workers and refugees should be allowed to study in Thai schools. However, the level of support was declined for such educational services for children of non-registered migrants;
- On the issue of human settlement, half of Tak respondents and an even higher proportion of community leaders gave support to the granting of Thai citizenship to stateless ethnic minorities born in Thailand. One-third of the respondents supported the granting of permanent residence to refugees and migrants marrying Thais. However, most respondents did not agree that Thailand should allow refugees and children of refugees and migrants to settle permanently in Thailand;
- Regarding health issues, observations on opinions of Tak respondents could be made as follows:
 - Two-thirds of respondents supported the same standard of healthcare services as Thais for refugees and registered migrants;
 - More than half of all respondents agreed strongly that separate health facilities should be set up for refugees and migrants. But limited healthcare resources would make separate health facilities difficult;
 - Over 60% of respondents considered that registered migrant workers and refugees should be entitled to the same types of standard healthcare services provided to Thais, including health promotion, health prevention, disease diagnosis, treatment services and rehabilitation services; .
 - The majority of respondents considered that registered and non-registered migrant workers should pay for their own healthcare services. Most did not think that the Thai government should finance healthcare services provided to refugees and migrants;.
 - Respondents reported that healthcare services provided to registered migrants should be improved (90.6%), followed by families of registered migrants (70.8%), refugees (44.0%) and non-registered migrants (9.6%) and their families (8.6%), respectively.
 - The majority of Tak respondents viewed that refugees, non-registered migrants and their families could spread contagious diseases to their communities. But less than half of all the respondents had the same view on registered migrant workers and their families. Infectious diseases identified were malaria, cholera and parasites.

The findings from this research suggest that policy and measures should be designed to improve certain misunderstandings of people in Tak province concerning refugees and migrants. Policy recommendations include the following:

- 1) the Thai government should work closer with the UN agencies and non-government organizations to provide protection and humanitarian assistance to refugees and MDPs;
- 2) the justice system should be improved and law enforcement be enhanced in border provinces. A more secure environment and improved community safety could ensure social cohesion in areas where several ethnic groups reside;
- 3) the authorities, media and scholars should disseminate more positive information on the economic contribution of migrants to reduce the Thai perception of job competition and competition for land and natural resources with refugees and migrants;
- 4) Since ‘Education for All’ has been adopted by Thai cabinet in 2004, Thai education policy should therefore aim to promote access of migrants and their children to schools accredited by Thai authorities. Teachers who speak ethnic languages of migrants should also be recruited to motivate enrolment of migrants’ children in Thai schools;
- 5) All migrants should have registration with Thai authorities in order to access healthcare service. As demand for healthcare increases, the number of health personnel and medical equipment should be boosted. The empowerment of migrants and more prevention programs are also options to improve migrants’ health. Migrant health volunteers and Thai village health volunteers will be instrumental in Thailand’s healthcare policy to improve the health of migrants. As a majority of Tak respondents viewed refugees and non-registered migrants as disease carriers, migrants’ health screening should be undertaken to reduce negative attitudes toward them;
- 6) With many refugees residing in Tak province, social cohesion should be on the agenda of the Thai authorities and Thai media in expressing their views on refugees and migrants. Training programmes for media, NGOs personnel and community leaders should be introduced to equip these individuals with a more balanced view on refugees and migrants;
- 7) As job competition and competition for land and natural resources with refugees and migrants was a major concern of Tak respondents, collective management of local resources such as forest and water resources, involving refugee camp committees and local community leaders should be sought;
- 8) Social integration in Thailand is always difficult for refugees and migrants as they have to work through many legislation. Therefore, flexible solution to increase local integration that involves stateless children, refugees and migrants is recommended. 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

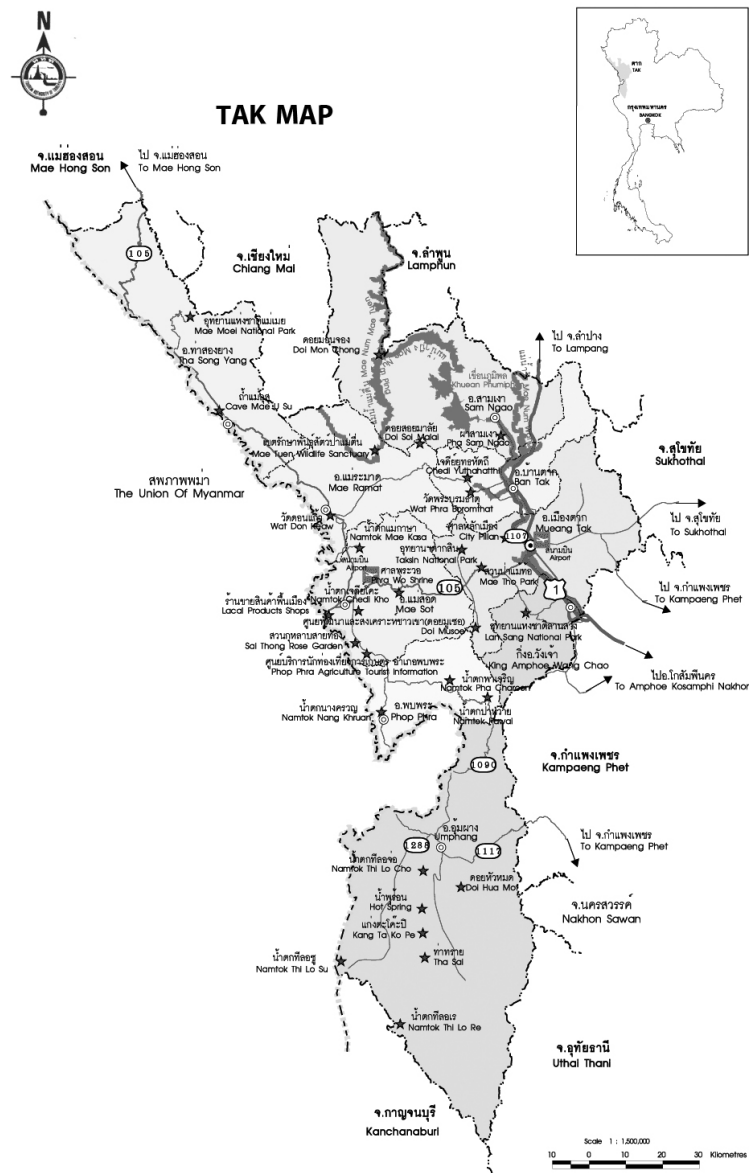
1.1 Introduction

Tak is a northern Thai province which shares a long border with Myanmar. The province houses three large refugee camps totaling around 80,000 refugees. Many out-of-camp refugees could also be found along border areas. There are also over 50,000 migrant workers living in Tak. Therefore, the province is a major crossing point and transit center for refugees and migrants from Myanmar. Moreover, Tak is a major city on the East-West Economic Corridor (EWEC) which has served as a major logistic route connecting Myanmar, Thailand, Lao PDR and Vietnam as part of the GMS (Greater Mekong Sub-region) development programmes. Therefore, Thai communities in Tak have experienced increasing flows of people to and from Tak, many of whom are migrants and refugees. A survey of public opinion of local communities in Tak is thus crucial to understanding Thai public attitudes toward both refugees and migrants. However, since many people in Tak's border regions are of ethnic origins, particularly Karen, their perception on refugees may be somewhat different from Thai communities in the city proper. This study examined the similarities and differences of these two groups' perception on refugees and migrants. Findings would be useful for future public and private programs to create amiable relationships between Thais and migrants in Tak province.

1.1.1 Location and Boundaries

Tak is a northern Thai province bordering Mae Hong Son, Chiang Mai, Lamphun, Lampang, Sukhothai, Kamphaeng Phet, Nakhon Sawan, Uthai Thani and Kanchanaburi provinces. The western part of the province has a long boundary with Kayin State of Myanmar. With an area of 16,406.6 km², Tak is the fourth largest province in Thailand. Tak is also an historic city which emerged even before the Sukhothai period famous for its natural beauty and cultural heritage. Tak is divided into 9 districts, 63 sub-districts and 520 villages. The 9 districts are Mueang Tak, Ban Tak, Sam Ngao, Mae Ramat, Tha Song Yang, Mae Sot, Phop Phra, Umphang and Wang Chao. The distance between Bangkok and Tak province is 426 km and the borderline between Tak and Myanmar extends to approximately 580 km. Tak's economy depends much on agriculture, industry, cross-border trade, mining and tourism. The province produces rice, corn, vegetables, fruits and beef (Office of Tak Governor, 2012).

Figure 1.1: Map of Tak province



Source: <http://www.thai-tour.com/eng/tak/tak.gif>

1.1.2 General Population

Although Tak is a big province in terms of its area, it is lightly populated with a population density of only 30 persons per square kilometer. Its population in late 2011 included 495,467 Thais and 30,217 (5.7%) ethnic minorities (Department of Provincial Administration, 2012). Although there are several ethnic minorities (Yao, Karen, Akha, Lahu, Hmong and Lisu) in Tak, the major tribe is the Karen.

Table 1.1: Population in Tak province, 2011

Population of Tak	Male		Female		Total	
	No.	%	No.	%	No.	%
Thai citizens	249,284	93.5	246,183	95.0	495,467	94.3
Ethnic minorities	17,280	6.5	12,937	5.0	30,217	5.7
Total	266,564	100	259,120	100	525,684	100

Source : Calculated from Department of Provincial Administration (Department of Provincial Administration, 2012)

1.1.3 Refugees

Currently, Tak province houses three refugee camps at Mae La, Umpiem Mai and Nu Po. Mae La camp was originally established in 1984 with only a thousand refugees. The table below shows that the number of refugees in each camp has increased due to military offensives in surrounding cities in Myanmar. Also, some nearby camps have also been closed over the years.

According to data from the Thailand Burma Border Consortium (TBBC), combined residents in the three camps in early 2012 were 81,026 persons. Mae La is the largest camp housing 47,821 refugees followed by Umpiem Mai (17,728 refugees) and Nu Po (15,477 refugees).

Table 1.2: Number of refugees in Tak province, 1998-2012

Year	Mae La	Umpiem Mai	Nu Po
1998	31,680*	16,930	8,817
1999	32,875	16,300	8,107
2000	37,070	16,085	8,777
2001	40,503	16,758	9,621
2002	41,941	18,061	11,596
2003	45,878	19,041	12,481
2004	48,910	18,634	11,850
2005	46,354	18,838	12,292
2006	49,275	19,557	15,282
2007	40,760	18,456	15,581
2008	37,000	14,824	13,883
2009	40,009	18,180	16,129
2010	45,692	17,491	15,543
2011	46,431	17,274	15,325
2012	47,821	17,728	15,477

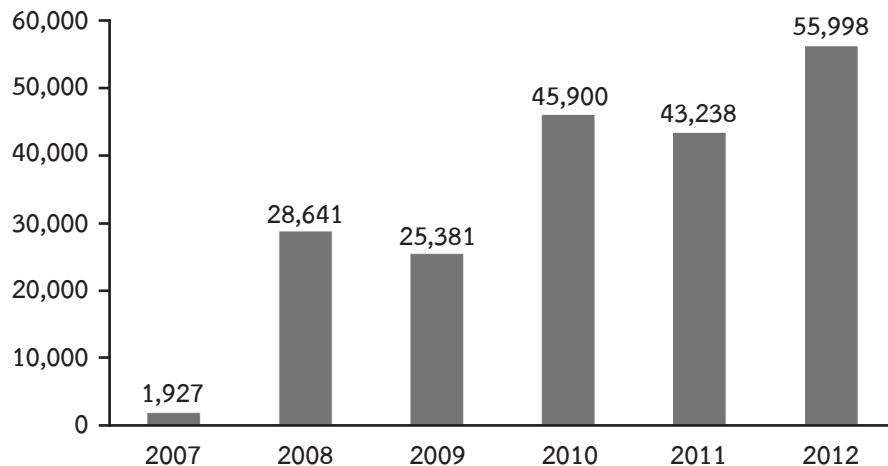
Remark: * includes number of refugees from Wangka and Marker

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

1.1.4 Migrant workers

The data from the Office of Foreign Workers Administration shows that the number of migrant workers in Tak province has been increasing. The number of migrant workers grew from 1,927 persons in 2007 to 55,998 persons in early 2012.

Figure 1.2: Number of migrant workers in Tak province, 2007-2012



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

1.2 Objectives of the Study

The general objective of the study is to identify the current attitudes of Thai society toward Myanmar refugees and migrant workers with a view to providing recommendations on interventions to correct misunderstandings and reduce prejudice. The specific objectives of the study are as follows:

- To examine Thai community attitudes toward Myanmar refugees and migrant workers in Tak province.
- To understand Thai community views on public health policy improvements targeting Myanmar refugees and migrant workers.
- To provide recommendations on interventions to improve Thai public attitudes toward Myanmar refugees and migrant workers.

PART II

THEORIES AND LITERATURE REVIEW

2.1 Theories

The study of public attitudes on migration is a major topic of research of migration issues. Public attitudes include attitudes on migrants and attitudes on immigration-related issues. Major theories on migration could be grouped into two main categories: first, theories which look at the individual level based upon micro sociological perspectives; and second, theories which look at the contextual level or structural factors of migration (Ceobanu & Escandell, 2010). The first group of theories which focus on an individual level of analysis tends to focus on three major areas that include personal interests, identities and values, and contact with out-group members. The self-interest perspective views that an individual's concern for job competition with migrants and scarce resources could lead to negative attitudes toward migrants (Olzak, 1994; Sears & Funk, 1991). The second group of theories which focus on identities and values argues that an attitude could be influenced by a person's value and identity in such a way that an impression of a group's identity could lead to negative attitudes toward others (Mummendey, Klink, & Brown, 2001). Therefore, close contacts with other groups would promote positive attitude toward them and also help to reduce prejudice against them (Flashman, 2009). For those theories with a focus on the contextual or structural level of analysis, a good example is the group threat theory which looks at the competition for power and resources between the locals and ethnic minorities. Such perception of competition could result in a feeling of 'otherness' between different groups and lead to negative feelings between them (Flashman, 2009; Olzak, 1994; Quillian, 1995).

2.2 Literature Review

As Thailand has been a country of first asylum for many decades involving many groups of refugees, the history and background of such migration helps to shape public knowledge and understanding about refugee situations in Thailand. Thailand's policies on refugees and the policy process also influence public attitudes and responses to refugees and migrants in the country.

Background of Myanmar Refugees & Migrants

During the past few decades, armed conflicts and forced migration has caused an exodus of refugees and asylum seekers from Myanmar into Thailand. Major reasons which drove these people out of their homes included denial of citizenship rights, armed conflicts between the government and ethnic groups, forced labour, physical abuse and forced relocation of ethnic minorities. In the 1980s, Myanmar government's offensive against ethnic groups to extend its control over remote regions caused a large number of displaced persons. The crackdown against pro-democracy movements in the late 1980s and early 1990s further pushed students and other dissidents into Thailand and other countries (Human Rights Watch, 2012).

Although refugees have been allowed to seek asylum in Thailand, Thailand's policy on refugees has often been changed. Since 1995, refugees have not been allowed to leave the camps and many income-generating activities are no longer possible. Stricter control of refugees' movement led to more dependence of refugees on humanitarian assistance provided in the camps. Humanitarian assistance usually includes food, shelter and other basic supplies. Such policy runs counter to the idea of self-sufficiency of refugees, affects their morale and poorly equips them for any future repatriation program. For migrant workers, most of them reside in border towns, Bangkok and its surrounding provinces, industrial cities, and coastal towns with thriving fishing industries. Most migrant workers from Myanmar could be found in manufacturing industries, construction, agricultural sectors, labour-intensive industries and services (Feinstein International Center, 2011).

Refugee Status

There are numerous factors which has resulted in displaced persons and refugees from Myanmar. Major causes are ethnic conflicts, political prosecution, urban development, exploitation of natural resources, and forced labour by armed forces. Despite the large amount of migration, however, Thailand has no clear policies, nor clear distinction in determining the status of refugees, asylum seekers or irregular migrant workers. In general, encamped migrants are considered temporarily displaced persons whereas migrants living outside the camps are seen as irregular migrants. The Thai government has not regarded migrants living outside of the nine border camps as refugees or asylum seekers although many of them fled political persecution from Myanmar. In practice, it is not easy to distinguish asylum seekers from irregular migrants as a person's status could later change. Some asylum seekers could slip out of the camp and join the working force in border towns to earn an income. Many migrant workers, both documented and undocumented, have faced challenges in getting fair wages and labour protection, and experienced difficulties in accessing health and other public services (Feinstein International Center, 2011).

Rights of Refugees and Migrant Workers

Thailand does not have a clear policy on the treatment of refugees and refugee status determination as practiced in most countries because Bangkok has not ratified the 1951 Convention Relating to the Status of Refugees and its 1967 Protocol. The Thai authorities simply consider that asylum seekers and irregular migrants are all illegal immigrants. These people could face detention or deportation depending on the circumstances. Since Thailand does not formally respect customary international law regarding non-refoulement, some asylum seekers and migrants were sometimes sent back to Myanmar. Having said that, the Thai government has set up nine shelters to house displaced persons from Myanmar along the border provinces of Mae Hong Son, Tak, Kanchanaburi and Ratchaburi for several decades. With approval from the cabinet, the 1979 Immigration Act authorizes the Ministry of Interior to permit asylum seekers and irregular migrants to stay in Thailand on a temporary basis (Immigration Act, 1979). Migrant workers have a better status and more rights as they are protected by the Labour Protection Act of 1998 and its amendments, and Criminal and Civil Codes (Labour Protection Act B.E. 2541, 1998). Migrant workers possess the rights to fair wages, eight-hour work days, humane working conditions and equal treatment between men and women as protected by Thai laws. The 2008 Alien Employment Act also permits documented migrants to work temporarily in Thailand in many areas (Labor Protection Act (No. 2) B.E. 2551, 2008).

Migrant Registration and Nationality Verification of Migrant Workers

Thailand has allowed migrant workers from Myanmar, Lao PDR and Cambodia to work temporarily in Thailand following migrant registration in each province. Employers would be the ones who usually apply for work permits and health insurance on behalf of their workers at the provincial office. The application process typically costs 2,980-3,880 THB for a one-year period. Registered migrants face many restrictions such as a travel ban outside of the province of their employment and no job changes without consent from their employers. In another development, Thai authorities have required national verification for documented migrants from Lao PDR and Cambodia since 2006, and from Myanmar since 2009. Both governments later opened Nationality Verification (NV) and Temporary Passport Issuance Centers in Ranong province in Thailand, and Takhilek and Myawaddy in Myanmar. Following national verification, migrants would receive a working visa and freedom of movement as well as proper labour protection. Five additional NV centers were later set up in Thailand in 2012 including Bangkok, Samut Prakarn, Surat Thani, Chiang Mai, and Samut Sakhon. Also, border NV centers in Myanmar were set in Kawthuang (opposite Ranong), Tachilek (opposite Mae Sai in Chiang Rai) and Myawaddy (opposite Mae Sot) (Ministry of Labour, 2012).

Perception of Refugees and Migrants

Thai security agencies and a large proportion of Thai people tend to view refugees and migrants as a security threat and a threat to personal safety, social order and public health. The Thai media often

portray an image of refugees as a burden to Thailand and view some of them as economic migrants. Many Thai people also regard refugees and migrant workers as disease carriers and a heavy burden to the Thai public health system. The Thai policy stance on Myanmar refugees took a turn for the worse after the seizure of the Myanmar Embassy in Bangkok by Myanmar dissidents in 1999, to be followed by the hostage taking in Ratchaburi hospital by armed insurgents from Myanmar ethnic groups in 2000.

In general, misperception and lack of understanding between local people and refugees/migrants are caused by their limited contact (Brees, 2010). Not many Thais realized that those border communities located near refugee camps in fact received benefits from economic activities around refugee camps. Moreover, a wide range of Thai businesses such as construction, fisheries and agriculture have benefited from a constant supply of labour from Myanmar. For many years, Thailand and the Thai people have relied on migrant workers from Myanmar and other neighbouring countries to maintain their economic competitiveness through low costs of production. However, migrant workers have not been given the due recognition that they deserve. This study will examine elements shaping Thai public opinions on refugees and migrants and discuss misunderstandings that might exist.

2.3 Hypotheses

Depending on theories, literature review and Tak's context that Tak is a major checkpoint between Thailand and Myanmar where trade, investment and migration flows have taken place. The province also has the largest number of refugees in Thailand, with over 80,000 people, as it houses four major refugee camps. Mae Sot District, a major border town with a vibrant economy, also has a high proportion of foreign migrants. Many labour-intensive industries have been established in Tak to tap abundant labour supply from Myanmar. Total foreign migrant workers in 2012 were recorded at over 50,000. As a result, the province, which has around half a million population, has quite a high proportion of refugees and foreign migrant workers. On the one hand, because of a large flow of refugees and migrants in the province, Tak's respondents should be more familiar with refugees and migrants. Frequent contacts with them should lessen misunderstandings and facilitate multi-cultural settings in the province. As refugees and migrant workers have given a boost to Tak's economy, respondents in Tak should see economic benefits derived from the presence of refugees and migrants. On the other hand, a high proportion of foreign migrants could make some locals feel uneasy as 'fear of the unknown' could influence their attitude toward immigrants. Therefore, negative attitudes toward refugees and migrants in the area of personal safety could be expected. Also, locals could feel the pressure of overcrowding in the access to public services like healthcare. Local respondents in Tak could also have a high concern on contagious diseases and health risks arising from the flow of refugees and migrants. In sum, mixed views on refugees and migrants should be detected depending on the areas questioned. But local integration of refugees and migrants should be less welcomed than many other provinces as locals should be more wary of a high presence of migrants in their communities.

PART III

RESEARCH METHODS

The survey of Thai public opinion on Myanmar refugees and displaced persons proposed Tak as one province for the study area. The methodology for data collection of the study is presented as follows:

3.1 Research Design

The study used both quantitative and qualitative methods. The quantitative method was employed through structured questionnaires and face-to-face interviews. Whereas the qualitative method included in-depth interviews and focus group discussions with key informants using interview guidelines.

3.2 Population and Sampling

The target population of this study comprised two groups of individuals, they were the general population aged 18 and above and community leaders. These two groups were included because their opinions have the power to change policy. Previous studies pointed out that opinions of the general population are important as a power to change policy while community leaders can be a bridge between a government and the general population in order to shape social policy (Munro, Skelcher, & Roberts, 2006).

Four hundred general population and 100 community leaders were interviewed (see Table 3.1). The stratified sampling strategy was employed by dividing areas into sub-district where refugee camps are located and sub-district where the city hall is located. Five villages from each sub-district were randomly selected by using a random sampling strategy. Then the first household and one person aged 18 and over were also randomly selected while the next household and individual were systematically selected. The sample size in each village was 40 people and 10 community leaders. These community leaders from each village were purposively selected. The ten community leaders were in a position of village head, community committee members and other community leaders (see Table 3.1).

Table 3.1: Sample allocation by types of individuals

Types	Sample
General People or Villagers	400
Community Leaders	100
- Village head	10
- Community committee member	40
- Village health volunteer	22
- Community group leader	28
Total	500

Qualitative methods comprised of 12 in-depth interviews and two focus groups discussions (see Table 3.2). Regarding the inclusion criteria for selecting key informants, we recruited those directly involved with refugees and irregular/registered migrants. Key informants for in-depth interviews and focus group discussion are described in the table below.

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

Key informants	In-depth Interviews	Focus Groups
Community Leaders	2 people	
Government Officials	7 people	
NGOs/ INGOs	2 people	
Health Workers	-	2 groups
Local Media	1 person	

3.3 Data Collection Process

The study employed both quantitative and qualitative approaches and used individuals as the entry point. General people aged 18 and above and community leaders were initially identified through the inclusion criteria mentioned above. The structured questionnaire and face-to-face interviews were used to collect quantitative information at the individual level, while interview guidelines were used to collect qualitative information through in-depth interviews and focus group discussions.

At the beginning phase of the study, questionnaires for individuals and interview guidelines for in-depth interviews and focus group discussions were constructed. Thereafter, the questionnaires and guidelines were tested. Questionnaire pre-testing was conducted twice due to problems in validity and reliability of the five point typical Likert scale. The first time of questionnaire testing indicated a low level of acceptance for reliability testing (Cronbach's alpha of the total score at 0.35). Therefore, the second pre-test was conducted by modifying the Likert scale ranging from agree slightly, agree somewhat, agree moderately, agree very much and agree totally and the analysis of reliability

showed that Cronbach's alpha of total scores was at 0.86 which is highly acceptable in reliability testing.

The target population was identified by approaching community leaders, general people and key informants. After that, collection of data began by using the survey, in-depth interviews and focus group discussions.

Information on the research, 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 process of survey interviewing, in-depth interviewing and focus group discussions was provided and written informed consent was performed before an interview took place.

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

The fieldwork was carried out in the third and fourth quarters of 2012. However, the delayed and disrupted fieldworks were due to storms in northern and western Thailand, and subsequent floods in many parts of Thailand in 2012. Soon after the end of the flood, the field work was accomplished and consisted of Quantitative data collection, focus group discussions and in-depth interviews of key informants.

3.4 Data Quality Control

Quality control of data collection was performed by training only 10 interviewers who completed at least a bachelor's degree with skills necessary for interviewing in order to ensure data quality. In addition, a monitoring process was undertaken during the period of data collection by researchers.

3.5 Data Analysis

In order to maintain confidentiality, data entry was conducted by omitting entry of personal identifying information. Descriptive statistics was used to compare data on socio-demographic variables, 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 and policy suggestions for the Thai government on refugees and migrant workers.

Based on a modified Likert scale, the measurement of opinions was measured by ordering level of agreement range from agree slightly, agree somewhat, agree moderately, agree very much and agree totally. The study mainly focused on 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 opinions on refugees and migrant workers, qualitative data was analysed by using the content analysis method. Moreover, qualitative findings were used to supplement findings for the survey.

3.6 Ethical Considerations

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

- Gaining a clear understanding from the respondents and key informants as to why this research was being undertaken and acquiring permission to participate with full knowledge of rights to refuse to answer any questions or to terminate 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 with. 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 of 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 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 migrant or registered migrant, 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 reside 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)

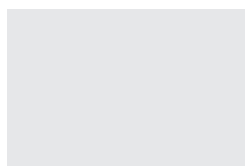
Stateless: A person who is an ‘alien or person without Thai nationality’ which does not have documents for personal legal status; they are ethnic minorities and rootless persons or those without a civil registration record.

Villager or general people: A person who is a member of a community but not in a position of village head, community committee members 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 the sub-district where a refugee camp is located.

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



PART IV

RESULTS

4.1. Profile of Respondents

Respondents in Tak were divided almost equally between men and women. However community leaders were more represented by men (59%). Almost half of all respondents (47.2%) were in the age range of 18-39 years old. The elderly group of 60-year-old and older accounted for 15.2 percent of total respondents. Respondents were overwhelmingly Buddhists (94.6%). But 10.8 percent of rural residents were Christians compared with none in the city. In terms of ethnicity, 75.8 percent of all respondents were children of Thai parents whereas 28 percent had Karen parent(s). However, just over half (53.2%) of rural residents had Thai parents compared with 98.4 percent of their city peers. A large proportion of rural residents (41.2%) were children of Karen parent(s). Almost all community leaders (96%) were of Thai ethnic parents. Other minority ethnic groups in Tak were Shan, Chinese and others. Most respondents (75.8%) were married. But only 69.2 percent of city residents were married (see Table 4.1).

The education level of respondents was below many other provinces in Thailand. Less than half (47.4%) of all respondents completed secondary school or a higher level of education whereas 39.8 percent had only primary school education. Around 12.8 percent of total respondents were not enrolled in school. But one-quarter of rural respondents (25.2%) were not enrolled in school compared with only 0.4 percent for city respondents. City respondents had a much higher level of education with 65.6 percent completing secondary school or higher compared with only 29.2 percent of rural respondents. Community leaders were better educated than other villagers as only 1 percent of them were not enrolled in school compared with 15.8 percent of villagers. Half of the community leaders (50%) completed primary school and 49% had secondary school education and higher. The proportion of unemployed respondents was quite high in the city area (20.8%) compared with only 2.4 percent in the camp area. These statistics indicate that unemployment in Tak is more prevalent in higher educated people (see Table 4.1).

Table 4.1: Respondents' profile in Tak province

Respondents' profile	Position		Location		Total
	Leader	Villager	Camp	City	
Gender					
Male	59.0%	47.0%	56.8%	42.0%	49.4%
Female	41.0%	53.0%	43.2%	58.0%	50.6%
Age group					
18-29	16.0%	28.8%	38.0%	14.4%	26.2%
30-39	19.0%	21.5%	27.6%	14.4%	21.0%
40-49	27.0%	17.0%	18.0%	20.0%	19.0%
50-59	22.0%	17.8%	10.0%	27.2%	18.6%
>=60	16.0%	15.0%	6.4%	24.0%	15.2%
Religion					
Buddhist	96.0%	94.3%	89.2%	100.0%	94.6%
Christian	4.0%	5.8%	10.8%	0.0%	5.4%
Ethnicity of parents					
Thai	74.0%	76.3%	53.2%	98.4%	75.8%
Karen	26.0%	28.5%	41.2%	56.0%	28.0%
Shan	0.0%	2.5%	4.0%	0.0%	2.0%
Chinese	1.0%	1.8%	0.8%	2.4%	1.6%
Others	0.0%	0.5%	0.8%	0.0%	0.4%
Marital status					
Single	16.0%	22.0%	16.4%	25.2%	20.8%
Married	80.0%	74.8%	82.4%	69.2%	75.8%
Others*	4.0%	3.3%	1.2%	5.6%	3.4%
Education					
Not enrolled in school	1.0%	15.8%	25.2%	0.4%	12.8%
Primary	50.0%	37.3%	45.6%	34.0%	39.8%
Secondary	49.0%	47.0%	29.2%	65.6%	47.4%
Employment status					
Unemployed	15.0%	10.8%	2.4%	20.8%	11.6%
Employed	85.0%	89.3%	97.6%	79.2%	88.4%

* Remark other* = Widowed / Divorced / Separated.

Not surprisingly, rural residents were much more familiar with refugees and migrants than city respondents as 50.4 percent of rural respondents had visited refugee camps compared with only 7.6 percent of those from the city area. Also, 36 percent of community leaders paid visits to refugee camps compared with 27.3 percent of villagers (see Table 4.2). More rural residents and community leaders also knew persons in refugee camps than other respondents; 29.6 percent of rural residents had friends and/or acquaintances in refugee camps compared with only 2.4 percent of city respondents (see Table 4.2). More familiarity with refugees could be translated into better understandings of refugees and other ethnic groups. For those who had friends and acquaintances in refugee camps, their earlier meetings often took place in the refugee camps and their communities respectively (see Table 4.2).

Table 4.2: Experience of respondents with refugees by position and location

Experience Position	Position		Location		Total
	Leader	Villager	Camp	City	
visiting refugee camps					
Yes	36.0%	27.3%	50.4%	7.6%	29.0%
No	64.0%	72.8%	49.6%	92.4%	71.0%
Having friends/knew persons in camps					
Yes	24.0%	14.0%	29.6%	2.4%	16.0%
No	76.0%	86.0%	70.4%	97.6%	84.0%
Place of knowing refugees					
At community	13.0%	4.5%	12.0%	0.4%	6.2%
At workplace	1.0%	1.5%	2.0%	0.8%	1.4%
At school	0.0%	0.0%	0.0%	0.0%	0.0%
At refugee's camp	18.0%	13.0%	26.0%	2.0%	14.0%
In family	0.0%	0.0%	0.0%	0.0%	0.0%

4.2. Sources of Information about Refugees

Regarding sources of information about refugees, respondents indicated that the main channels of information were television and friends/relatives respectively. Other sources of information included self knowledge, print media, official sources and the internet. For city respondents, they relied on information mainly from television, friends/relatives and the print media, respectively. For rural respondents, highest information sources included friends/relatives, television, self knowledge and official information, respectively. There was no difference about the main sources of information about refugees between community leaders and villagers. Both of categories relied on information mainly from television, friends/relatives, self knowledge and the print media (see Table 4.3).

Table 4.3: Sources of information about refugees by position and location

Sources of information	Position		Location		Total
	Leader	Villager	Camp	City	
Self	37.0%	26.0%	48.8%	7.6%	28.2%
Friends/relatives	70.0%	65.3%	85.6%	46.8%	66.2%
Radio	18.0%	4.3%	1.2%	12.8%	7.0%
Television	74.0%	71.5%	55.2%	88.8%	72.0%
Print media	28.0%	16.0%	1.6%	35.2%	18.4%
Authorities	16.0%	10.5%	14.0%	9.2%	11.6%
Internet	0.0%	0.3%	0.0%	0.4%	0.2%

4.3 Tak's Overall Public Opinion toward MDPs

4.3.1 Human Safety

More than half of all respondents were highly concerned about the threat to their lives and properties posed by the influx of refugees and migrant workers from Myanmar. The top group of concern was non-registered migrant workers, with over 80 percent of respondents both in the rural and city areas strongly perceiving them as a threat. Over 60 percent of respondents were concerned with the threat from refugees and over 50 percent perceived a threat from registered migrant workers (see Table 4.4).

If we compare the views of community leaders and villagers, community leaders had a more positive attitude toward refugees and registered migrants than villagers. Regarding refugees, only 45.0 percent of community leaders viewed them as a threat compared with 69.5 percent of villagers. Also, only 41.0 percent of community leaders considered registered migrant workers as a threat compared with 61.8 percent of villagers. However, both community leaders and villagers (over 80 percent of each group) shared the view that non-registered migrants were a threat to their lives and properties (see Table 4.4).

Table 4.4: Percent of respondents agreeing that refugees and migrant workers pose a threat to personal life and properties by position and location

Type of MDPs	Position		Location		Total
	Leader	Villager	Camp	City	
Refugees	45.0%*	69.5%*	68.4%	60.8%	64.6%
Non-registered migrants	86.0%	83.8%	83.2%	85.2%	84.2%
Registered migrants	41.0%*	61.8%*	58.0%	57.2%	57.6%

*Chi-square was significant at the level of 0.05

4.3.2 Human Rights Dimension

On humanitarian grounds, respondents living in the city and rural areas were pretty much in support of humanitarian assistance provided to refugees in the camps. Almost 60 percent of those living near the camps and 48 percent living in the city agreed to provide shelter for refugees. When asked which groups of migrants should be entitled to basic necessities of life, most respondents seemed to agree that refugees and registered migrant workers should be entitled to such provisions. In contrast, only 29 percent of respondents were in support of registered migrant workers in this statement. There was not much difference between answers of respondents in rural and city areas for provision of basic necessities of life to refugees but city residents agreed more with such provisions to non-registered and registered migrants than rural residents did. When asked if the three groups should receive the same degree of protection to their lives and properties as Thais, 60.6 percent agreed very much that registered migrant workers should receive the same degree of protection, compared with 42.4 percent for support of refugees and 15.2 percent for support of non-registered migrant workers (see Table 4.5).

If we compare the views of community leaders and villagers with regard to humanitarian assistance given to refugees, villagers stated a higher support to humanitarian assistance and basic necessities to be given to refugees. For humanitarian assistance such as shelter, 53.0 percent of community leaders compared with 53.6 percent of villagers agreed with such assistance. For the four basic necessities of life, 56.0 percent of community leaders compared with 63.3 percent of villagers agreed with such support. However, on the issue of similar security protection as Thais, community leaders provided more positive views to refugees and registered migrants but less to non-registered migrants when compared with villagers (see Table 4.5).

Table 4.5: Percent of respondents agreeing that humanitarian assistance and shelter and basic necessities of life should be given to refugees and migrants by position and location

Opinion and type of MDPs	Position		Location		Total
	Leader	Villager	Camp	City	
Basic necessities of life					
Refugees	56.0%	63.3%	60.8%	62.8%	61.8%
Non-registered migrants	14.0%*	32.8%*	24.8%*	33.2%*	29.0%
Registered migrants	50.0%*	65.5%*	55.6%*	69.2%*	62.4%
Same security protection as Thais					
Refugees	58.0%*	38.5%*	42.4%	42.4%	42.4%
Non-registered migrants	13.0%	15.8%	13.2%	17.2%	15.2%
Registered migrants	70.0%*	58.3%*	59.6%	61.6%	60.6%
Shelter for refugees	53.0%	53.8%	58.8%*	48.4%*	53.6%

*Chi-square was significant at the level of 0.05

4.3.3 Labour Protection Dimension

In terms of wage payment, most respondents did not agree that migrant workers should receive the same wages as Thai workers. Total agreement to the statement was only 17.0 percent for registered migrant workers and 4.2 percent for non-registered migrant workers. Moreover, only 6.0 percent thought that Thailand should provide the same labour protection between Thais and non-registered migrant workers. But registered migrant workers were viewed in a more positive light compared to non-registered migrants. It is noted that city respondents supported these ideas more than rural respondents did (see Table 4.6).

Comparing between community leaders and villagers, both categories did not support the same labour protection standards between Thai and migrant workers. Only 13.0 percent of community leaders and 18.1 percent of villagers supported the same wage level between the registered migrants and Thai workers. But only 1.0 percent of community leaders and 5.0 percent of villagers agreed that Thai and non-registered migrant workers should receive the same wages. Over half of the community leaders (59.0%) and 43.5 percent of villagers viewed that Thailand should provide the same labour protection between Thais and registered migrant workers. The level of support for this idea was much lower for non-registered migrants; only 6.0 percent of both community leaders and villagers supported this statement (see Table 4.6).

Table 4.6: Percent of respondents agreeing that migrant workers should have the same labour protection and receive the same wage as Thai workers by position and location

Opinions and type of MDPs	Position		Location		Total
	Leader	Villager	Camp	City	
Same wage as Thai workers					
Non-registered migrants	1.0%	5.0%	2.8%	5.6%	4.2%
Registered migrants	13.0%	18.0%	13.2%*	20.8%*	17.0%
Same labour protection as Thai worker					
Non-registered migrants	6.0%	6.0%	3.6%*	8.4%*	6.0%
Registered migrants	59.0%*	43.5%*	40.8%*	52.4%*	46.6%

*Chi-square was significant at the level of 0.05

4.3.4 Economic Dimension

On the economic front, most respondents were quite concerned with competition for jobs and natural resources from refugees and migrant workers from Myanmar. More than half of all respondents considered that migrant workers competed with them for jobs (67.2% for non-registered migrant workers, 57.0% for registered migrant workers). Almost half of the respondents expressed strong concern regarding job competition from refugees (47.6%). There were no large differences for respondents living near the camp and city areas, except for those who were concerned with job competition from non-registered migrants. City respondents expressed much higher concern than those living close to the border camps. Competition for land and natural resources was also a major concern among all respondents. More than half of all respondents expressed strong concerns that refugees and both non-registered and registered migrant workers competed with them for land and natural resources. For respondents living close to the camps, refugees were their main worry as 68.8 percent viewed that refugees competed with them for land and natural resources. For city respondents, non-registered workers were their highest concern as 65.2 percent viewed that these groups competed with them (see Table 4.7).

In general, community leaders were less concerned than villagers that refugees and migrants would compete for jobs, land and natural resources with local Thais. Regarding job competition, only 22.0 percent of community leaders thought that refugees would compete with Thais compared with 54.0 percent of villagers. Also, 44.0 percent of community leaders viewed such competition between registered migrants and Thais compared with 60.3 percent of villagers. Moreover, 58.0 percent of community leaders compared with 69.5 percent of villagers were concerned with job competition between non-registered migrants and Thais. On the issue of competition for land and natural resources, only one-third of community leaders compared with the majority of villagers viewed such competition between Thais and refugees, and Thais and registered migrants. But the majority (over 60%) of both community leaders and villagers viewed such competition between Thais and non-registered migrant workers (see Table 4.7).

Despite some concern for job competition from refugees among villagers, around 45 percent of all respondents in Tak agreed very much that refugees should be allowed to work to increase their self-reliance. Respondents in rural areas and community leaders showed more support to refugees in this regard than city respondents and villagers (see Table 4.7).

Table 4.7: Percent of respondents agreeing that migrants from Myanmar compete for jobs, land and natural resources by position and location

Opinions and type of MDPs	Position		Location		Total
	Leader	Villager	Camp	City	
Compete for jobs					
Refugees	22.0%*	54.0%*	48.0%	47.2%	47.6%
Non-registered migrants	58.0%*	69.5%*	57.6%*	76.8%*	67.2%
Registered migrants	44.0%*	60.3%*	53.2%	60.8%	57.0%
Compete for land and natural resources					
Refugees	38.0%*	67.0%*	68.8%*	53.6%*	61.2%
Non-registered migrants	60.0%	64.0%	61.2%	65.2%	63.2%
Registered migrants	34.0%*	58.3%*	53.2%	53.6%	53.4%
Refugees should be allowed to work to increase their self-reliance	48.0%	44.3%	48.4%	41.6%	45.0%

*Chi-square was significant at the level of 0.05

4.3.5 Socio-cultural Dimension

The language barrier was a major issue perceived by most respondents. On the one hand, more than 70 percent of all respondents strongly viewed that refugees and migrant workers should use the Thai language in their contact with Thai agencies and general population. Community leaders and rural respondents supported this statement more than villagers and urban respondents did. On the other hand, the level of agreement was declined when Thais had to use ethnic languages of refugees and migrants in order to communicate with them. It is noted that rural respondents supported this idea more than urban respondents did, but there was hardly difference between community leaders and villagers (see Table 4.8).

On the issue of using ethnic languages to disseminate information, more than 60 percent of all respondents agreed strongly or more that Thailand should use ethnic languages in public media to provide information on Thailand aimed at refugees and registered migrant workers. Villagers did agree on this issue more than community leaders did while there was no difference between rural and urban respondents, except for non-registered migrants (see Table 4.8).

In contrast, a much lower proportion of respondents agreed with the statement on MDPs and Thais that they should engage in activities to promote cultural exchanges. Urban residents seemed to support this idea more than rural residents as shown in Table 4.8 which indicated that the percentage of

agreement among urban residents was higher than that of rural residents. It is also indicated that there was a difference of opinion between community leaders and villagers on this issue. That is, community leaders were less likely to support such an idea compared to villagers (see Table 4.8). Thus, a change of mindset of community leaders in this regard is needed in order to create better understandings between Thai and refugees in border areas.

Table 4.8: Percent of respondents agreeing that language use and cultural exchange should be encouraged
Opinions and types of MDPs 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	91.0%	85.8%	89.2%	84.4%	86.8%
Non-registered migrants	86.0%*	74.8%*	80.8%*	73.2%*	77.0%
Registered migrants	94.0%	89.3%	90.8%	89.6%	90.2%
Thais should learn ethnic languages of refugees and migrants in order to communicate with them					
Refugees	79.0%	74.8%	82.8%*	68.4%*	75.6%
Non-registered migrants	73.0%	67.0%	76.8%*	59.6%*	68.2%
Registered migrants	76.0%	76.8%	83.6%*	69.6%*	76.6%
Use ethnic languages to disseminate information					
Refugees	64.0%*	79.0%*	75.6%	76.4%	76.0%
Non-registered migrants	49.0%*	71.8%*	73.2%*	61.2%*	67.2%
MDPs and Thais should engage in activities to promote cultural exchange					
Refugees	27.0%*	45.0%	39.2%	43.6%	41.4%
Non-registered migrants	11.0%*	23.8%*	18.4%	24.0%	21.2%
Registered migrants	22.0%*	52.5%*	41.2%*	51.6%*	46.4%

*Chi-square was significant at the level of 0.05

4.3.6 Education Dimension

Almost 70 percent of all respondents were of the view that refugees and registered migrant workers should learn the Thai language together with their ethnic language in schools. Around half of all respondents similarly viewed that non-registered migrant workers should do the same in school. Moreover around half of all respondents strongly agreed that children of refugees and registered migrant workers should be educated with a curriculum accredited by the Thai Ministry of Education. However, only 22.4 percent shared the same view regarding children of non-registered migrant workers. An important issue regarding education was local school attendance of children of refugees

and migrant workers. Around half of all respondents agreed strongly or more that children of registered migrant workers and refugees should be allowed to study in Thai schools. However, only 26.6 percent shared the same opinion regarding children of registered migrant workers even that Thailand has a policy of education for all.

In general, the majority of villagers, with a much higher proportion than community leaders, viewed that refugees and both groups of migrants should have a bilingual study of their own language and Thai in schools. In addition a slightly higher proportion of villagers, compared with that of community leaders, would support refugees and migrants to attend schools accredited by the Thai authorities. In contrast, a slightly higher proportion of community leaders, compared with that of villagers, viewed that refugees and migrants should be allowed to study in Thai schools with Thai children. Nevertheless, proportion of community leaders that did not agree with Thai school attendance of non-registered migrants was higher than others (see Table 4.9).

Table 4.9: Percent of respondents agreeing that education for refugees and migrants should be provided by position and location

Opinion toward type of MDPs	Position		Location		Total
	Leader	Villager	Camp	City	
Refugees and migrants should learn Thai together with their own language in school					
Refugees	65.0%	68.8%	70.0%	66.0%	68.0%
Non-registered migrants	36.0%*	53.8%*	49.2%	51.2%	50.2%
Registered migrants	55.0%*	70.5%*	64.0%	70.8%	67.4%
Children of refugees and migrants should attend Thai school and receive a certificate					
Refugees	47.0%	52.0%	51.2%	50.8%	51.0%
Non-registered migrants	18.0%	23.5%	20.8%	24.0%	22.4%
Registered migrants	60.0%	55.5%	56.0%	56.8%	56.4%
Children of refugees and migrants should be allowed to study in Thai schools					
Refugees	55.0%	49.5%	52.4%	48.8%	50.6%
Non-registered migrants	29.0%	26.0%	28.4%	24.8%	26.6%
Registered migrants	61.0%	58.3%	58.8%	58.8%	58.8%

*Chi-square was significant at the level of 0.05

4.3.7 Human Settlement and Naturalisation Dimension

In terms of naturalisation, the majority of respondents were quite concerned with granting permanent residency (PR) status to refugees living in Thailand. About one-third of respondents agreed with granting PR to refugees and registered migrants who married Thais but only one-tenth agreed with granting this to non-registered migrants. It is observed that community leaders and rural respondents had more positive views than villagers and urban residents. This may indicate that close contacts

between respondents and those MDPs helped contribute to the more positive attitudes (see Table 4.10).

However, only 14.2 percent of all respondents agreed strongly or more that refugees living in Thailand for more than 10 years should be granted permanent residence. Respondents in rural and city areas shared a similar view on this issue. However, there was a different view between community leaders and villagers that is, the percentage of support of community leaders to providing PR status to MDPs who lived in Thailand for 10 years or more was higher than that of villagers. Likewise, just around 20 percent of all respondents agreed to allow children of refugees and registered migrants who born in Thailand to live here permanently. It is noted that the level of agreement on this issue was much lower for children of non-registered migrants, regardless of their locations and positions, only one in a hundred agreed with this statement (see Table 4.10).

Concerning the issue of citizenship for stateless persons in Thailand, half of all respondents would support the granting of Thai citizenship to ethnic minorities born in Thailand (other than refugees). It is also illustrated that community leaders had a very different view from their villagers as well as between rural and urban residents. That is, the majority of community leaders (77.0%) endorsed the granting of Thai citizenship to stateless persons who were born and lived in Thailand, only 46.0 percent of villagers gave support to such a policy. While 58.0 percent of rural respondents and 46.4 percent of urban respondents supported this statement (see Table 4.10).

Table 4.10: Percent of respondents agreeing that permanent residency and citizenship should be given to refugees and migrants by position and location

Opinions and type of MDPs	Position		Location		Total
	Leader	Villager	Camp	City	
PR should be granted to those married Thai					
Refugees	42.0%	33.3%	43.2%*	26.8%*	35.0%
Non-registered migrants	16.0%*	9.0%*	12.4%	8.4%	10.4%
Registered migrants	40.0%*	28.8%*	34.8%	27.2%	31.0%
PR should be granted to those who have lived in Thailand for 10 years or more	19.0%*	13.0%*	14.8%	13.6%	14.2%
PR should be granted to those who were born in Thailand					
Refugees	20.0%	22.3%	22.4%	21.2%	21.8%
Non-registered migrants	1.0%	1.3%	1.2%	1.2%	1.2%
Registered migrants	16.0%	20.8%	20.0%	19.6%	19.8%
Citizenship should be granted to stateless persons	77.0%*	46.0%*	58.0%*	46.4%*	52.2%

*Chi-square was significant at the level of 0.05

4.3.8 Health Care Dimension

Healthcare services

On the issue of MDPs receiving the same standard of health care services as Thais, registered migrant workers and refugees received high support in receiving such services as Thais. Almost 67 percent of respondents supported registered workers and 56.2 percent supported refugees. But non-registered migrant workers received only 24.4 percent support from respondents on this issue. City respondents were slightly more than rural respondent in agreeing with such services to MDPs. In addition community leaders had much lower agreement in providing similar health services to non-registered migrants when compared with villagers. Only 8 percent of community leaders supported standard health treatments to non-registered migrants compared with 28.5 percent from villagers (see Table 4.11).

Interestingly, more than half of all respondents regardless of their locations agreed strongly or more that separate health facilities should be set up for refugees and migrants. As high as 73.4 percent of all respondents shared such views regarding non-registered migrant workers, followed by refugees (63.6%) and registered migrants (52.0%), respectively. But villagers seemed to support the idea of separate health facilities for registered migrants than community leaders did. Only 22.0 percent of community leaders saw the need for separate health facilities for registered migrants compared with 59.5 percent of villagers who preferred separate facilities (see Table 4.11).

Table 4.11: Percent of respondents agreeing that refugees and migrants should receive the same standard treatment as Thais by position and location

Opinion toward type of MDPs	Position		Location		Total
	Leader	Villager	Camp	City	
Should receive standard treatment as Thais					
Refugees	52.0%	57.3%	54.0%	58.4%	56.2%
Non-registered migrants	8.0%*	28.5%*	22.0%	26.8%	24.4%
Registered migrants	67.0%	66.8%	65.6%	68.0%	66.8%
Should receive treatment at health facilities separate from Thais					
Refugees	64.0%	63.5%	64.8%	62.4%	63.6%
Non-registered migrants	71.0%	74.0%	75.6%	71.2%	73.4%
Registered migrants	22.0%*	59.5%*	56.0%	48.0%	52.0%

*Chi-square was significant at the level of 0.05

Although quantitative results showed a different view regarding the standard of treatment for each group of MDPs, the qualitative data seemed to support an equal standard of treatment for all groups of MDPs. This idea was based upon human rights principles.

‘Similar healthcare services should be provided to everyone because we are all human beings’

(IDI LO 7.4)

‘The same standard of healthcare services and same health facilities should be provided because we are all human beings’

(IDI GO 7.3)

On the issue of health facilities for migrants, the qualitative study showed contradictory ideas. On the one hand, separation was preferred because of concerns regarding hygiene. This might reflect the fear of infectious diseases and prejudice against migrants.

‘I do not think that they (migrants) should get healthcare services at the same place as Thais. We should have certain health facilities for each group separated from Thais because of their lack of hygiene and bad smell. But they should get the same standard of treatments as Thais. Sometimes Thai people felt uncomfortable to get treatments and healthcare services at the same place as migrants’

(IDI LO 7.1)

On the other hand, the separation of health facilities was unfavourable to some due to concerns of discrimination and limited healthcare resources.

‘Whoever they are, we should not have separate health facilities, an equal treatment should be practiced because all are human beings’

(IDI LO 7.5)

‘I think we should not have separate health facilities for migrants because we have limited resources’

(IDI LO 7.2)

With regard to the issue of health care services, the majority of respondents (over 60%) agreed strongly or more that registered migrant workers and refugees should receive the same standard in healthcare services as Thais which included health promotion, health prevention services, disease

diagnosis, treatment services and rehabilitation services. However, just over 30 percent of all respondents would agree to such services for non-registered migrant workers, except for health prevention services (around 41.6%) and rehabilitation services (27.0%). It is noted that the majority of respondents still supported similar health care services between Thais, refugees and registered migrants but refused to extend such rights to non-registered migrants. In addition, villagers and urban residents supported more of these services to MDPs than community leaders and rural residents (see Table 4.12).

Table 4.12: Percent of respondents agreeing that refugees and migrants should receive the same health care services as Thais by position and location

Opinion on healthcare service	Refugees			Non-registered migrants			Registered migrants		
	Camp	City	Total	Camp	City	Total	Camp	City	Total
By location									
Health promotion	64.0%*	74.8%*	69.4%*	30.8%*	37.6%	34.2%	72.8%*	83.6%*	78.2%
Health prevention	68.8%*	78.4%*	73.6%*	36.8%*	46.4%	41.6%	74.8%*	85.6%*	80.2%
Disease diagnosis	62.4%*	72.8%*	67.6%*	31.2%*	38.0%	34.6%	70.0%*	80.8%*	75.4%
Treatment	61.2%*	72.4%*	66.8%*	30.4%*	36.0%	33.2%	70.4%*	79.2%*	74.8%
Rehabilitation services	54.0%*	68.4%*	61.2%*	23.2%*	30.8%	27.0%	63.6%*	72.0%*	67.8%
By position	Leader	Villager	Total	Leader	Villager	Total	Leader	Villager	Total
Health promotion	61.0%*	71.5%*	69.4%	16.0%*	38.8%*	34.2%	74.0%	79.3%	78.2%
Health prevention	63.0%*	76.3%*	73.6%	19.0%*	47.3%*	41.6%	75.0%	81.5%	80.2%
Disease diagnosis	64.0%	68.5%	67.6%	17.0%*	39.0%*	34.6%	70.0%	76.8%	75.4%
Treatment	56.0%*	69.5%*	66.8%	14.0%*	38.0%*	33.2%	71.0%	75.8%	74.8%
Rehabilitation services	51.0%*	63.8%*	61.2%	10.0%*	31.3%*	27.0%	66.0%	68.3%	67.8%

*Chi-square was significant at the level of 0.05

It seemed clear that healthcare services for refugees and migrants had certain boundaries amongst respondents. Refugees have been given healthcare service in the camps where refugees are not allowed to go outside, except in case of emergency, while migrants received healthcare services outside camps. For refugees, primary healthcare provision in each camp was offered by non-governmental organisations. As mentioned earlier, refugees were not allowed to go outside the camps and therefore a referral system was required when health conditions of refugees were beyond the capacity of health facilities in the camps.

‘For refugees residing in the camps, they had their own healthcare service there provided by NGOs’

(IDI LO 7.3)

‘Refugees get healthcare service in the camps, except for serious illness when patients will be transferred to hospitals outside the camps’

(IDI LO 7.1)

‘In the camps they have healthcare services there’

(IDI GO 7.2)

‘It is appropriate that refugees get healthcare service in the camps under the responsibility of NGOs’

(IDI M 7.1)

Public healthcare facilities located outside camps were in places where registered migrants had rights to receive healthcare service as they were covered by the health insurance scheme, known as the Compulsory Migrant Health Insurance Scheme (CMHI).

‘Registered migrants have insurance that makes them eligible for the access to healthcare service.’

(IDI LO 7.1)

‘Registered migrants have health insurance.’

(IDI NGO 7.2)

The above evidence reflects the fact that refugees and registered migrants have access to healthcare services. But access to healthcare service of non-registered migrants was a problem because these individuals were not under any health insurance programme. Sometimes, healthcare provided by NGOs was their only opportunity to access any healthcare service.

‘There were clinics run by NGOs to help them (non-registered migrants).’

(IDI NGO 7.2)

Improvement of healthcare services for MDPs

In order to explore how respondents thought about the improvement of healthcare services for MDPs, a question was asked on this. The table below illustrates perceptions that healthcare services should be improved for registered migrants (90.6%), followed by families of registered migrants (70.8%), refugees (44.0%) and non-registered migrants (9.6%) and their families (8.6%), respectively. Rural respondents provided more positive view on improving healthcare services for refugees, non-registered migrants and their families but less positive view toward other groups of MDPs than urban respondents. Moreover, healthcare service improvements were supported by the majority of both community leaders and villagers targeting registered migrant workers and their families. However, a higher proportion of support came from community leaders for both groups of MDPs (see Table 4.13). Community leaders and villagers shared a similar view that refused healthcare service improvements to other groups of MDPs.

Table 4.13: Percent of respondents perceiving that healthcare services provided to various types of MDPs should be improved by position and location

Types of MDPs	Position		Location		Total
	Leader	Villager	Camp	City	
Refugees	53.0%*	41.8%*	46.8%	41.2%	44.0%
Non-registered migrant workers	8.0%	10.0%	11.2%	8.0%	9.6%
Registered migrant workers	94.0%	89.8%	88.0%*	93.2%*	90.6%
Families of non-registered migrant workers	8.0%	8.8%	9.6%	7.6%	8.6%
Families of registered migrant workers	81.0%*	68.3%*	64.8%*	76.8%*	70.8%

*Chi-square was significant at the level of 0.05

To improve the healthcare service for MDPs, a qualitative study was also conducted in order to acquire more information on the issues. Evidence from in-depth interviews and focus group discussions pointed out that there were barriers in the access to healthcare services of MDPs. Such barriers included language barriers, fear of deportation, shortage of health personnel and medical equipment.

‘Language barrier are a major issue for migrants in getting healthcare services’

(IDI NGO 7.2)

‘Because they are afraid of being arrested by authorities, they only go to drugstores’

(FGD 7.1)

‘Being arrested by authorities is a major concern for non-registered migrants. They are afraid of going out, even going to get treatment’

(IDI GO 7.1)

‘Because of the fear of being arrested by Thai authorities, we do not know where they are and how many family members they have, so it is hard to control diseases’

(IDI NGO 7.2)

‘Hospitals are overcrowded with non-registered migrants’

(IDI LO 7.1)

‘Another issue is that we do not have enough resources’

(IDI GO 7.2)

Solutions to these barriers however, were limited. In order to solve the problem, the qualitative study revealed that increasing the number of health personnel and medical equipment should be considered, in addition to a special plan and better management of health facilities.

‘We should increase the number of health personnel, we need more medical equipments. Now we have almost 50,000 migrants (both registered and non-registered), thus it is not only NGOs that take responsibility for them but also government, otherwise we cannot control for infectious diseases’

(IDI LO 7.1)

‘Special plan and better management is necessary because we are facing a lack of resources’

(IDI GO 7.2)

Apart from the above suggested solutions, there were some suggestions from in-depth interviews that considered empowerment of migrants and more prevention programmes as being better options to improve migrants’ health. Moreover, all migrants should register with Thai authorities as this would help migrants to access healthcare services.

‘For vulnerable groups such as elderly, women and children they should have some organisations to take care of them, empower them and provide them training to help them have ability to take care of themselves whether they are registered or non-registered migrants’

(IDI NGO 7.2)

‘Not only treatment but also health prevention should be provided to migrants’

(IDI NGO 7.2)

‘The Government should require all refugees and migrants to have health screening in order to control the diseases and then register all of them’

(FGD 7.1)

Healthcare financing

On healthcare financing, most respondents agreed strongly or more that refugees and migrant workers should self-finance their health care services. Over 80 percent considered that registered and non-registered migrant workers should pay for their own healthcare services in Thailand. In practice, registered migrant workers had done so in terms of health insurance payment during the registration process. Also, 69.2 percent of all respondents viewed that refugees should also pay for their health care services. Rural residents were more likely to agree with this than urban residents. While more villagers agreed with such subsidies for refugees and non-registered migrants when compared with community leaders (see Table 4.14).

Moreover, a majority of respondents agreed that major sources of healthcare financing for refugees and non-registered migrants should come from the United Nations agencies and non-government organisations. Villagers and city respondents were more likely to agree with this support than community leaders and rural respondents. However, a majority of respondents disagreed with the Thai government’s financial support to healthcare services for refugees and migrant workers (see Table 4.14).

Table 4.14: Percent of respondents agreeing that financial support should come from by position and location

Healthcare financing should support by	Position		Location		Total
	Leader	Villager	Camp	City	
Self-funds					
Refugees	62.0%	71.0%	71.2%	67.2%	69.2%
Non-registered migrants	78.0%	85.3%	87.6%*	80.0%*	83.8%
Registered migrants	93.0%*	85.0%*	90.4%*	82.8%*	86.6%
NGO and INGO					
Refugees	79.0%*	89.5%*	82.0%*	92.8%*	87.4%
Non-registered migrants	50.0%*	77.0%*	64.0%*	79.2%*	71.6%
United Nations agencies					
Refugees	96.0%	97.5%	97.2%	97.2%	97.2%
Royal Thai Government					
Refugees	11.0%	13.0%	13.6%	11.6%	12.6%
Non-registered migrants	0.0%*	5.5%*	4.8%	4.0%	4.4%
Registered migrants	4.0%*	19.5%*	15.2%	17.6%	16.4%

*Chi-square was significant at the level of 0.05

Supplementary findings from the qualitative study pointed out ideas about additional sources of health care financing for refugees and migrants. For healthcare subsidy to refugees, this was from non-governmental organisations (NGOs) and United Nations agencies.

‘In the camps, UNHCR, NGOs are responsible for the cost of healthcare’

(IDI NGO 7.2)

‘I have never been in the camps but I heard that there are some organisations there to provide food and pay for other things for them’

(IDI GO 7.3)

‘To me, NGOs and WHO should provide healthcare service for refugees’

(IDI GO 7.2)

‘I know that UN and NGOs take care of healthcare cost for refugees’

(IDI GO 7.1)

As registered migrants fall under the Compulsory Migrant Health Insurance Scheme (CMHI), they have rights to access healthcare service. Qualitative evidence also confirmed that health insurance for registered migrants helped them to access to healthcare services.

‘For registered migrants they pay for health insurance then they can access to healthcare service’

(IDI GO 7.1)

Non-registered migrants were not under any health insurance scheme so access to healthcare services is difficult for them. Qualitative evidence revealed some options to finance healthcare services for non-registered migrants including self-funds and provisions paid for by employers.

‘If they cross border to get services they should pay by themselves’

(IDI LO 7.2)

Non-registered migrants have to pay by themselves’

(IDI GO 7.1)

‘For treatment service, they (migrants) need more medication than us because they have lower immunity. They should pay for such treatment; otherwise, it is a budget burden of the hospital’

(FGD 7.2)

‘We are Thai then can use 30 schemes and pay 30 Baht, but non-registered migrants they have to pay for the full cost’

(FGD 7.2)

‘No one takes care of healthcare cost for non-registered migrants. I think the one who get benefit from them should be responsible for such cost’

(IDI GO 7.2)

‘No one takes care of them (non-registered migrants), actually, whoever hired them should take responsibility, I mean employers’

(IDI GO 7.3)

‘For non-registered migrants they can have choice, if have money, they can go to private clinic or public hospital. If have employers their employers should pay for them’

(IDI M 7.1)

‘I saw that they (non-registered migrants) came to hospitals with their employers and employers paid for them. Sometimes they went to drugstores’
(FGD 7.2)

Although there were some options for healthcare financing of non-registered migrants, it was still a budgetary burden for the Thai State when those non-registered migrants could not afford to cover their healthcare costs.

‘They are non-Thai, but we should help them as human beings, Thais themselves, healthcare is not covered for all, why we have to support those migrants. Anyway, Thai government have to take care of them’
(IDI GO 7.2)

‘Although some non-government organisations provide healthcare financing for unregistered migrants, the Thai government has to share a big amount of money’
(IDI NGO 7.1)

Fear of disease carriers

On the perception of diseases carriers from refugees and migrants, over 90 percent of respondents viewed that non-registered migrants and their families could spread contagious diseases to their communities. Almost 90 percent of respondents viewed refugees as disease carriers, but less than half of all respondents had the same view on registered migrant workers and their families. It was hardly different view between rural and urban residents (see Table 4.15).

However, there was a different view between community leaders and villagers. That is, the majority of community leaders and villagers similarly viewed that some groups of migrants were carriers of many contagious diseases. These groups of migrants include refugees, non-registered migrant workers and their families. Also, about half of the villagers believed that registered migrants and their families were disease carriers. But only one-third of the community leaders viewed that registered migrants and their families were disease carriers (see Table 4.15).

Table 4.15: Percent of respondents that viewed refugees and migrants as disease carriers by position and location

Types of MDPs	Position		Location		Total
	Leader	Villager	Camp	City	
Refugees	90.0%	88.5%	88.4%	89.2%	88.8%
Non-registered migrant workers	99.0%*	94.3%*	95.6%	94.8%	95.2%
Registered migrant workers	30.0%*	50.3%*	48.8%	43.6%	46.2%
Families of non-registered migrant workers	100.0%*	94.8%*	97.2%	94.4%	95.8%
Families of registered migrant workers	29.0%*	50.0%*	48.0%	43.6%	45.8%

*Chi-square was significant at the level of 0.05

Qualitative data supports evidence of the fear of disease from MDPs. Yet, only certain infectious diseases, namely, malaria, cholera, and parasites led respondents to fear getting such diseases. In addition, fear of getting new infectious diseases as well as spreading of diseases was another concern amongst respondents.

‘The Myanmar side has malaria and cholera because of poor health conditions and a lack of public health services’

(IDI GO 7.2)

‘Parasite is a common disease of those people from Myanmar’

(FGD 7.1)

‘I feel that migrants bring diseases to us. I am afraid of new infectious diseases from them (migrants)’

(FGD 7.2)

‘As I am a health volunteer, when I find migrants who have a cough, I always ask the house owner to take them to the hospital because they may have TB’

(FGD 7.1)

4.3.9 The Future of Refugees

Most respondents (87%) did not agree with the proposition that refugees should be allowed to live and work in Thailand permanently. Villagers and city respondents agreed more with this than community leaders and rural respondents. However, the percentage of community leaders who

would like the Thai State to allow refugees to live and work permanently in Thailand was twice that of the villagers (22.0 versus 10.8% respectively).

Table 4.16: Percent of respondents perceiving whether refugees should be allowed to live and work in Thailand permanently or sent back to their origins by position and location

Opinion	Position		Location		Total
	Leader	Villager	Camp	City	
Allow them to live and work in Thailand permanently	22.0%*	10.8%*	18.4%*	7.6%*	13.0%
Send back to their origins	78.0%*	89.3%*	81.6%*	92.4%*	87.0%

*Chi-square was significant at the level of 0.05

Major reasons for saying ‘no’ to allow refugees to live and work permanently included concerns of job competition, safety of life and property and competition for land and natural resources. It is noted that city respondents were more concerned with job competition and personal safety while rural respondents were more concerned with the issue of competition for land and water resource, job competition and personal safety (see Table 4.17).

In general, community leaders and villagers had similar reasons in their preference for the repatriation of refugees to their homeland. Major reasons include job competition, personal safety concern, competition for land and water resources, burden on public finance and others. However, deforestation was also a concern of community leaders (15.0%) compared with only 2.0% of agreement among villagers (see Table 4.17).

For those who would like to permit refugees to live and work in Thailand on a permanent basis, major reasons of villagers included humanitarian reasons, labour shortages in Thailand and low wages of migrants, respectively. However, community leaders and urban respondents viewed labour shortages as the most important reason, followed by humanitarian reasons and low wages. While rural respondents viewed humanitarian reasons as a major issue (see Table 4.17).

Table 4.17: *Reasons for sending refugees back to their origins or allowing them to live and work permanently by position and location

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

* can answer more than one reasons

PART V

SUMMARY OF KEY FINDINGS AND RECOMMENDATIONS

This part presents a summary of the key findings from Tak province. It also provides some policy recommendations.

5.1 Summary of Key Findings in Respect to Research Hypotheses

As it turns out, Tak's respondents are quite familiar with refugees and migrants. Almost one-third of all respondents paid a visit to one or more refugee camps, with around half of camp residents did that. But the presence of a large number of refugees and migrants in Tak led locals to feel nervous about their personal safety as over half felt such a threat from refugees and migrants. The study revealed that urban respondents were more negative than camp residents in their attitude toward refugees and migrants. While over half of camp residents gave support to humanitarian assistance provided to refugees, less than half of urban respondents shared the same view. However, both groups shared negative views on non-registered migrants on most issues such as labour protection and the access to public services. The study also showed that local respondents are more negative on their economic views of refugees and migrants. Both camp and urban residents were highly concerned with job competition and competition for land with refugees and migrants. Less than half of both groups agreed to allow refugees to work and earn their income. However, Tak's respondents seemed to be more flexible and realistic with regard to the multicultural context of the province. The majority of respondents viewed that Thais should learn ethnic languages of migrants and vice versa. They also agreed that migrants should be accepted to Thai schools. On local integration, a negative view could be detected. Tak's respondents, whether they were camp or urban residents, would not support the granting of permanent residence to refugees and migrants. An overwhelming majority of both groups also preferred the eventual repatriation of refugees to their homeland. On healthcare, the majority of Tak's respondents viewed that standard healthcare services should be provided to refugees and migrants. But many of them would prefer separate facilities for migrants to avoid overcrowding. Moreover, refugees, non-registered migrants and their families were seen as

disease carriers. In summary, Tak's respondents showed mixed views on refugees and migrants, with a higher degree of negative attitudes from urban respondents.

5.2 Summary of Key Findings

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

- Rural dwellers were in closer contact with refugees and migrants, leading to more positive attitude toward them than that of urban dwellers.
- Most respondents had a more positive view of registered migrant workers and refugees than non-registered migrant workers.
- Community leaders tended to have a more positive attitude toward refugees and migrants than villagers in many respects such as humanitarian assistance and less of a concern on job competition from refugees and migrants.
- On human rights issues, over half of the respondents supported humanitarian assistance given to refugees in camps.
- Personal safety issues were a major concern for all respondents. The highest concern was toward non-registered migrant workers, followed by refugees, and registered migrants, respectively.
- Regarding labour protection, most respondents did not agree that migrant workers should receive the same wages or labour protection as Thai worker.
- With respect to economic issues, more than half of all respondents considered that migrant workers competed with them for jobs. Competition for land and natural resources was also a major concern among all respondents.
- On socio-cultural issues, the majority of respondents viewed that refugees and migrant workers should use the Thai language in their contact with Thai authorities and people. Also, the majority of respondents agreed that Thailand should use ethnic languages in the public media to provide information to refugees and registered migrant workers and encouraged Thai people to learn ethnic languages of refugees and migrants.
- On education, the majority of respondents were of the view that refugees and registered migrant workers should learn the Thai language together with their ethnic language in schools. Around half of all respondents agreed that children of registered migrant workers and refugees should be allowed to study in Thai schools. But they were less likely to agree with such educational services for children of non-registered migrants.
- On the issue of human settlement, half of the Tak respondents and even higher proportion of community leaders supported the granting of Thai citizenship to stateless ethnic minorities born in Thailand. One-third of the respondents supported the granting of permanent residence to refugees and migrants marrying Thais. However, most respondents did not agree that Thailand should allow refugees and children of refugees and migrants to settle permanently in Thailand.

- Regarding health issues, observations on opinions of Tak respondents could be made as follows:
 - Two-thirds of the respondents supported the same standard of healthcare services as Thais registered migrants, followed by refugees (slightly more than half). Most supported less such services to non-registered migrants.
 - More than half of all respondents agreed strongly that separate health facilities should be set up for refugees and migrants. But limited healthcare resources would make separate health facilities difficult.
 - Over 60 percent of the respondents considered that registered migrant workers and refugees should be entitled to the same types of standard healthcare services provided to Thais, including health promotion, health prevention, disease diagnosis, treatment services and rehabilitation services.
 - The majority of respondents considered that registered and non-registered migrant workers should pay for their own healthcare services. Most did not think that the Thai government should finance healthcare services provided to refugees and migrants.
 - Respondents reported that healthcare services provided to registered migrants should be improved (90.6%), followed by families of registered migrants (70.8%), refugees (44.0%) and non-registered migrants (9.6%) and their families (8.6%), respectively.
 - The majority of Tak respondents viewed that refugees, non-registered migrants and their families could spread contagious diseases to their communities. But less than half of all respondents had the same view on registered migrant workers and their families. Infectious diseases identified were Malaria, Cholera and Parasites.

5.3 Policy Recommendations

1. *Human Rights Policy and Protection of Refugees*

As the majority of Tak respondents were concerned with human rights principles in providing assistance to refugees, the Thai government should work closely with the UN agencies and non-government organizations to provide protection and humanitarian assistance to refugees and MDPs. Importantly, policy coordination among policy makers and stakeholders is necessary to ensure consistent policy practice and continuity.

2. *Protection of Life and Property*

It is quite clear that both migrants and Thais need better protection of their lives and properties. The justice system should be improved and law enforcement enhanced in border provinces. The more secure environment and improved community safety could ensure social cohesion in areas where several ethnic groups reside.

3. *Economic Opportunities*

Respondents perceived that intense job competition and competition for land and natural resources exists between Thais, refugees and migrants. Urban residents were more likely to have a negative view on migrants than their rural counterparts. This perception runs against the fact that migrants are usually employed in dirty, dangerous and difficult jobs ignored by most Thais. The authorities, media and scholars should therefore disseminate more positive information on the economic contribution of migrants.

4. *Education Policy*

Since ‘Education for All’ has been adopted by the Thai cabinet in 2004, all people residing in Thailand can access education provided by the Thai state regardless of their legal status. Although a majority of Tak respondents agreed to providing education to refugees and migrants, most migrants were not educated in schools accredited by the Ministry of Education of Thailand. Thai education policy should therefore aim to promote access of migrants and their children to schools accredited by Thai authorities. Teachers who speak ethnic languages of migrants should also be recruited to motivate enrolment of migrants’ children in Thai schools. In addition, more campaigns to make Thais understand that education is a right of migrant children is necessary.

5. *Health Policy*

The majority of Tak respondents (over 60%) agreed strongly or more that registered migrant workers and refugees should receive the same standard of healthcare services as Thais which included health promotion, health prevention services, disease diagnosis, treatment services and rehabilitation services. But they agreed less that the Thai government should finance healthcare for those refugees and migrants. All migrants should register with Thai authorities in order to access healthcare services. As demand for healthcare increases, the number of health personnel and medical equipment should be boosted. Empowerment of migrants and more prevention programmes are also options to improve migrants’ health. Migrant health volunteers and Thai village health volunteers will be instrumental in Thailand’s healthcare policy in improving the health of migrants. Health financing is also a major issue which needs to be addressed. As non-registered migrants are not covered by any healthcare insurance, options to finance healthcare services for them include self-funds, payment by employers and co-payment schemes. As a majority of Tak respondents viewed refugees and non-registered migrants as disease carriers, a migrants’ health screening should be undertaken to reduce negative attitudes toward them.

6. *Media and Communication*

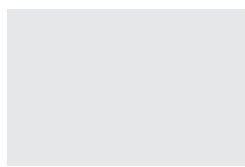
According to the survey, the main sources of information on refugees of Tak respondents included TV media and conversations with friends and relatives. With many refugees residing in Tak province, social cohesion should be high on the agenda of the Thai authorities and Thai media in expressing their views on refugees and migrants. Training programmes for media, NGOs personnel and community leaders should be introduced to equip these individuals with a more balanced view of refugees and migrants.

7. *Social Cohesion and Community Involvement*

As job competition and competition for land and natural resources with refugees and migrants was a major concern of Tak respondents, collective management of local resources such as forest and water resources, involving refugee camp committees and local community leaders should be sought. More interaction and exchanges 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 Tak respondents supported the granting of citizenship to ethnic minorities born in Thailand, while less than half supported the permanent residency status for refugees and migrants. Social integration in Thailand is always difficult for refugees and migrants as they have to work through many legislations. Therefore, flexible solutions to increase local integration that involves stateless children, refugees and migrants is recommended. Multiculturalism should be promoted in order to create a more inclusive society where people of different ethnic origins can live and work together.



REFERENCES

- 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.
- 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.
- Department of Provincial Administration. (2012). Data on the Number of Population (ข้อมูลจำนวนประชากร). Retrieved 21 March 2012, from Department of Provincial Administration <http://stat.bora.dopa.go.th/xstat/popstat.html>.
- 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.
- Immigration Act, B.E. 2522 (1979).
- Labour Protection Act B.E. 2541 (1998).
- Labor Protection Act, (No. 2), B.E. 2551 (2008).
- 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 Tak Governor. (2012). Key information of Tak Province (ข้อมูลสำคัญของจังหวัดตาก). Retrieved 21 March 2012, from http://123.242.165.136/main?module=general&pages=data_tak&data_type=03 (in Thai).
- 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.
- 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.
- Thailand Burma Border Consortium. (2012). Camp Population. Retrieved 1 June 2012 <http://www.tbbsc.org/camps/populations.htm>.

Tak is a western border province that houses three refugee camps totaling over 80,000 asylum seekers from Myanmar in 2012, the largest of any Thai province. In addition, more than 50,000 documented migrant workers from Myanmar are employed in Tak. A large number of refugees and migrants in the province have raised local concerns on their social and economic impacts. In order to better understand this situation, a survey of Thai public opinions in Tak was conducted to examine their views on eight major dimensions as follows: 1) Personal Security; 2) Human Rights; 3) Labour Protection; 4) Economic Views; 5) Socio-cultural Views; 6) Human Settlement and Naturalisation; 7) Future of Myanmar Displaced Persons in Thailand; and 8) Policy Views on Social Services including education and healthcare. This study is part of an effort to improve social services for refugees and migrants, and to design public policies amenable to good relations between Thai and migrant communities in the province.



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