

Silent Danger—Health problems among migrant laborers in Samut Sakhon Province, Thailand

Aungkana Boonsem, Passanan Assavarak, Ph.D

King Mongkut's University of Technology Thonburi, Thailand

Abstract

Industrial development is a factor that attracts laborers from the neighboring countries. The objective of this research is to study health problem of migrant laborers in Samut Sakhon since this province hosts numerous migrant laborers, and the majority of these laborers work in the industrial sector. The rights of these migrant workers are often ignored or even violated. The research data is collected from 400 Myanmar workers by using questionnaires. Additionally, in-depth interviews with 20 Myanmar workers were also conducted. The research findings show that the majority of the Myanmar laborers do not have chronic diseases prior to working in the industrial areas (96.25%); however, after 3 - 5 years of working in the industrial factories, about 63% started to develop health issues. The majority of these migrant workers suffer from hypertension (40%), followed by respiratory diseases, including lung disease, chronic coughing (19.9%), and heart disease (13.33%). In addition, they are also likely to suffer from skin diseases or conditions. These are parts of risks resulting from a globally-connected society which attracts laborers to come to work in contaminated areas where effective and solid healthcare standards are not implemented. This study raises awareness of this issue and illustrates the cumulative impacts of pollution, working hours, ergonomics and psychosocial aspects that could lead to laborers' personal health problem in the industrial sector.

Keywords: health problems, migrant laborers, Samut Sakhon Province

Introduction

Industrial development is an essential driving force in building the foundation of the ASEAN (The Association of Southeast Asian Nations) Economic Community (AEC) which aims to promote mutual economic benefits among its members. With industrial development expanding, more laborers from neighboring countries are attracted to come to Thailand to work. It is undeniable that these transnational laborers are important contributors to the country's economic growth. At present, a great number of migrant laborers from Myanmar, the Lao PDR and Cambodia are working in Thailand both legally and illegally. The nature of the jobs these migrant laborers are employed to perform is described as '3Ds' jobs. The 3Ds stands for dangerous, dirty and difficult. Thai laborers often avoid these types of jobs as performing such jobs are likely to expose them to health risks. Being exposed to health risks, with the addition of improper healthcare and inaccessibility to medical care and medical rights, could negatively affected the well-being of the laborers who perform the 3Ds jobs. Another factor that helps accelerate health problems among the migrant laborers is pollution. According to Thai environmental laws, before the establishment of new industrial estates,

project plans need to pass an Environmental Impact Assessment (EIA). However, cumulative impacts of pollution are ignored during the process as a case of Maptaphut, furthermore, Strategic Environmental Assessment is not under consideration. (Jean-François Tremblay, 2010) This results in pollution issues occurring in the industrial estates such as dust particles, poor air quality, and wastewater. These issues impact both the well-being and the job performance of the laborers, and infringe their human rights.

Objective

The objective of this research is to study the health problems of migrant laborers in Samut Sakhon province.

Methodology

The Taro Yamane formula, $n = \frac{N}{1 + N(e)^2}$, was employed to calculate the sample size. According to the statistics provided by the Labor Migration Unit, Department of Employment (December 2012), Samut Sakhon province had a total of 37,300 migrant workers. Applying the formula, the sample size was 400 persons and the data-collecting sampling was convenience sampling. As for the surveyed areas, these were public spaces including factories, markets and workers' housing areas.

The sampling tool used for the in-depth interview was purposive sampling in which key informants were selected based on heterogeneous characteristics in terms of gender, age, marital status, and maternal status. The selected sampling group included:

2 male and 2 female young adults aged between 18-22 years old;

2 male and 2 female adults aged between 23-39 years old;

2 male and 2 female adults aged between 40-60 years old;

2 laborers who are single; 2 laborers who are married;

1 pregnant laborer; and 3 laborers with children.

20 key informants were selected for in-depth interviews.

Percentage and average were used to analyze the questionnaires while content analysis was used to analyze the in-depth interviews.

Result

General Information

The majority of migrant workers were females which made up 54.75 percent, while male migrant workers made up 45.25 percent. The majority, making up 55.75 percent, were aged between 26-30 years old. Of the entire samples, 66 percent were married. Their education, most of them had only 7 years of schooling. The majority of the workers were farm workers in their countries before coming to Thailand. Three to five years is the typical duration of

working in Thailand for the majority of 63 percent, while the average salary was approximately 10,000 Baht a month. For them, the main driving force for coming to work in Thailand was higher wages and better employment security.

Factors that contributed to laborers' health hazard

1. Physical agent (cumulative impacts)

Pollution Control Department disclosed that 121 $\mu\text{g}/\text{m}^3$ of coarse particles of less than 10 microns (PM10), which exceeds the acceptable standard, was measured in Samut Sakhon in January 2014. Thailand's standard of coarse particles which less than 10 microns is 120 $\mu\text{g}/\text{m}^3$ (Pollution Control Department, 2014). Once these particles travel into the respiratory tract, they irritate and damage tissues of the organs they touch, especially lung tissues. The laborers also suffered from bigger dust particles from dilapidated roads. Moreover, the workers suffered from exposure to toxic waste that resulted from improper treatment of industrial waste (Medicine Department, Ramathibodi Hospital, 2015) as well as wastewater problem. As for wastewater issue, it was found that the water in Pasi Charoen canal contained dark color, oil stain and odor, and very low dissolved oxygen of only 0.09 to 2.25 mg./l. (Regional Environmental Office 5, Ministry of Natural Resources and Environment). The dissolved oxygen Thailand's standard is at least 6.0 mg./l. (Kasetsart, 2015) These physical agents lead to health hazard among the laborers.

2. Shift work/ working hours

The study finds that workers in the factories worked more than 8 hours a day and normally worked an extra 2 hours overtime. They also agreed to work 6 days a week. In summary, they worked an average of 60 hours a week. This means that they worked more than the standard hours of 48 hours a week. According to Harrington, excessive working-hours and working shifts that do not respond to the circadian rhythm will result in disruption to mental, physical, and social well-being due to the fact that it could lead to decreased performance effectiveness, disrupted sleep patterns, and increased accident rates. (J. M. Harrington, 2001)

According to information obtained during the interview, factory workers wanted to work overtime because they wanted to send a lot of money back home. Restaurant workers, some of whom illegally work in Thailand, generally worked more than 10 hours a day. This was due to the fact that they had to get up at 5am to go shopping for ingredients, prepare to open the shop, and clean up and close after. They often went to bed after midnight. This working shift forced the workers to adjust their lifestyle and habits. In the first phase of re-adjusting the circadian rhythm, the workers would encounter fatigue which later resulted in stress and health problems.

3. Ergonomics

The imbalance of labor gesture also contributes to health issues among the laborers (World Health Organization, 2001). From the interview, this problem is found especially in factories because laborers have to reach their arms out to perform repetitive tasks for long periods. This causes malfunction of joints and leads to myositis. Additionally, standing for too long

also causes varicose veins. These health conditions related to Silpakorn University' work, Guidebook for quality of life. (Silpakorn University, 2011) As the workers did not know the correct postures to perform their tasks, they could not prevent basic injuries. Most of the workers believed that myositis and varicose veins were not a big concern and could be treated with over-the-counter medication.

4. Psychosocial aspects

The research interview found that, when living together, quarrels sometimes took place between both the workers from the same countries as well as between the workers and Thai nationals. If they quarreled with Thai nationals, the quarrel was more severe as there was also an element of racial prejudice in the argument. This created stress. Also, during the first transition to work in Thailand, the workers often had communication problems which delayed the acquisition of a job. If the working output did not meet the expectation of the employers, their salaries would be deducted. Illegal workers, mostly construction workers and restaurant workers, often (10 participants) had their passport confiscated by their employers. This was to prevent the laborers from escaping and used as a bargaining point to negotiate with the workers. Such exploitation and human rights abuses initiated fear and stress. Psychosocial aspects are linked to health problems such as headaches, abdominal pain, as well as eating disorders. Some workers lost their appetite while some consumed an excessive amount of food to reduce stress which was consistent with the research findings of Rebecca M. Puhl et al. (Rebecca M. Puhl et al., 2007).

This study illustrates the health hazard which could lead to health problems among migrant laborers working in industrial areas, as well as raises awareness of the alleged infringement of fundamental human rights by the industry.

Health problem

The research findings show that the majority (96.25%) of the migrant laborers did not have chronic diseases prior to working in the industrial areas; however, after 3 - 5 years of working in the industrial factories, about 63% started to develop health issues. The majority (40%) of these migrant workers suffered from hypertension. This occurred especially in those working in factories as they did not get to move their bodies and often had to work in the same posture for a long period. They also did not have enough time to exercise because they worked overtime in order to send more money back to their families. The next health issue was respiratory diseases, including lung disease and chronic coughing (19.9%), as there was little air ventilation inside the factories to counter ambient air pollution which lead to dust and airborne chemical exposure, such as from formaldehyde found in contaminated shrimps which can cause irritation to the skin, especially in the eyes, nose and throat. This irritation was related to Silpakorn University' work (Silpakorn University, 2015). The third health issue was heart disease (13.33%). Heart diseases are usually connected to hypertension. Laborers who experience angina pectoris or numbness in fingertips were not much concerned with their health. From the interview, it appeared that they did not have much knowledge about health problems and believed that if they could still work, then there was nothing to

worry about. They were also likely to suffer from skin diseases or skin conditions caused by allergic reactions to highly concentrated cleaners or from peeling shrimp which resulted in fungus forming on the tip of their nails. If they felt itching of the skin, they alleviated the problem by buying and applying over-the-counter medication.

Violation of fundamental rights to well-being and labor law

From the interview, it is found that labor law was violated as follows:

1. Working hours

According to the law, the working time must not exceed 8 hours a day and no more than 48 hours a week. The employee must have a rest period of no less than 1 hour per day. In reality, the workers had to work more than 8 hours a day, especially those working in restaurants some of whom worked 18 hours per day (6.00-24.00) without receiving overtime payment.

2. Vacation leave

The labor law indicates that employees must have no less than 6 vacation leave days during working days per year. Some of the laborers were forced to work without any vacation leave. Some of them did not have the power to negotiate as they really needed and wanted the job or, for some, as their passports were confiscated by their employers.

3. Maternity Leave

Most of the female workers used oral contraception because they did not want to be pregnant during the duration of their job. Some factories will expel pregnant women without giving a pre-warning. They view pregnancy as a cause of lower work performance. Moreover, the factories do not want to grant maternity leave.

4. Access to the State's healthcare service

Most workers could not access healthcare services provided by the State, especially in the case of illegal workers. If they got ill, they bought over-the-counter medication. The research also finds that they had little knowledge about health issues and were not concerned about their health. One part was due to the workers themselves, while another part was due to public healthcare agencies' inability to cater to migrants in terms of educating and providing treatments.

Based on this research, the authors recommend creating a knowledge base and providing information about health issues among migrant laborers for organizations to use in developing a healthcare system that also extends to cater to transnational laborers. The research suggests that health care mechanisms should be employed actively by introducing knowledge and information about health protection to migrant workers as well as providing treatment services to them. In terms of the legal mechanism, laws should support prevention of abuse and restoration of the environment from unhealthy and unlawful use by industrial estates and operations. Human rights violations of workers should also be recognized and prevented. As for the social aspect, related key stakeholders should cooperate to decrease

stigma and negative attitudes towards migrant workers in order to avoid exposing them to mental health risks.

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