



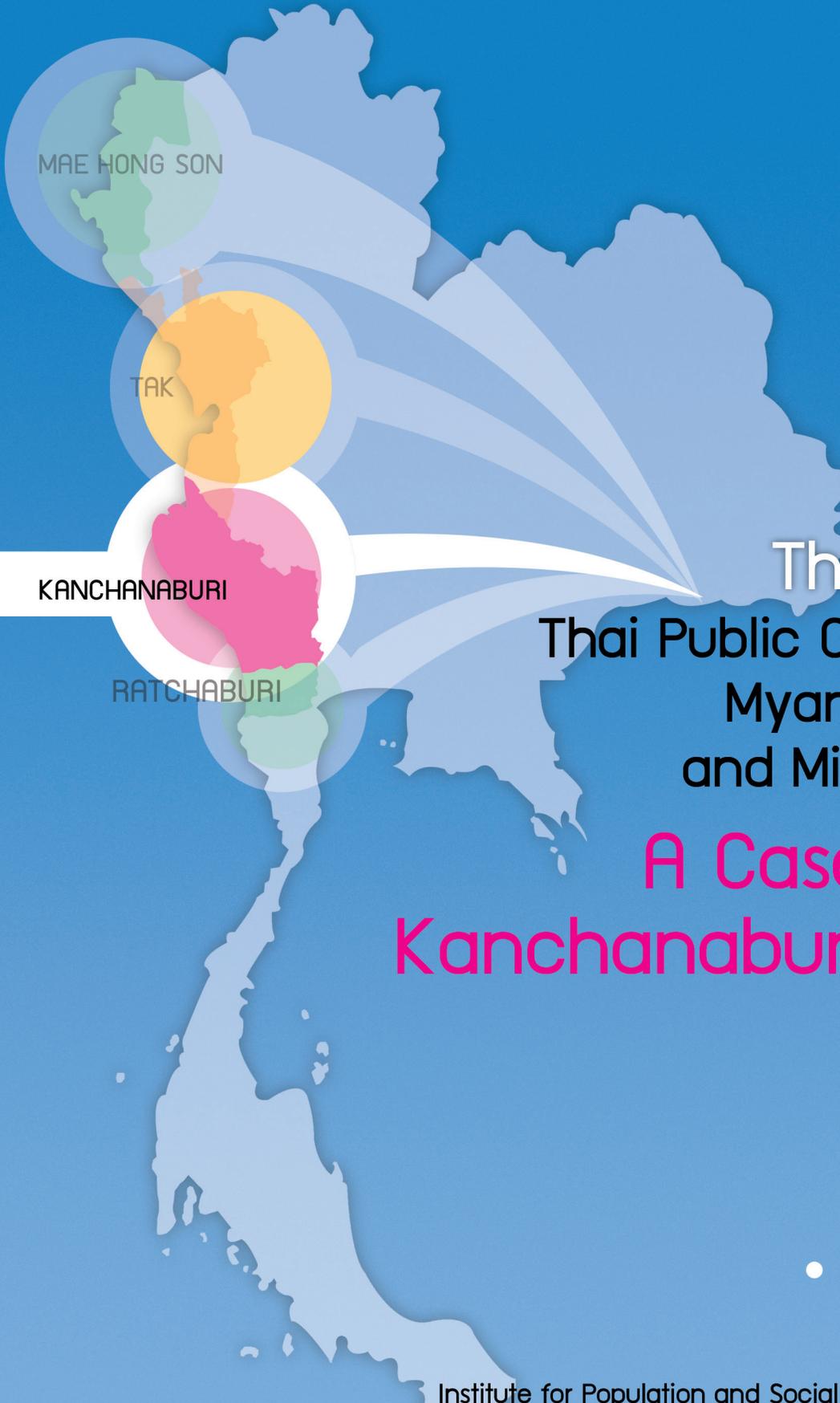
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The Survey of
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and Migrant Workers:
A Case Study of
Kanchanaburi Province

- Sakkarin Niyomsilpa
- Malee Sunpuwan

Institute for Population and Social Research, Mahidol University
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PREFACE

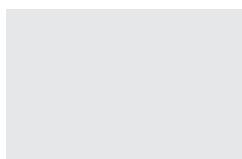
Since ethnic and political conflicts and fighting between government forces and minority groups in Myanmar have continued through the past few decades, hundreds of thousands of people have been forced to leave their homes and villages, seeking safe areas elsewhere. Many have become internally displaced persons (IDPs), while many of them chose to cross borders and look for safer places in neighbouring countries, becoming Myanmar displaced persons (MDPs). Thailand is one of their primary destinations and hundreds of thousands of refugees from Myanmar have lived in Thailand. According to data of the Thailand Burma Border Consortium (TBBC), there were more than 130,000 refugees from Myanmar living in nine refugee camps in four Thai-Myanmar border provinces in early 2012.

Thailand not only hosts refugees, but also millions of migrant workers from Myanmar, currently estimated to be around four million with half of them undocumented migrant workers and their dependants. Kanchanaburi is a Thailand-Myanmar border province that is home to one refugee camp which hosts about 4,000 refugees. In addition, there are over 20,000 migrant workers from Myanmar residing in Kanchanaburi. Hosting refugees and migrants raises concerns about their situation in terms of protection and aid distribution. To understand this situation, this study explores eight major dimensions, as follows: 1) Personal Security; 2) Human Rights; 3) Labour Protection; 4) Economics; 5) Socio-cultural; 6) Human Settlement and Naturalisation; 7) Future of Myanmar Displaced Persons and Migrant Workers in Thailand; and 8) Policy Views on Public Services, including education and healthcare services.

The study found that residents in Kanchanaburi province generally have a quite positive attitude toward refugees and migrant workers from Myanmar. The relatively small number of refugees and migrant workers in the province may be a factor in reducing much concern about the inflow of immigrants. However, this situation may change when special economic zones are developed in

Dawei and Kanchanaburi, cross-border provinces, in the coming years. Therefore, there are some negative views and prejudice toward refugees and migrants which require continued efforts to improve community relations between Thais and Myanmar migrants.

Major findings in this research include: Part I of the study presents information on the situation of refugees and migrants in Kanchanaburi province, and outlines the objectives of the study. Part II provides a literature review of previous studies on refugees and public service issues. Part III presents details on the research methods for this study, which included a quantitative survey of 500 persons, and qualitative work focusing on 11 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 a conclusion, as well as policy recommendations from the research team for improving public opinions of Thai people toward refugees and migrants.



FOREWORD

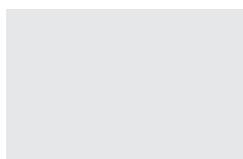
Thailand has served as a host country for hundreds of thousands of refugees from neighbouring countries since the 1970s. When most refugees from Vietnam, Lao PDR and Cambodia left Thailand in the 1980s after resettlement in third countries or voluntary repatriation in their homeland, new groups of refugees from Myanmar began to flow through Thailand's western border. Political conflicts and economic mismanagement in Myanmar in the 1980s and 1990s resulted in armed rebellion, political suppression, human rights abuses, economic hardship, and the relocation of many minority groups. As a consequence, millions of people in Myanmar have become internally displaced persons (IDPs), and refugees and migrant workers in foreign countries. At present, almost 200,000 refugees (referred to as 'asylum seekers' by the Thai authorities) from Myanmar, most of whom are ethnic minorities, are housed in nine temporary shelters in four Thai provinces bordering Myanmar. Moreover, a few million documented and undocumented migrant workers from Myanmar are estimated to live and work across Thailand. In just over two decades, Myanmar migrants have grown into the largest group of foreign migrants living in Thailand.

Kanchanaburi is the largest province on the western border of Thailand, facing the Kayin State, the Mon State and the Tanintharyi Region of Myanmar. It is home to Ban Don Yang camp which houses a small number of refugees. The proportion of Myanmar migrants in Kanchanaburi is still small compared to the local population of almost one million. However, the province has a vibrant economy ranging from agriculture to tourism to industry which attracts an increasing number of migrant workers from Myanmar. Because Kanchanaburi is designed as a major gateway to Myanmar's special economic zone of Dawei, major development programmes are in the pipeline to turn the province into a major industrial and logistic hub of western Thailand. It is expected that migration flows of foreign workers will increase significantly in Kanchanaburi in the coming years.

The existence of refugees and the continued increase of migrant workers from Myanmar in Kanchanaburi province have affected local communities in many respects. Some people recognise the benefits of foreign migrant workers and their contribution to the local economy. But, some others have begun to feel the pressure from crowded public hospitals and the spread of contagious diseases. Therefore,

a survey of public opinion in Kanchanaburi province is essential to ascertain local attitudes toward refugees and foreign migrant workers with a view to maintaining hospitable relations between local communities and migrants. This survey covers local communities in both urban and border areas in order to compare their attitudes, which range from socio-economic dimensions to health issues to local integration prospects. This report is an attempt to prepare Thailand to enter the age of being a multi-cultural society with regional integration at the local level.

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



ACKNOWLEDGEMENTS

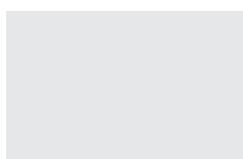
First of all, we would like to express sincere and deepest gratitude to many individuals and organisations. This project would not have been possible without their kind support and participation.

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

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

Finally, our thanks and appreciation goes to the European Union and the Office of the WHO Representative to Thailand who paid considerable attention to this study through several meetings. This project would not have been possible without their financial support, and we would like especially thank WHO staff, Dr. Brenton Burkholder, Programme Officer, Ms. Aree Mounsookjareoun, National Professional Officer and Ms. Sushera Bunluesin, Programme Assistant, who not only gave support, but also thoughtful suggestions.

The Research Team



ABSTRACT

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

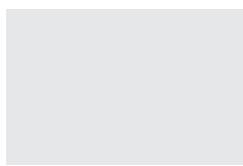
Both quantitative and qualitative approaches were used to explore Thai public opinions on MDPs and assess public opinion on public services, especially education and healthcare services. The quantitative approach consisted of 500 questionnaires from 400 villagers and 100 community leaders. The qualitative approach comprised 11 in-depth interviews (IDIs) and two focus group discussions (FGDs). Key informants were community leaders, representatives of government agencies, local media personnel and village health volunteers. The public opinions sought on Myanmar displaced persons and migrants focused on 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.

Generally speaking, residents in Kanchanaburi province have quite a positive attitude toward refugees and migrant workers from Myanmar. The relatively small number of refugees and migrant workers in the province may be a factor reducing much of the concern about the inflow of immigrants. However, this situation may change when special economic zones are developed in Dawei and Kanchanaburi provinces in the coming years. Therefore, there are some negative views and prejudices toward refugees and migrants which require continued efforts to improve community relations between Thais and Myanmar migrants. Major findings are as follows:

- Villagers had a more positive view of registered migrant workers and refugees than non-registered migrant workers. They reported that television and conversations with friends and relatives were the main channels for obtaining information on refugees.
- Rural dwellers in border communities had close contact with refugees and migrants and tended to have a better understanding of Myanmar migrants, resulting in a more positive attitude toward them compared to urban Thais in Kanchanaburi.
- In general, community leaders tended to have a more conservative attitude than villagers, although answers from both groups of respondents followed similar trends. For example, a lower percentage of community leaders compared to villagers gave support to the idea of universal healthcare services to be provided to refugees and documented migrants; nonetheless, the majority of both groups would support such a policy.
- Regarding migrants, the personal safety issue was a major concern for Thai respondents. More than two-thirds of all respondents viewed non-registered migrant workers as a threat to their lives and property. Also, more than two-fifths of respondents perceived that registered migrants and refugees were also such a threat.
- On human rights issues, nearly two-thirds of respondents were in support of humanitarian assistance given to refugees in camps, and more than two-thirds also viewed that refugees and all migrants should be entitled to basic necessities of life. However, the level of agreement among Thais regarding security protection for non-registered migrants was quite low.
- Regarding labour protection issues, around two-thirds of respondents considered that registered migrant workers should have the same labour protections as Thais. However, a majority did not support such protection for non-registered migrants. Also, more than three-fourths of respondents did not agree that migrant workers, regardless of their status, should have the same minimum wage as Thais.
- On economic issues, job competition and competition for land and natural resources were the major concerns for Kanchanaburi respondents. Slightly more than half of all respondents thought that non-registered migrant workers compete with them for jobs. But, only two-fifths recognised job competition as a problem with registered migrants. Also, over one-half of respondents were concerned with competition for land and natural resources with non-registered migrant workers, whereas more than two-fifths perceived such competition with refugees.

- In terms of social and cultural issues, over 70 percent of respondents preferred the use of Thai language by refugees and migrants in their communications with Thais. About two-thirds of respondents considered that Thais living in border areas should learn ethnic languages of refugees and migrants. But, the level of agreement slightly declined regarding the issues of cultural exchange.
- On the issue of education, close to 80 percent of respondents thought that Thai language should be taught in schools attended by refugees and migrants. Over 60 percent of respondents also supported the accreditation of education provided to children of refugees and registered migrants. Over half of all respondents also agreed to provide Thai school attendance for children of refugees and registered migrants.
- Regarding the issue of human settlement, over half of Kanchanaburi respondents endorsed the granting of Thai citizenship to stateless ethnic minorities born in Thailand. Also, slightly more than two-fifths supported the granting of permanent residence to refugees and migrants marrying Thais. However, they did not agree with the policy of granting permanent residence to long-time refugees regardless of their length of stay in Thailand. The majority of respondents also refused to support the granting of citizenship to children of refugees and migrants born in Thailand.
- Regarding health issues, over 50 percent of respondents supported the same standard of healthcare services for Thais, refugees and registered migrants. More than 60 percent agreed that separate health facilities should be set up for refugees and migrants, because of concern over the quality of services and because of contagious diseases. Over 70 percent of respondents considered that registered migrant workers and refugees should be entitled to the same types of standard healthcare services as provided to Thais, including health promotion, health prevention, disease diagnosis, treatment services and rehabilitation services. But, the majority refused such privilege to non-registered migrant workers.
- Most respondents agreed strongly that refugees and all migrant workers should self-finance 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 the most (83.0%).
- Around 90 percent of respondents thought that non-registered migrants could bring contagious diseases into their communities. Over 70 percent thought that refugees and families of non-registered migrants could pose such health risks also. However, less than 30 percent of respondents had the same views regarding registered migrant workers and their families.

The findings from this research suggest that policies and measures should be designed to improve some misunderstandings of Thai residents in Kanchanaburi province concerning refugees and migrants. Policy recommendations include the following: 1) improve human rights policy and protection of refugees by allowing UN agencies and non-governmental organisations to increase their roles in providing protection and humanitarian assistance to asylum seekers in the camps; 2) enhance the protection of life and property of local residents to reduce the perception of threats from refugees and migrants; 3) provide more research and dissemination of data on the economic contributions of refugees and migrants; 4) improve education policy to introduce bilingual education for migrants and develop an outreach programme to promote access to Thai education for migrants and their children; 5) improve the healthcare system in border regions by reducing barriers such as language, and introduce new initiatives such as mobile health care units and health promotion/prevention programmes to reduce overcrowded facilities at hospitals; 6) equip media personnel with balanced information and better understanding of refugees and migrants to reduce negative attitudes toward migrants; 7) promote social cohesion amongst Thais and migrants through collective management of local resources and frequent exchanges between refugees, NGO personnel and local community members; 8) improve human settlement and local integration processes by encouraging stakeholders' involvement in the policy process.



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EXECUTIVE SUMMARY

Generally speaking, respondents in Kanchanaburi province have a quite positive attitude toward refugees and migrant workers from Myanmar. The relatively small number of refugees and migrants who work in the province may be a factor reducing much concern about the inflow of immigrants. However, the situation may change when special economic zones are developed in Dawei and Kanchanaburi provinces in the coming years. Therefore, there are some negative views and prejudice toward refugees and migrants which require continued efforts to improve community relations between Thais and Myanmar migrants. Major findings in this research are as follows:

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- Rural dwellers in border communities had close contacts with refugees and migrants and tended to have a better understanding of Myanmar migrants, resulting in a more positive attitude toward them compared to urban Thais in Kanchanaburi.
- In general, community leaders tended to have a more conservative attitude than villagers, although answers for both groups of respondents followed similar trends. For example, a lower percentage of community leaders compared to villagers gave support to the idea that universal healthcare services should be provided to refugees and documented migrants; nonetheless, the majority of both groups would support such policy.
- Regarding migrants, the personal safety issue was a major concern for Thai respondents. More than two-thirds of all respondents viewed non-registered migrant workers as a threat to their lives and property. Also, more than two-fifths of respondents perceived registered migrants and refugees as being such a threat.
- On human rights issues, nearly two-thirds of respondents were in support of humanitarian assistance given to refugees in camps, and more than two-thirds also considered that refugees and all migrants should be entitled to basic necessities of life.

- Regarding labour protection issues, around two-thirds of respondents considered that registered migrant workers should have the same labour protections as Thais. However, a majority did not support such protection for non-registered migrants. Also, more than three-fourths of respondents did not agree that migrant workers, regardless of their status, should have the same minimum wage as Thais.
- On economic issues, job competition and competition for land and natural resources were major concerns for Kanchanaburi respondents. Slightly more than half of all respondents thought that non-registered migrant workers competed with them for jobs. But only two-fifths saw job competition as a problem with registered migrants. Also, over one-half of respondents were concerned with competition for land and natural resources with non-registered migrant workers, whereas more than two-fifths perceived such competition with refugees.
- In terms of social and cultural issues, over 70 percent of respondents preferred the use of Thai language by refugees and migrants in their communications with Thais. About two-thirds of respondents thought that Thais living in border areas should learn ethnic languages of refugees and migrants.
- On the issue of education, close to 80 percent of respondents thought that Thai language should be taught in schools attended by refugees and migrants. Over 60 percent of respondents also supported the accreditation of education provided to children of refugees and registered migrants. Over half of all respondents also agreed that Thai school attendance should be provided for children of refugees and registered migrants.
- Regarding the issue of human settlement, over half of Kanchanaburi respondents endorsed the granting of Thai citizenship to stateless ethnic minorities born in Thailand. Also, two-thirds supported the granting of permanent residence to refugees and migrants marrying Thais. However, they did not agree with the policy of granting permanent residence to long-time refugees regardless of their length of stay in Thailand. The majority of respondents also refused to support the granting of citizenship to children of refugees and migrants born in Thailand.
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PART I

INTRODUCTION

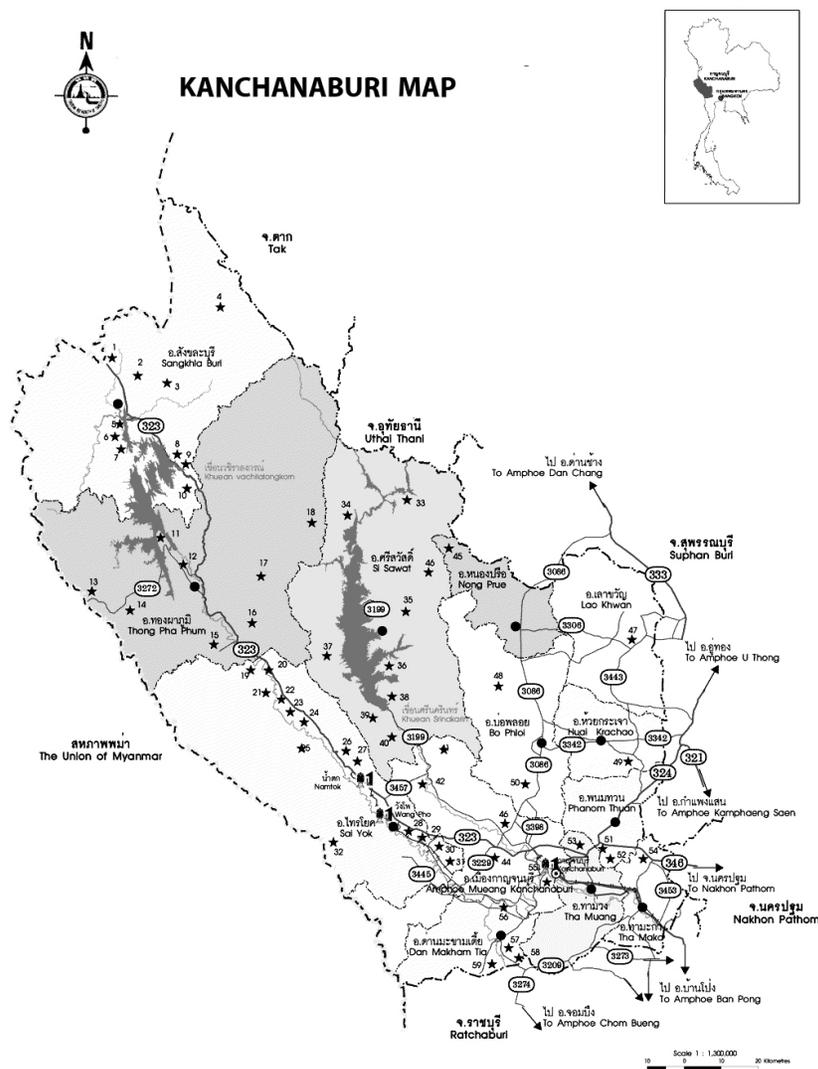
1.1 Introduction

Kanchanaburi province is a western border province of Thailand located near Bangkok. It is a large province with many natural resources and a thriving economy. Although the number of refugees and migrant workers are not significant, with just over 2,000 refugees and over twenty thousand migrant workers, the province is tipped to become a major crossing point between Myanmar and Thailand. Large-scale infrastructure and industrial facilities will be developed in Dawei, a port city to the west of Kanchanaburi, to facilitate Thai and foreign investment in Myanmar. Moreover, a motorway will be built linking Kanchanaburi and Dawei with Bangkok. In the future, Kanchanaburi is to be developed as a major transit point between Thailand and Myanmar, resulting in increasing flow of people between the two countries. The flow of people between Kanchanaburi and Dawei is likely to be both ways as more Thais are likely to be sent there as professionals, whereas more people from Myanmar will likely come to Thailand for job opportunities. At present, general public attitudes toward refugees and registered or documented migrants are quite positive in many respects, such as humanitarian and public service provision, because of the relatively small number of refugees and migrants. However, when the numbers of migrants greatly increase in the coming years, public attitudes may change. This study of the public attitudes of Thai people in Kanchanaburi will be important not only for the purpose of improving healthcare services for refugees and migrants, but also for designing public policies aimed at creating good relations between Thai and migrant communities in the border province. This study consists of five parts. Part I is an introduction; Part II includes theories and a literature review; Part III presents the research methodology; Part IV offers the findings of Kanchanaburi's public opinion toward Myanmar refugees and migrants (together referred to as Myanmar displaced persons, or MDPs); and Part V is the summary of key findings and major policy recommendations, along with measures aimed at improving Thai public attitudes toward MDPs and the Thai public services provided to them.

1.1.1 Location and Boundaries

Kanchanaburi is the largest province in western Thailand covering a total area of 19,483 km². Neighboring provinces are Tak, Uthai Thani, Suphan Buri, Nakhon Pathom and Ratchaburi. To the west, Kanchanaburi borders the Kayin State, the Mon State and the Tanintharyi Region in Myanmar. The province is famous for its ancient civilisation, natural beauty and Thailand’s largest dam, as well as being the location of the famous bridge over the River Khwae and Thung Yai Naresuan Sanctuary, a world heritage site. Kanchanaburi is only 129 km from Bangkok and is divided into 13 districts, 95 sub-districts and 959 villages. The 13 districts are Mueang Kanchanaburi, Sai Yok, Bo Phloi, Si Sawat, Tha Maka, Tha Muang, Thong Pha Phum, Sangkhlaburi, Phanom Thuan, Lao Khwan, Dan Makham Tia, Nong Prue and Huai Krachao. Kanchanaburi has a 370 km border with Myanmar to the west (Office of Kanchanaburi Governor, 2012).

Figure 1.1: Map of Kanchanaburi province



Source: <http://kanchanaburitour.siam2web.com/?cid=1285729>

1.1.2 General Population

Kanchanaburi has a population of almost a million people, with a population density of only 43 persons per square kilometer. In 2011, there were 811,266 (93.6%) Thai citizens, and 55,349 (6.4%) ethnic minority persons, living in the province. The majority of ethnic persons and groups are Mon and Karen (Department of Provincial Administration, 2012; Office of Kanchanaburi Governor, 2012).

Table 1.1: Population in Kanchanaburi province, 2011

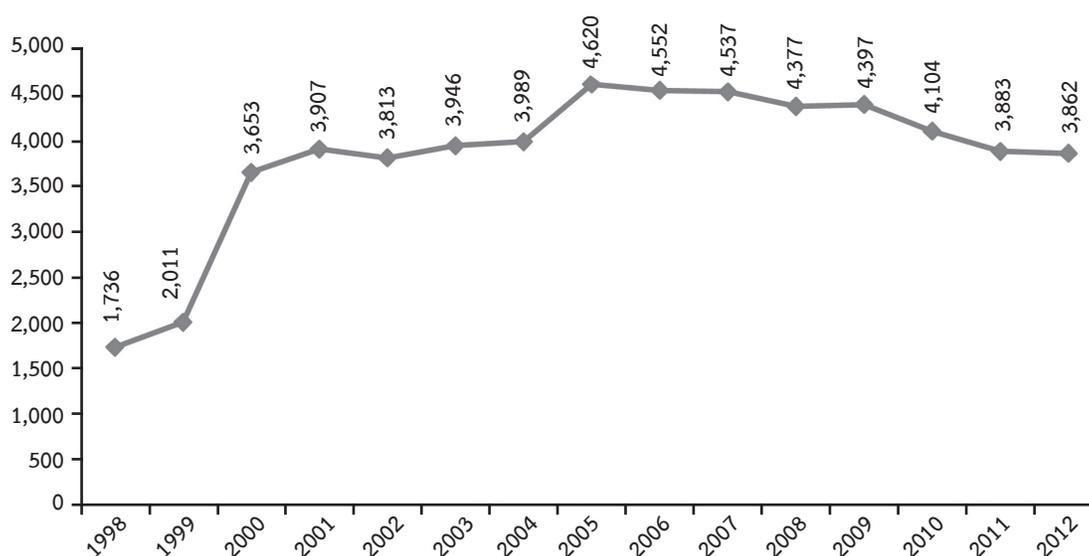
Population	Male		Female		Total	
	No.	%	No.	%	No.	%
Thai citizens	419,179	93.4	392,087	93.9	811,266	93.6
Ethnic minorities	29,822	6.6	25,527	6.1	55,349	6.4
Total	449,001	100	417,614	100	866,615	100

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

1.1.3 Refugees

Kanchanaburi province has only one small refugee camp at Ban Don Yang which was established in 1997 after offensives in Tennesarim Division and Dooplaya District of Myanmar. The number of refugees has increased over time, as there were only 1,736 persons in early 1998 before growing to 3,862 in early 2012. The increasing number of refugees in this camp is mainly a result of the closing of nearby camps, with those populations moving to Ban Don Yang. In 2001-2002 camps in the Southern border area of Chumphon were closed, while in 2005, a shelter for persons of concern in urban Ratchaburi province was closed.

Figure 1.2 Number of refugees in Kanchanaburi province, 1998-2012

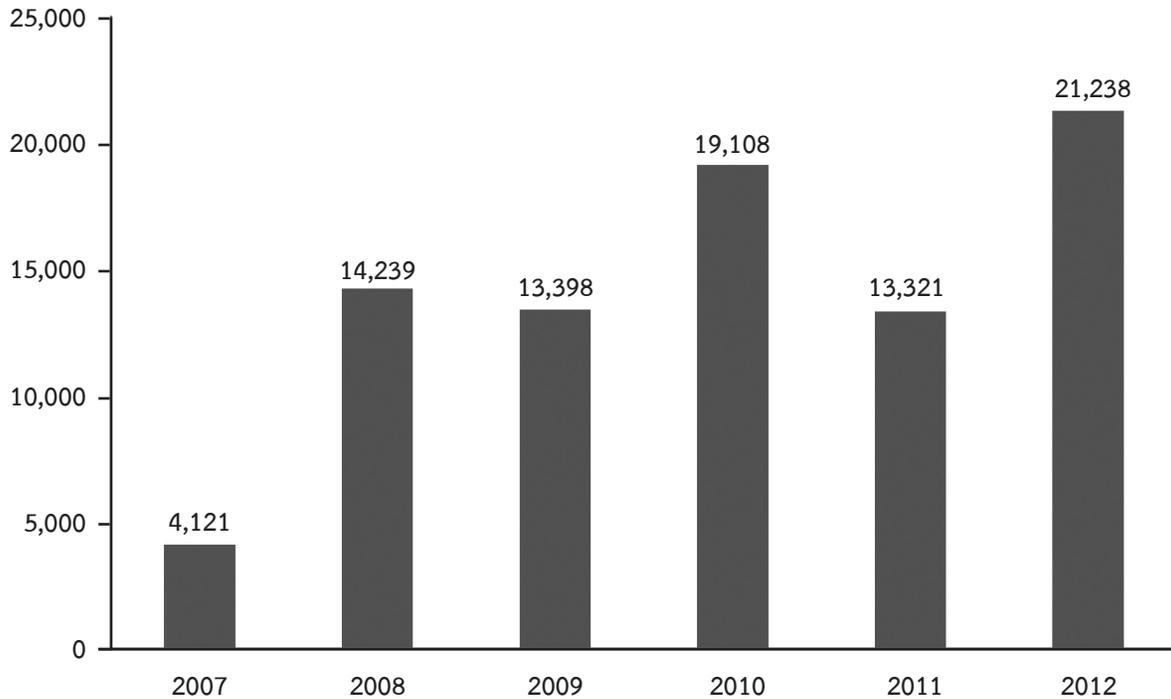


Source: Adapted from data of the Thailand Burma Border Consortium (TBBC, 2012)

1.1.4 Migrant Workers

Data from the Office of Foreign Workers Administration shows that the number of registered migrant workers in Kanchanaburi province has fluctuated over time, but it increased during the past few years from 13,321 persons in 2011 to 21,238 persons in early 2012.

Figure 1.3 Number of migrant workers in Kanchanaburi 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

To identify 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 is the general objective of this study. There are three main specific objectives as follows:

1. to examine Thai community attitudes toward Myanmar refugees and migrant workers in Kanchanaburi province, Thailand;
2. to understand Thai community views on public health policy improvements targeting Myanmar refugees and migrant workers; and
3. 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

Studies of public attitudes on migration focus on the immigrants themselves, and also on immigration issues. Two streams of theories are, thus, useful for this study: first, theories that focus on the individual level based on micro-sociological perspectives; and second, theories at the contextual level which focus on structural factors (Ceobanu & Escandell, 2010).

At the individual level, there are three major aspects, including socioeconomic correlates and self-interests, identities and values, and contact with out-group members. The socioeconomic correlates and self-interests perspective argues that an individual's fear of competition for jobs and resources from immigrants could result in one's negative attitudes toward them (Olzak, 1994; Sears & Funk, 1991). For the identities and values perspective, an individual's attitude may be a result of his/her group's values and identity. A positive impression of one's group's identity could lead to negative attitudes of outsiders (Mummendey, Klink, & Brown, 2001). For contact with out-group members' perspective, it is argued that close contacts could promote more a positive attitude toward out-group members and reduce prejudice (Flashman, 2009). At the contextual or structural level, a well-known perspective is the group threat theory, which explains the competition for power and resources between the majority and ethnic minority groups, resulting in a feeling of 'otherness' between groups (Flashman, 2009; Olzak, 1994; Quillian, 1995).

2.2 Literature Review

Theories alone are not adequate to understand public attitudes toward MDPs. The historical background of refugees and Thailand's migration policies are also important factors which influence public views on Myanmar refugees and migrants.

2.2.1 Background of Myanmar Refugees and Migrants

Refugees and asylum seekers from Myanmar are victims of forced migration and armed conflicts that occurred in the past few decades. Major causes leading to migration include denial of citizenship

rights, armed conflict between the government and ethnic groups, forced labour, physical abuse and the forced relocation of ethnic minorities. The Myanmar army's offensive against ethnic groups, which aimed at extending the government's political and economic control of outlying regions since the 1980s, sent a large number of refugees to Thailand. Also, prosecution and persecution of opposition parties and pro-democracy movements in the late 1980s and 1990s sent many students and refugees to the Thai border areas.

Most displaced persons living in refugee camps in Thailand live with their families. Since 1995, the Thai authorities have not allowed refugees to leave the camps, nor work outside the camps. Although income-generating activities are also prohibited, there are some exceptions depending on the approval of the camp commander. Basically, refugees depend on humanitarian assistance for food, shelter and other supplies. These restrictions run against the self-sufficiency of refugees and have had a negative impact on their morale. The majority of migrant workers live in border provinces, Bangkok and its surrounding provinces, industrial towns, and coastal areas where fishing industries are located. Most documented migrant workers from Myanmar are concentrated in manufacturing industries, construction, agricultural sectors, and other labour-intensive industries and services (Feinstein International Center, 2011).

2.2.2 Refugee Status

Refugees are a result of many push factors, such as human rights abuse, economic hardship, and discriminatory policies. In Myanmar, major causes include ethnic conflict and political prosecution, urban development, exploitation of natural resources and forced labour. However, Thailand has no transparent processes and policies making a distinction between refugees, asylum seekers or irregular migrant workers. In the case of Myanmar refugees, encamped migrants are considered temporarily displaced persons, and migrants living outside the camps are seen as irregular migrants. According to the Thai government, no migrants settling outside of the nine border camps are considered refugees or asylum seekers. In practice, however, many people who fled political persecution from Myanmar have lived in shelters outside of the camps. Some of them have later become migrant workers to sustain their living. As a result of these mixed migration flows, it is difficult to differentiate refugees from other groups of migrants. But, non-registered migrant workers have encountered many challenges, such as getting fair wages, gaining access to health services and labour rights protection, and suffering physical abuse (Feinstein International Center, 2011).

2.2.3 Rights of Refugees and Migrant Workers

Because Thailand has not ratified the 1951 Convention Relating to the Status of Refugees and its 1967 Protocol, there are no clear policies for the protection of refugees, or for refugee status determination. Asylum seekers and irregular migrants are all considered illegal immigrants by the Thai authorities. Occasionally, the repatriation of some asylum seekers and migrants has occurred because

Thailand does not formally respect customary international law regarding non-refoulement. However, the Thai government has provided nine shelters for displaced persons from Myanmar along the border provinces of Mae Hong Son, Tak, Kanchanaburi and Ratchaburi. The 1979 Immigration Act allows the Ministry of Interior, with approval from the Cabinet, to allow irregular migrants temporary stay in Thailand (Immigration Act, 1979). All migrant workers 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 also have rights to fair wages, eight-hour work days, humane working conditions and equal treatment between men and women. The 2008 Alien Employment Act also provides permission for documented migrants to work temporarily, but undocumented migrants can be jailed up to 5 years and/or fined up to 100,000 THB (Alien Working Act, 2008).

2.2.4 Migrant Registration and Nationality Verification of Migrant Workers

Migrant workers rely on their employers to apply on their behalf for work permits and health insurance at the provincial office. The application process costs between 2,980 to 3,880 THB for a one-year period. Registered migrants are not allowed to travel outside the province in which they are employed. They cannot change jobs without consent from their employer except for conditions specified by the Ministry of Labour, such as the death of the employer and the termination of the business enterprise

Since 2009, Thai authorities have required registered migrant workers from Myanmar to have their nationality verified by the country of origin (following Cambodia and LAO PDR which started this process in 2006). The Thai and Myanmar governments later opened Nationality Verification (NV) and Temporary Passport Issuance Centers in Ranong province, Thailand, and in Takhilek and Myawaddy in Myanmar. Upon receiving a NV, migrants receive a longer working visa, greater freedom of movement and better access to workers' compensation. In 2012, five additional NV centers were set up in Bangkok, Samut Prakarn, Surat Thani, Chiang Mai, and Samut Sakhon along with border NV centers in Kawthuang port opposite Ranong, Tachilek opposite Mae Sai in Chiang Rai, and Myawaddy opposite Mae Sot in Tak (Ministry of Labour, 2012).

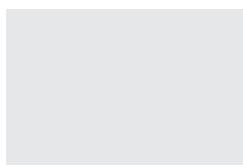
2.2.5 Perception of Refugees and Migrants

Myanmar refugees and migrants are often viewed in a negative light by both security agencies and the local population as presenting a threat to personal safety, social order and public health. Thai media reports often consider refugees as trouble makers and a burden to Thailand. Insensitive comments by the media and politicians are quite common. Myanmar patients are often seen as a burden to the local health system. The seizure of the Myanmar Embassy in Bangkok by Myanmar students in 1999 and the hostage taking in Ratchaburi hospital by armed insurgent forces in 2000 led to Thailand's tougher policy stance on refugees. Typically, limited contact with refugees and migrants result in misunderstandings and misgivings between Thais and refugees (Brees, 2010). In fact, border communities benefit from economic activities centered near refugee camps. Also, many industries in

Thailand, such as construction and fisheries industries, have relied much on migrant workers from Myanmar. Although Thailand has enjoyed economic benefits from refugees and migrant workers in terms of lower production costs and increasing labor supplies, the contribution of these people is not adequately recognised by Thai society.

2.3 Hypotheses

Based on theories, a literature review and in the context of Kanchanaburi province, we hypothesized that urban residents would be more familiar with migrant workers than with refugees. If urban residents have fewer contacts with refugees, that could result in a more negative view of refugees than the view expressed by camp residents. Camp residents, on the other hand, should be more positive with refugees and migrants than their urban peers. The small number of refugees in Kanchanaburi province should also result in a more welcoming attitude toward them in regard to the issue of local integration. However, because of the rising number of migrant workers and the growing connectivity with Myanmar, both urban and camp residents should be concerned about non-registered migrants. The growing number of non-registered migrants could lead to health, economic and other social concerns of local people.



PART III

RESEARCH METHODS

Kanchanaburi, Thailand is the purposed area of study for this project on Thai public opinions regarding Myanmar refugees and displaced persons. Its methodology is presented as follows:

3.1 Research Design

Both quantitative and qualitative methods were employed. A structured questionnaire and face-to-face interviews were used for the quantitative method, while in-depth interviews and focus group discussions with key informants using guidelines were employed for the qualitative method.

3.2 Population and Sampling

The data was collected from two groups of individuals, general residents aged 18 and above, and community leaders. These two groups of individuals were included because it is believed that opinions of the general population have the power to change policy, while community leaders can act as a bridge between government and the general population in order to formulate social policy (Munro, Skelcher, & Roberts, 2006).

This study interviewed 400 general residents (villagers) and 100 community leaders (see Table 3.1). The study used a stratified sampling strategy by dividing areas into sub-district where refugee camp is located and sub-district where the city hall is located. A random sampling strategy was used to select five villages from each sub-district. Then, the first household was randomly selected and one person aged 18 or over was randomly selected from each household, while the next household and individual were systematically selected. The random sample from each village was 40 general residents, while ten community leaders from each village were purposively selected. The ten community leaders were in a position of either a village head, community committee member or other community leaders (including village health volunteer and community group leader).

Table 3.1: Sample allocation by types of individuals

Types	Sample
General Residents (Villagers)	400
Community Leaders	100
- Village head	10
- Community committee member	48
- Village health volunteer	28
- Community group leader	14
Total	500

Eleven in-depth interviews and two focus groups discussions were conducted in order to collect the qualitative data from key informants. The inclusion criteria for selecting key informants and participants were that they were those directly involved with refugees, and non-registered and registered migrants. Key informants for in-depth interviews were stakeholders, including community leaders, government and non-government agencies, and local media. The participants of the two focus group discussions were village health volunteers. The allocation of key informants is described in the table below.

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

Key informants	In-depth interview	Focus group discussion
Community Leaders	2 people	-
Government Officials	6 people	-
NGOs/INGOs (related to health issues)	2 people	-
Health Workers	-	2 groups
Local Media	1 person	

3.3 Data Collection Process

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

Questionnaires for individuals and interview guidelines for the in-depth interviews and focus group discussions were initially constructed at the beginning phase of the study. After that, the questionnaires and guidelines were tested. The pre-test of questionnaires was conducted twice because the first pre-test indicated there was a problem of validity and reliability of the five points typical Likert scale. It had a Cronbach's alpha of the total score of 0.35, indicating a low level of acceptance for reliability testing. Therefore, a second pre-test was conducted after modifying the Likert scale to range from agree slightly, agree somewhat, agree moderately, agree very much and agree totally. The analysis of reliability for the second pre-test showed the Cronbach's alpha of total scores to be 0.86, which indicates it is highly reliable.

For data collection, the size of the target population was established by approaching community leaders, general residents and key informants. After the target population was identified, collection of data began by using a survey, in-depth interviews and focus group discussions.

Respondents of the study were informed about 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 interviewing, in-depth interviewing and focus group discussions. A written informed consent was required before any interview took place.

Termination of participation in this study was undertaken so those respondents who did not want to answer questions were not compelled to do. In addition, respondents could end their interview at any time they chose. In the case of the termination of participation, the original criteria for individual selection were used.

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

3.4 Data Quality Control

To ensure the data quality, quality control of data collection was performed by training only ten interviewers who had completed at least a Bachelor's degree with skills necessary for interviewing. In addition, a monitoring process was performed during the period of data collection by the researchers.

3.5 Data Analysis

Data entry was conducted by omitting the entry of personal identifying information. Data on the socio-demographics of individuals, knowledge and understanding of refugees and migrant workers from Myanmar, attitudes toward social services provided to refugees and migrant workers, attitudes toward benefits for refugees and migrant workers, and policy suggestions on refugees and migrant workers for the Thai government were compared by using percentage and cross tabulation.

As a modified Likert scale was applied in this study, opinions were measured by ordering the level of agreement from agree slightly, agree somewhat, agree moderately, agree very much or agree totally. The study mainly focused on a high level of agreement by taking ratings of agrees very much and agree totally into consideration.

Content analysis was used to analyse the qualitative data in order to understand the overall picture of Thai public opinions on refugees and migrant workers. In addition, qualitative findings were used to supplement findings from the survey.

3.6 Ethical Considerations

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

- Communicate clear understanding to the respondents and key informants as to why this research was being undertaken, and gain their permission to participate, with full knowledge of their right to refuse to answer any questions or stop the exchange at any time
- Ensure that contact with respondents would not get them into trouble with their neighbours; gaining necessary permission or safe access for their participation was crucial
- Agree on a method for recording information with which the participant was comfortable; requesting permission to take notes or use a tape recorder for the in-depth interviews and focus group discussions was required
- Remain open and non-judgmental in interactions with the participants
- Select a convenient time and day for the interviews that did not interfere with other demands on the participant
- Be sensitive to the surroundings and circumstances in which interviews or discussions take place
- Be willing to terminate discussions if any sign of discomfort or insecurity arises
- Develop a system for coding all personal information, such as the names or addresses of participants
- Keep all data locked and confidential
- Provide small gifts of thanks to those who provided their time for lengthy interviews

This 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 from the 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 are refugees, non-registered migrants or registered migrants residing in Thailand, regardless of ethnic group.

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

Non-registered migrant: A migrant from Myanmar who has not registered 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 with the Thai Government during one of the organised registration periods and, therefore, is legally entitled to stay and work in Thailand. See ‘registration’.

Registration: A process whereby undocumented migrant workers from Myanmar, Cambodia and Lao PDR have periodically been able use 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).

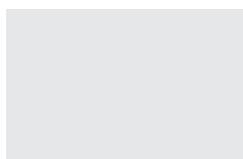
Stateless: A person who is an ‘alien or person without Thai nationality’ who does not have documents for personal legal status in Thailand; they are often ethnic minorities, rootless persons or those without a civil registration record.

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

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

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

Table 4.1 shows that there was a higher proportion of men than women (55.0 versus 45.0%) in the group of community leaders, although about half of all respondents were female. A majority of the community leaders were married. Most of them were aged 30 to 50, but around 12 percent of all respondents were at their retirement age of 60 years old or more. Community leaders were also older than the general villagers, with 70 percent of them being at least 40 years old compared with just 55 percent for villagers. Almost all were Buddhists.

Most of all respondents completed primary school and high school. Around half of the all respondents in rural areas finished primary school education, around two-fifths finished secondary school and higher. For urban respondents, around 32.8 percent finished primary school and almost two-thirds completed secondary school and higher. The education level of community leaders was higher than villagers, with 62.0 percent of them completing high school education or higher compare with 51.8 percent of villagers.

With respect to ethnicity, a majority of respondents had Thai ancestors. Both community leaders and villagers shared similar traits; over 90 percent of them were Thai, and the rest had Karen, Chinese and other ethnic origins.

In terms of employment, only 4.0 percent of those persons living near camp areas were not working compared with 9.6 percent of respondents living in urban area. There was no difference between community leaders and villagers as over 90 percent of both groups were employed. Unemployment is not a major problem in Kanchanaburi.

Table 4.1: Characteristics of respondents in Kanchanaburi province

Respondents' profile	Position		Location		Total
	Leader	Villager	Camp	City	
Gender					
Male	55.0	47.8	52.0	46.4	49.2
Female	45.0	52.3	48.0	53.6	50.8
Marital status					
Single	10.0%	20.0%	10.0%	26.0%	18.0%
Married	88.0%	75.5%	88.4%	67.6%	78.0%
Others*	2.0%	4.5%	1.6%	6.4%	4.0%
Age group					
18-29	10.0%	19.8%	12.8%	22.8%	17.8%
30-39	20.0%	25.0%	26.8%	21.2%	24.0%
40-49	26.0%	26.8%	27.2%	26.0%	26.6%
50-59	29.0%	16.5%	17.6%	20.4%	19.0%
>=60	15.0%	12.0%	15.6%	9.6%	12.6%
Religion					
Buddhist	99.0%	96.0%	95.6%	97.6%	96.6%
Christian	1.0%	3.5%	4.4%	1.6%	3.0%
Muslim	0.0%	0.5%	0.0%	0.8%	0.4%
Education					
Not enrolled in school	0.0%	6.3%	7.6%	2.4%	5.0%
Primary	38.0%	42.0%	49.6%	32.8%	41.2%
Secondary	62.0%	51.8%	42.8%	64.8%	53.8%
Ethnicity of parents					
Thai	94.0%	91.0%	83.2%	100.0%	83.7%
Karen	6.0%	8.3%	15.6%	0.0%	7.8%
Shan	0.0%	0.0%	0.0%	0.0%	0.0%
Chinese	2.0%	2.3%	2.8%	1.6%	2.2%
Others	2.0%	2.0%	3.6%	0.4%	2.0%
Employment status					
Unemployed	6.0%	7.0%	4.0%	9.6%	6.8%
Employed	94.0%	93.0%	96.0%	90.4%	93.2%

*Remark other = Widowed/Divorced/Separated

4.2 Experience about Refugees

Most respondents had not been to any of the refugee camps. Only 32.8 percent of those living close to the camps had visited them, whereas only 2.8 percent of those living in the urban area had done so. The research found that 22.0 percent of the former group had friends and acquaintances in refugee camps, compared to only 2.0 percent of the latter. Slightly more than one-fifth (22.0%) of respondents residing near the camp areas had personal contacts with refugees, whereas only 2.0 percent of their urban peers had such experience. City respondents did not know much about refugees or refugee camps (see Table 4.2).

Community leaders were more familiar with refugee camps and refugees than villagers. Those community leaders who had visited the camps accounted for 29.0 percent of the total, compared with only 15.0 percent of villagers. Also, 16.0 percent of community leaders had friends or personal relations with persons in the camps, compared with 11.0 percent of the villagers. For those community leaders and villagers who had known refugees, they usually met and knew them at the refugee camps, their communities, or their work places.

Table 4.2 Experience of respondents about refugees

Experiences	Position		Location		Total
	Leader	Villager	Camp	City	
Visiting refugees camp					
Yes	29.0%	15.0%	32.8%	2.8%	17.8%
No	71.0%	85.0%	67.2%	97.2%	82.2%
Having friends/known persons in camps					
Yes	16.0%	11.0%	22.0%	2.0%	12.0%
No	84.0%	89.0%	78.0%	98.0%	88.0%
Place of knowing refugees					
At community	9.0%	5.8%	12.8%	0.0%	6.4%
At workplace	3.0%	2.5%	3.6%	1.6%	2.6%
At refugee's camp	10.0%	4.8%	11.2%	0.4%	5.8%
In family	0.0%	0.3%	0.4%	0.0%	0.2%

4.3 Sources of Information about Refugees

Distributing information via media helps shape public perceptions (Baum & Potter, 2008), so sources of information about refugees which respondents received were surveyed. The table below shows that slightly more than half of the respondents reported that television was a major channel for information on refugees, followed by conversations with friends and relatives (47.6%), self information (27.4%), print media (19.6%), government sources (10.8%) and radio (8.0%). For rural residents, top sources of information came from self information, friends/relatives and government sources. City residents relied more on information from television, print media and friends/relatives. However, a higher proportion of community leaders gained information about refugees from friends and relatives (see Table 4.3).

Table 4.3: Sources of information about refugees

Sources of information	Position		Location		Total
	Leader	Villager	Camp	City	
Self	33.0%	26.0%	50.4%	4.4%	27.4%
Friends/relatives	48.0%	47.5%	63.6%	31.6%	47.6%
Radio	15.0%	6.3%	2.0%	14.0%	8.0%
Television	46.0%	53.3%	13.6%	90.0%	51.8%
Print media	23.0%	18.8%	3.2%	36.0%	19.6%
Authorities	17.0%	9.3%	16.4%	5.2%	10.8%
Internet	1.0%	0.5%	0.0%	1.2%	0.6%

4.4 Kanchanaburi’s Public Opinion toward Displaced Persons from Myanmar

4.4.1 Human Safety

Table 4.4 reveals that almost 70 percent of respondents considered non-registered migrant workers as a threat to their lives and property, compared with just over 40 percent who viewed that refugees and registered migrant workers were such a threat. Respondents living close to the camps were more suspicious of non-registered workers, as 72.8 percent viewed them as a threat, compared with 41.6 percent for refugees and 38.0 percent for registered migrant workers. Urban respondents also viewed non-registered migrant workers as a major cause of concern (65.6%) when compared with other groups (43.6% for refugees and 45.6% for registered migrant workers).

Community leaders share the view with villagers that irregular migrants pose a threat to their lives and property more than refugees and registered migrants. However, a higher percentage of community leaders were more concerned about their personal safety than villagers with regard to the presence of all three groups of migrants (see Table 4.4).

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

Type of MDPs	Position		Location		Total
	Leader	Villager	Camp	City	
Refugees	50.0%	40.8%	41.6%	43.6%	42.6%
Non-registered migrants	73.0%	68.3%	72.8%	65.6%	69.2%
Registered migrants	46.0%	40.8%	38.0%	45.6%	41.8%

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

4.4.2 Human Rights Dimension

On the issue of humanitarian assistance given to refugees, Table 4.5 illustrates that 74.8 percent of respondents residing near camp areas strongly supported the provision of shelter and other assistance to refugees, compared with 46.8 percent of city respondents. Villagers also agreed more with such assistance to refugees than their community leaders. This might indicate that closer contacts with refugees leads to more positive attitudes toward them.

Regarding rights to obtain basic necessities of life, more than 60 percent of respondents strongly considered that refugees and registered migrant workers should have such rights, compared with less than 50 percent who supported such provision to non-registered migrant workers. Rural residents provided a more positive attitude on this issue than urban residents, but there was hardly difference regarding the issue between community leaders and villagers (see Table 4.5).

In relation to the protection of the life and property of migrants, 71.4 percent of respondents considered that registered migrant workers should be treated in the same way as Thais, compared with 55.0 percent for refugees and 24.4 percent for non-registered migrant workers. Respondents living surrounding camps were more likely to agree with this statement than city residents. Community leaders agreed more with similar security protection for non-registered migrants, but agreed less for refugees and registered migrants as compared to villagers (see Table 4.5).

Table 4.5 Percent of respondents agreeing that humanitarian assistance and shelter should be given to refugees by position and location

Opinion and type of MDPs	Position		Location		Total
	Leader	Villager	Camp	City	
Shelter for refugees	46.0%*	64.5%*	74.8%*	46.8%*	60.8%
Basic necessities of life					
Refugees	65.0%	68.3%	80.0%*	55.2%*	67.6%
Non-registered migrants	52.0%	46.5%	65.2%*	30.0%*	47.6%
Registered migrants	75.0%	72.5%	84.4%*	61.6%*	73.0%
Same security protection as Thais					
Refugees	53.0%	55.5%	61.2%*	48.8%*	55.0%
Non-registered migrants	28.0%	23.5%	29.2%*	19.6%*	24.4%
Registered migrants	64.0%	73.3%	83.6%*	59.2%*	71.4%

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

4.4.3 Labour Protection Dimension

When it comes to the issue of wages, only 22.2 percent of all respondents viewed that registered migrant workers should have the same wages as Thai workers, while non-registered migrant workers received only 6.6 percent support. However, 64.2 percent of all respondents strongly believed that registered migrant workers should have the same labour protections as Thai workers. Only 18.4 percent of respondents had the same view regarding non-registered migrant workers (see Table 4.6).

Community leaders shared the view with villagers that registered migrants should receive the same labour protection as Thais, but with a lower level of agreement (58.0 versus 65.8%). In contrast, a higher percentage of community leaders (29.0%) viewed that non-registered migrants should be covered by the same labour standards as others, compared with 15.8 percent of villagers. Nevertheless, on the issue of wages, community leaders shared the view with villagers that migrant workers, regardless of their status, should not receive the same wages as local workers (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 wages as Thai workers					
Non-registered migrants	7.0%	6.5%	5.2%	8.0%	6.6%
Registered migrants	20.0%	22.8%	25.6%	18.8%	22.2%
Same labour protections as Thai workers					
Non-registered migrants	29.0%*	15.8%*	22.4%*	14.4%*	18.4%
Registered migrants	58.0%	65.8%	76.4%*	52.0%*	64.2%

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

4.4.4 Economic Dimension

Regarding job competition, 56.4 percent of all respondents strongly believed that non-registered migrant workers competed with them for jobs. Only 41.4 percent and 33.8 percent, respectively, viewed registered migrant workers and refugees in a similar way. Similar views were observed regarding competition for land and other natural resources, as 56.6 percent of all respondents viewed non-registered migrant workers as competitors for land compared with 44.0 percent and 40.2 percent, respectively, for refugees and registered migrant workers. Also, 64.8 percent of respondents residing near camp areas and 48.8 percent of urban respondents strongly supported employment opportunities for refugees.

Community leaders were more concerned about competition for jobs with MDPs than were villagers. But, the two groups of respondents shared the view that non-registered migrants were the main competitor for land and natural resources with locals. However, a higher percentage of community leaders were concerned with such competition for land and natural resources from all three groups of migrants than were the villagers. Still, community leaders seemed to have a more positive attitude toward the positive economic spin-off from the presence of refugees and migrants in the local economy than did the villagers. With regard to employment opportunities for refugees, a majority of both community leaders and villagers (57.0% and 56.8%, respectively) agreed that refugees should be allowed to work and earn income (see Table 4.7).

Table 4.7: Percent of respondents in Kanchanaburi agreeing that refugees and migrants competed with locals for jobs, land and water resources, and that refugees should be allowed to work to increase their self-reliance by position and location

Opinions and type of MDPs	Position		Location		Total
	Leader	Villager	Camp	City	
Compete with locals for jobs					
Refugees	43.0%*	31.5%*	27.6%*	40.0%*	33.8%
Non-registered migrants	65.0%	54.3%	47.2%*	65.6%*	56.4%
Registered migrants	40.0%	41.8%	33.2%*	49.6%*	41.4%
Compete for land and natural resources					
Refugees	59.0%*	40.3%*	47.6%	40.4%	44.0%
Non-registered migrants	70.0%*	53.3%*	56.8%	56.4%	56.6%
Registered migrants	49.0%*	38.0%*	33.6%*	46.8%*	40.2%
Refugees should be allowed to work to increase their self-reliance	57.0%	56.8%	64.8%*	48.8%*	56.8%

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

4.4.5 Socio-cultural Dimension

Table 4.8 reveals that over 70 percent of all respondents considered that refugees and migrant workers should use Thai language to communicate with Thai people and Thai agencies. Likewise, over 60 percent of all respondents strongly agreed that Thai people living along the border areas should learn ethnic languages in order to communicate with refugees and migrants. Not surprisingly, respondents living closer to the camps and community leaders gave higher support to such statement than their urban peers and villagers. Moreover, 80.4 percent of respondents strongly agreed that the Thai media should use ethnic languages of refugees to disseminate information in Thailand. Also, 66.2 percent of respondents had similar views regarding non-registered migrant workers. It is observed that rural respondents agreed more with this than that of urban respondents, while there was hardly difference between community leaders and villagers.

Regarding cultural relations, over 60 percent of respondents surrounding the camp areas and community leaders strongly agreed that cultural activities with refugees and registered migrant workers should be promoted, which is a higher percentage than that for urban residents and villagers. However, there was less support for such activities with non-registered migrants (see Table 4.8).

Table 4.8 Percent of respondents agreeing that migrants should use Thai language to communicate with Thais and use ethnic languages to disseminate information by position and location

Opinions and types of MDPs	Position		Location		Total
	Leader	Villager	Camp	City	
MDPs should use Thai language to communicate with Thais					
Refugees	83.0%	82.0%	97.2%*	67.2%*	82.2%
Non-registered migrants	81.0%	73.3%	96.4%*	53.2%*	74.8%
Registered migrants	86.0%	79.5%	98.8%*	62.8%*	80.8%
Thais should learn ethnic languages of refugees and migrants in order to communicate with them					
Refugees	72.0%	69.3%	87.6%*	52.0%*	69.8%
Non-registered migrants	62.0%	60.5%	76.0%*	45.6%*	60.8%
Registered migrants	68.0%	67.8%	83.2%*	52.4%*	67.8%
Use ethnic languages to disseminate information					
Refugees	84.0%	79.5%	92.8%*	68.0%*	80.4%
Non-registered migrants	64.0%	66.8%	84.8%*	47.6%*	66.2%
MDPs and Thais should engage in activities to promote cultural exchange					
Refugees	63.0%	53.5%	68.0%*	42.8%*	55.4%
Non-registered migrants	48.0%*	35.5%*	48.4%*	27.6%*	38.0%
Registered migrants	63.0%	61.5%	76.4%*	47.2%*	61.8%

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

4.4.6 Education Dimension

Close to 80 percent of all respondents strongly supported Thai language teaching for refugees and registered migrant workers together with ethnic languages in schools. Around 70 percent also strongly supported Thai language teaching for non-registered migrant workers. Both community leaders and villagers gave support to the idea of teaching both Thai and the ethnic languages of refugees and migrants in their schools (see Table 4.9). They also thought that it was a good idea for Thai teachers to participate in the teaching of refugees in the camps (not shown in the Table).

Regarding whether children of refugees and migrants should attend Thai schools, more than half of respondents said yes to the statement. However, only around one-third supported children of non-registered migrant workers studying in Thai schools. Only 24.0 percent of city respondents gave support to such ideas, compared to almost 43 percent of rural respondents. In addition, rural respondents agreed with this more than that of urban residents, and they more agreed on the same issue for children of refugees and registered migrants than did community leaders.

Over 60 percent of respondents strongly agreed that children of refugees and registered migrants should attend schools whose education is accredited by the Thai Ministry of Education. But, only 41.0 percent of respondents had the same views regarding children of non-registered migrant workers. Noticeably, villagers were more likely to be positive regarding the children of refugees and registered migrants, but less with children of non-registered migrants when compared to community leaders. Rural respondents agreed more than did urban respondents.

Table 4.9: Percent of respondents agreeing that refugees and migrants should learn Thai together with their own language in school and should be allowed to study in Thai schools by position and location

Opinion toward type of MDPs	Position		Location		Total
	Leader	Villager	Camp	City	
Children of refugees and migrants should learn Thai together with their own language in school					
Refugees	78.0%	77.5%	93.2%*	62.0%*	77.6%
Non-registered migrants	76.0%	67.8%	92.4%*	46.4%*	69.4%
Registered migrants	75.0%	76.3%	95.6%*	56.4%*	76.0%
Children of refugees and migrants should be allowed to study in Thai schools					
Refugees	47.0%	55.5%	66.0%*	41.6%*	53.8%
Non-registered migrants	34.0%	33.3%	42.8%*	24.0%*	33.4%
Registered migrants	51.0%	66.0%	80.8%*	45.2%*	63.0%
Children of refugees and migrants should attend Thai school and get certificate					
Refugees	62.0%	62.3%	81.2%*	43.2%*	62.2%
Non-registered migrants	48.0%	39.3%	51.2%*	30.8%*	41.0%
Registered migrants	60.0%*	75.0%*	89.2%*	54.8%*	72.0%

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

4.4.7 Human Settlement and Naturalisation Dimension

There was considerable variation between the views of respondents living near the camps and those living in city area pertaining to the issue of local integration and naturalisation. Regarding whether refugees marrying Thais should be granted permanent residency in Thailand, over 60 percent of respondents in the areas surrounding the camps strongly agreed with the grant of permanent residency status to refugees and registered migrant workers marrying Thais, but just over 20 percent of urban respondents agreed to that. Even though rural residents indicated a higher percentage of agreement to grant permanent residency status to MDPs who married Thais than urban residents, there was little difference on the issue between community leaders and villagers. It is noteworthy that both urban and rural respondents did not agree to the granting of permanent residence to non-registered

migrant workers who married Thais. Importantly, regardless of the respondents' locations and positions, they did not agree to the granting of permanent residency to refugees and migrants who have lived in Thailand for more than 10 years (see Table 4.10).

Most respondents did not agree with the granting of permanent residency to children of refugees and migrant workers who were born in Thailand. Only 32.0 percent supported such a right being given to children of registered migrant workers, 29.6 percent to children of refugees and 2.2 percent to children of non-registered migrant workers. Rural respondents were more likely to agree on this issue than their urban counterparts, while community leaders had a higher percentage of agreement to grant permanent residency status to children of non-registered migrants, but a lower percentage for children of refugees and registered migrants as compared to villagers (see Table 4.10).

Slightly more than half of respondents seemed to agree with the granting of Thai citizenship to members of ethnic groups born in Thailand (excluding refugees). Rural residents and villagers gave support to such status to ethnic groups born in Thailand more than urban residents and community leaders did (see Table 4.10). It seems that community leaders are a little more conservative than villagers in this regard.

Table 4.10: Percent of respondents agreeing that permanent residence and citizenship should be granted 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 to Thais					
Refugees	47.0%	47.0%	66.4%*	27.6%*	47.0%
Non-registered migrants	27.0%	24.0%	38.0%*	11.2%*	24.6%
Registered migrants	43.0%	47.5%	69.2%*	24.0%*	46.6%
PR should be granted to those born in Thailand					
Refugees	29.0%	29.8%	42.0%*	17.2%*	29.6%
Non-registered migrants	5.0%	1.5%	2.4%	2.0%	2.2%
Registered migrants	29.0%	32.8%	48.0%*	16.0%*	32.0%
PR should be granted to those who have lived in Thailand for 10 years or more	23.0%	19.8%	28.8%*	12.0%*	20.4%
Citizenship should be granted to stateless persons	47.0%	54.5%	80.0%*	26.0%*	53.0%

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

4.4.8 Health Care Dimension

4.4.8.1 Healthcare services

On the issue of health care, registered migrant workers and refugees received high support from respondents considering that their access to standard health services should be the same as for Thais, with 69.2 percent of respondents giving such support to registered migrant workers, 59.8 percent to refugees, and 38.2 percent to non-registered migrant workers. Rural respondents provided more support to MDPs than urban residents, while community leaders provided more support to refugees and registered migrants, but less to non-registered migrants when compared to villagers (see Table 4.11).

Qualitative data also supported the viewpoint of respondents that the same standard of treatment should be provided to refugees and migrants as shown below.

‘Everyone should get the same healthcare service because it is the fundamental right of every human being’

(IDI GO 5.1)

‘In our area, there are Thais, ethnic minorities and migrants. We provide a similar service to everyone’

(IDI GO 5.2)

‘To me, all groups should get the same rights to access the healthcare service’

(IDI M 5.1)

‘We’ve got similar medication, for example, both Thai and migrants get Paracetamol’

(FGD 5.1)

Interestingly, more than 60 percent of all respondents, regardless of their location or position, agreed strongly that separate health facilities should be set up for refugees and migrants, with 71.0 percent preferring separate facilities with non-registered migrant workers. Rural respondents agreed with this idea more than did urban respondents, while villagers supported this idea for non-registered migrants more than community leaders did.

However, qualitative findings revealed both views regarding the separation of health facilities for migrants. On the one hand, some respondents supported such ideas because of concern over the quality of healthcare services, whilst others were afraid that migrants would spread diseases.

‘There should be separated units for them. It may reduce the quality of service if many non-registered migrants get the service at the same health facilities as us. Nowadays there are about 100 patients at the OPD each day and 70-80 are migrants’

(FGD 5.2)

‘We should have separate units for healthcare services for migrants as we could control the diseases better’

(FGD 5.1)

On the other hand, some respondents did not agree with separate health facilities as they might run against human rights principles.

‘I don’t think that the separation of health service for migrants is a good idea because health personnel provide services to everyone without discrimination already’

(IDI GO 5.3)

‘We should not have separate facilities for migrants because everyone is an equal human being’

(IDI M 5.1)

Table 4.11: Percent of respondents agreeing that standard healthcare services should be provided and health facilities should be separated by position and location

Opinions and types of MDPs	Position		Location		Total
	Leader	Villager	Camp	City	
Should get standard treatment as Thais					
Refugees	51.0%*	62.0%*	66.4%*	53.2%*	59.8%
Non-registered migrants	42.0%	37.3%	48.8%*	27.6%*	38.2%
Registered migrants	54.0%*	73.0%*	81.6%*	56.8%*	69.2%
Should get treatment at health facilities separate from Thais					
Refugees	63.0%	64.5%	68.8%*	59.6%*	64.2%
Non-registered migrants	66.0%	72.3%	82.0%*	60.0%*	71.0%
Registered migrants	64.0%	64.8%	72.8%*	56.4%*	64.6%

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

Regarding health care service, Table 4.12 illustrates that the majority of respondents (over 70 percent) agreed strongly that registered migrant workers and refugees should receive the same standard healthcare service as Thais, which includes health promotion, health prevention services, disease diagnosis, treatment services and rehabilitation services. However, there was less support of such idea for non-registered migrant workers as just over 50 percent of all respondents agreed with providing such services for non-registered migrants. Respondents living near camp areas and villagers provided more support to MDPs than urban respondents and community leaders.

Table 4.12: Percent of respondents agreeing that provision of health services should be provided to refugees/migrants by position and location

Opinions on healthcare services	Refugees			Non-registered migrants			Registered migrants		
	Camp	City	Total	Camp	City	Total	Camp	City	Total
Health promotion	80.0%	75.6%	77.8%	63.6%	55.2%	59.4%	88.8%	84.4%	86.6%
Health prevention	84.4%	81.2%	82.8%	64.0%	56.4%	60.2%	90.8%	85.2%	88.0%
Disease diagnosis	79.6%	77.6%	78.6%	61.6%*	46.8%*	54.2%	87.2%	82.4%	84.8%
Treatment	82.8%	78.0%	80.4%	62.4%*	50.8%*	56.6%	90.0%	84.8%	87.4%
Rehabilitation services	78.4%*	69.6%*	74.0%	60.8%*	45.2%*	53.0%	87.6%*	78.4%*	83.0%
By position	Leader	Villager	Total	Leader	Villager	Total	Leader	Villager	Total
Health promotion	67.0%*	80.5%*	77.8%	60.0%	59.3%	59.4%	79.0%*	88.5%*	86.6%
Health prevention	76.0%	84.5%	82.8%	55.0%	61.5%	60.2%	77.0%*	90.8%*	88.0%
Disease diagnosis	67.0%*	81.5%*	78.6%	53.0%	54.5%	54.2%	72.0%*	88.0%*	84.8%
Treatment	68.0%*	83.5%*	80.4%	56.0%	56.8%	56.6%	79.0%*	89.5%*	87.4%
Rehabilitation services	59.0%*	77.8%*	74.0%	51.0%	53.5%	53.0%	71.0%*	86.0%*	83.0%

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

Empirical evidence from qualitative studies reflected a similar view to the quantitative survey. The provision of healthcare services to refugees and migrants was likely influenced by human rights considerations.

'I think they should get the same health services as Thais either for medication or treatment. I mean all health services. For refugees, they get services in the camp, while registered migrants have rights to access the health service. Non-registered workers should get health services because they are human beings too'

(IDI GO 5.3)

‘In camps, there are some organisations which provide healthcare services to refugees. Outside the camps there are non-registered migrants who do not know where to get healthcare services. Anyway at the hospitals, the healthcare service is provided to all because it is a part of basic humanitarian assistance’

(IDI LO 5.1)

‘Whoever they are, health personnel never ignore them. We have never heard of hospitals denying treatment to patients’

(IDI NGO 5.1)

4.4.8.2 Improvement of healthcare for MDPs

A question on the improvement of healthcare services for MDPs was also asked. Kanchanaburi respondents reported that healthcare services provided to registered migrants should be improved the most (83.0%), followed by families of registered migrants (54.4%), refugees (34.8%), non-registered migrants (20.6%) and their families (18.6%). It is noteworthy that respondents favoured improvements of healthcare services for registered migrants and their families more than for other groups. City respondents seemed to agree with the improvement of healthcare services to refugees, but agreed less with such improvements for other types of MDPs than did rural respondents. In addition, community leaders agreed to improve healthcare service to non-registered migrants and their families, as well as families of registered migrants, more than villagers did (see Table 4.13).

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

Types of MDPs	Position		Location		Total
	Leader	Villager	Camp	City	
Refugees	35.0%	34.8%	33.2%	36.4%	34.8%
Non-registered migrant workers	24.0%	19.8%	26.8%*	14.4%*	20.6%
Registered migrant workers	76.0%*	84.8%*	86.4%*	79.6%*	83.0%
Families of non-registered migrant workers	22.0%	17.8%	26.0%*	11.2%*	18.6%
Families of registered migrant workers	64.0%*	52.0%*	80.0%*	28.8%*	54.4%

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

Since respondents perceived that healthcare services for refugees and migrants should be improved, a more detailed analysis should be done to determine what needs to be done. The empirical evidence from the qualitative data reveals that barriers to health services for MDPs include: 1) language; 2) lack of transportation; 3) capacity of health facilities, particularly, shortage of health personnel; and 4) fear of deportation. The reduction of non-registered migrant workers through increasing registration will be one good solution to help solve the problem.

‘They cannot communicate in Thai. We have two village health volunteers who can speak Karen and they can be translators. But for Mon and Burman, they need to be accompanied by their own translators’

(FGD 5.1)

‘Language is a problem because they cannot communicate in Thai. Luckily, at the hospital there are translators who can translate Myanmar, Mon and Karen into Thai’

(FGD 5.1)

‘It is not easy for them (non-registered migrants) to go to the hospital if they have no motorcycle and no public transportation. At the hospital they also need someone to accompany them’

(IDI NGO 5.1)

‘We have a problem of a lack of health personnel, budget, and space’

(IDI GO 5.5)

‘For non-registered migrants, they are afraid of going out because of their status, so they do not go to get health services’

(IDI GO 5.4)

‘The problem is that non-registered migrants will go to the hospital when getting a serious illness because they are afraid of being arrested’

(IDI GO 5.1)

‘Although services are provided, non-registered migrants will not go to see the doctor if they do not have a serious illness because of their fear of being deported. This leads to discontinuous treatment’

(IDI GO 5.3)

There were attempts by healthcare providers to find a solution to these challenges. Because of the language barriers, translation services could be a good solution.

*‘We have health volunteers who can speak their language (migrants).
They help us a lot to provide healthcare information to those migrants’*

(IDI GO 5.4)

In order to solve the problem of shortages of health personnel, healthcare providers have tried to adjust themselves by shouldering additional work in the short term. But, in the long term this practice will not be tenable.

*‘We are overwhelmed with the increasing number of patients. So, we
have to manage our time better. I myself go to work earlier at one ward,
around 7 a.m., and then I hurry to another ward around 8 a.m.’*

(IDI GO 5.5)

The lack of health personnel affects not only migrants, but also Thai patients. Kanchanaburi respondents were concerned about the quality of healthcare services when the number of migrant patients increases.

*‘This may reduce the quality of service if many non-registered migrants get
the service at the same health facilities as Thais. Nowadays there are
about 100 people at OPD per day and 70-80 of them are migrants’*

(IDI M 5.1)

‘The quality of service is reduced because we have to wait for a long time’

*‘Health personnel are overworked because of migrants. Even if there are
only Thai patients, they already have a lot of work to do’*

(IDI LO 5.2)

4.4.8.3 Healthcare financing

On healthcare financing, most respondents agreed strongly that refugees and all migrant workers should self-finance their own healthcare services. Over 75 percent of respondents viewed that registered and non-registered migrant workers should pay for healthcare services, and 59.6 percent thought that refugees should do the same. Although a majority of respondents agreed that non-government organisations and United Nation agencies should provide support for healthcare financing of refugees and non-registered migrants, they disagreed with the Thai government’s financial support to healthcare services for refugees and all migrant workers (see Table 4.14).

A majority of both community leaders and villagers were of the view that refugees and migrants should pay for their own medical services. But, regarding registered migrants, a lower percentage of community leaders (64.0%) agreed with self-financing compared with 77.8 percent of villagers. Community leaders may be more aware of the medical insurance coverage already paid by registered migrants. There were similar answers between both groups of respondents concerning registered migrants and non-registered migrants. Both groups also overwhelmingly (more than 90%) preferred having the UN provided health financing for refugees. But, a small percentage of community leaders and villagers would prefer health financing for refugees and migrants to be paid by the Thai government. Regarding health financing for refugees, only 15.0 percent of community leaders supported the Thai government's funding compared with the 27.3 percent endorsement by villagers.

Table 4.14: Percent of respondents considering where financial support should come from by position and location

Should support by	Position		Location		Total
	Leader	Villager	Camp	City	
Self-funding					
Refugees	64.0%	58.5%	65.6%*	53.6%*	59.6%
Non-registered migrants	80.0%	82.8%	88.4%*	76.0%*	82.2%
Registered migrants	64.0%*	77.8%*	74.4%	75.6%	75.0%
Royal Thai Government					
Refugees	15.0%*	27.3%*	14.8%*	34.8%*	24.8%
Non-registered migrants	13.0%	9.8%	3.2%*	17.6%*	10.4%
Registered migrants	30.0%	29.0%	25.6%	32.8%	29.2%
NGO and INGO					
Refugees	89.0%	89.0%	96.0%*	82.0%*	89.0%
Non-registered migrants	79.0%	76.0%	92.8%*	60.4%*	76.6%
United Nations agencies					
Refugees	97.0%	92.8%	99.2%*	88.0%*	93.6%

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

Empirical data from the qualitative study also supported the findings from the survey and shed some light on possible funding sources for refugees and migrants. The qualitative data showed that respondents preferred financial support from non-governmental organisations (NGOs) and United Nations agencies.

'NGOs are responsible for health financing for refugees and services are also provided in the camp. The transfer of serious cases to hospitals outside the camp can be done also'

(IDI GO 5.1)

'NGOs, UN and UNHCR take care of refugees and should be responsible for their healthcare costs'

(IDI M 5.1)

'Nowadays, NGOs take care of refugees because they encourage them to be here. They have to provide healthcare services to them'

(IDI LO 5.2)

'For healthcare costs, refugees should be the responsibility of NGOs'

(IDI GO 5.2)

'In the camp, the UN is responsible for most expenses, paying per head, including medication, but the Thai government has to pay some money as well'

(FGD 5.2)

'The cost of healthcare services for refugees should be paid by NGOs'

(IDI GO 5.1)

In regards to health subsidies for registered migrants, respondents considered that registered migrants should pay for their own healthcare via health insurance which should be a co-payment scheme between workers and their employers.

'For registered migrants, their employers have to take responsibility'

(IDI M 5.1)

'Registered migrants can legally access health care services because they have already paid for health insurance. Because of their legal status, employers and the Thai government have to take care of them'

(IDI GO 5.1)

'Registered migrants have already paid for health insurance'

(IDI GO 5.2)

While refugees and registered migrants already have healthcare financial support, non-registered migrant workers are not covered by any health insurance scheme. The qualitative study suggested the need to find a solution to healthcare financing for non-registered migrants, such as self-funding methods, support from employers and co-payment schemes. For the self-payment programme, healthcare costs for non-registered migrants should be reduced at an affordable level to them.

'If they (migrants) do not have employers, they have to pay out of their own pocket. I think there is no choice'

(IDI GO 5.6)

'Non-registered migrants have to pay out of their own pocket for health services'

(IDI LO 5.2)

'They (migrants) have to pay the full costs of healthcare services'

(FGD 5.2)

As non-registered migrants are 'underpaid, overworked, and overlooked' (ILO Mekong Sub-regional Project to Combat Trafficking in Children and Women, 2006), it is difficult for those persons to afford healthcare expenses. Sometimes employers pay for such treatment or the cost could be shared between them.

'If they are registered migrants, employers have to pay because they need cheap labour'

(IDI LO 5.2)

'But for migrants, whether registered or non-registered, employers should pay because they receive the benefit from hiring migrants'

(IDI GO 5.3)

Co-payment schemes are option that could help non-registered migrants to access healthcare services.

'Because of national security concerns, no one wants to take risks to take care of these two groups, (non-registered migrants and ethnic minority persons), except NGOs working on healthcare programmes who are willing to pay the cost of TB and malaria treatment'

(IDI GO 5.2)

‘For non-registered migrants, I am not sure; maybe the Thai government has to bear the cost of healthcare financing’

(IDI M 5.1)

For non-registered migrants, I am quite worried. The co-payment scheme between the government and patients could be a better solution’

(IDI GO 5.2)

‘We did try to convince employers, health service providers and migrants to have appropriate health insurance for non-registered migrants where both employers and migrants have to share costs. Health service providers should think of appropriate services and the estimated cost per head. Selling healthcare cards could be possible’

(IDI NGO 5.1)

Though self-financing and co-payment schemes were suggested as options for non-registered migrants, some would still not be able to pay for medical expenses. Respondents thought that financial support of the healthcare sector was unavoidable.

‘But another two groups (non-registered migrants and ethnic minority) are still our financial burden’

(IDI GO 5.2)

‘Because of their large number, sometimes our services are not enough for them. Most of them do not have money to pay for healthcare, so the health centers and hospitals have to bear this cost’

(IDI M 5.1)

‘We do not have a budget for non-registered migrants and they cannot afford healthcare costs. But we have to provide them services anyway. Each month 60 percent of clients here are non-registered migrants and ethnic minorities’

(IDI GO 5.2)

‘What to do with non-registered migrants as employers will not pay? If the Thai government pays, it is not fair because we still have a lot of people who still need access to healthcare services’

(IDI LO 5.2)

‘The major issue is the financial burden of healthcare that falls on the Ministry of Public Health and other government organisations. It has become a national burden because we have long been taking care of them’

(IDI GO 5.1)

4.4.8.4 Fear of disease carriers

Previous research has shown that there is a public fear of diseases from abroad, leading to prejudice against immigrants (Kraut, 2010). Around 90 percent of respondents considered that non-registered migrants could bring contagious diseases to their communities. Around 70 percent thought that refugees and the families of non-registered migrants could pose such health risks also. However, less than 30 percent of respondents had the same views regarding registered migrant workers and their families, as health screening is provided only to registered migrants before they apply for a work permit. Rural respondents were more likely to view MDPs as disease carriers than city respondents as they lived closer to them. And, villagers were more likely to view non-registered migrants as disease carriers than the community leaders (see Table 4.15).

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

Types of MDPs	Position		Location		Total
	Leader	Villager	Camp	City	
Refugees	76.0%	72.8%	80.8%*	66.0%*	73.4%
Non-registered migrant workers	85.0%*	92.0%*	94.8%*	86.4%*	90.6%
Registered migrant workers	22.0%	31.0%	37.6%*	20.8%*	29.2%
Families of non-registered migrant workers	85.0%*	75.8%*	95.2%*	60.0%*	77.6%
Families of registered migrant workers	26.0%	25.5%	37.6%*	13.6%*	25.6%

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

The qualitative data showed that the fear of diseases from MDPs pertained to certain infectious diseases such as malaria, diarrhea and tuberculosis.

‘Sanitation there (inside the camps) is not good and they have some infectious diseases that can be spread easily, for example, malaria and elephantiasis’

(FGD 5.1)

‘They (refugees) live near a stream and when they have a disease outbreak this can be transmitted through water and we could get that disease directly because we live downstream’

(FGD 5.2)

‘They bring malaria, tuberculosis and diarrhea from that side of the border (Myanmar side)’

(IDI GO 5.7)

‘If they experience a disease, it will spread to Thais. If we do not take care of them, it will have an effect on Thailand as a whole’

(IDI LO 5.2)

‘When migrants come here, some diseases that already disappeared or are under control become re-emerging diseases, for example elephantiasis and malaria. I think these diseases come with migrants because their countries cannot control these diseases. We did not know what kind of disease they had. While waiting for doctors, both Thais and migrants sit together, there will be a risk of getting diseases from them’

(FGD 5.2)

As a majority of Kanchanaburi respondents viewed refugees and non-registered migrants as disease carriers, migrants’ health screening processes seemed to be a good solution to reduce negative attitudes toward them.

‘Whether registered or non-registered, all migrants should get disease screening so that we can control diseases’

(FGD 5.2)

4.4.9 The Future of Refugees

Most respondents did not agree with the statement that refugees should be allowed to live and work in Thailand permanently (85.4% said no). Community leaders and urban respondents were more likely to agree with sending those refugees back to their place of origin than villagers and rural residents (see Table 4.16).

Table 4.17 reveals that major reasons for denying such rights include competition for land and natural resources, the economic burden to Thailand, concern of safety to lives and property, and job competition. It is noted that there is a different concern between rural and urban respondents. That is, rural residents and local villagers were most concerned with competition for land and water

resources, while urban residents and community leaders were more concerned with the burden on public finance.

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	7.0%*	16.5%*	19.2%*	10.0%*	14.6%
Send back to their origins	93.0%*	83.5%*	80.8%*	90.0%*	85.4%

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

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

Reasons	Position		Location		Total
	Leader	Villager	Camp	City	
Reason for sending refugees back to their origins					
Competition for land and water resources	15.0%	20.8%	34.0%	5.2%	19.6%
Burden on public finance	21.0%	17.5%	13.2%	23.2%	18.2%
Personal safety concerns	13.0%	14.0%	12.4%	15.2%	13.8%
Job competition	8.0%	13.5%	4.0%	20.8%	12.4%
Non-Thai and with illegal entrance	10.0%	8.8%	6.4%	11.6%	9.0%
National security concerns	10.0%	3.8%	4.0%	6.0%	5.0%
Fear of growing number of MDPs	6.0%	4.5%	2.8%	6.8%	4.8%
Disease carriers	2.0%	4.3%	5.2%	2.4%	3.8%
Involved in drug trafficking	4.0%	1.8%	0.8%	3.6%	2.2%
Deforestation	7.0%	0.0%	0.0%	2.8%	1.4%
Reason for allowing refugees to live and work permanently					
Humanitarian reason	2.0%	9.8%	13.6%	2.8%	8.2%
Labour shortage in Thailand	5.0%	6.0%	5.2%	6.4%	5.8%
Lower wages than Thai workers	0.0%	1.0%	0.4%	1.2%	0.8%

*can answer more than one reasons

PART V

SUMMARY OF KEY FINDINGS AND RECOMMENDATIONS

5.1 Summary of Key Findings in Relation to Hypotheses

It seems that Kanchanaburi residents have mixed views on refugees and migrants. Camp residents are familiar with refugees and tend to have a more positive attitude toward them than do urban residents. Whereas the former know refugees directly or learn about refugees from their relatives, the latter rely mostly on the media, particularly TV and print media, for information on refugees. As a result, a much higher proportion of those living near a camp than urban residents gave support to humanitarian assistance to refugees. Also, the majority of camp residents, compared to less than half of urban residents, agreed that refugees should be allowed to work legally to earn their income. The issue of local integration also seems to be a divisive issue between the two groups as an overwhelming majority of those living near the camps gave support to the granting of permanent residency status to refugees and registered migrants who married to Thais, whereas a small proportion of urban residents shared such view. A much higher proportion of urban residents also viewed that refugees and migrants competed with them for land and jobs. However, both near camp and urban residents share a negative view on non-registered migrants compared to registered migrants. Also, both groups are quite positive in giving support to universal healthcare services to refugees and documented migrant workers. Importantly, both groups viewed that refugees should finally be repatriated to their homeland. This study reveals that there are certain misgivings among local people with regards to refugees and migrants which need to be addressed to pave the way for mutual understanding and a multicultural society in Thailand.

5.2 Attributes of Public Opinion toward Myanmar Refugees and Migrant Workers

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

1. Villagers had a more positive view of registered migrant workers and refugees than non-registered migrant workers. They reported that television and conversations with friends and relatives were their main channels for information on refugees.
2. Rural dwellers had close contacts with refugees and migrants and tended to have a better understanding of them, leading to more positive attitudes toward them than that of urban dwellers.
3. In general, community leaders tended to have a more conservative attitude than villagers, although answers from both groups of respondents follow similar trends. For example, a lower percentage of community leaders compared to villagers gave support to universal healthcare services to be provided to refugees and registered migrants; nonetheless, the majority of both groups would support such a policy.
4. Personal safety was a major concern for all respondents. Slightly more than two-fifths of respondents perceived that migrants and refugees were a threat to their lives and property. A much higher percentage of respondents, more than two-thirds, viewed non-registered migrant workers as a threat.
5. On human rights issues, nearly two-thirds of respondents were in support of humanitarian assistance given to refugees in camps. Also, more than two-thirds also viewed that refugees and migrants should be entitled to basic necessities of life.
6. Regarding labour protection, around two-thirds of respondents considered that registered migrant workers should have the same labour protections as Thais. However, a majority denied such protection to non-registered migrant workers. Moreover, more than three-fourths of respondents did not agree that migrant workers, regardless of their status, should have the same minimum wage as Thais.
7. On economic issues, job competition and competition for land and natural resources were major concerns for Kanchanaburi respondents. Slightly more than half of respondents felt that non-registered migrant workers competed with them for jobs; but only two-fifths were concerned about job competition with registered migrants. Regarding competition for land and natural resources, over one-half considered that non-registered migrant workers competed with them; and more than two-fifths perceived of such competition with refugees. Competition intensified as Thai farmers, refugees and some migrants outside the camps collected wood, bamboo shoots, mushrooms and other natural resources in the same neighbourhood.

8. In terms of social and cultural issues, over 70 percent of respondents preferred the use of Thai language for refugees and migrants in their communications with Thai authorities and people. About two-thirds of respondents considered that Thais living in border areas should learn the ethnic languages of refugees and migrants. In addition, almost two-thirds of respondents thought that cultural exchanges with registered migrants were a good idea.
9. On education, close to 80 percent of respondents thought that Thai language should be taught in schools attended by refugees and migrants. Over 60 percent of people also supported the accreditation of education provided to children of refugees and registered migrants. Over half of all respondents agreed to Thai school attendance for children of refugees and registered migrants. But, respondents were less likely to agree with providing such educational services to children of non-registered migrants.
10. Regarding human settlement issues, over half of respondents did support the granting of Thai citizenship to stateless ethnic minorities born in Thailand. Also, about two-thirds of respondents supported the granting of permanent residence to refugees and registered migrants marrying Thais. However, they did not agree with granting permanent residence to refugees regardless of their length of stay in Thailand. Nor did they support citizenship rights to be given to children of refugees or migrants born in Thailand.
11. Regarding health issues, observations on opinions of Kanchanaburi respondents can be summarised as follows:
 - a. Over 50 percent of respondents supported same standard of healthcare services for Thais, refugees and registered migrants.
 - b. Although more than 60 percent of all respondents agreed strongly that separate health facilities should be set up for refugees and migrants, there were mixed views regarding the separation of health facilities for migrants. On the one hand, respondents supported such an idea because of concern over the quality of healthcare services, whilst others were afraid of the spread of diseases by MDPs. On the other hand, some respondents did not agree with such ideas because of human rights concerns.
 - c. Over 70 percent 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 did not, however, consider that non-registered migrant workers should enjoy the same privileges. It is noted that there are barriers to the access of healthcare services for refugees and migrants that include language, lack of transportation, inadequate health personnel, and fear of deportation.
 - d. Most respondents agreed strongly that refugees and all migrant workers should self-finance their own healthcare services. Most of them did not think that the Thai government should provide such financing.

- e. Respondents reported that healthcare services provided to registered migrants should be improved the most compared with the services provided to other groups.
- f. The majority of respondents considered that non-registered migrants and refugees, as well as their families, could bring contagious diseases into their communities.
- g. Fear of diseases from refugees and migrants mainly focused on certain infectious diseases such as malaria, diarrhea and tuberculosis.

5.3 Policy Recommendations

1. *Human Rights Policy and Protection of Refugees*

Since the majority of Kanchanaburi respondents noted human rights concerns in supporting assistance given to refugees, the Thai government should consider clear stances and policies on refugees, and once again allow UN agencies and NGOs to have more role in providing protection and humanitarian assistance to those asylum seekers fleeing from political conflict and human rights abuse.

2. *Protection of Life and Property*

It is quite clear that both migrants and Thais need better protection of their lives and property. Therefore, the justice system should be improved and law enforcement be enhanced. A more secure environment with improved community safety could ensure social cohesion in areas where mixed ethnic groups live.

3. *Economic Opportunities*

The perception of Kanchanaburi respondents on intense job competition and competition for land and natural resources exists between Thais and migrants. It reflects a gap between perception and reality, where migrants are usually employed in dirty, dangerous and difficult jobs ignored by most Thais. Therefore, more positive information on the economic contributions of migrants should be produced by Thai authorities, media and scholars.

4. *Education Policy*

An outreach programme to promote access to education for migrants and their children to Thai schools is necessary to increase school enrolment. The recruitment of teachers who speak the ethnic languages of migrants should also be considered in order to motivate the enrolment of migrants' children in Thai schools.

5. *Health Policy*

In order to help migrants to access standard healthcare services with reduced financial burden for the government, the registration of migrants is one solution. Because respondents are concerned

with the quality of their own healthcare services while supporting the improvement of such services to migrants, the provision of healthcare services in a more flexible manner to meet local demand is necessary. New initiatives such as mobile health care units and health promotion/prevention programmes should be promoted to reduce overcrowded facilities at hospitals. Migrant health volunteers and Thai health volunteers are also instrumental in the improvement of migrants' health. With respect to health care financing for refugees, non-governmental organisations (NGOs) and United Nations agencies should continue their financial support for them. For registered migrants, respondents viewed that funding via health insurance should be a co-payment programme between them and their employers. For non-registered migrants, a financial solution may include self-funding methods, support from employers and co-payment schemes.

6. *Media and Communication*

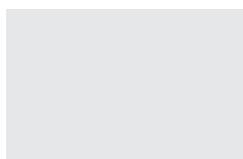
According to this survey, the main sources of information on refugees and migrants include television media and conversations with friends and relatives. In order to reduce negative attitudes toward migrants, the media is an important player. Training programmes for media personnel are recommended.

7. *Social Cohesion and Community's Involvement*

As job competition and competition for land and natural resources were major concerns for Kanchanaburi respondents, attempts should be made to alleviate such concerns and to promote social cohesion amongst Thais and migrants. In order to avoid misunderstandings and conflicts between the local population and migrants, collective management of local resources, such as forest and water resources, involving refugee camp committees and local community leaders should be promoted. More interactions and exchanges between refugees, NGO personnel and local community members should also be promoted to ensure social cohesion.

8. *Human Settlement and Local Integration*

Local integration is a very sensitive issue in Thailand. Although the majority of Kanchanaburi respondents residing close to the camps supported the granting of permanent residence status to refugees and migrants who married Thais, and the granting of citizenship to ethnic minorities living in Thailand, most urban residents had an opposite view on the issue. Politics aside, the legal process of local integration is very difficult because of the many kinds of legislation involved, such as the nationality acts, immigration acts, and the civil registration acts. Therefore, stakeholders should be involved in finding flexible solutions to local integration issues involving stateless children, refugees and migrants. Open-mindedness should be promoted in order to create a more inclusive society where people of different ethnic origins can live and work together.



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Kanchanaburi is the largest province on the western border of Thailand located near Bangkok. Although the number of refugees and migrant workers are not significant with just over 2,000 refugees and over twenty thousand migrant workers, the province is tipped to become a major crossing point between Myanmar and Thailand. Large-scale infrastructure and industrial development will be developed in Dawei, a port city to the west of Kanchanaburi, to facilitate Thai and foreign investments in Myanmar. Moreover a motorway will be built linking Kanchanaburi and Dawei with Bangkok. In the future, Kanchanaburi is to be developed as a major transit point between Thailand and Myanmar, resulting in the increasing flows of peoples between the two countries. This study aims to find out current attitudes of the Thai people toward refugees and both registered and non-registered migrant workers from Myanmar. The attitudes surveyed cover eight major dimensions, namely, Personal Security Issues, Human Rights Concern; Labour Protection; Economic Views; Socio-cultural Views; Human Settlement and Naturalisation; Future of Myanmar Refugees and Migrant Workers in Thailand; and Policy Views on Social Services including education and healthcare. This study will be important not only for the purpose of improving social services for refugees and migrants, but also essential to understand local attitudes toward refugees and migrant workers with a view to maintaining hospitable relations between local communities and migrants



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